Transdiagnostic Group Cognitive Behavioural Therapy to Decrease Anxiety and Increase Quality of Life in Adults

By

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The procedures in this program are meant to be used by agency staff, as part of the broader services they provide, or under the supervision of agency staff.
Dedication

To my parents – Thank you for raising me to be the person I am today. Thank you for supporting me through this journey with endless understanding, guidance and love. I could not have done this without you.

To my baby sister – Thank you for making me want to strive to be someone you can look up to. I want you to know you can achieve anything your heart desires, you need only to believe in yourself.

To Trevor – Thank you for being my rock, my sounding board, and my confidant. I could not have done this without your unwavering love and support.
Abstract

Anxiety and mood disorders have become the most commonly diagnosed psychiatric disorders (Kessler et al., 2005). Anxiety disorders can impact a variety of areas in a person’s life including their subjective wellbeing, life satisfaction, relationships, physical health, and socioeconomic status, as well as daily functioning (Hofmann, Wu, & Boettcher, 2014). Barrera and Norton (2009) have demonstrated that anxiety is also associated with a lower quality of life. Due to the common nature of anxiety disorders, as well as the life-time pervasiveness and impact on livelihood, much time and effort has gone into the development and evaluation of effective treatment methods. This study explores the effect that T-GCBT may have on symptoms of anxiety, as well as the relationship between anxiety and quality of life in a community sample. It was hypothesized that T-GCBT will successfully decrease symptoms of anxiety, and that reduction in symptoms will be related to improved quality of life in adults diagnosed with the disorder. Levels of anxiety were measured using Beck and Steer’s (1993) Beck Anxiety Inventory (BAI) while the clients’ quality of life was measured using Frisch’s (1993) Quality of Life Inventory (QOLI). This research study was conducted using a single group pre-test and post-test experimental design. A complete set of pre- and post- measures was only collected from one out of the four participants. Therefore, due to the incomplete data, the results are presented as a case study. Based on the evaluation of this program, this thesis provided some evidence to suggest that a transdiagnostic CBT group may be an effective method of treatment for decreasing symptomology indicative of anxiety disorders. However, due to the fact that the data was incomplete for 4 out of 5 participants, it is suggested that further studies be conducted in order to obtain statistically supported evidence for the use of cognitive behaviour therapy in a transdiagnostic approach.
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Chapter I: Introduction

Anxiety and mood disorders have become the most commonly diagnosed psychiatric disorders (Kessler et al., 2005). Research from Kessler et al. stated that in 28.8% of adults, anxiety disorders persist over the course of their lifetime. Anxiety disorders can impact a variety of areas in a person’s life including their subjective wellbeing, life satisfaction, relationships, physical health, and socioeconomic status, as well as daily functioning (Hofmann, Wu, & Boettcher, 2014). Barrera and Norton (2009) have demonstrated that anxiety is also associated with a lower quality of life. In some instances, anxiety may be more detrimental on a person’s quality of life than a chronic physiological condition (Sherbourne et al., 1996; Spitzer et al., 1995; as cited in Hofmann, Wu & Boettcher, 2014).

According to a study conducted by Crits-Christoph et al. (2008) there is a distinct correlational relationship between anxiety and quality of life. Quality of life, as defined by Frisch (1992) is a person’s subjective appraisal of how much his or her most important needs, wishes, and goals have been met. This study aims to find supporting data that indicates that a decrease in symptoms of anxiety may lead to an increase in a person’s quality of life, while also evaluating the effectiveness of a transdiagnostic cognitive behavioural approach for the treatment of the disorder. The goal of psychotherapy is generally the reduction of symptoms and deficits in functioning that include interpersonal, social, and cognitive impairments (Crits-Christoph et al., 2008). Incorporating a more specific focus on improving the clients’ quality of life may help those clients move from living dysfunctional to functional lives. Because there is a lack of research evaluating the positive changes in quality of life over the course of therapy, it is important to further develop this topic. This particular counselling group will utilize CBT techniques, and address all forms of anxiety related disorders.

Cognitive behavioural therapy (CBT) is a form of psychotherapy that uses both cognitive and behavioural principles. It has a strong focus on psychoeducation, and emphasizes self-monitoring through homework and active client participation (Kelly, 2007). Several controlled studies have demonstrated that CBT is an effective method of treatment for various anxiety disorders (Borkovec & Costello, 1993). Borkovec and Costello also affirm that clients were able to maintain gains yielded from treatment for up to two years. Due to the prevalence of anxiety disorders, as well as their negative mental and physical manifestations, it is important that effective and long-last treatment techniques are developed and evaluated. A technique that may warrant further research and development is Transdiagnostic Group Cognitive Behavioural Therapy (T-GCBT). This form of treatment may allow for effective treatment by targeting individuals with various forms of anxiety, while also appropriating resources efficiently. Designing, implementing, and evaluating a T-GCBT group for anxiety would add to the literature for the efficacy of this form of therapy. It would also be interesting to examine how employing T-GCBT may also be used to increase the quality of life in adults.

Literature to support T-GCBT in the treatment of anxiety will be outlined, as well as further literature outlining the relationship between decreased anxiety and increased quality of life. This study will be offered to adults, both male and female, with an anxiety-related diagnosis. Some exclusion criteria will apply and will be outlined in this thesis. Participants will attend five weekly sessions, lasting 60 minutes in length. These sessions will consist of psychoeducation related to CBT and anxiety, skills training, as well as becoming aware of how anxiety affects different individuals. In order to promote treatment integrity, the researcher, as well as an
experienced staff member from the agency will facilitate the counselling group. At the beginning of treatment, both Beck’s (1993) Beck Anxiety Inventory (BAI) and Frisch’s (1994) Quality of Life Inventory (QOLI) will be administered. These assessments will again be completed by the participants at the end of treatment. Data obtained from the pre- and post-treatment assessments will be analyzed using statistical measures to determine the relationship between the two variables, as well as the outcome of the study. Results, as well as limitations, challenges, and ethical issues will be outlined in the thesis as well. All measures used, as well as any materials utilized in the group will be included in the appropriate appendices.

**Chapter II: Literature Review**

**The Prevalence and Effects of Anxiety**

A large proportion of mental health diagnoses are anxiety-related disorders (Paulus, Skelton, & Norton, 2015), affecting approximately 30% of the world’s population (Niles, Dour, Stanton, Roy-Byrne, Stein, Sullivan, Sherbourne, ..., & Caske, 2015). Anxiety can be described as a cognitive-affective condition characterized by feelings of loss of control (Barlow, 2000). Barlow (2000) also writes that this feeling of a lack of control is specific to possible threats, danger, or negative events that may arise in the future. In addition to the negative psychological symptoms associated with anxiety, there are also concurrent physiological manifestations such as muscle tension, rapid and shallow breathing, increased heart rate, and insomnia (Barlow, 2000).

Recent studies have shown that anxiety is also related to a number of medical conditions (Niles et al., 2015). Niles et al. stated that the number of medical conditions that an individual possess is correlated with the severity of their anxiety symptoms. These medical conditions range from cardiovascular, autoimmune and neurodegenerative ailments. The risk associated with severe anxiety is increased probability of asthma, heart disease, ulcers, migraines, and skeletal conditions (Niles et al., 2015). Kinley, Lowry, Katz, Jacobi, Jassal, and Sareen (2015) have also found evidence to support that anxiety disorders can result in behavioural consequences as well. Kinley et al. determined that possessing a diagnosis of an anxiety disorder can lead to certain avoidant behaviours in relation to health care. Because anxiety disorders can be treated using cognitive and behavioural approaches, the relationship with physiological health and wellbeing is pertinent (Kinley et al., 2015). Decreasing symptoms of anxiety through treatment could significantly improve both a persons’ psychological and physical functioning (Niles et al., 2015).

**The Relationship Between Quality of Life and Anxiety**

Studies have shown that individuals diagnosed with an anxiety-related disorder also experience a decreased quality of life (QOL) (Hofmann, Wu, & Boettcher, 2014). In fact, there is growing evidence supporting that anxiety disorders are debilitating and associated with considerable morbidity and diminished quality of life (Lochner, Mogotsi, Du Toit, Kaminer, Niehaus, & Stein, 2003). According to Lochner et al. the more severe the symptoms of anxiety, the lower their QOL. A client’s quality of life can be assessed by focusing on (a) their view of their own life circumstance; (b) their perceptions of both psychological and physical health; (c) their social and familial relationships; (d) and their ability to function appropriately at home and in the workplace (Hofmann et al., 2014). In a number of cases, Rapaport, Clary, Fayyard, and Endicott (2005) stated that losses in QOL associated with a number of anxiety disorders were equal to or greater than the losses observed as a result of other persistent medical conditions.
Lochner et al. found that several studies support the fact that individual anxiety diagnoses are responsible for specific aspects associated with QOL. For example, Obsessive-Compulsive Disorder (OCD) is typically connected to difficulties with socialization, with familial and friendly relationships, the ability to be studious and work, as well as with decreases in self-esteem and suicidal thoughts and ideations (Lochner et al., 2003). Panic Disorder (PD) was found to be associated with elevated risk of diminished social functioning, work-related disability, unstable romantic relationships, financial dependence, and lastly, poor overall physical and psychological health. Lochner and her colleagues found data to support that Social Anxiety Disorder (SAD) contributed to lessened work performance, minimal social contact, and problems with schooling during adolescence.

Due to the growing evidence supporting the relationship between anxiety disorders and QOL, members of the research community are in agreement that the scope of practice in treating anxiety should include a more comprehensive assessment. This more extensive assessment should include the evaluation of an individual’s level of functioning and their QOL. There is a unanimity stipulating that in order to administer effective treatment, practitioners and clinicians must go above simply decreasing symptoms, but also focus on restoring the clients’ overall health and wellbeing (Rapaport et al., 2005). Rapaport et al. quoted that the health of an individual, as defined by the 1948 World Health Organization is “a state of complete physical, mental, and social well-being and not merely the absence of disease”. Based on this definition, it is important, as stated by Rapaport et al., that the measurement of a client’s QOL is included when implementing treatment. The impact that common-practice treatment for anxiety has on individuals is also developing into a significant issue in the field of psychology and psychiatry (Rapaport et al.). Further research and understanding of the connection between QOL and various anxiety disorders may yield innovative ways of refining current treatment protocols.

Treatment of Anxiety Disorders

Cognitive Behavioural Therapy (CBT)

Cognitive Behavioural Therapy (CBT) has been cited as the gold standard for treating a variety of anxiety-related disorders. CBT focuses on addressing and changing maladaptive thought patterns in order to promote the client’s engagement in more pro-social behaviours. Several features of CBT that make it an effective treatment for anxiety include (a) the significance of self-awareness; (b) the attention given to maladaptive thought patterns; (c) the instruction of relaxation training techniques; (d) the variety of relaxation practices, each targeting a unique response system; and (e) the importance of frequent practice of coping and detection skills both in-session and independently (Borkovec et al., 1993).

Cognitive Behavioural Therapy and Anxiety

Arch, Eifert, Davies, Vilardaga Rose, and Craske (2012) write that several years about, the introduction of cognitive behavioural therapy for anxiety disorders results in a timely and effective treatment. This fact is supported by a number of meta-analyses and randomized clinical trials. In regards to anxiety disorders, there is evidence to support the use of CBT in the treatment of panic disorder, generalized anxiety disorder, social anxiety disorder, obsessive-compulsive disorder, specific phobias, as well as posttraumatic stress disorder (Arch et al.). Past meta-analyses have yielded data that supports CBT as having a largest effect size, as well as
demonstrating superior efficacy with treating both anxiety and mood disorders (Adams, Brady, Lohr, & Jacobs, 2015). The meta-analyses conducted by Arch et al. included participants ranging from ages 19 to 60, both male and female, diagnoses with various anxiety related disorders. Borkovec, Abel and Newman, as cited in Arch et al. (2012) found substantial reductions in both mood and anxiety disorders, thus supporting previous research naming the more long-term positive effects of CBT.

**Cognitive Behavioural Therapy and Quality of Life**

Numerous psychotherapies have traditionally focused on symptoms reduction and improving functioning in the interpersonal, cognitive, and social domains (Crits-Christoph, Gibbons, Ring-Kurtz, Gallop, Stirman, Present, Temes, & Goldstein, 2008). Due to the fact that more focus is being placed on the clients’ overall health and quality of life, including this aspect in treatment protocols is also growing in importance. Research conducted by Crits-Christoph et al. (2008) outlines the effectiveness of utilizing cognitive therapies to promote a positive QOL. The data obtained from this research indicated that using cognitive techniques demonstrates enhancements in quality of life post-treatment (Crits-Christoph et al.). A study conducted by Telch, Schmidt, Jaimez, Jacquinn and Harrington (1995) examined the impact on CBT on clients with panic disorder. Participants were either assigned to a group Cognitive Behavioural Treatment or to a control group where treatment was delayed. Upon analysing the results, evidence was obtained that suggested the individuals treated with CBT experienced fewer deficiencies associated with lesser QOL than the participants that were a part of the control group (Telch et al., 1995). Further research into these techniques, specifically regarding the addition of behavioural components, would allow for the expansion of knowledge in respect to best practices for increasing clients’ QOL.

**Transdiagnostic Group Cognitive Behavioural Therapy (T-GCBT)**

The benefits of CBT for the treatment of anxiety are documented in both individual and group counselling, although a group setting offers particular advantages such as more efficient use of resources (Paulus et al., 2015). According to Bullis, Sauer-Zavala, Bentley, Thompson-Hollands, Carl, and Barlow (2015) the group treatment environment also fosters feelings of normalcy among participants through the development of rapport between clients. Participants in a group treatment scenario are also able to obtain feedback from one another; this is beneficial because this feedback may be seen as being more objective than feedback given by the facilitating clinician (Bullis et al., 2015). Furthermore, Bullis et al. support that group CBT can encourage the development of appropriate coping skills by allowing clients to practice the treatment techniques on one another. Paulus et al. (2015) identified that occasionally it can take months before a group comes together. This is viewed as a significant challenge to providing group CBT. Studies have found that using a transdiagnostic approach to these CBT groups is both beneficial and equally effective (Paulus et al., 2015). T-GCBT is a more time- and cost-effective method of treatment. This method of treatment also provides opportunities for the professional development of less experienced clinicians through supervision by senior therapists, as well as it minimizes wait times to amass a diagnostically homogenous group of participants (Bullis et al., 2015). T-GCBT allows groups to fill more quickly and run earlier due to the emphasis on the overlap of anxiety symptoms rather than separating anxiety disorders (Barlow 2004; Craske 1999; as cited in Paulus et al., 2015).
Bullis et al. (2015) analysed three cases that utilized a T-GCBT approach. This analysis yielded the following results. All three T-GCBT treatments demonstrated a very strong effect on multiple symptoms of anxiety related disorders. This strong effect was also observed when evaluating impaired function across a multitude of life domains (Bullis et al.). Improvements were also noted regarding QOL and emotional regulation skills. Clients reported appropriate acceptability, as well as overall satisfaction with the group.

According to a study conducted by Espejo et al. (2015), a group approach was taken when administering T-CBT to veterans with various anxiety disorders. Over the course of 12 months, 52 veterans participated in the treatment program (Espejo et al., 2015). Upon completion of treatment, Espejo et al. reported that the participants reported decreases in anxiety, distress, and depression. Clients also reported greater satisfaction with the treatment experience.

Empirical findings suggest that T-GCBT is an effective method for treating various anxiety disorders. Further study of this approach would provide evidence and information in supporting the use of T-GCBT in the treatment of anxiety disorders and the relationship between reduced anxiety on the quality of life in adults.

Assessment Measures

Beck Anxiety Inventory (BAI)

The Beck Anxiety Inventory (BAI) is a widely implemented assessment tool used to diagnose anxiety, as well as examine symptom severity. The BAI is a 21-item inventory that clients complete through self-reporting (Beck, Epstein, Brown, & Steer, 1988). Beck et al. examined the psychometric properties of this measure and found evidence supporting that the BAI has a high internal consistency, and effectively separates those with anxious symptoms and those exhibiting non-anxious symptoms. Beck et al., (1988) determined that this measure effectively evaluated both the cognitive and physical symptoms of anxiety, thus deeming it a comprehensive assessment.

Quality of Life Inventory (QOLI)

A study conducted by Frisch, Cornell, Villanueva, and Retzlaff (1992) analyzed and documented the psychometric evaluation of the Quality of Life Inventory (QOLI). The QOLI is an assessment measure used to determine a person’s level of life satisfaction (Frisch et al., 1992). This assessment may be used in conjunction with more symptom-oriented assessments when one is evaluating interventions aimed at decreasing or ridding mental disorders, physical ailments, and societal problems (Frisch et al.). This study conducted by Frisch et al. yielded information that indicated that the QOLI had a high positive correlation with a number of measures of a person’s well-being. The QOLI also demonstrated a negative correlation with measures assessing anxiety, as well as other psychopathology and depression (Frisch et al.).

Current Literature and Future Research

Due to the common nature of anxiety disorders, as well as the life-time pervasiveness and impact on livelihood, much time and effort has gone into the development and evaluation of effective treatment methods.

This study will explore the effect that T-GCBT may have on symptoms of anxiety, as well as the relationship between anxiety and quality of life in a community sample. It is
hypothesized that T-GCBT will be successful in decreasing symptoms of anxiety, and that reduction in symptoms will be related to improved quality of life in adults diagnosed with the disorder. Levels of anxiety will be measured using Beck and Steer’s (1993) Beck Anxiety Inventory (BAI) while the clients’ quality of life will be measured using Frisch’s (1993) Quality of Life Inventory (QOLI).

Conducting further research on the effectiveness of T-GCBT as a treatment for anxiety can yield greater support for an intervention that has proven to be cost effective, as well as able to potentially reach more clients in a shorter amount of time. Not only could this treatment decrease anxiety in clients, but through the reduction of anxiety, the individuals’ quality of life may improve as well. Improvements in both psychological, and physiological health and well-being would be a positive change for many people.

Chapter III: Method

Participants

The participants for the study consisted of four adults, one male and three females, over the age of 18. Participants have been diagnosed with an anxiety-related disorder. Participants had comorbid diagnoses of depression and bipolar disorder. All participants were assessed and met criteria for normative intellectual functioning.

Participants were selected through a referral and screening process. Specifically, information regarding the group was made available to case managers and other staff within the agency, and these individuals were encouraged to submit referrals to the student researcher if they had a client on their caseload who met the criteria and might benefit from the group. Clients were referred from various teams throughout the agency. Once all the referrals were submitted, the writer, as well as the agency supervisor, ensured that all the potential participants met the requirements. Participants were then contacted and provided information regarding when the group was to begin and where it was going to be held.

Participation in the group was completely voluntary, and both verbal and written consent were obtained from all clients within the agency wanting to participate in the study. A modified version of the Behavioural Psychology’s consent form (Appendix A) was distributed to the participants during the first session. The writer read through the consent documentation and answered any questions in order to ensure that all the participants understood the form completely. All the participants were informed of the purpose of the study, as well as the benefits and risks associated with participating in the group. The consent form was signed and returned by each participant before the group progressed any further. It was made clear that withdrawing from treatment would not result in any consequences. Participants were also assured that data collected during this study would be kept confidential and safeguarded appropriately. Each individual was given a client number to be used instead of names. This was done in order to minimize the use of identifying information in order to ensure privacy and confidentiality. Names of participants were not to be included in any reports, publications, or presentations related to this study. Paper copies of confidential information will be stored in a locked filing cabinet and information stored on computers will remain password protected. All information gathered for the purposes of this study will be maintained at the agency for a period of 10 years at which point it will be shredded or deleted electronically.
Design

This research study was conducted using a single group pre-test and post-test experimental design. The writer facilitated the group under the direct supervision of the on-site supervisor; this was done in order to ensure proper observance of treatment and safety protocols. Personal information was obtained from each participant during the first group session; a number of assessments were also completed during this session. Each individual completed a pre-test measure for both anxiety and quality of life using the BAI (Beck et al., 1993; Appendix B) and the QOLI (Frisch, 1993; Appendix C) respectively. The data obtained from the pre-tests and survey served as baseline for this project. Upon completion of the fifth session, all the participants completed post-test measures for anxiety and quality of life. Data obtained from the post-treatment measures provided the writer with information regarding whether or not the T-GCBT was effective in decreasing symptoms of anxiety and whether or not a decrease in anxiety caused an increase in the clients’ quality of life. No statistical analysis was conducted due to the fact that there were fewer than five participants in the treatment group.

Operational Definitions

Anxiety (Decelerate)

According to Lindsay, Paulhus and Nairne (2006) anxiety is defined as a persistent and all-encompassing feeling of worry, fear, and apprehension. This feeling can be manifested through negatives thoughts and emotions, physical symptoms, and/or detrimental behaviours. Some physiological responses to feelings of anxiety include (a) tensing of muscles; (b) rapid, shallow breathing; (c) increase in heart rate; (d) the inability to sleep; (e) apprehension; (f) avoidance and escape oriented behaviours; and (g) the constant worry and anticipation of negative outcomes. The participants’ level of anxiety was determined using the BAI.

Quality of Life (Accelerate)

A superior quality of life can be determined when a person experiences positive thoughts and emotions associated with several specific aspects of their daily living. These aspects include (a) the individual view of one’s life circumstances; (b) the perceptions and beliefs about one’s mental and physiological health; (c) the social and familial relationships; and (d) how one functions both at home and in the workplace. Each participant completed the QOLI in order to assess his or her quality of life before and after treatment.
Setting and Materials

Group counselling sessions were conducted in a meeting room within the agency each week. The sessions were held on Wednesdays from 1 to 3pm. The agency and writer provided the group members with all the tools necessary to participate in the group. The writer provided each participant with a folder, pen, and paper, as well as any necessary handouts and homework sheets needed for each session. The facilitator compiled all the session information and handouts into a Facilitator’s Guide (Appendix D). This guide was made available to the agency for future use. Individuals were all given all assessment measures, as well as a copy of the consent form. Light refreshments such as coffee, juice, and cookies were provided for participants to enjoy as well.

Measures

The BAI, which is a 21-item self-report questionnaire that measures the frequency of various symptoms of anxiety, was chosen as the assessment in this study due to abundant supporting empirical research. Beck et al. (1988) and Beck and Steer (1991) demonstrated that this assessment questionnaire possesses good internal consistency, test-re-test reliability, as well as convergent and discriminant validity. Further support for the measure was provided when Fydrich, Dowdall, and Chambless (1992) used the BAI with a sample of anxiety patients. They determined that the BAI demonstrated promising levels of reliability and validity (Fydrich et al., 1992). This was also supported by Borden, Peterson, and Jackson (1991) in their study, which used a student sample. Hewitt and Norton (1993) tested whether or not the items on the BAI could be differentiated from the items on the Beck Depression Inventory (BDI). This study, using a pool of 542 participants, yielded data that supported discriminant validity for the BAI (Hewitt et al., 1993).

The QOLI was using in partnership with the BAI for this research study. This assessment is used to measure life satisfaction and is typically used with other symptom-oriented assessments of psychological functioning (Frisch et al, 1992). The main purpose of using the QOLI is to determine the relationship between quality of life and the outcomes of treatments that are used to improve mental illnesses, disabling physical conditions, and social problems in the community (Frisch et al., 1992). Research conducted by Frisch and his colleagues (1992) determined that the test- re-test coefficients for the QOLI ranged from 0.80 to 0.91, while internal consistency coefficients ranged from 0.77 to 0.89. These numbers demonstrated good reliability and internal consistency across three clinical and three non-clinical samples (Frisch et al., 1992). Frisch et al. (1992) also found that the QOLI had a significant positive correlation with various measures of subjective well being; these measures included peer rating and clinical interviews. There was also a considerable negative correlation between the QOLI and assessments used when measuring general psychopathology, anxiety and depression.

During the first session, the writer required all the participants to complete a personal information sheet (Appendix E). They were also instructed to complete the Beck Anxiety Inventory created by Beck and Steer (1993) and the Quality of Life Inventory created by Frisch (1993). The BAI and QOLI provided the writer with baseline data for each participant in relation to their anxiety and their quality of life. Upon completing the last session, the BAI and QOLI were administered once again as a post-test measure. Comparing the data from before and after treatment allowed the writer to determine whether or not the T-GCBT was effective in decreasing anxiety and increase the quality of life of the research participants.
Procedure

Before the study could be conducted, a proposal was submitted to the St. Lawrence College Applied Research department for approval. The Research and Ethics Committee-Psychology granted approval for the study on October 26, 2015 and the intervention subsequently began the following week. This intervention took place over five weeks and included one weekly session, 120 minutes in length. During the first session the writer reviewed the purpose of the research study, as well as informed consent with all the clients. Participants were provided with informed consent forms and were required to sign them prior to commencing the group. Pre-test measures were also administered during the first session. During sessions two through four, the writer provided the participants with psychoeducation regarding several topics related to anxiety. These topics included anxiety, body awareness, breathing techniques, realistic risk assessment, applied progressive relaxation, imagery exposure, meditation, changing worry behaviours, and problem solving. Instruction on various empirically supported CBT techniques use in the treatment of anxiety disorders was also provided in conjunction with the educational component. These skills focused on mindfulness, as well as promoted positive coping strategies. Instruction was given in vivo (live) using a face-to-face approach. The breakdown of each session can be found in the appendices under Facilitator's Guide. The session breakdown includes specifics regarding which skills were taught, as well as handouts and homework for each session. Post-test measures were administered during the final session. Data obtained from pre-test and post-test were compared in order to assess the effectiveness of T-GCBT for the treatment of anxiety; specifically, does T-GCBT reduce symptoms of anxiety and increase scores on a measure of quality of life.

Chapter IV: Results

The purpose of this study was to evaluate the effectiveness of transdiagnostic group CBT in reducing symptoms of anxiety in adults. A complete set of pre- and post- measures was only collected from one out of the four participants. Therefore, due to the incomplete data, the results are presented as a case study.

Participant 1

Group Completion

Participant 1 was an adult male aged between 50 and 60 years old. He attended 100% (5 of 5) of the scheduled group sessions. Participant 1 also completed all the homework assignments and handouts to the best of his ability. He participated actively in each session, and demonstrated good motivation. He demonstrated his willingness to learn by asking for clarification when needed, and actively participating in the exercises completed during each session. As a result, the facilitators agreed that Participant 1 completed the requirements of the group and as such received a certificate upon completion.

BAI

The BAI was administered as a pre- and post-test measure. The scores for Participant 1 are illustrated in Table 1 and Figure 1. Participant 1 self-reported current symptoms of anxiety at 49 points out of a possible 62 at pre-test. This indicated that he was experiencing severe
symptoms of anxiety over the past month before treatment began. Post-test scores indicated that the client’s self-report of his symptoms remained stable at the end of the group with a score of 48. Although the client’s score still placed in the category of severe anxiety, it is noted that his score decreased by 1 point upon completing the intervention.

### Table 1
Pre- and Post-Test Scores on the BAI for Participant 1

<table>
<thead>
<tr>
<th>Beck Anxiety Inventory Scores</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-Test</td>
<td>49</td>
</tr>
<tr>
<td>Post -Test</td>
<td>48</td>
</tr>
</tbody>
</table>

![Graph of Participant 1’s Pre- and Post Test Scores for the BAI](image)

**Figure 1** Graph of Participant 1’s Pre- and Post Test Scores for the BAI

**QOLI**

Participant 1 also completed the QOLI before and after the intervention. This measure addressed life satisfaction regarding the self, personal fulfillment, relationships, as well as surroundings. The scores for each area can be found in Table 2. When the client completed the assessment pre-treatment, he scored 29 out of a possible 96 points. This placed him in the ‘very low’ tier for quality of life. Upon completing treatment, the client scored a 40 out of a possible 96, placing him in the ‘low’ quality of life tier. Although there is only a difference of 11 points
from pre- to post-treatment, a slight increase in the client’s quality of life is evident. Before beginning the group, the participant received a mean score of 1.81 in reference to the weighted satisfaction rating. The average weighted satisfaction ratings can be seen in Table 3 for the pre-treatment assessment. When Participant 1 completed the QOLI post-treatment, his mean score was 2.5, which indicated an increase of 0.7. Both the overall scores for quality of life, as well as the mean scores for Participant 1 indicated an increase satisfaction with life after completing the 5-week intervention.

Table 2
Overall Quality of Life Scores Pre- and Post-Treatment for Participant 1

<table>
<thead>
<tr>
<th>Area</th>
<th>Pre-Treatment Scores</th>
<th>Post-Treatment Scores</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Health</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Self-Esteem</td>
<td>18</td>
<td>8</td>
</tr>
<tr>
<td>• Goals &amp; Value</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Money</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personal Fulfillment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Work</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Play</td>
<td>18</td>
<td>7</td>
</tr>
<tr>
<td>• Learning</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Creativity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Helping</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Relationships</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Love</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Friends</td>
<td>1</td>
<td>10</td>
</tr>
<tr>
<td>• Children</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Family</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surroundings</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Home</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Neighbourhood</td>
<td>-8</td>
<td>15</td>
</tr>
<tr>
<td>• Community</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Score</td>
<td>29</td>
<td>40</td>
</tr>
</tbody>
</table>

Table 3
Pre- and Post-Treatment Weighted Satisfaction Ratings and Overall Mean Scores for Participant 1

<table>
<thead>
<tr>
<th>Pre- and Post-Treatment Mean Scores for Participant 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-Test Mean Score</td>
</tr>
<tr>
<td>Post-Test Mean Score</td>
</tr>
<tr>
<td>Difference Between Mean Scores</td>
</tr>
</tbody>
</table>
Participant 2

Group Completion

Participant 2 was an adult female aged 20 to 30 years old. She attended 80% (4 of 5) of the scheduled group sessions. Regarding the homework, Participant 2 completed all of her homework for sessions 1 through 4. The assignments were completed thoroughly and accurately. Participant 2 also participated actively during group discussions, as well as exercises. Even though the client was unable to attend the final session, it was decided that because of the client’s engagement and motivation, she still successfully completed the group. A certificate was delivered to the client’s permanent caseworker, to give to the client.

BAI

Participant 2 scored 25 points on the anxiety measure at the outset of the study, indicating that she identified living with moderate anxiety. Over the course of treatment, the client expressed that she was experiencing a decrease in symptoms due to utilizing the various skills introduced and taught during the sessions. Although the client expressed a decrease in her anxiety, there was no post-treatment data collected.

QOLI

Overall, the client scored 13 out of a possible 96, placing her in the ‘very low’ tier regarding her perceived quality of life. There is no post-treatment data available on perceived quality of life for this participant. Of note, Participant 2 self-reported increased satisfaction in the categories pertaining to relationships and surroundings, which she attributed to the tools learned in the treatment group.

Participant 3

Group Completion

Participant 3 was an adult female, aged between 40 and 50 years old. She attended 40% (2 of 5) of the scheduled group sessions. Due to personal circumstances, the client relocated to another city and was unable to continue with the group. Before leaving the group, the client did indicate that she would pursue further treatment in hopes of decrease her anxiety. Participant 3 only attended 2 of the 5 sessions and did not meet the requirements to complete the group.

BAI

As a result of Participant 3 leaving the group after 2 sessions, only the BAI pre-test was completed. Participant 3 scored a 23 on the BAI, indicating that she was experiencing moderate anxiety. No data is available post-intervention.
QOLI

Participant 3 also completed the pre-test for the QOLI. The assessment yielded an overall score of -4 and a mean score of -0.25. This client demonstrated a satisfaction rating that was in fact lower than the ‘very low’ satisfaction tier. Based on this assessment, the client was made aware of the areas in her life that she needed to address in order to increase her overall satisfaction.

Participant 4

Group Completion

Participant 4 was an adult female, aged between 50 and 60 years old. She attended 40% (2 of 5) of the group sessions due to severe anxiety. The client made every effort to obtain the homework materials from each session, which was facilitated through her primary caseworker. Although Participant 4 obtained the materials covered in each session, she was unable to participate in the group discussion or skills training. Due to these absences, it was deemed that Participant 4 did not complete the group.

BAI

Participant completed the pre-treatment BAI assessment. She scored a 39, indicating that she was experiencing severe symptoms of anxiety. The client was advised that individual counselling and treatment might be a more effective option of treating her anxiety, as it would eliminate the anxiety provoked by having to attend a group and engage with other individuals. No data is available to assess the effectiveness of this intervention on symptoms of anxiety.

QOLI

Participant 4 completed the pre-treatment QOLI. Her assessment yielded an overall score of -41 and a mean score of -2.6. These scores placed Participant 4 below the ‘very low’ quality of life tier, indicating an extremely low satisfaction with her life circumstances. Due to the fact that post-testing was not completed for Participant 4, there is no data available to assess the effectiveness of this treatment on her quality of life.

Overview of Results

Due to the fact that a complete set of pre- and post-treatment data were only collected from one participant, no statistical analyses could be conducted for the results of this research study. Table 4 provides a summary of all the participants’ results for the BAI and QOLI.

Table 4
Total Scores on the BAI and QOLI for all Participants

<table>
<thead>
<tr>
<th></th>
<th>Participant 1</th>
<th>Participant 2</th>
<th>Participant 3</th>
<th>Participant 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>BAI</td>
<td>Pre 49 Post 48</td>
<td>Pre 25 Post 0</td>
<td>Pre 23 Post 0</td>
<td>Pre 39 Post 0</td>
</tr>
<tr>
<td>QOLI</td>
<td>Pre 29 Post 40</td>
<td>Pre 13 Post 0</td>
<td>Pre -4 Post 0</td>
<td>Pre -41 Post 0</td>
</tr>
</tbody>
</table>
Chapter V: Discussion

For the purpose of this thesis, as well as to meet the needs of the agency, a cognitive behaviour therapy group was created as a means of providing psychoeducation to adults with various anxiety diagnoses. The group was comprised of 5 sessions, each focusing on a variety of skills related to decreasing symptoms of anxiety. It was hypothesized that individuals attending the group would experience a decrease in anxiety symptoms upon completion of treatment. To evaluate the above hypothesis, pre- and post-assessments were administered during the first and final session. The assessments that were used in this study were the BAI and the QOLI. From the four participants that engaged in the treatment, complete data was only obtained for Participant 1. Participant 2 provided with a certificate of completion, but did not attend the final session and post-test data was not obtained. Participants 3 and 4 did not complete the group, thus only pre-testing was completed.

As there was only a complete set of data obtained for one of the participants, the study was unable to yield statistically significant outcomes. It was noted, however, that Participant 1 self-reported a slight decrease in anxiety symptoms upon completing treatment, as well as a significant increase in his overall quality of life. Although Participant 2 did not complete the post-testing, she verbally reported that she was experiencing fewer symptoms of anxiety when practicing the skills learned during the treatment group.

Based on the evaluation of this program, this thesis provided some evidence to suggest that a transdiagnostic CBT group may be an effective method of treatment for decreasing symptomology indicative of anxiety disorders. There was also evidence suggesting that Participant 1 experienced an increase in quality of life upon completing the group. However, because the participant only reported a 1-point decrease in anxiety on the BAI, it is difficult to determine what impact this had on the increase in quality of life. Furthermore, because the data was incomplete for 4 out of 5 participants, it is suggested that further studies be conducted in order to obtain statistically supported evidence for the use of cognitive behaviour therapy in a transdiagnostic approach.

Strengths

A major strength of this study was that the treatment was based on strong empirical evidence. Both the decision to choose CBT over any other treatment, as well as the development of the group itself were guided by the literature that outlined this method of treatment as “best practice”. Also, because the intervention utilized a transdiagnostic approach, it furthered research supporting a more cost effective and timely treatment for multiple anxiety disorders. The findings presented in this thesis encourage further investigation into using a transdiagnostic approach, which may allow clinicians to disseminate anxiety treatments more effectively.

Limitations

There were a few limitations in this study worth noting. The main limitation of this thesis was the small sample size. Due to the fact that there were only five participants, four of whom did not attend the final session, collecting outcome measures proved to be difficult. This also led to the inability to conduct statistical analyses to measure the effect size of transdiagnostic cognitive behaviour therapy for the treatment of anxiety. In addition, because the participants in this study were all diagnosed with various anxiety disorders, it was difficult for some of those
individuals to attend the group sessions. Possibly in the future, it may be beneficial to add an individual counselling component to the treatment, as well as distributing group materials and pre-and post-testing assessments to those that could not attend the group but wanted to participate. Increasing the length of treatment from five to 12 weeks may also be a necessary adjustment. Based on the literature, a 12-week treatment protocol would be more effective. Due to time restraints the group was only run for five weeks for the purpose of this thesis. Increasing the duration of treatment would allow the clients to build rapport with the clinician, as well as allow for the introduction of additional skills.

**Multilevel Challenges to Service Implementation**

**Client Level**

One of the biggest challenges of implementing a CBT group for adults with anxiety is some of the lack of motivation around practicing skills taught during the group in their lives outside of the sessions. The implementation and practice of these skills is critical in terms of maximizing and maintaining improvements in anxiety symptomology. Clients must be strongly encouraged to complete homework and practice the skills taught during group over the course of the week before the next session. However, because there is a time lapse between the start of treatment and the noticeable decrease in anxiety symptoms, clients continue to struggle with low motivation, as well as feelings of failure and discouragement. It is important for facilitators to identify these barriers and develop strategies for help clients reach their full potential and obtain benefits from the treatment group.

**Program Level**

The main difficulty encountered at the program level was the limited time frame afforded during the placement. Although the literature indicated that a 12-week program is “best practice”, due to the length of the placement, and the academic requirements, the group was only run for a total of five weeks. While this method of treatment delivery was beneficial for the thesis, it was not ideal for the participants who may have needed more time to retain and utilize the skills to their fullest potential. In order to make improvements for the clients the group would need to be extended to 12 weeks. Adding an additional individualized counselling component to the 5-week treatment group may also be a more beneficial alternative. This would allow for the treatment to be delivered in a shortened amount of time if necessary.

**Organizational Level**

Implementing a CBT group at a multidisciplinary agency posed several challenges. When working with participants with severe mental health diagnoses, it is difficult to ensure that they will be able to participate in groups for a few reasons. Although having various professionals interacting with the client is beneficial, it can also create some scheduling conflicts. Within this placement agency, clients are scheduled to attend several treatment groups, as well as case management appointments, and appointments within the community. In some cases, attendance at these appointments is mandatory in order for the client to continue receiving support from the agency. Occasionally, these other responsibilities can cause a participant to not be able to attend group. This would impact that client in a way that they may not receive the full benefit from the
CBT group. One method of mediating this is to ensure that clinicians communicate with one another in order to develop a plan that allows the client to attend all appointments as well as the treatment group.

**Societal Level**

In society today there is still much stigma associated with mental illness. This stigma can lead to difficulties when attempting to convince others in the community of the benefits of groups and various other treatments. This can have a detrimental effect on clients of the agency because they may be less willing to attend treatment, or disclose information if they believe that they will be judged or stigmatized because of it. This can also have an impact on whether or not the client practices the skills introduced during treatment. In order for participants to receive the most benefit from a CBT group, it is important that they understand that mental health issues are common and normal, and that it is a positive act on their behalf that they are seeking treatment in order to better their lives, as well as those around them. In order to combat the stigma and encourage treatment adherence, community and client education are of utmost importance.

**Contribution to the Behavioural Psychology Field**

The implementation of this transdiagnostic CBT group benefits society as well as the Behavioural Psychology community by addressing a common and pervasive issue like anxiety, while using a treatment that is both timely and cost-effective and still maintains “best practice” for the clients. This study has provided preliminary evidence to suggest that using a transdiagnostic CBT group to treat adults with a variety of anxiety disorders can decrease symptoms of anxiety, as well as increase the individuals’ quality of life. Although little statistical data was collected, the information yielded may bolster additional support for the use of a transdiagnostic approach, as well as encourage further research into this method of intervention. It should also be noted, that the agency where this study was completed, will continue to implement this treatment group as it suited the needs of the agency and was beneficial in terms of providing psychoeducation to clients of the organization.

**Recommendations for Future Research**

Regarding recommendations for future research, clinicians should incorporate the following suggestions. The first recommendations would be to increase the number of participants in the CBT group. It is imperative that each participant completes both the pre- and post-test assessments in order to determine the effect of the group on symptoms of anxiety. In order to encourage clients to attend the group, it may be beneficial to include an individualized component to the treatment. This individualized component can allow for more intensive delivery of treatment. More individualized sessions that would be tailored to each client would potentially promote greater understanding of the skills and other materials.

Adapting to the needs of each individual group can also be done in order to further equip clients with the necessary skills. Repetition fosters retention of information. Due to this it may be beneficial to utilize various teaching techniques during the group sessions, which would increase motivation through knowledge, as well as promote generalization across settings.
References


Appendix A: Consent Form

Project title: Transdiagnostic Group Cognitive Behavioural Therapy to Decrease Anxiety and Increase Quality of Life in Adults

Principal Investigator: Karolina Kindrat
Name of supervisor: Michelle Neljak
Name of Institution: St. Lawrence College
Name of part partnering institution/agency: Addictions and Mental Health- Kingston Frontenac Lennox and Addington

Invitation
You are being invited to take part in a research study. I am a student in my 4th year of the Behavioural Psychology program at St. Lawrence College. Right now I am at Addictions and Mental Health Services- KFLA: Justice Services for my school placement. As a part of this placement, I am doing a research project (called an applied thesis). I would like to ask you for your help to complete this project. The information in this form will help you understand my project. Please read the information carefully and ask all the questions you might have before you decide if you want to take part.

Why is this study being done?
This project was created to see if using a Cognitive Behavioural approach in a group setting would help men and women with anxiety reduce their symptoms and make their quality of life better. This program is being run by the Justice Services Team at Addictions Mental Health Services- KFLA (AMHS-KFLA) for people who have a hard time keeping their feelings of anxiety and other symptoms under control. This program is open to any adult who has been in trouble with the law, and who cannot manage the symptoms of their anxiety. I am asking you to be involved in this group so that we might be able to see if using these method would be useful for this group of people.

What will you need to do if you take part?
If you choose to participate in this study you will be asked to take part in 5 group-counselling sessions. The sessions will be on Wednesday afternoons at 1 pm at AMHS- KFLA and they will last 2 hours. The sessions will be run by myself and a support worker from AMHS-KFLA. At the first session, before you start the group, you will be asked to fill out a few questionnaires that will take about 1 hour to finish. After each session you will be asked to do homework for the next session about what was talked about that day. Also, at the end of the program, you will be asked to complete the same questionnaires as in session 1. This will again take about 1 hour to finish.

What are the potential benefits of taking part?
By participating in this research study may be able to understand anxiety and why and when to control it. You will learn skills that will let you become aware of when you are becoming anxious. You may also learn skills that help you to use mindful thinking and become more self-aware. During this program we hope to lessen the feelings, thoughts and emotions associated with anxiety by teaching coping strategies and problem solving skills, and by using teaching
tools and activities. The relaxation training, assertiveness training, and role-playing may also help you to change and better your ability to deal with anger.

**What are the potential benefits of this research study to others?**
The potential positive parts of this research study are being able to make and lead a program that can help adults in similar situations learn to manage their anxiety, and lead more fulfilling lives. For the people participating in the group, the benefits can be learning how to predict, control, manage, and decrease anxiety, which may help you stay out of trouble with the legal system and also make your quality of life better.

**What are the potential disadvantages or risks of taking part?**
The risks of participating in this project are very small but may include having to deal with past situations that may make you uncomfortable, as well as becoming anxious when having to practice dealing with real life situations.

**What happens if something goes wrong?**
If anything negative were to happen during the research, and if you have any strong reactions to any of the material, you may talk to me, your counsellor, or the co-facilitator from AMHS-KFLA.

**Will my information you collect from me in this project be kept private?**
We will make sure to keep any information that identifies you completely confidential unless the information is requested by the legal system. Every participant will be given a specific number and these will be used instead of names. The consent forms and questionnaires will be kept in a locked filing cabinet. Any information on the computer will be password protected. After a period of 10 years the agency will dispose of paper documentation by shredding and all computer files will be deleted. You will not be named in any reports, publications, or presentations resulting from this project.

**Do you have to take part?**
Participation is voluntary. It is up to you to decide whether or not to participate in this research project. If you do decide to take part, you will be asked to sign this consent form. If you do decide to take part in this research project, you are still free to leave at any time, without giving any reason, and without experiencing any penalty, or negative effects. If you do decide to withdraw from the study, your data will be destroyed. At any time you may also ask that your data not be used in the study, without consequence.

**Contact for further information**
This project has been approved by the Research Ethics Board at St. Lawrence College. The project will be developed under the supervision of Michelle Neljak, Psy.D., my supervisor from St. Lawrence College. I really appreciate your cooperation and if you have any more questions or concerns, feel free to ask me, Karolina Kindrat (kkindrat01@sl.on.ca). You can also contact my College Supervisor (mneljak@sl.on.ca) or you may also contact the Research Ethics Board at reb@sl.on.ca.
Consent
If you agree to take part in this research project, please complete the following form and return it to me as soon as possible. A copy of this signed document will be given to you for your own records. An additional copy of your consent will be retained at the agency [and in a secure location at St. Lawrence College, if applicable].

By signing this form, I agree that:

✓ The study has been explained to me.
✓ All my questions were answered.
✓ Possible harm and discomforts and possible benefits (if any) of this study have been explained to me.
✓ I understand that I have the right not to participate and the right to stop at any time.
✓ I am free now, and in the future, to ask any questions I have about the study.
✓ I have been told that my personal information will be kept confidential.
✓ I understand that no information that would identify me will be released or printed without asking me first.
✓ I understand that the data from this study will be presented at the St. Lawrence College Behavioural Psychology Poster Gala, and may be reported at other conferences or published in a scientific journal. No identifying information will be included in these reports.
✓ I understand that I will receive a signed copy of this consent form.

I hereby consent to take part.

Participant Name __________________________ Signature of Participant __________________________ Date __________

Student Printed Name __________________________ Signature of Student __________________________ Date __________
Appendix B: Beck Anxiety Inventory

About: This scale is a self-report measure of anxiety.

Items: 21

Reliability:
Internal consistency for the BAI = (Cronbach’s $\alpha=0.92$) Test-retest reliability (1 week) for the BAI = 0.75 (Beck, Epstein, Brown, & Steer, 1988).

Validity:
The BAI was moderately correlated with the revised Hamilton Anxiety Rating Scale (.51), and mildly correlated with the Hamilton Depression Rating Scale (.25) (Beck et al., 1988)

Scoring:

<table>
<thead>
<tr>
<th></th>
<th>Not At All</th>
<th>Mildly but it didn’t bother me</th>
<th>Moderately - it wasn’t pleasant at all</th>
<th>Severely – it bothered me a lot</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All questions</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

The total score is calculated by finding the sum of the 21 items. Score of 0 – 21 = low anxiety  
Score of 22 – 35 = moderate anxiety  
Score of 36 and above = potentially concerning levels of anxiety

References:

Beck Anxiety Inventory (BAI)

Below is a list of common symptoms of anxiety. Please carefully read each item in the list. Indicate how much you have been bothered by that symptom during the past month, including today, by circling the number in the corresponding space in the column next to each symptom.

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Not At All</th>
<th>Mildly but it didn’t bother me much</th>
<th>Moderately - it wasn’t pleasant at times</th>
<th>Severely – it bothered me a lot</th>
</tr>
</thead>
<tbody>
<tr>
<td>Numbness or tingling</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feeling hot</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wobbliness in legs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unable to relax</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fear of worst happening</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dizzy or lightheaded</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart pounding/racing</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unsteady</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Terrified or afraid</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nervous</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feeling of choking</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hands trembling</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shaky / unsteady</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fear of losing control</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Difficulty in breathing</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fear of dying</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Scared</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indigestion</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
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<td></td>
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<tr>
<td>----------------------</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Faint / lightheaded</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Face flushed</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hot/cold sweats</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Appendix C: Quality of Life Inventory

Quality of Life Inventory (QOLI)
Michael Frisch, Baylor University

The QOLI assesses an individual's quality of life through self-report of the importance they attach to each of 16 life domains (on a 3-point rating scale) as well as their current satisfaction with each domain (on a 6-point rating scale). Importance scores are multiplied by satisfaction scores for each domain, and then these scores are summed to determine an overall current quality of life for each individual. This measure is very quick to complete, and has been normed in a community sample of adults. It has also been used to track changes in individuals over the course of therapy. Higher scores indicate a higher overall quality of life.

KEY REFERENCES:


## Quality of Life Inventory

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Appendix D: Facilitator’s Guide

Coping with Anxiety: Session 1

Overview
1. Purpose
2. Intake Paperwork
   a. Beck Anxiety Inventory
   b. Quality of Life Inventory
3. Distribution of Client Folders
4. Icebreaker
5. Weekly Overview
6. What is Anxiety?
   a. Psychoeducation
   b. Handouts
7. Review
8. Questions
9. Homework

Purpose
• Decrease anxiety.
• Increase quality of life.
• Learn coping skills and strategies for dealing with anxiety.
• Foster bonds for support.
• Learn from one another’s experiences.
• This group uses principles from CBT which is:
  o A psychotherapy that focuses on changing thoughts and emotions in order to change behaviours. This is done using different techniques to modifying warped thought patterns, and to teach coping skills.

Intake Paperwork
• Beck Anxiety Inventory
• Quality of Life Inventory

Icebreaker → Smarties
1. Distribute Smarties to each individual, one of each colour.
2. Each colour is assigned a specific question.
   a. Red- If you could only eat one food for the rest of your life, what would it be?
   b. Orange- What would be your dream vacation?
   c. Yellow- What is your favourite TV show or movie?
   d. Blue- What is your favourite song or musician?
e. Green- What is an interesting fact about yourself?
f. Purple- What is your favourite animal?
g. Pink- What is your favourite holiday and why?
h. Brown- If you could pick a superpower, what would it be?

3. The first person picks the first Smartie, and must answer the corresponding question.
4. The rest of the group members must answer the same question and then they are allowed to each the Smartie.
5. Continue to the next person and so on until all the Smarties are gone.

What is Anxiety?
- Handout → What is Anxiety?
- Anxiety is a feeling of a loss of control to specific threats and negative events.
- It impacts you well being, both physically and psychologically.
- Anxiety can decrease life satisfaction and can have negative effects on relationships, health, employment, and every day functioning.
- Anxiety can also be good: It can help people respond appropriately to fearful of dangerous situations.
- Anxiety becomes a problem when it begins to negatively affect a person’s life.
- This negative effect occurs when anxiety is triggered too frequently, or if the feelings of anxiety are too intense.
- Physical symptoms of anxiety are:
  - Muscle tension
  - Fast, shallow breathing
  - Increased heart rate
  - Sweating
  - Dizziness
  - Insomnia
- The psychological symptoms of anxiety are:
  - Believing the worst case scenario
  - Imagining worst possible outcomes
  - Worry
  - Stress

How do you Experience Anxiety?
- Handout → What are Your Signs of Anxiety?
- Complete the handout and DISCUSS

When do you Experience Anxiety?
- Group DISCUSSION

What do you do When you are Anxious?
• **Handout → Tactics for Coping With Stress**
• Complete the handout and **DISCUSS**

**What Maintains Your Anxiety?**
• **Group DISCUSSION**
• Anxiety is maintained by:
  - Thoughts that tell you there is a possibility of danger or threat
  - Your body that tenses up in response to alert messages
  - And behaviours that are designed to check for danger and avoid it if possible.

**Identifying Your Anxiety**
• It is important to step back and observe your anxiety.
• It is hard to change something you do not fully understand.
• In order to better understand your anxiety, it is important to keep a daily record

**Anxious Episode Record Form**
• This form is used to identify anxious thoughts, feelings of tension, and also worry behaviours.
• By filling out this form you will be able to see how these things interact and cause anxiety to escalate.
• You will be able to detach yourself and become more objective about your anxiety when you monitor it.
• Determining your triggers and related behaviours will help you to gain control over your anxiety.
• **Handout → Ana’s Example Anxious Episode Recording Form**
  - Go through example with the group.
• **Handout → Blank Anxious Episode Record Forms (several per person)**
  - Explain to the group how to fill them out referencing the previous example.

**Review Questions**

**Homework**
• Anxious Episode Record Form (minimum 2)
Coping With Anxiety: Session 2
Overview
1. Welcome
2. Icebreaker
3. Homework Check
4. Weekly Check-In and Review
5. Body Awareness
   a. Psychoeducation
   b. Handouts/Exercises
6. Breathing
   a. Psychoeducation
   b. Handouts/Exercises
7. Review
8. Questions
9. Homework

Welcome

Icebreaker ➔ Two Truths and a Lie
1. Distribute a piece of paper to each individual
2. Everyone must write down 2 things about themselves that are TRUE and 1 thing that is a LIE.
3. Going around the group, each person reads out their 3 things. The person to their left has 2 opportunities to guess which item on the list is the LIE.

Weekly Check-In and Review

Homework Check

Body Awareness
• Body awareness if the ability to recognize how your body reacts to stressors and anxiety. This can be a very powerful skill.
• Your body registers stress long before your mind does.
• Muscle tension is your body’s way of letting you know that you are stressed or anxious, and body awareness is the first step toward acknowledging and reducing the stress.
• An important part of body awareness is being able to differentiate between internal and external awareness.
• Internal and external awareness refer to being able to separate the external environment from your personal physical reactions.
• **External Awareness** ➔ Includes stimulation to the five senses. These include: sight, sound, smell, touch, and taste.

• **Internal Awareness** ➔ This is referring to any physical sensation, feeling, emotional discomfort, or comfort inside your body.

• Becoming aware of how your body responds to stress and anxiety will give you some important information about your personal stress response and anxiety symptoms. This information can be used to develop an anxiety-management plan.

• **Handout ➔ Internal Vs. External Awareness Exercise (Group Exercise)**
  
  o First focus your attention on the outside world. Start sentences with “I am aware of” (For example, “I am aware of the cares going by outside the window, papers moving, the coffee perking, the breeze blowing, and the blue carpet.”)

  o After you’ve become aware of everything that is going on around you, shift to focusing your attention on your body and your physical sensations – your internal world (For example, “I am aware of feeling warm, my stomach gurgling, tension in my neck, my nose tickling, and a cramp in my foot.”).

  o Shuttle back and forth between internal and external awareness (For example, “I am aware of the chair pressing against my back, the circle of yellow light from the lamp, my shoulder hunching up, the smell of bacon.”).

  o Practice during the free moments throughout the day, this exercise allows you to separate and appreciate the real difference between your inner and outer worlds.

• **Other Body Awareness Exercise**
  
  o **Handout ➔ Body Scanning**
  
  o **Handout ➔ Letting Go of Your Body**

**Self-Awareness Diary**

• Another tool that you can use to help you increase your body awareness is the **Self-Awareness Diary**.

• Some parts of your day may be more stressful than others. During these times you may be more likely to experience anxiety.

• These stressful times typically also produce characteristic anxiety symptoms.

• Keeping a **Self-Awareness Diary** is beneficial when recording stressful events and the anxiety symptoms you experience.

• **Handout ➔ Self-Awareness Diary**

**Breathing**

• Breathing is the fundamental necessity of life that most people take for granted. With each breath of air, you get oxygen and release carbon dioxide as waste.

• Poor breathing habits diminish the flow of these gases to and from your body, making it harder for people to cope with stressful situations.
- Certain breathing patterns have actually been shown to contribute to anxiety, panic attacks, depression, muscle tension, headaches, and fatigue.
- As you learn to be aware of your breathing and practice slowing and normalizing your breaths, your mind will naturally quiet and your body will relax.
- Breathe awareness and practicing good breathing habits will enhance your psychological and physical health.

**Types of Breathing**

- There are typically 2 types of breathing: (1) chest or thoracic breathing or (2) diaphragmatic or belly breathing.
- **Chest breathing** is shallow and often irregular and rapid. It is often linked with stress, anxiety, or other emotional distress.
- **Chest breathing** is typically associated with the stress response and anxiety.
- **Chest breathing** can result in:
  - Light-headedness
  - Heart palpitations
  - Weakness
  - Numbness
  - Tingling
  - Agitation
  - And shortness of breath
- **Belly Breathing** is natural breathing. Inhaled air is drawn deep into the lungs as your belly expands, making your diaphragm contract downwards.
- This breathing is deeper and slower than chest breathing. It is also more rhythmic and relaxing.
- Breathing through your belly is the easiest way to produce a relaxation response.

**Effects of Breathing Exercises**

- Breathing exercises have been found to be effective in reducing generalized anxiety, panic attacks, agoraphobia, depression, irritability, muscle tension, headaches, and fatigue.
- These exercises are very easy to learn and regular practice can have a large effect in a matter of weeks if not days.
- To track the relaxing effects of the breathing exercises we will go over, you will use a Record of General Tension.

*Handout → Record of General Tension*

- Before each exercise, you will rate your anxiety on the scale provided. Upon completing the exercise you will re-rate your anxiety using the same scale. You can also make any comments regarding your experience with the exercise.
- This form will help you to track the difference between your anxiety level before and after the breathing exercise.
How do you Currently Breathe?

- To answer the questions “How do you currently breathe?” close your eyes. Put your right hand on your stomach at the waistline, and your left hand on your chest, in the middle.
- Without trying to change your breathing, simply notice how it feels as cool fresh air enters your nose, passes through the hairs in your nasal passage, reaches the back of your throat, and goes into your lungs.
- Notice what happens as that breath enters your lungs. What happens when you exhale? Observe your breath for a while without make any effort to make it different. Take your time.
- What hand rises the most when you inhale – the hand on your chest or the hand on your stomach?
- If your stomach expands and rises the most when you inhale, you are breathing diaphragmatically. If your stomach doesn’t most or if it moves less than your chest, you are shallow chest breathing.
- Group DISCUSSION ➔ How does your breathing change in stressful situations? Does your breathing affect your anxiety?

Breathing Exercises

- Handout ➔ Diaphragmatic/Belly Breathing (practice with group)
- Handout ➔ Breathing for Tension Release and Increased Awareness
  - Letting go of Tension
  - Mindful Breath Counting
  - Little Tension Releasers (practice with group)
    - These can be used when you need a short time-out during the day.
- Handout ➔ Breathing for Symptom Control or Release
  - Breath Training Exercise
  - Abdominal Breathing and Imagination
  - Alternate Breathing (practice with group)

Summary

Questions

Homework

- Anxious Episode Record Form x 2
- Self-Awareness Diary x 2
- Breathing Exercises x 2
- Record of General Tension ➔ To be done before and after each breathing exercise.
Coping With Anxiety: Session 3

Overview
1. Welcome
2. Homework Check
   a. Discussion
3. Weekly Check-In
4. Realistically Assessing Risk
   a. Psychoeducation
   b. Handouts/Exercises
5. Applied Relaxation Training
   a. Psychoeducation
   b. Handouts/Exercises
6. Review
7. Questions
8. Homework

Welcome

Homework Check
• Group discussion

Weekly Check-In and Review

Realistically Assessing Risk
• If you find yourself worrying excessively, you may not have the skills to assess risk appropriately.
• The problem with overestimating risk is that over time you will develop a pattern of over-worrying, until the worrying becomes a bigger problem than the dangers you are concerned about.
• Learning accurate risk assessment skills can make a huge difference in your overall anxiety level.

Predicting Outcomes
• Most chronic worriers focus their attention on catastrophic outcomes.
• No matter the likelihood, the fear is always about the worst possible scenario.
• When you worry, you tend to forget that your capacity to cope with even the most serious disasters is quite remarkable.
• People survive - and sometimes even benefit from - situations that the originally perceived as catastrophic.
  o People find a way to cope.

Risk Assessment Form
• Handout → Example and Blank Risk Assessment Forms
• Going through this form can help you lower your anxiety by estimating accurate probabilities and making coping plans for catastrophes
• Instructions (Go through example with group)
  o One the first line record one of you worries in the form of a feared event. Write
down the worst possible version of your worry.
  o On the second line write the worry thoughts that typically come up for you.
  o On the third line rate your anxiety when considering this worst case scenario from
 0 to 100.
  o On the fourth line rate the probability of this worst case scenario coming true
  from 0 to 100.
  o On the fifth line, predict the worst possible consequences if this scenario were to
  happen.
  o Possible coping thoughts.
  o Possible coping actions.
  o Revised prediction of consequences.
  o Rerate anxiety from 0 to 100
  o Evidence Against the worst possible outcome.
  o Alternative outcomes.
  o Rerate probability of event from 0 to 100
  o Rerate anxiety level from 0 to 100.
• Fill out a Risk Assessment Form each time you are confronted by a significant worry, or
whenever you return to a worry more than once.
• It is important to do this exercise consistently.
• Each risk assessment helps you change your old habits of catastrophic thinking.
• Keep each form you fill out because you can use them as references if you are confronted
with a similar worry.
• You are going to have to practice this fact-based, realistic thinking for some time before
it becomes automatic.

Applied Relaxation Training
• Applied Relaxation training brings together several proven relaxation techniques.
• It is fast and effective at reducing stress and anxiety, sometimes taking less than a minute.
• With practice you will eventually be able to achieve rapid relaxation and quickly calm
your body and mind.
• These techniques can be helpful in a variety of situations, such as daily frustrations,
uncomfortable situations, and difficulties falling asleep.

Effectiveness of Applied Relaxation Training
• Used to treat panic disorder, generalized anxiety disorder, headaches, back and joint pain,
epilepsy, and sleep on-set.
• 90-95% of clients found it beneficial.

Relaxation Exercise
• Basic Procedure Progressive Muscle Relaxation (practice with group)

“Get into a comfortable position in a quiet room where you won’t be disturbed. You may want to loosed your clothes and remove your shoes. Begin to relax as you take a few slow, deep breaths…Now as you let the rest of your body relax, clench your fists and bend them back at the wrist…tighter and tighter...feel the tension in your fists and forearms…Now relax…Feel the looseness in your hands and forearms…Notice the contrast with the tension (Repeat this and all succeeding procedures at least one more time.) Now bend your elbows and tense your biceps…tense them as hard as you can and observe the feeling of tautness…let your hands drop down and relax…feel that difference (Repeat x2)…

Turn your attention to your head and wrinkle your forehead as tight as you can…feel the tension in your forehead and scalp. Now relax ad smooth it out. Imagine your entire forehead and scalp becoming smooth and at rest…Now frown and notice the strain spreading throughout your forehead…Let go. Allow your brow to become smooth again (Repeat x2)…Now squeeze your eyes closed…tighter…relax your eyes. Let them remain closed gently and comfortably (Repeat x2)…Now, open your mouth wide and feel the tension in your jaw…Relax your jaw…When your jaw is relaxed, your lips will be slightly parted. Notice the contrast between the tension and the relaxation (Repeat x2)…Now press your tongue against the roof of your mouth. Experience the strain in the back of your mouth…Relax (Repeat 2)…Press your lips now, purse them into an “O”…Relax your lips (Repeat x2)…Now feel the relaxation in your forehead, scalp, eyes, jaw, tongue, and lips…Let go more and more…

Now roll your head slowly around your neck, feeling the point of tension shifting as your head moves…and then slowly roll your head the other way. Relax, allowing your head to return to a comfortable upright position (Repeat x2)…Now shrug your shoulders, bring your shoulders up towards your ears…hold it…drop your shoulders back down and feel the relaxation spreading through your neck, throat, and shoulders…pure relaxation, deeper and deeper (Repeat x2)…

Now breathe in and fill you lungs completely. Hold your breath. Experience the tension…Now exhale and let your chest become loose (Repeat x2)…Continue relaxing, letting your breathe come freely and gently…notice the tension draining out of your muscles with each exhalation…Next, tighten your stomach and hold. Feel the tension…Relax (Repeat x2)…Now place your hand on your stomach. Breathe deeply into your stomach, pushing you hand up. Hold…and relax. Feel the sensations of relaxation as the air rushes out (Repeat x2)…Now arch your back, without straining. Keep the rest of your body as relaxed as possible. Focus on the tension in your lower back…Now relax…Let the tension dissolve away (Repeat x2)…

Tighten your buttocks and thighs…Relax and feel the difference (Repeat x2)…Now straighten and tense your legs and curl your toes downwards. Experience the tension…Relax (Repeat x2)…Straighten and tense your legs and bend your toes toward your face…Relax (Repeat x2)…"
Feel the comfortable warmth and heaviness of deep relaxation throughout your entire body as you continue to breathe slowly and deeply...You can relax even more as you move through your body, letting go of the last bit of tension in your body. Relax your feet...relax your ankles...relax your calves...relax your shins...relax your knees...relax your thighs...relax your buttocks...let the relaxation spread to your stomach...to your lower back...to your chest...let go more and more. Feel the relaxation deepening in your shoulders...in your arms...and in your hands...deeper and deeper. Notice the feeling of looseness and relaxation in your neck...your jaw...your face...and your scalp...Continue to breathe slowly and deeply. Your entire body is comfortably loose and relaxed, calm and rested.

- Release Only Relaxation → Handout
- Cue-Controlled Relaxation → Handout
- Rapid Relaxation → Handout
- Applied Relaxation → Handout
- Complete a Record of General Tension before and after

Summary
Questions
Homework
- Anxious Episode Record Form
- Record of General Tension
  - Before and after Breathing and Relaxation Exercises
- Breathing exercises
- Risk Assessment Form x 2
- Progressive Muscle Relaxation x 2
Coping with Anxiety: Session 4

Overview

1. Welcome
2. Homework Check
   a. Discussion
3. Weekly Check-In
4. Imagery Exposure
   a. Psychoeducation
   b. Handouts/Exercises
5. Review
6. Questions
7. Homework

Welcome

Homework Check and Discussion

Weekly Check-in

Imagery Exposure

• Have you ever had an image of a terrible event-real or imagined-pop into your head?
• Example: Fear or driving, picturing a car accident.
• Worries are often associated with vivid mental images.
• Each time you replay the image, it is though the fear incident is actually taking place, and you experience a fearful fight or flight response.
• If you tell yourself to avoid thinking about this image, unfortunately it is like telling yourself not to think about the pink elephant.
• It has been determined that if you repeatedly face your feared image on purpose, after a while you will find that your fear of it has decreased.
• With the fear image gone, the worry that comes a long with it also decreases.
• Imagery Exposure was developed as a safe and convenient method to imagine your feared image repeatedly, causing your fear of it to go away.
• It incorporated relaxation, monitoring, and risk-assessment skills.

Getting Ready for Imagery Exposure

• Handout ➔ Preparing for Imagery Exposure (complete with group using an example)
• Steps for Preparing for Imagery Exposure:
  o Write down one of the main topics you worry about most.
For this worry. Write down the image that pops into your mind that represents the worst thing that could happen. Describe this worst-case image as though it is happening to you right now. Be specific. Include your physical and emotional reactions.

What does this image mean for you?

Using the Anxiety Severity Scale from the Anxious Episode Record Form, rate the level of anxiety you experienced as you imagined this image (0 being none and 10 being extreme)

Instructions for Imagery Exposure (complete with group)

- **Handout → Imagery Exposure Log**
  - Complete this handout everything you complete an imagery exposure. Continue working on one image until the anxiety rating has reached 2 or less.

1. Beginning with your least distressing image, read your description and then close your eyes while imagining the scene as clearly and as vividly as possible. Try and use all of your five senses: sight, hearing, taste, touch, and smell.

2. After one minute of imagining the situations, use the 0 to 10 point scale to rate the vividness of your image with 0 being no image and 10 being extremely vivid, as if you were there.

3. Rate your anxiety on the Anxiety Severity Scale.
   - If your image wasn’t clear or you rated it at less than 5, and you experienced no fear, repeat step 1.
   - Reimagine the situation, the meaning you give it, and the fear sensations or emotions that you imagine experiencing.

4. When you have a clear image associated with some anxiety, stay focused on it for five minutes.
   - You may have to repeatedly reread your description of the image and imagine the event as though it was actually occurring.
   - Let yourself experience any emotions and feelings that are brought on by the image. Do not try and change them.
   - The distress and meaning associated with the image will change the more often you are exposed to it.

5. Relax, using cue-controlled relaxation. Use progressive muscle relaxation if need be. Once you are relaxed answer these four questions.
   - Do you think that just because you imaged this event, it might happen?
   - If this even were to happen, what would you do to handle it?
   - How are you blowing out of proportion the meaning of this imagined event?
   - Based on facts and logic, how likely is this imagined event to happen?

6. Read your description again, close your eyes, and imagine the situation again, is it if were really happening, for 30 seconds.
   - Rate how vivid the imagine is from 0 to 10 as you did previously.
b. Rate your level of anxiety on the Anxiety Severity Scale once more.
c. Once you have a vivid image that is associated with some anxiety, trying imagining it for 5 minutes.
d. In addition, imagine with is taking place in the days, weeks, and months afterwards.

7. Repeat Step 5, first relaxing and then answering the 4 questions again.
   a. Repeat Step 6 and 5 until your anxiety level is a 2 or less on the Anxiety Severity Scale.
   b. You can then move on to your next image,

8. Work at your own pace.
   a. Try 3 5-minute rounds of imagery exposure a day
   b. Keep a record of your practice with your Imagery Exposure Log
   c. Use this technique with all the catastrophic images, one at a time.

**Special Considerations**

- The first item on your list may not be very anxiety-provoking for you.
  o Typically, emotions cause an image to become more vivid. If the image is neutral for you, it may not be very clear.
  o You may have already realized that your images are of improbable events, and thus you can cope with them.
  o You are ready to move to the next step.

- You may be a novice at using imagery.
  o If so, practice visualizing more neutral and/or positive scenes before attempting to visualize your catastrophic images.

- The image you are imagining may be too general.
  o Make your image more specific.

- Your image may be too anxiety-provoking, and you are trying to avoid anxiety. If this is the case, remember these three facts.
  o It’s just a picture, not reality.
  o Imagining and image won’t make it come true.
  o The more you expose yourself to the distressing images, the less distressing they will become.

- If you find that your emotional distress does not decrease or actually increases with each repeated exposure to the image, observe whether the image is continually changing.
  o Often happens in everyday worrying.
  o It can actually cause more distress because an image can trigger the fearful fight-or-flight response.
  o When you are practicing this procedure, remember to stick to the same image while you are repeating the imagery exposure until your distress decreases, and only then go on to the next item on your list.
Review
Questions
Homework

- Anxious Episode Record Form
- Record of General Tension
  - Before and after Breathing and Relaxation Exercises
- Breathing exercises
- Risk Assessment Form
- Progressive Muscle Relaxation
- Preparing for Imagery Exposure x 2
- Imagery Exposure x 2
Coping With Anxiety: Session 5

Overview

1. Welcome
2. Homework Check
   a. Discussion
3. Weekly Check-In
4. Meditation
   a. Psychoeducation
   b. Handouts/Exercises
5. Review
6. Questions
7. Homework

Welcome

Homework Check and Discussion

Weekly Check-in

Meditation

- Meditation is the intentional practice of uncritically focusing your attention on one thing at a time.
- Often, the person meditating repeats, either aloud or silently, a syllable, word, or group of words.
  - This is known as mantra meditation.
- Attention is anchored by focusing on a small object such as a candle flame or flower.
- Many people find that the rising and falling of their own breath is convenient and relaxing point of focus.
- You can use anything you want.
- The purpose of meditation is to be able to focus on one thing, and redirect your mind when it begin to wander.
  - Typical first meditation example (pg. 47)
- By repeating this one moment of awareness, a moment that consists of noticing the thought and then refocusing the attention, over time a number of surprising realizations can become apparent.
  - It is impossible to worry or fear when you are thinking about something else.
  - It isn’t necessary to think about everything that pops into your head. You can choose which thoughts you think about.
Your thoughts can fit into a few categories: grudging thoughts, fearful thoughts, angry thoughts, wanting thoughts, planning thoughts, and memories.

You act a certain way because you have certain thoughts. This habitual pattern of thoughts and perceptions will decrease when you become aware of them.

Emotions consist entirely of physical sensations in your body.

Even the strongest emotion will become manageable if you focus on the sensation in your body rather than the content of the thoughts produced.

Thoughts and emotions are not permanent.

When you are aware to what is happening right now and open to “what is”, the extreme highs and lows of your emotional responses to life to disappear.

**Physiological Effects of Meditation**
- Heartbeat and breathing rate slows down
- Oxygen consumption falls by 20%
- Blood lactate levels drop (Levels are high when someone is stressed and fatigued)
- Skin resistance to electrical current increases by four times (sign of relaxation)
- Brain wave patterns indicate increase alpha activity, which is another sign of relaxation.
  - In order to observe these physiological changes you must have these four factors.
    - A relatively quiet environment
    - Mental device that provides a constant stimulus.
    - A comfortable position
    - A passive attitude

**Symptoms Effectiveness of Meditation**
- Used successfully in the treatment and prevention of high blood pressure, heart disease, migraines, and autoimmune diseases.
- It has been helpful in decreasing obsessive thinking, anxiety, depression, and hostility.

**Meditation Instructions**
- **Handouts**:
  -  Establishing Your Posture (go over during group)
- Select a comfortable position:
  - In a chair with your knees comfortably apart, your legs uncrossed, and your hands resting on your lap.
  - Cross-legged on the floor. This position is most comfortable and stable when a cushion is placed under your buttocks so that both knees touch the floor.
  - On your knees with your big toes touching and your heels pointed outward so that your buttocks rest on the soles of your feet. Again, if you put a cushion between your feel for your buttocks to rest on, you will be able to hold the position for a much longer period of time
The “full lotus” position. This position requires a lot of physical conditioning that it is not recommended for beginners.

- Sit with back straight and let the weight of your head rests directly on your spinal column. Allow the small of your back to arch.
- Rock briefly from side to side, then front to back, and establish the point at which your upper torso fees balanced on your hips.
- Close your mouth and breathe through your nose. Place your tongue on the roof of your mouth.

**Centering Yourself (go over during group)**

- Three steps to center yourself
- Centering yourself means to purposefully keep an area of calmness within your person be conscious thought not matter how intense your emotions may be.

**Grounding**

- Close your eyes and focus on the place where your body touches the cushion or chair.
- What are the sensations there?
- Next, notice the places where your body touches itself.
- Finally, focus on the way that your body fills the space around. Notice the feelings there.

**Breathing**

- With your eyes closed, take several deep breaths and notice the quality of your breathing. Is it fast or slow? Deep or shallow? Is your breathing in your chest or in your midsection?
- Next, try moving your breathing from one part of your body to the other. Breathing into your upper chest, and then your stomach, then into your lower belly. Feel your abdomen expand and contract as the air goes in and out.
- This “dropped” lower belly breathing is the most relaxed state to meditate from.
- If you have trouble dropping your breath, do not worry as your breath will drop on its own as you become more practiced in meditation.

**Attitude**

- Maintaining a passive attitude during meditation may be the most important component.
- It is important to be aware that as a beginning you will experience many thoughts and very few moments of clear concentration.
- You must realize that your thoughts are not interruptions but rather an integral part of meditation.
- Without thoughts popping up, you would not be able to learn how to let them go.
- In order to keep a passive attitude you must try not to concern yourself with whether you are doing things correctly, whether you accomplishing any goals, or whether meditations is right for you.
- Sit with the attitude” I am going to put in my time here, just sitting, and whatever happens is exactly what should happen.
A Word About Time

- When you first begin practicing meditation, maintain the meditation for only as long as is comfortable for you.
- You feel like you are forcing yourself to sit and meditate, you will develop aversive feelings towards meditation.
- As you practice you meditation and it becomes easier, you will find yourself wanting to extend the time.
- 20-30 minutes once or twice a day is enough to get the relaxation benefits.

Exercises

- Group 1: 3 Basic Meditations
  - Mantra Meditation (go over in group)
  - Sitting Meditation
  - Breath-Counting Meditation
    - Group 2: Releasing Muscular Tension
  - Body Scan
  - Moving Band Meditation
    - Group 3: Mindfulness and Present-Moment Awareness
  - Eating Meditation
  - Walking Meditation
  - Seeing Meditation
    - Group 4: Mindfulness of Pain or Discomfort
  - Don’t Move
    - Group 5: Letting Go of Thoughts

Review Questions

Homework

- Anxious Episode Record Form
- Record of General Tension
  - Before and after Breathing and Relaxation Exercises
- Breathing exercises
- Risk Assessment Form
- Progressive Muscle Relaxation
  - Use Record of General Tension before and after
- Preparing for Imagery Exposure
- Imagery Exposure
- Meditation Exercises from Group 1 x 2
  - Use Record of General Tension before and after
Coping With Anxiety: Session 6
Overview

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Welcome

Homework Check and Discussion

Weekly Check-in

Changing Worry Behaviour

- Worry behaviour is designed to make sure that bad things don’t happen.
- It is reassuring to people that they are doing everything they can to make sure that their world doesn’t collapse.
- Example of worry behaviour.
- Some people even worry about worrying, so they might avoid activities that cause them to worry.
- As we have learned, worrying behaviours make our anxiety and stress levels increase.
- It prevents people from finding out that the negative outcome they are worried about is actually unlikely to happen.
- Worry behaviour that reinforces your worry and anxiety is not the same as the actions that you may take to protect yourself and your family in the event that the probability of something bad happening is fairly high.
Identifying Your Worry Behaviour
• **Handout → Alternatives to Worry Behaviour Form (Do example with group)**
• Instructions:
  o Identify your worry behaviour. Write down all your worry behaviours that you know are excessive and based on worry.
  o Plan alternatives to your worry behaviours. Write down non-anxiety based alternative behaviours to your worry behaviours. You want to think about what another person would do in the same situation.
  o Predict what will happen if you don’t perform your worry behaviour. Write down your worst-case scenario prediction of what will happen when you practice your alternative behaviours instead of your worry behaviour.
  o Estimate the maximum anxiety you will feel when you first do your alternative behaviour from 0 to 10, 0 being no anxiety at all to 10 being extremely anxious.
• You are likely going to experience increased anxiety the first time you don’t engage in the worry behaviour.
• However, you will be relieved to find that nothing terrible happens, and if something bad happens, you can deal with it.
• Typically, your anxiety will decrease quickly with repeated practice of your alternative behaviours.

Practicing Your Alternative to Worry Behaviour
• Beginning with the least anxiety-provoking alternative to worry behaviour, practice it daily until your maximum anxiety level is 2 or less
  o You can also use Realistic Risk Assessment and Relaxation techniques in preparation
• Use the Alternative Behaviour Practice Log
• **Handout → Alternative Behaviour Practice Log (Explain to group but do not go through)**
  o Record the date
  o The alternative behaviour
  o The consequences of that behaviour
  o And your maximum anxiety level that day.
• Compare the consequences with your prediction. Did the outcome disconfirm your prediction?
• Even if something negative happened, were you able to cope with the consequences? If not, what could you do next time to cope more effectively?
• Be aware of subtle worry behaviours you may engage in when practicing your alternative behaviours. (ex. Going to a party but not taking to anyone)
• As you move through the list practicing your alternative behaviours you will see that you can handle more anxiety than you thought you could.
Turning Worry Into Problem Solving

- Practical Steps to Minimize Anxiety
  - Clearly define the problem
  - Use brainstorming to find a solution
  - Make a contract with yourself to follow through on your solutions.

- Problem Solving Steps
  - Handout → Problem Solving Worksheet
  - Write down one specific situation that is really worrying you.
  - Brainstorm for solutions
  - Evaluate each idea.
    - Put an X beside those that are not possible and a Y next to those you could do right now. Put a ? next to those that may be difficult to implement right now.
  - Set Specific Dates
    - Make a contract with yourself to do all the things you have marked with a Y
  - When you have completed all of the items marked with a Y, go on to the more difficult things marks with a question mark. Make a contract with yourself to do those.
  - Now maybe come of the items marked with an X don’t look so hard. IF there are any you think you could manage, make a contract with yourself to do those.

Final Thoughts

- Facing your worry and anxiety will become progressively easier as you practice the skills that you have learned in this group.
- The more you practice the relaxation techniques, the less tense you will feel.
- Each time you successfully change your worry, the more peace of mind you will experience.
- Each time you successfully confront your catastrophic images, the less fearful you become.
- Practicing these skills will also help you to become more self-confident and resilient and may help you to accomplish your goals.
- Be patient with yourself and practice these skills. It take time to overcome old habits of thinking and behaviour and to develop new ones.

Post-Testing

- BAI
- QOLI

Certificates

Review

Questions and Feedback/Thank you
Appendix E: Personal Information Sheet

CLIENT INFORMATION

Client Name: _______________________________________

Client (ID) Number: ________________________________

Street Address: ____________________________________________

City: __________________________________________

Province: ___________________________ Postal Code: ___________

Date of Birth: ____________ Sex: M / F Contact #: ___________

Nature of the Problem:

____________________________________________________________________________

____________________________________________________________________________

Duration of the Problem:

____________________________________________________________________________

Assaultive: Yes / No Alcohol/Drugs: Yes / No Suicidal: Yes / No

If yes explain:

____________________________________________________________________________

Previous Counseling: Yes/No

If Yes with who: ____________________________ when ________________

If yes, why was previous counseling terminated?

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

Occupation: _________________ Employer: _________________ How long:_________
Marital Status: Single  Married  Divorced  Widowed  Seperated (Circle One)

How Long Married/Divorced/Widowed/Separated:________________________

Spouse’s Name: ___________________________ Date of Birth: __________________

Children’s Names and Ages:
____________________________________________________________________

In Case of emergency contact:
__________________________________ Phone______________________