Evaluating the Effectiveness of a Workshop to Increase Knowledge of Anxiety and Coping Skills in Young Mothers

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

For Annelise.

You are my greatest inspiration. If I can inspire you to follow your dreams like you have done for me, I will consider that to be my greatest achievement.
Abstract

Young mothers are at an increased risk of developing anxiety during pregnancy or parenthood due to the lack of support and resources at their disposal. There is a gap in the current literature on providing the best care to young women who experience anxiety during motherhood. The present thesis hypothesized that by providing a workshop on anxiety and cognitive behavioural therapy (CBT) techniques, young mothers would increase their understanding of anxiety and coping strategies. The present thesis was created at the request of the placement agency to provide more information and training materials for staff on anxiety. The training series included a manual for staff members, a psychoeducation workshop, and a workbook for clients. The manual, workshop, and workbook focused on providing information about anxiety, relevant triggers, unique stressors to parenting at a young age, as well as how anxiety can affect the child. It also included three CBT techniques including a thought log, progressive muscle relaxation, and behavioural activation. Three participants took part in the workshop and completed pre- and post-test assessments to evaluate their understanding of anxiety and CBT coping strategies. The small sample size was a significant limitation in this study, and ultimately was a factor into the insignificant change between pre- and post-test assessments. Two of the participants did increase their understanding of anxiety in a positive way. The purpose of creating the workshop and training series was to teach the clients of the agency three useful techniques to decreasing their anxiety. Future research should include follow-up data to determine if the participants’ level of anxiety decreased over time as a result of participating in the psychoeducation workshop.
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Chapter I: Introduction

Motherhood can be a stressful journey. At conception, a woman begins to change physically, hormonally, and emotionally. This critical time in a woman’s transition into motherhood may create feelings of anxiety. For some mothers, this transformative period may occur in later adolescence or young adulthood. Most young mothers have not established themselves financially yet, and they may experience additional stressors such as not having a job, a degree, a car, or a place to live. Women who lack these comforts or a strong support system may feel overwhelmed by the thought of becoming a mother. Although motherhood is a challenging job full of worry, fear, and anxiety for many women, young mothers may be more vulnerable and susceptible to feeling anxious than their older counterparts (Stevenson, Maton, & Teti, 1999).

According to Stevenson et al. (1999), it is more common for young mothers to struggle financially and to lack the desired housing, relationship stability, or support networks compared to more mature mothers. Stevenson et al. (1999), suggested that young mothers are still developing their identity and cognitive skills, and may become more easily overwhelmed by the challenges of parenting. A study completed by Phipps and Nunes (2012), also suggested that 60% of young mothers are not emotionally prepared for pregnancy and parenthood. The researchers also found that young mothers are more likely to lack adequate prenatal care which led to an increased risk for her and her baby (Phipps & Nunes, 2012). A major component in maintaining positive psychological health for young mothers is the support of others; which they may not have yet established due to poor family relationships or unstable partnerships. Not only is the psychological health of the pregnant mother important for her well-being, but also for her unborn child.

Molenaar et al. (2016) suggest that babies born of mothers who had high levels of stress during pregnancy had decreased health at birth. Babies born from anxious mothers are more likely to be born premature at a lower birth rate, and lack some cognitive development. Green, Haber, Frey and McCabe (2015) agreed with these findings, stating that anxiety in pregnancy can not only effect the mother, but also have negative lasting effects to the child. Consequently, the desire in many women to care first for the baby before their own psychological health may contribute further to the development of anxiety. This may continue throughout the perinatal, postpartum, and later stages of parenthood (Green, et al., 2015). For the purpose of this paper, the perinatal stage will include pregnancy and the first three months of motherhood. The postpartum period will encompass parenting babies ages 3 to 18 months, and parenthood will refer to the stage of parenting a child ages 18 months and older.

The Teen Mom Mentoring program uses a faith-based approach to provide support to young mothers during the perinatal, postpartum, and parenting stages. The program matches a young mother under the age of 24 with a more experienced mother who shares in the same Christian values of the agency. The maternal mentors in the program are encouraged to build bonds with their young mother in order to increase support and provide assistance and teaching. Throughout the program, the women are provided with workshops and courses on a variety of topics including: financial planning, infant and child safety, cooking and cleaning, nutrition and healthy eating, and self-care. These skill building opportunities are provided with the intention of equipping the young mothers with the necessary tools to be successful parents individually without the necessary supports from the program.

The agency aims to support their client’s psychological health by providing a strong support network, as suggested by the literature. The mentors successfully build bonds with
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clients and provides support through a variety of avenues including mentoring, playgroups, food and hygiene products, community networking, and biblical counselling support; however, they do not yet provide formal education on psychological health. Given that this is a current gap in the services offered by the agency, the project aims to support the agency’s needs by offering a workshop that provides education on anxiety and teaches coping skills based on cognitive behavioural therapy (CBT). It is important for young mothers to increase their understanding of anxiety and how it can affect their wellbeing in order to motivate them to seek further treatment or supports.

The objective of the study was to provide the participants with three coping strategies based on CBT techniques through the presentation of a PowerPoint workshop and a synchronized take-home workbook. Additionally, a supplementary manual was created to enable other mentors or support staff to acquire a greater understanding of anxiety, and allow them to run the workshop again in the future. The purpose of the study was to provide young mothers with an increased knowledge of anxiety and empirically valid CBT coping strategies. It was hypothesized that a workshop using psychoeducation of CBT techniques would increase understanding of anxiety and coping skills in young mothers.

The unique stressors related to young parenthood and their psychological wellbeing will be discussed, as well as the how this area of need can be addressed though psychoeducation in the form of a workshop. In the literature review, an analysis of the importance of providing anxiety education, the prevalence of anxiety in parenthood for mothers and fathers, the impact of parental anxiety on children, the effectiveness of CBT techniques, and an evaluation of the effectiveness of the workshops will be completed. In the method and results section of this report, the author will further explain the creation and components of the workshop, workbook, and manual. Finally, the effectiveness of providing a workshop to increase knowledge of anxiety and coping skills in young mothers will be assessed. To the knowledge of the author, there are no other studies that have been completed with this population using a one-time workshop teaching psychoeducation of anxiety or CBT coping skills. It is therefore important to evaluate the impact of anxiety on parents, the effectiveness of CBT, as well as the cost-effectiveness of using a workshop format.
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Chapter II: Literature Review

To the knowledge of this author, a study using psychoeducation of anxiety and CBT coping skills in a workshop for young mothers has not been completed. The following research outlines the importance of providing psychoeducation, the impact of anxiety on parenting, the effectiveness of CBT, as well as the use of CBT workshops.

The Importance of Psychoeducation on Anxiety

Psychoeducation is an important component of CBT interventions. It ensures that clients are provided with explanations for CBT techniques, activities, and coping strategies. CBT theorists encourage clients to take an active, equal role in their intervention. A meta-analysis review completed by Donker, Griffiths, Cuijpers, and Christense (2009) evaluated the effects of psychoeducation provided as treatment to participants who had previously been diagnosed with a mental health disorder. The researchers identified the term ‘psychoeducation’ as providing education as a form of treatment through workshops, pamphlets, workbooks, feedback, and advice (Donker, et al., 2009). They suggest that there are several reasons why individuals with depression and anxiety do not seek treatment, including an inability to recognize symptoms, extensive financial cost, or perceived negative stigma around seeking support (Donker, et al., 2009). Donker, et al., (2009), add that due to the high prevalence of these psychological disorders, it is important to find an inexpensive, time-sensitive treatment approach like psychoeducation, to sooner provide clients with support.

Ogle, Tyner, and Schofield-Tomschin (2011) advocated that to remain healthy while transitioning into motherhood, there are three important needs that women must meet: the need to remain nourished, the need to stay physically safe, and the need to limit maternal anxiety. The need to maintain low anxiety in motherhood is identified as being a crucial component of supporting new mothers to provide the best possible care for their child (Ogle, Tyner, & Schofield-Tomschin, 2011). To maintain low anxiety throughout parenthood, it is important to equip mothers with the proper tools and education that can assist them in recognizing signs of anxiety, so that they may seek assistance when necessary or use the appropriate coping skills (Ogle, Tyner, & Schofield-Tomschin, 2011). As previously identified by Molenaar et al. (2016), babies born of mothers who experienced anxiety throughout pregnancy may be at an increased risk of physical and developmental health concerns. Therefore, it is important to recognize the signs of anxiety early during motherhood, ideally during the perinatal stage, and to provide treatment as soon as possible.

A study completed by researchers Ngai, Chan, and Ip (2009), explored modern perinatal psychoeducation, and found that childbirth classes lacked sufficient teachings about the emotional and psychological challenges associated with new motherhood. The purpose of their study was to determine the impact of psychoeducation on pregnant women that focused on learned resourcefulness, competency in the mothering role, and understanding depressive symptoms (Ngai, et al., 2009). The researchers criticized perinatal education by suggesting that it did not address the evidence outlined by the literature that demonstrates a need to teach women to identify signs of depression (Ngai, et al., 2009). Furthermore, Ngai et al. (2009), pointed out the need to teach internal resourcefulness to new mothers, which has been shown to empower women through positive self-talk, delayed gratification, and self-efficacy, while encouraging them to address mental health concerns.

The study conducted by Ngai et al. (2009) utilized a quasi-experimental, control group pre-and post-test design. It included repeated measures to examine both the short- and long-term effects of psychoeducation in the perinatal stage (Ngai, et al., 2009). The researchers completed
the study in two hospitals, with one supporting the experimental group, and one designated to the control group. Although the study did not use a randomized sample, this selection process was chosen to decrease the likelihood of any interaction between the two groups of participants (Ngai et al., 2009). The intervention was created using three sessions of psychoeducation on learned resourcefulness, combined with three sessions of basic childbirth education, for a total of six sessions (Ngai et al. 2009). Ngai et al., (2009), stated that the experimental group was provided the intervention, while the control group was given the standard six-week childbirth education classes that were already offered at the hospital. The researchers provided very strict exclusion criteria for participants including unhealthy pregnancies, pregnancies with exceptionalities, and mothers with a history of psychiatric disorders (Ngai et al. 2009). These exclusions allowed for independent variables such as the baby’s health or the mother’s mental state to be removed from study, reducing the risk of having a biased sample. The participants completed pre- and post-test assessments to measure their depression levels and the strength of their support systems, and they showed little differences in the baseline results among the participants (Ngai et al. 2009). The post-test assessments found that psychoeducation was successful in teaching women about learned resourcefulness and decreasing depressive symptoms at six weeks postpartum; however, the results at six-months post-partum did not show that the intervention was successful in providing lasting education to help the participants maintain low depressive symptoms (Ngai, et al., 2009). The six-month follow-up results may suggest that additional practice and supports would be necessary to continue using the learned skills. A major criticism of this study is that they did not provide any follow-up workshops or training for the women to practice their skills. Unlike formal cognitive behavioural therapy (CBT) interventions, this study did not include any homework element that allowed the participants to practice their skills. The lack of practice may have contributed to the loss of skill over time.

Anxiety and the Parent-Child Relationship

Throughout the perinatal, postpartum, and parenthood stages, a mother’s parenting success may be hindered by her anxiety. Seymour, et al. (2015), found that mothers who experienced high levels of anxiety were less likely to have warm, affectionate bonding moments with their child compared to mothers with more positive coping strategies. The researchers conducted a study by surveying 224 mothers of children from birth to age six about their well-being throughout the perinatal, postpartum, and parenthood periods (Seymour, et al., 2015). The mothers were required to complete eight assessment surveys which focused on depression and anxiety, parenting stress, diet and exercise, sleep quality, relationship quality, and community support (Seymour, et al., 2015). The results of the surveys showed small but significant correlations between high anxiety and low parental efficacy (p < 0.001) (Seymour, et al., 2015). Women with high levels of anxiety were also typically less likely to engage in and enjoy one-on-one activities with their children, which reportedly led some mothers to overlook signs that their children were struggling emotionally (Seymour, et al., 2015). The lack of emotional connections between the mother and child correlated with increased negative interactions, such as yelling and hitting (Seymour, et al. 2015). Furthermore, Seymour et al. (2015), found that mothers with high anxiety reported less self-efficacy in their parenting skills, and felt unequipped to be successful parents to their children, which in turn, led to more anxiety. The study also found significant correlations (p= 0.001) between high maternal anxiety and poor sleep quality, children with challenging behaviours, negative relationships, limited community supports, and overall child well-being (Seymour et al., 2015). These findings are significant as they highlight key concerns regarding anxiety and motherhood. The study suggests that it is important to recognize the many
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factors that cause anxiety for young mothers to provide multi-faceted interventions. The researchers suggest that there can be a variety of different triggers throughout motherhood that may worsen symptoms of anxiety (Seymour et al., 2015). It is important to target key areas to provide lasting, effective treatment that support anxious mothers. Theses areas include sleep, nutrition, depression, anxiety, and relationships. Doing so can increase the overall well-being of both the mother and her child.

If treatment is not provided for mothers experiencing anxiety, it can affect the well-being and development of their children. Möller, Majdandžić, and Bögels, (2015), created a study with 81 infants, ages 15-18 months, that aimed to determine how parental behaviour affects infant anxiety. Prior to the study, the mothers and fathers completed parental behaviour control screenings as well as anxiety assessments in order to determine if their behaviours had significant impacts on infant anxiety (Möller, et al., 2015). The pre-test assessment results suggested that mothers tend to be more anxious, overprotective, and overinvolved compared to fathers (Möller, et al., 2015). This was a significant finding, as the study revealed positive correlations between high child anxiety and overprotective, overly-controlling parenting styles (Möller, et al. 2015). Mothers who indicated high levels of anxiety were more likely to show these types of behaviours and be overprotective and hyper-involved in their child’s routines (Möller, et al., 2015). In contrast, fathers were more likely to use a hands-on approach to parenting, and were less likely to be overprotective and controlling over their child’s behaviours (Möller, et al., 2015). However, although the researchers assessed the different styles of parenting from mothers and fathers through questionnaires, they did not directly observe any interactions between the parents; therefore, the data relies on honesty and accuracy of self-reporting. It is important to recognize that mothers tend to experience feelings of anxiety more often than fathers, and that they are more likely to instill anxious tendencies in their children.

Many studies have evaluated the relationships between maternal anxiety and childhood anxiety disorders; however, the relationship between the coping abilities of a mother and her child is less known. In a study completed by Buckley and Woodruff-Borden (2006), 49 mothers and their biological children aged 6-12 years participated in both control and experimental groups. The 25 mothers in the control group did not have any DSM-IV diagnosis for anxiety or Axis 1 disorders (Buckley & Woodruff-Borden, 2006). The experimental group was comprised of 24 mothers who had been diagnosed with an anxiety disorder, based on criteria set by the DSM-IV (Buckley & Woodruff-Borden, 2006). All participants attended two assessment sessions where they completed questionnaires, consent forms, and provided background history on their coping skills, and the children were also required to complete questionnaires (Buckley & Woodruff-Borden, 2006). During treatment phases, the mothers and their children were videotaped as they responded to a variety of tasks or situations with their children (Buckley & Woodruff-Borden, 2006). The quality of their interactions was assessed based on affection, engagement, and coping skills (Buckley & Woodruff-Borden, 2006). The authors found that mothers with high anxiety were far less able to complete difficult tasks with their children without voicing negative emotions, and they were also found to be less adaptive and lacked appropriate coping and problem solving skills in stressful situations (Buckley & Woodruff-Borden, 2006). Buckley and Woodruff (2006) found that during the study, the experimental group had fewer positive interactions with their children compared to the control group. The authors also stated that when the experimental group participants were given a difficult task, they were more likely to take over the activity and become stressed quickly, instead of allowing their child to try to cope and adapt to the situation (Buckley & Woodruff-Borden, 2006). The results
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also showed that parents with anxiety were less likely to model effective coping strategies or promote adaptive skills to their children (Buckley & Woodruff-Borden, 2006). The participants in the control group were more likely to encourage their children to try several strategies, and they did not become as stressed as the experimental group (Buckley & Woodruff-Borden, 2006). The study demonstrates the importance of limiting maternal anxiety, as addressed earlier by Ogle, Tyner, and Schofield-Tomschin (2011). The researchers found that if a mother was unable to cope with stress or difficult situations effectively, then she could not teach those skills to her children, thus creating a generational cycle of anxiety that may be difficult to break (Buckley & Woodruff-Borden, 2006). Long-lasting, solution-based treatments are necessary in order to teach adaptive coping skills that can be used in a variety of situations and activities.

The Effectiveness of Cognitive Behavioural Therapy

CBT is currently one of the leading treatment options for many psychological disorders including anxiety, and is a positive alternative to medication (Green, Haber, Frey, & McCabe, 2015). In a study completed by Mavranezouli et al. (2015), the researchers compared over 10 types of treatments for anxiety and found that CBT was the most successful, cost-effective intervention option. The authors suggested that even minimal, cost-effective teachings of CBT can help to reduce anxiety in the long term.

Oeia and Boschenc (2009) studied the effects of CBT on decreasing symptoms of anxiety and increasing quality of life. A unique component of their study was their attention to the related symptoms and cognitions associated with anxiety (Oeia & Boschenc, 2009). The researchers created an intervention for participants using a traditional CBT group format, by providing treatment with a group of 10-14 clients, twice a week for four weeks (Oeia & Boschenc, 2009). The CBT program included cognitive restructuring, psychoeducation, and exposure therapy (Oeia & Boschenc, 2009). The participants were required to complete pre- and post-test assessments to determine how effective CBT was at decreasing their anxiety, and were also required to complete satisfaction questionnaires to determine how the treatment impacted their overall quality of life (Oeia & Boschenc, 2009). Although the treatment successfully reduce anxiety and increase quality of life, there were several limitations to the study. First, the study had very few exclusion criteria set for participants, and the sample may have been too broad; therefore, the results do not relate to clients with specific anxiety disorders (Oeia & Boschenc, 2009). Secondly, clients were not required to disclose if they received treatment elsewhere while participating in the study, which this author believes to have potentially altered the results (Oeia & Boschenc, 2009). Finally, Oeia and Boschenc (2009), admit that the practice of using traditional CBT strategies may need to be adjusted to individualize treatment for specific populations.

Green, et al. (2015), conducted a study to determine the effectiveness of group CBT in treating perinatal anxiety. The program utilized a six-week group CBT treatment plan, and included 10 participants who were referred by their doctors for perinatal anxiety (Green, et al., 2015). To measure anxiety symptoms and determine if the treatment was effective, participants were asked to completed pre- and post-test worry questionnaires (Green, et al., 2015). The session topics included psychoeducation on perinatal anxiety, deconstructing negative thoughts, behavioural activation, recognizing unproductive worry, and assertiveness training (Green, et al., 2015). All 10 participants attended each session, and post-test results showed significant decreases in their anxiety levels based on the worry questionnaire, and the participants also completed satisfaction questionnaires, in which 100% rated the group CBT treatment to be ‘good’ or ‘excellent’ (Green, et al., 2015). Although this was a pilot study, it showed
encouraging results that the group CBT could effectively decrease anxiety in mothers, and that the participants would find it engaging and enlightening (Green, et al., 2015). Unlike the study completed by Oeia and Boschenc (2009), the researchers outlined specific inclusion criteria for the participants. For example, participants were referred by their clinician after not having any success with other treatments including pharmaceuticals (Green, et al., 2015). The study also differed from Oeia and Boschenc (2009) because each participant also had a primary diagnosis of either generalized anxiety disorder or social anxiety (Green, et al., 2015). It can be assumed that these specific inclusion criteria allow for more valid results, removing any extraneous variables, as the post-test assessments more accurately measure the degree that the treatment affected the participants. The researchers point out that it is important to identify an evidence-based, effective treatment option that does not include medication for the pregnant population, as they often opt not to take any pharmaceuticals for fear that it may harm their unborn baby (Green, et al., 2015).

It is important to compare CBT treatment to pharmaceutical interventions, and combined CBT and pharmaceutical interventions. However, it is equally as important to consider cost-effectiveness as some clients may face financial barriers to treatment. A study completed by Apeldoorn, Stant, Hout, Mersch, and den Boer (2014) assessed three treatment options for panic disorder: CBT, pharmaceutical intervention using selective serotonin reuptake inhibitors (SSRIs), and a combined approach using CBT and SSRIs. The first treatment condition of CBT involved 21 sessions focusing on techniques such as in vivo exposure, cognitive restructuring, and interoceptive exposure over the course of one year (Stant, et al., 2014). The second condition for patients receiving SSRIs required the participants to attend nine appointments with their doctor over a one-year period, with one appointment occurring in both the first and last month, and participants, who received both treatments, did so simultaneously (Stant, et al., 2014). The study followed participants for 24 months: 12 months during the treatment phase, and 12 months of follow-up periods (Stant, et al., 2014). The results showed that the CBT-only group had the lowest cost, while the combination group was the most expensive (Stant, et al., 2014). The results also showed that CBT, and the CBT and SSRI combination group decreased symptoms of panic disorder the most, although there was not a statistically significant improvement between the two groups (Stant, et al., 2014). This finding suggests that CBT interventions are cheaper and more effective than medicinal interventions, and may produce comparable results to interventions that use a combination of both treatments. They also found that the CBT and SSRI combination group reported more positive long term effects, with a decrease in their symptoms up to the 12-month follow up appointment compared to the SSRI-only group (Stant, et al., 2014). This study is important because, as stated by Green, et al. (2015), many pregnant women are reluctant to take medication due to the fear that this may harm their unborn child. It is, therefore, important to ensure that other treatments, such as CBT, are equally or more effective than SSRIs. Overall, the literature suggests that the use of CBT to treat anxiety during pregnancy or the early stages of parenthood can decrease symptoms of anxiety.

**Cognitive Behavioural Therapy Workshops**

Due to the financial limitations of the non-profit agency, it is important to provide a more cost-effective and timely resource. Therefore, a two-hour workshop that can be replicated in the future, with a co-ordinated workbook and manual to assist the participants and the agency supervisors, may be an ideal alternative to traditional CBT interventions. In a study completed by Sclare, Michelson, Malpass, Coster, and Brown (2015), the researchers found success running a one-day workshop that was provided for intercity youth struggling with anxiety. They
provided psychoeducation on the relationships between thoughts, emotions, and behaviours, as well as a variety of coping strategies including relaxation techniques (Sclare, et al., 2015). The study used a pre-and post-test, cohort design that repeated baseline assessments at 12-week follow-up sessions to compare anxiety levels in intercity youth (Sclare, et al., 2015). The participants in the study were 16-18 years of age and were categorized as having low socioeconomic status and emotional problems, so the workshop used an open format and invited prospective participants through social media (Sclare, et al., 2015). The participants volunteered for the study and were encouraged to provide feedback of their experiences using four pre-and post-test assessments (Sclare, et al., 2015). The assessments were used to determine if the workshop was successful in decreasing their anxiety through the teaching of CBT coping skills and techniques (Sclare, et al., 2015). The follow-up results showed that the workshop successfully increased coping skills and decreased the participant’s anxiety in a statistically significant way (Sclare, et al., 2015). Although the results were deemed successful, feedback from the participants provided important considerations for future workshops. The participants suggested that future workshops have smaller sample sizes, as well as additional telephone support for post-therapy (Sclare, et al., 2015).

Horrell et al. (2014) followed a similar format by providing CBT in a single-day workshop. Unlike Sclare, et al. (2015), this study addressed symptoms of depression. The study proposed that a one-day workshop could decrease depression in youth (Horrell et al., 2014). The authors hypothesized that a cost-effective, self-confidence workshop would decrease depression in participants upon a 12-week follow up assessment (Horrell et al., 2014). The study included 382 participants who had depression, based on scores from the Beck Depression Inventory, and the study utilized a randomised controlled trial design (Horrell et al., 2014). The workshop included four modules that focused on psychoeducation about self-confidence and its relationship to improving depression, challenging negative automatic thoughts, skill training on assertiveness and problem-solving, and goal-setting and homework completion (Horrell et al., 2014). Unlike Sclare, et al., (2015), the participants were provided with follow-up support and given homework that summarized the teachings of the workshops and provided instruction for practicing the CBT skills (Horrell et al., 2014). Furthermore, participants were also encouraged to attend a two-hour session after the workshop to receive further assistance for using CBT coping strategies (Horrell et al., 2014). To determine if the workshop was effective in decreasing anxiety in the participants, questionnaires were provided prior to the session and at a 12-week follow up meeting (Horrell et al., 2014). Participants completed the Beck Depression Inventory, as well as measures on anxiety, mental health, self-esteem, and quality of life satisfaction (Horrell et al., 2014). The results showed that after 12 weeks, the participants did decrease their depression levels and reported an increased use of coping skills (Horrell et al., 2014). Both studies completed by Sclare, et al. (2015), and Horrell et al. (2014) demonstrate that a CBT workshop can be successful in providing psychoeducation that decreases anxiety and depression. However, Horrell et al. (2014) found greater success in maintaining low levels of depression by providing follow-up support and education. The results suggest that a cost-effective workshop, with a combined homework task, can successfully assist participants in decreasing depression by providing coping skills, practice and homework, and psychoeducation based on CBT.

Summary

Although the literature is limited for this unique population, this review highlights three key themes among successful treatment interventions for mothers: the inclusion of support, cost-effective options, and importance of recognizing anxiety, so that parents do not instill similar
behaviours in their children. Ngai, et al. (2009) stated that one of the struggles with current parenting education is that it does not teach enough content about the emotional and mental struggles that can occur during motherhood. Assisting mothers in recognizing anxiety and educating them on coping strategies is important to increase their quality of life. It is apparent that the most cost-effective, long-lasting anxiety interventions include the use of CBT. The study presented in this paper is similar to the research completed by Horrell et al. (2014) and Sclare, et al. (2015). This research follows a similar pre-and post-test design, as well as focuses on the use of CBT psychoeducation and coping skills to teach clients the skills to help themselves. Similar to Sclare, et al. (2015), the present study proposes to increase understanding of anxiety among young mothers through the use of CBT coping strategies and education of how behaviours, thoughts, and emotions are connected. Like Horrell et al. (2014), this study plans to provide a workshop with an adjacent workbook designed to help clients increase their understanding of anxiety and CBT, and practice the skills learned in the workshop. The workbook also provides numbers for telephone support; a consideration that was suggested by participants of the study completed by Sclare, et al. (2015). Incorporating the successful components of these workshops and the feedback of the participants is an important part of creating an effective, relevant workshop for the young mothers in the program.
Chapter III: Method

The present paper evaluates the effectiveness of using a workshop to provide psychoeducation on anxiety and CBT coping skills with young mothers. Psychoeducation was delivered through a one-time workshop that included a supplementary take-home workbook. The workshop was completed at a local church that the members of the Teen Mom Mentoring program attend on a bi-weekly basis. Three female participants aged 20-23 who all had a child under the age of 5 took part in the study and provided consent. A pre-and post-test assessment was completed to examine comprehension and retention of information provided in the workshop. No follow-up was completed after the workshop.

Intended Use

The purpose of the study was to create a one-time workshop on anxiety and CBT coping strategies for young mothers. This was completed with a PowerPoint supported workshop that included subsequent information materials including a take-home workbook for clients and a manual to train staff to teach the workshop. The student facilitator was originally approached by two agencies to complete a manual as a resource to increase understanding of anxiety for staff members and volunteers. The addition of a workshop and workbook was suggested by the student to provide information about anxiety and coping skills to the agency clients. It was expected that by increasing knowledge of anxiety and CBT coping skills, that the clients would be able to use the information and strategies to better identify anxiety and decrease symptoms. It was also expected that by creating a resource for agency staff members on anxiety, that they would be better equipped to answer questions and help their clients recognize anxiety in order to seek additional help from accredited sources.

Participants

The study was provided to young mothers in the Teen Mom Mentoring Program, and approved by the St. Lawrence Research Ethics Board. Seven young mothers were provided with information about the voluntary workshop and workbook; however, only three females ages 20, 23, and 23 attended the workshop and participated. The three participants were all mothers of a child under the age of 5 years old. The inclusion criteria required the participants to be clients in the Teen Mom Mentoring program, under the age of 25, and have at least one child 5 years old or younger. Each participant was provided with two copies of an informed consent form (Appendix A). One copy of the consent form was signed, dated, and returned to the student facilitator, and the second copy was signed and kept with the participant for their own records. Each participant was asked to fully read the consent form and ask any questions before agreeing to participate in the study. The student researcher reminded the participants that they could withdraw at any time from the workshop and remove themselves from the study without risk of losing their support from the program. All three women signed the consent forms and participated in the study.

The directors of the agency and the mentors in the program were also welcomed to attend the workshop as part of their bi-weekly meeting. Two directors and six mentors attended the workshop and participated in the activities; but they did not fit the inclusion criteria, and were not included in the research.

Research Design

The project utilized a pre- and post- test design to determine knowledge of anxiety and CBT coping skills. The participants were all required to complete a pre- and post- test using the Determining Understanding of Anxiety and Coping Skills Questionnaire (Castro, 2016) that was developed by the student facilitator for the purpose of this study (Appendix B). Participants
were required to attend the workshop on anxiety and CBT in order to complete the assessments. The participants were asked to indicate their age and participation code on each of their completed assessments. The purpose of providing participation codes to each client was to ensure confidentiality by not having clients provide their name to compare pre- and post-test questionnaires.

**Operational Definitions**

**Independent variable.** Cognitive Behavioural Therapy (CBT) included the teaching of the following coping strategies: thought records, activity logs, and progressive muscle relaxation (PMR). Thought records were administered in the form of a worksheet given to each participant during the workshop. Activity logs were used to teach the clients about prioritizing time to de-stress and manage anxiety. PMR is a guided imagery exercise that was completed during the workshop to teach the clients how to lower their anxiety by tightening and relaxing their muscles to reduce the physiological effects of anxiety.

**Dependent variable.** For the purpose of this study, knowledge of anxiety refers to the clients’ understandings of feelings of fear, uncertainty, and apprehension. It included the ability to recognize the physical symptoms of anxiety such as sweating, rapid speech, racing thoughts, and shaking. Knowledge of anxiety was measured using the questionnaire as a pre- and post-test measure.

**Procedures**

The study was comprised of three parts. The first and largest component was the workshop that was completed on October 25, 2016 with the three participants, the mentors, and the agency staff to provide psychoeducation on anxiety at the program level. The second component, the workbook, was created as a take-home practice resource as suggested by Sclare et al. (2015). The third component was the creation of a training manual for agency staff and volunteers to increase understanding of anxiety at the organization level.

**The workshop.** The one-day workshop was completed in a local church community room that was rented bi-weekly to the Teen Mom’s Mentoring Program. The workshop took place in the regularly scheduled, two-hour time slot from 6:30 pm to 8:30 pm. The student facilitator created a PowerPoint presentation (Appendix C) that provided psychoeducation on anxiety including triggers, physical and emotional symptoms, perinatal anxiety, postpartum anxiety, anxiety in parenthood, and CBT coping strategies. The materials utilized were a PowerPoint screen, projector, podium for the facilitator, and tables and chairs. The participants were asked to sit beside their mentor to decrease talking among the young mothers. The participants were also offered transportation and light refreshments, provided by the agency, to attend the workshop and limit any barriers or objections to service.

**Materials.** The student facilitator prepared seven packages for the clients in anticipation for the workshop, however only three were required. Each package had two copies of the consent form, both pre-and post-test questionnaires, one copy of the supplementary workbook (Appendix D), blank paper, a copy of the thought log (Appendix E), a copy of the activity log (Appendix F), and a pen. To encourage positive modeling from the mentors and directors, extra worksheets for each activity were provided. Each mentor and director was given a copy of the activities, a pen, and a piece of blank paper.

**Evaluation Measures.** The student facilitator created a questionnaire to measure knowledge of anxiety and CBT coping skills called the Determining Understanding of Anxiety and Coping Skills Questionnaire. The questionnaire was created with 12 questions that utilized a 4-point Likert scale to measure the participant’s current understanding of anxiety and CBT.
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coping skills. At the beginning of the assessment, the participants were required to indicate the date, their age, their participation code, as well as the number of children they have. The pre-test also required the participants to provide background information about their past experiences with anxiety and how they have coped with the symptoms to collect information on the sample. The information gathered from the assessments was presented in bar graphs to compare the results. Tables were also used to show the mean, median, and the standard deviation of the results.

**Format.** The workshop began by introducing the clients to the student facilitator and the folder of materials. The workshop was provided using PowerPoint presentation on a large screen using a projector provided by the church. An outline of the topics and agenda covered in the workshop can be found in Table 1.

Table 1
*Contents of the “Calming the Mind” PowerPoint Workshop*

<table>
<thead>
<tr>
<th>Chapter Title</th>
<th>Main Content</th>
</tr>
</thead>
</table>
| Introduction  | • Introduction to the thesis project  
                 • Consent form and pre-test  
                 • Icebreaker game |
| Chapter 1: Anxiety | • How to identify anxiety  
                   • Types of anxiety disorders  
                   • Triggers of anxiety  
                   • Physical Symptoms of Anxiety  
                   • Effects of anxiety on parenting |
| Chapter 2: Psychoeducation | • Explaining CBT  
                               • Describing the relationship between negative thoughts, feelings, and behaviours |
| Chapter 3: Practicing Coping Strategies | • Thought logs  
                                            • PMR  
                                            • Behavioural activation and activity planning |
| Chapter 4: Closing | • How to use the strategies  
                      • Questions |

The workbook. As stated above, the participants were provided with a take-home workbook that followed a similar format to the workshop. The workbook was printed and presented in a duotang-binder, and was provided as a homework component to encourage practice of skills among the participants, as well as to provide additional resources for support. The workbook included the same information as the workshop, with the addition of several self-
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report activities to encourage the clients to test their understanding and practice the skills. An outline of the workbook can be found in Table 2.

Table 2
Contents of “A Workbook for Understanding Anxiety and Developing Positive Coping Strategies”

<table>
<thead>
<tr>
<th>Chapter Title</th>
<th>Main Topics</th>
</tr>
</thead>
</table>
| Introduction                         | • Disclaimer
                                             • Table of Contents
                                             • Introduction to the workbook |
| Understanding Anxiety                 | • Activity on symptoms
                                             • Anxiety overview
                                             • Perinatal anxiety
                                             • Anxiety in parenthood |
| Cognitive Behavioural Therapy        | • Explaining CBT
                                             • Identifying the connection between thoughts, feelings, and emotions |
| Coping Strategies                    | • Thought record activity
                                             • PMR activity
                                             • Behavioural activation and activity planning
                                             • Behavioural schedule activity
                                             • How to use the skills
                                             • Contract activity
                                             • References |
| Appendices                           | • Mental Health helplines and crisis lines
                                             • Prayers for anxiety
                                             • Extra worksheets |

The workbook included appendices comprised of mental health helplines, agencies, and supports in the local community that the participants could access for additional support if they deemed it necessary. In accordance with the agency’s faith-based mandate, the agency requested to also include bible verses and a prayer for anxiety; however, these portions were separate from the workshop, and not included in the psychoeducation of anxiety and CBT coping strategies.

The manual. The manual was created as a request of both agencies to increase understanding of anxiety among the staff members and volunteers (Appendix G). The purpose of the manual was to support the agency staff if clients had further questions and to teach them how to complete the workshop again in the future. The manual could also be used by agency staff to assist clients in using anxiety reducing coping skills and finding additional support from
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certified clinicians, should a client identify anxiety as a problem. An outline of the manual can be found in Table 3.

Table 3
Contents of the “Calming the Mind” Manual.

<table>
<thead>
<tr>
<th>Chapter Title</th>
<th>Main Topics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chapter One: Introduction</td>
<td>• Disclaimer</td>
</tr>
<tr>
<td></td>
<td>• Introduction to the manual</td>
</tr>
<tr>
<td>Chapter Two: Understanding Anxiety</td>
<td>• Anxiety and specific disorders</td>
</tr>
<tr>
<td></td>
<td>• Perinatal anxiety</td>
</tr>
<tr>
<td></td>
<td>• Prevalence of anxiety</td>
</tr>
<tr>
<td></td>
<td>• Motherhood and anxiety</td>
</tr>
<tr>
<td></td>
<td>• Anxiety and effects on the child</td>
</tr>
<tr>
<td></td>
<td>• Anxiety and fathers</td>
</tr>
<tr>
<td></td>
<td>• Anxiety throughout parenthood</td>
</tr>
<tr>
<td>Chapter Three: Determining Client Risk</td>
<td>• Identifying triggers and warning signs</td>
</tr>
<tr>
<td></td>
<td>• Anxiety assessment tools</td>
</tr>
<tr>
<td>Chapter Four: The Helper</td>
<td>• Tools to help clients</td>
</tr>
<tr>
<td></td>
<td>• Areas for support</td>
</tr>
<tr>
<td></td>
<td>• Removing barriers to service</td>
</tr>
<tr>
<td></td>
<td>• Helping clients through panic attacks</td>
</tr>
<tr>
<td>Chapter Five: Learning How to Cope</td>
<td>• Psychoeducation of CBT</td>
</tr>
<tr>
<td></td>
<td>• Thought records</td>
</tr>
<tr>
<td></td>
<td>• PMR</td>
</tr>
<tr>
<td></td>
<td>• Behavioural activation</td>
</tr>
<tr>
<td></td>
<td>• Activity planning</td>
</tr>
<tr>
<td>Chapter Six: Additional Resources</td>
<td>• Helplines</td>
</tr>
<tr>
<td></td>
<td>• Prayers for anxiety</td>
</tr>
<tr>
<td></td>
<td>• Client care contract</td>
</tr>
<tr>
<td></td>
<td>• References</td>
</tr>
</tbody>
</table>

Overall, the purpose of the multi-faceted approach was to adhere to the client, program, and organizational levels of service. A physical and an electronic copy of the manual and workbook were provided to both agencies who supervised the placement. An electronic copy of the PowerPoint presentation was provided to both agencies as well. The pre- and post-assessments along with the completed consent forms were kept in a binder and presented to student’s college supervisor on November 10, 2016 to be stored at St. Lawrence College for a period of 10 years. The ordinal data collected from the assessments was analyzed and presented
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...in tables and bar graphs. The success of the workshop and the analysis of the data is discussed in the following chapter.
Chapter IV: Results

The Workbook

The “Calming the Mind” workbook (Appendix D) was completed using Microsoft Word and an electronic copy was provided to both agencies. At the workshop, the participants were provided with a paper copy of the workbook, bound in a duo-tang. The workbook was given to the participants as a form of homework, and acted as supplementary information source for clients. The final workbook included information about anxiety and coping skills, as well as a variety of activities to assist participants in recognizing their own anxiety. The workbook also included a variety of helplines and resources that the participants could access to find additional support in the community. The workbook can be provided to future clients to assist them in identifying and better understanding anxiety in order to assist them in managing the symptoms related to anxiety during pregnancy and parenthood.

The Manual

The “Calming the Mind” manual (Appendix G) was completed using Microsoft Word and an electronic copy was submitted to both agencies. The 48-page manual provides background information on anxiety and how to identify it in clients. The manual also includes teaching tools to inform staff and volunteers about how to use CBT strategies to assist clients in decreasing anxiety. The agency supervisors were instructed on how to use the manual in order to better understand the contents of the workshop so that they could run it again in the future.

The ‘Calming the Mind’ Workshop

The workshop was completed on October 25, 2016 with three young mothers. A sample of \( n = 3 \) participants attended the workshop and completed the Determining Understanding of Anxiety and Coping Skills Questionnaire (Castro, 2016). The hypothesis was that a workshop using psychoeducation would increase participant’s understanding of anxiety and CBT coping skills. The participants completed the pre- and post- test assessments and the data was recorded in Excel using a participant code before analyzing the descriptive statistics using the computer program SPSS (Appendix H). The pre- and post-test assessment required the participants to rate 11 questions on a 4-point Likert scale. The participant’s responses were then categorized into numerical form for the purpose of completing a statistical analysis of the data. Strongly Agree answers were given a score of 4, agree answers were given a score of 3, disagree answers were given a score of 2, and strongly disagree answers were given a score of 1. The total sums of scores were computed to compare the means in a paired t-test to determine significance. The pre-test descriptive statistics results are listed in Table 4.

Assessment Results

The participants mean score on their self-reported understanding of CBT was rated at 2.33 during the pretest, indicating a disagree answer on the 4-point Likert scale. The participants also gave a disagree score of 2 to “I know how to use a thought log” \((M = 2.33)\) and “I know what a behaviour schedule is” \((M = 2.33)\).

The pre-test assessment also included demographic questions to better understand the background of the participants. Participant 1 was 20 years old and indicated that she rarely feels anxious, and had no symptoms of anxiety during her pregnancy. She noted that her coping skills consisted of crying until she felt better. Participant 2 was also 20 years old and had no reported symptoms of anxiety, nor any previous experience with CBT or other treatment options. Participant 3 differed from the other participants, as she experienced both perinatal and postpartum anxiety, and she received treatment including CBT group therapy for her symptoms.
It was expected that the researcher would likely accept the null hypothesis that the workshop did not create significant change in the participants understanding of anxiety and CBT, due to the small sample size ($n = 3$). A Type II error can occur if the sample mean is not in the critical area, but the treatment has influenced the participants (Gravetter & Wallnau, 2013). The possibility of computing a Type II error was high in this study as the sample was not fully representative of the total population of young mothers.
### Table 4
Pre-Tet Descriptive Statistics Results

<table>
<thead>
<tr>
<th>Statistic</th>
<th>N</th>
<th>Range</th>
<th>Minimum</th>
<th>Maximum</th>
<th>Mean</th>
<th>Std. Error</th>
</tr>
</thead>
<tbody>
<tr>
<td>I understand what anxiety is.</td>
<td>3</td>
<td>1</td>
<td>3</td>
<td>4</td>
<td>3.67</td>
<td>.333</td>
</tr>
<tr>
<td>I understand what perinatal anxiety is.</td>
<td>3</td>
<td>1</td>
<td>3</td>
<td>4</td>
<td>3.33</td>
<td>.333</td>
</tr>
<tr>
<td>I can list 5 physical symptoms of anxiety.</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td>4</td>
<td>3.00</td>
<td>.577</td>
</tr>
<tr>
<td>I understand what CBT is.</td>
<td>3</td>
<td>3</td>
<td>1</td>
<td>4</td>
<td>2.33</td>
<td>.882</td>
</tr>
<tr>
<td>I know how to use a thought log.</td>
<td>3</td>
<td>3</td>
<td>1</td>
<td>4</td>
<td>2.33</td>
<td>.882</td>
</tr>
<tr>
<td>I have completed a PMR exercise.</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td>4</td>
<td>3.00</td>
<td>.577</td>
</tr>
<tr>
<td>I understand what behavioural activation is.</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>3</td>
<td>2.00</td>
<td>.577</td>
</tr>
<tr>
<td>I know how to use a behavioural schedule.</td>
<td>3</td>
<td>3</td>
<td>1</td>
<td>4</td>
<td>2.33</td>
<td>.882</td>
</tr>
<tr>
<td>I have learned strategies to help cope with anxiety.</td>
<td>3</td>
<td>1</td>
<td>3</td>
<td>4</td>
<td>3.67</td>
<td>.333</td>
</tr>
<tr>
<td>I have understanding of the negative impacts of anxiety.</td>
<td>3</td>
<td>1</td>
<td>3</td>
<td>4</td>
<td>3.67</td>
<td>.333</td>
</tr>
<tr>
<td>I have learned techniques that will be helpful in decreasing stress and anxiety.</td>
<td>3</td>
<td>1</td>
<td>3</td>
<td>4</td>
<td>3.67</td>
<td>.333</td>
</tr>
</tbody>
</table>

Upon completion of the workshop, the participants were asked to again complete the *Determining Understanding of Anxiety and Coping Skills Questionnaire* (Castro, 2016). The results were analyzed in the same format as the pre-test assessment. The post-test results can be found in Table 5.
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Table 5
Post-Test Descriptive Statistics Results

<table>
<thead>
<tr>
<th>Statistic</th>
<th>N</th>
<th>Range</th>
<th>Minimum</th>
<th>Maximum</th>
<th>Mean</th>
<th>Std. Error</th>
</tr>
</thead>
<tbody>
<tr>
<td>I understand what anxiety is.</td>
<td>3</td>
<td>1</td>
<td>3</td>
<td>4</td>
<td>3.67</td>
<td>.333</td>
</tr>
<tr>
<td>I understand what perinatal anxiety is.</td>
<td>3</td>
<td>1</td>
<td>3</td>
<td>4</td>
<td>3.67</td>
<td>.333</td>
</tr>
<tr>
<td>I can list 5 physical symptoms of anxiety.</td>
<td>3</td>
<td>1</td>
<td>3</td>
<td>4</td>
<td>3.67</td>
<td>.333</td>
</tr>
<tr>
<td>I understand what CBT is.</td>
<td>3</td>
<td>1</td>
<td>3</td>
<td>4</td>
<td>3.67</td>
<td>.333</td>
</tr>
<tr>
<td>I know how to use a thought log.</td>
<td>3</td>
<td>0</td>
<td>4</td>
<td>4</td>
<td>4.00</td>
<td>.000</td>
</tr>
<tr>
<td>I have completed a PMR exercise.</td>
<td>3</td>
<td>0</td>
<td>4</td>
<td>4</td>
<td>4.00</td>
<td>.000</td>
</tr>
<tr>
<td>I understand what behavioural activation is.</td>
<td>3</td>
<td>0</td>
<td>4</td>
<td>4</td>
<td>4.00</td>
<td>.000</td>
</tr>
<tr>
<td>I know how to use a behavioural schedule.</td>
<td>3</td>
<td>0</td>
<td>4</td>
<td>4</td>
<td>4.00</td>
<td>.000</td>
</tr>
<tr>
<td>I have learned strategies to help cope with anxiety.</td>
<td>3</td>
<td>0</td>
<td>4</td>
<td>4</td>
<td>4.00</td>
<td>.000</td>
</tr>
<tr>
<td>I have understanding of the negative impacts of anxiety.</td>
<td>3</td>
<td>0</td>
<td>4</td>
<td>4</td>
<td>4.00</td>
<td>.000</td>
</tr>
<tr>
<td>I have learned techniques that will be helpful in decreasing stress and anxiety.</td>
<td>3</td>
<td>0</td>
<td>4</td>
<td>4</td>
<td>4.00</td>
<td>.000</td>
</tr>
</tbody>
</table>

Compared to the pre-test, the post-test results show that the participants understanding of the CBT strategies including how to use a thought log, PMR, and behavioural activation increased (M=4.00). The total sums of scores for the three participants on both tests are visually represented in Figure 1. Series 1 represents the pre-test results, and series 2 represents the post-test results (Appendix I).
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Figure 1. Participant’s pre- and post-test results.

Participant 3 indicated that she had already completed CBT treatment programs which may explain the similarity in the assessments. The bar graph shows that both participants 1 and 2 experienced an increase in their understanding of anxiety and CBT coping skills during the workshop.

The information from the pre-and post-test assessments were then analyzed using SPSS using a paired samples T-test to determine if the workshop created statistically significant results. The results can be found in Table 6 below.

Table 6
T-Test Paired Samples Statistics.

<table>
<thead>
<tr>
<th>Paired Samples Statistics</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>N</td>
<td>Std. Deviation</td>
</tr>
<tr>
<td>Pair 1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PreTest</td>
<td>33.0000</td>
<td>3</td>
<td>7.21110</td>
</tr>
<tr>
<td>PostTest</td>
<td>42.6667</td>
<td>3</td>
<td>2.30940</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Paired Samples Correlations</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>Correlation</td>
</tr>
<tr>
<td>Pair 1</td>
<td>3</td>
<td>.721</td>
</tr>
</tbody>
</table>

The hypothesis for this study was that psychoeducation of anxiety and CBT coping skills presented in a workshop format would increase the participants understanding of anxiety. Although the bar graph shows an increase from the participant’s pre- and post- test results, the test did not demonstrate statistically significant increases. The t-test determined that Sig=0.488
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which means that the workshop did not create significant change as the scores are beyond 0.05 ($p > 0.05$). Due to the small sample size and lack of supporting information, the null hypothesis cannot be rejected. Therefore, the variances are accepted as equal and the null hypothesis that the workshop cannot create significant increases in the client’s understanding of anxiety and CBT coping strategies is accepted.
Chapter V: Discussion

Summary

Although the results of the statistical analysis determined that the workshop did not create statistically significant changes in the participant’s understanding of anxiety and CBT coping strategies, it can still be considered an important study to the field of behavioural psychology. The training series developed can be used for the agency as a resource tool for future clients. The manual provides education and information on anxiety for staff members and volunteers to increase their knowledge to better support clients who have anxiety. The manual supports the staff and teaches them tangible skills on how to complete three CBT coping strategies with clients. This manual teaches the staff members how to complete the PowerPoint workshop with their clients.

The workshop is provided in PowerPoint format and acts as an education session on anxiety and CBT coping strategies for clients. The PowerPoint format adds visual appeal through the use of animations, pictures, and key phrases to increase participant engagement. The workshop provides a resource for staff to educate their clients on anxiety in a low-cost, easily accessible way. Multiple clients can attend a workshop and access the information, or it can be provided on a one-to-one basis. The flexibility of the presentation allows it to be easily replicated in the future.

The workbook was created as a homework component to accompany the workshop. It prompts clients to practice their skills by completing the booklet and reinforces their learning through repetition. The information is the same for both the manual and the workshop, but it is provided in user-friendly language with fill-in-the-blank activities throughout. It supports the training by also providing information on mental health helplines, agencies to receive future support, as well as contact information for the agency.

This information series, which includes the workshop and supporting manual and workbook, was designed to support staff and clients by creating an information manual for the agency. Additionally, a simple PowerPoint presentation for facilitators to access to teach the information, as well as a take-home support workbook for clients to practice their skills was provided. The benefit of this research to the field of behavioural psychology is three-fold.

First, the author studied a population with limited research, adding valuable information to the literature of young mothers. To the knowledge of this author, there has not been a recorded study of psychoeducation of anxiety or CBT with young mothers. The population of young mothers may lack socioeconomic stability and rely on agencies to support them financially, emotionally, and physically. Researchers may also require increased logistical support such as transportation, childcare, and an easily accessible location that may be difficult to arrange. The agency involved in this study through the Teen Mom’s Mentoring program provided supports for all of the above concerns and included refreshments and supplies to the clients.

Secondly, the research design combined two successful empirical studies completed by Horrell et al. (2014) and Sclare, et al. (2015) to produce positive results. Similar to Sclare et al. (2015), this study provided adolescent clients with information about the relationship between feelings, behaviours, and emotions or thoughts in a workshop format. However, the study completed by Sclare et al. (2015) lacked follow-up supports, unlike the research design utilized by Horrell et al. (2014) which did include follow-up supports. This research design was designed to follow a similar format as Horrell et al. (2014) by providing a homework component
to the workshop to include follow-up support and education. Unfortunately, unlike the research completed by Horrell et al., (2014), the author of the present study was unable to produce statistically significant change in the client’s understanding of anxiety and CBT coping strategies. The study completed by Horrell et al. (2014) included over 300 participants who completed the pre- and post-test assessments. If this study had included a similar volume of participants, the results may have supported the original hypothesis.

Lastly, the verbal and written feedback provided to the student facilitator, by the clients at the workshop, supports the need for this type of training. All three of the clients actively participated and listened throughout the workshop. The three participants completed the activities and assessments enthusiastically and without hesitation. Participant 001 expressed her satisfaction with the workshop, and indicated that she enjoyed the activities and felt that the coping skills could be helpful in the future. Participant 002 indicated on her pre-test that she had no previous experience with anxiety symptoms, but that the PMR activity could be extremely helpful to use before an exam or during stressful times in her personal life. Participant 003 had previous CBT support for postpartum depression and anxiety. She indicated on the pre-test that her anxiety was at a level of 50/100, but after completing the workshop it had dropped to 35/100. Despite having a small sample size, this feedback suggests that the workshop did have positive effects on each of the clients.

**Ethical Concerns**

This author recognizes the ethical concerns that may arise when working with young mothers. Due to the lack of resources in the community, the agency and the student had to be mindful not to make the clients feel that they were obligated to participate in the workshop to receive support from the agency. Due to their young age, lack of maturity, and career stability, young mothers may also be stigmatized to be incapable of raising children successfully, which adds to their vulnerability. To ensure that the clients did not feel pressured to participate, they were provided with several reminders throughout the workshop that they could withdraw at any time. If the clients were uncomfortable with any activity that was practiced during the workshop, they were encouraged to refrain from participating. None of the clients expressed any concerns during the workshop. The student facilitator spent time before the workshop building relationships with the clients at the agency. Building relationships with the clients allowed for positive rapport and contributed to the clients feeling comfortable during the workshop. To support the clients emotionally during the workshop, the agency directors and program mentors also participated in the activities. The participation of the directors and mentors showed positive regard and ensured that the participants did not feel singled out or isolated during the workshop.

**Strengths and Limitations**

The ‘Calming the Mind’ workshop had several strengths. All three of the participants who completed the workshop increased their understanding of anxiety and CBT based on the results of the means and bar graphs displayed in the results section. Although the changes were not statistically significant, the participants verbally expressed that they thoroughly enjoyed the content and found it helpful.

At the client level, the workbook and the workshop provided the agency’s clients with a resource to help increase their understanding of anxiety and provided three simple and effective CBT coping strategies. During the workshop, the participants actively participated in all the exercises and discussions. The participants also expressed several weeks later that they were enjoying the workbook and had been completing it on their own time. At the program level, a major strength of the series was that the workshop was short in duration and required minimal
equipment, making it simpler to recreate with future clients. The minimal cost of the workshop allows it to be provided without additional funding or increased financial strain on the agency. At the organizational level, the manual provided background information for staff to support their clients with these challenges more effectively. Socially, the use of this training series which includes the manual, workbook, and workshop, provides the community with an additional resource to access support for women who are raising children at a young age.

Unfortunately, only three participants met the inclusion criteria and participated in the pre-and post-test assessment, limiting the sample size of the study. A major limitation of the present study was that it was unlikely that with such a small sample size, the results would show statistically significant changes in the dependent variable. It is important to note that Teen Mother’s Mentoring Program can only accommodate seven clients at a time, therefore the maximum number of clients available for this project was seven. This workshop may have been more successful should the workshop have been opened to the general public; however the student facilitator was limited to the clients of the agency. Another limitation of the study included the limited timeframe to complete the workshop. The ‘Calming the Mind’ workshop was completed in 90 minutes at one of the bi-weekly program meetings. The program aimed to provide a variety of training and information sessions throughout their two terms from September to June. This limited time frame only allowed the student to have one meeting to complete the training. If it was possible for the training to occur over several sessions, and included more participants, the results may have more positively supported the hypothesis and may have been more statistically significant.

**Multilevel Challenges to Service Implementation**

The main challenge at the client level was removing the barriers to accessing service. Clients had to be provided with transportation and child care to participate in the workshop. The agency removed the barriers by recruiting volunteers to pick up the participants and their children and drive them to the workshop, as well as employing two staff to watch the children during the workshop.

The program level challenges included accessing funding for the materials required for the workshop, and educating the staff members to be able to support the clients and answer questions. The homework component to the workshop may have elicited some questions from clients, therefore the manual was necessary to educate staff members to be able to more accurately answer questions about anxiety and CBT coping strategies. Another major challenge to the program level was the small number of clients. This program only had six clients enrolled at the time of the workshop, which limited the number of possible participants that could participate in the study. A major limitation of the study was that the workshop could only be completed on one evening and the program schedule did not allow for follow-up sessions.

The agency had limited funding for additional mental health support. Although the organization had a counsellor on staff, they were required to raise funding through donors and supporters of the agency. Unfortunately, the agency does not qualify for government funding for additional support for their clients, which limited funds available for the study.

The stigma surrounding new parents and mental health can deter clients from seeking support. There is a lack of resources for new parents that provide information about mental health, specifically anxiety, during pregnancy and parenthood. The local community had limited resources for young parents to seek additional support after the workshop, which could impede the participants’ ability to find supports in the community after the workshop. This reinforces the importance of the manual to train the agency staff members, so that if participants did feel
that they required more information, the agency staff members could direct them to the appropriate agency.

Future Research

Future research should attempt to complete a similar workshop with a larger sample size to determine if it can successfully increase understanding of anxiety and CBT coping skills for young mothers in a statistically significant way. Future research should also include stricter exclusion criteria and exclude mothers who have already completed a form of anxiety education or treatment. Future research may attempt to run two separate groups one for mother who have some understanding of CBT and one for mother who have no prior understanding of CBT. Future research should also complete follow-up data to determine the effectiveness of the workbook and homework components of the workshop. Follow-up questionnaires should be completed with agency staff members to determine the usefulness of the manual. A follow-up with clients may also determine if the participant’s overall level of anxiety decreased over time as a result of participating in the workshop.

Conclusion

According to the visual analysis of the bar graph, the participants of the workshop did increase their understanding of anxiety and CBT coping strategies. Despite the lack of statistical significance in the participants increased understanding of anxiety and CBT, the post-test assessment results had some strengths. The post-test assessment results determined that the participants’ all strongly agreed that they had learned to successfully use a thought log, complete a progressive muscle relaxation exercise, complete behavioural activation activities, and complete activity logs during the workshop. The post-test assessment results also displayed that the participants all strongly agreed that they had learned valuable coping strategies that may assist them to decrease their anxiety levels. The increase in the participant’s understanding of anxiety and CBT coping strategies met the original goal set out by the agency to increase their resources and information about anxiety. This training series provided a comprehensive manual for staff members about anxiety, including information pertaining directly to the parenting population that the agency served. The series also included a workshop to teach the clients about anxiety in a supportive and interactive way that was inexpensive and simple to run for the agency. Finally, the workbook included simplistic activities to support clients of the agency to increase their understanding of anxiety and how it directly affects them. Overall, this project is important to the agency and the field of behavioural psychology as it provides a multidimensional approach to increasing the understanding of anxiety and CBT coping strategies through psychoeducation for the program and the staff members, the client, and the organization.
References


INCREASING KNOWLEDGE OF ANXIETY AND COPING SKILLS


INCREASING KNOWLEDGE OF ANXIETY AND COPING SKILLS


Appendix A:

Informed Consent

Project title: Evaluating the Effectiveness of a Workshop to Increase Knowledge of Anxiety and Coping Skills in Young Mothers

Principal Investigators: Kylie Castro  
Name of supervisor: Bria Sherwood  
Name of Institution: St. Lawrence College  
Name of part partnering institution/agency: Kingston Youth Unlimited, Kingston Pregnancy Care Centre

Invitation
You are being invited to take part in a research project. I am a student in my fourth and final year of the Behavioural Psychology program at St. Lawrence College. I am currently completing my placement at the Kingston Pregnancy Care Centre and Kingston Youth Unlimited. As a part of this placement, I am completing 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 study is being done to determine how helpful a workshop on coping is to teach young mothers about anxiety and coping skills using cognitive behavioural therapy. Cognitive behavioural therapy (CBT) is one of the leading empirically-based treatments for anxiety, and its components may help to decrease the symptoms of anxiety in young moms. The study will require you to participate in a workshop at the Teen Mom Group, and complete a pre- and post-test questionnaire to determine if your anxiety decreased with the information. Your answers will help me to determine how effective the treatment would be for other young moms.

What will you need to do if you take part?
If you choose to take part in this study you will be asked to participate in a two-hour workshop that occurs during a regular Teen Mom group meeting. In the workshop, I will provide education about anxiety, identify some triggers, encourage you to determine your triggers, and teach you three key techniques to decrease your anxiety. You will be asked to complete a questionnaire before and after the workshop, to see if the information was helpful. You will be asked to indicate you age on the questionnaires; however, you will not need to provide your name or address.

What are the potential benefits of taking part? (If applicable)
Benefits of taking part in this research study include developing an understanding of what anxiety is and how it can affect your life. The study may help to decrease anxiety in your daily life by giving you an increased understanding of how to cope with anxiety.

What are the potential benefits of this research study to others? (If applicable)
The feedback and information gathered from the pre- and post-assessment with help to ensure
INCREASING KNOWLEDGE OF ANXIETY AND COPING SKILLS

this workshop is a helpful resource and can be adapted as needed to educate other women experiencing stress in motherhood on anxiety.

What are the potential disadvantages or risks of taking part?
Risks from taking part in this research study are minimal but may include becoming emotional when answering the questionnaire and loss of time from work to attend the workshop.

What happens if something goes wrong?
If at any point during the study you feel uncomfortable or stressed, you may speak with the students or the agency employee for extra support. Should your anxiety worsen as a result of the workshop, you will be removed from the study and directed to the director of then Kingston Youth Unlimited program for further treatment. You are able to leave the study at any time, and should you feel that you still require assistance in coping with anxiety, we will be happy to connect you with resources in your local community.

Will my information you collect from me in this project be kept private?
We will maintain confidentiality throughout the project and afterwards by keeping informed consent forms locked and stored in a safe, secure environment. Although you will be required to list your age, names will not be collected in this study. All data will be kept on a password secured computer only available to the student. Personal information and consent forms will be stored for a period of 10 years at St. Lawrence College where they will remain in a locked cabinet, away from public access.

Do you have to take part?
Participation is voluntary. It is up to you to decide whether or not to take part in this research project. If you do decide to take part, you will be asked to sign this consent form. Should you agree to participate, you are still free to withdraw at any time without reason and you will not be excluded from accessing the services provided from the Teen Moms Mentoring Program, including the workshop.

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 Bria Sherwood, my supervisor from St. Lawrence College. I really appreciate your cooperation and if you have any additional questions or concerns, feel free to contact me by email (KCastro26@student.sl.on.ca). You may also contact my College Supervisor (briasherwood@gmail.com) 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 me before the end of the workshop 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 in a secure location at St. Lawrence College.

By signing this form, I agree that:
INCREASING KNOWLEDGE OF ANXIETY AND COPING SKILLS

✓ 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 I will receive a signed copy of this consent form.

I hereby consent to take part.

<table>
<thead>
<tr>
<th>Participant Name</th>
<th>Signature of Participant</th>
<th>Date</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Student Printed Name</th>
<th>Signature of Student</th>
<th>Date</th>
</tr>
</thead>
</table>
Appendix B:

Pre- and Post- Test Assessment Questionnaire

Determining Understanding of Anxiety and Coping Skills Questionnaire

Date:

Age:

Participation Code:

Number of Children:

Pre-Test ONLY Section:

1. I experienced perinatal anxiety. ________

2. In the past I have been treated for anxiety. ________

3. I believe that my anxiety impacts my child’s life. ________

4. I experience physical symptoms of anxiety. ________

5. I have attended a workshop on cognitive behavioural therapy. ________

6. Please list the techniques that you currently use to decrease your anxiety:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Please complete the chart by rating each statement accordingly:

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>I understand what anxiety is.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I understand what perinatal anxiety is.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I can list 5 physical symptoms of anxiety.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I understand what cognitive behavioural therapy is.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
INCREASING KNOWLEDGE OF ANXIETY AND COPING SKILLS

<table>
<thead>
<tr>
<th></th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>I know how to use a thought log.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I have completed a progressive muscle</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>relaxation exercise.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I understand what behavioural activation is.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I know how to use a behavioural schedule.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I have learned strategies to help cope with</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>anxiety.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I have an understanding of the negative</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>impacts of anxiety.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I have learned techniques that will be helpful</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>in decreasing stress and anxiety.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please Rate Your Level of Anxiety on a Scale of 0 (None) to 100 (Extreme) At This Moment:

_________
Appendix C:
PowerPoint Presentation

Welcome
- Introduction of the facilitator.
- Disclaimer.
- Introduction of the project and purpose of the workshop.
- Distribution and completion of consent forms and assessments.
- Distribution of materials.

Let's Begin!

Agenda
1) Introduction.
2) Anxiety.
3) Cognitive behavioural therapy.
4) Thought Records.
5) Progressive Muscle Relaxation.
6) Behavioral Activation and Activity Logs.
7) Review and Questions.
8) Completion of post-test assessments.

Introduction
Materials
- Workbook
- Worksheets
- Blank paper
- Pencil or Pen

Icebreaker Game
- On a piece of blank paper, write your name to create an acronym describing what makes you anxious, and how you currently handle anxiety.

What is Anxiety?
- Feeling of constant stress of worry.
- Fear of places, situations, or things.
- Physical symptoms.
- Perinatal anxiety.
- Panic attacks.

Psychological and Physiological Effects
- Increase heart rate
- Sweating/respiration
- Trouble sleeping
- Racing thoughts
- Constant worry
- Afraid to leave the house
INCREASING KNOWLEDGE OF ANXIETY AND COPING SKILLS

How Does Anxiety Effect Parenting?
- Perinatal Stage
- Postpartum Stage
- Early Childhood

Without assistance, anxiety can continue developing throughout the stages of parenthood.

What is Cognitive Behavioural Therapy?
- Focused on the present.
- Problem-solving oriented.
- Skill teaching.
- Identifying how thoughts, feelings, and emotions can impact and change behaviour.
- Practice is important.

Thought Logs
Purpose:
- Deconstruct negative automatic thoughts and replace them with more positive alternatives.
- Determine intensity of anxiety and emotions and evaluate how feelings impact behaviour.
- Identify flaws in thinking.
- Debunk extreme thoughts or fears.

Completing a Thought Log

To complete the thought record, pair up with your mentor and fill in the chart accordingly.

Determine how legitimate your thought or fear is.

Pay close attention to your anxiety when you think about the negative situation to begin, and compare it to how you feel after filling in the chart.

Describe the negative or unsettling thought.
On a scale of 1 to 10, how much anxiety is this causing you? (1= Not at all, 10= A Lot)

What evidence supports this thought?
How is this thought making you feel?
What evidence discredits this thought?
List three things that go against that thought.
On a scale of 1 to 10, how much anxiety is this causing you now? (1= Not at all, 10= A Lot)

Reflection
Group Discussion
INCREASING KNOWLEDGE OF ANXIETY AND COPING SKILLS

Progressive Muscle Relaxation

**Purpose**
- Decrease physical symptoms of anxiety.
- Focus on muscle relaxation.
- Silence the mind.
- Make room for clarity in thinking.

**Materials**
- Quiet space.
- Comfortable chair or couch.
- Reduced lighting (if available).

PMR Activity

FIND A QUIET SPACE IN THIS ROOM TO BEGIN.

Reflection

Group Discussion

Behavioural Activation

Behavioural activation is the process of purposefully engaging in enjoyable behaviours as a way of treating anxiety.

Example:
- Feeling anxious and deciding to exercise.

Behavioural Scheduling

- Schedule time for self-care and relaxation.
- Promote behavioural activation.
- Assist in organizing time so as to put more difficult tasks or obligations in times when you are more alert, capable, or prepared.
- Helps maintain a balanced lifestyle.
- Example: appointments, work schedule, chores, self-care, relaxation time, CBT homework.

Instructions:
- Using the worksheet provided, schedule your obligatory items (appointments, chores, work).
- Determine which day is the most stressful, and schedule self-care and enjoyable activities on that day.
- Reflect on your log.
INCREASING KNOWLEDGE OF ANXIETY AND COPING SKILLS

**Behavioural Schedule**
October 23- October 29

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>7:00 a.m.</td>
<td>Wake up</td>
</tr>
<tr>
<td>7:00 a.m.</td>
<td>Shower</td>
</tr>
<tr>
<td>7:00 a.m.</td>
<td>Do nails</td>
</tr>
<tr>
<td>9:00 a.m.</td>
<td>Family Court</td>
</tr>
<tr>
<td>9:00 a.m.</td>
<td>Work</td>
</tr>
<tr>
<td>11:00 a.m.</td>
<td>APPT: Counselling Session</td>
</tr>
<tr>
<td>11:00 a.m.</td>
<td>Finish CBT homework</td>
</tr>
<tr>
<td>1:00 p.m.</td>
<td></td>
</tr>
<tr>
<td>3:00 p.m.</td>
<td>Teen Moms group</td>
</tr>
<tr>
<td>5:00 p.m.</td>
<td>Take Johnny to the park</td>
</tr>
<tr>
<td>7:00 p.m.</td>
<td>Watch a movie with a friend</td>
</tr>
<tr>
<td>9:00 p.m.</td>
<td></td>
</tr>
</tbody>
</table>

**Activity Log Suggestions**

- Complete a before and after log by creating an activity sheet for your daily life as it currently is. How does it look? How can you change this to become more balanced? Now, create a more balanced log and compare the two.
- Throughout the week, indicate on your log if you completed the task, how well you completed it, and if you want to do it again next week.
- Complete the schedule weekly to continue decreasing stress and providing time for self-care and activities of enjoyment.

**Review**

1. CBT emphasizes a connection between the way a person thinks, feels, and behaves.
2. CBT requires practice and homework to create lasting changes in the way someone thinks, feels, and behaves.
3. Using the techniques learned here today, with practice, may decrease anxiety.
4. Anxiety is an illness to the body similar to a cold or infection. Maintaining healthy psychological health is an important part of maintaining a healthy body.

**How Do I Use These Tools?**

- Recognize the anxiety.
- Relax the body.
- Debunk the thought.
- Schedule and maintain.

**References**


INCREASING KNOWLEDGE OF ANXIETY AND COPING SKILLS

Appendix D:
Workbook

Calming the Mind

A Workbook for Decreasing Anxiety Using Cognitive Behavioural Therapy Techniques for Parents

Kylie Castro
BBPH, 2017
INCREASING KNOWLEDGE OF ANXIETY AND COPING SKILLS

Disclaimer

This workbook was created by a 4th year Behavioural Psychology student from St. Lawrence College. The information is intended to be used purely as a resource tool. The information found in this resource is not meant to replace any formal anxiety treatment that may be offered from an accredited source.

Please note: If you find that your anxiety worsens or if you begin to develop new symptoms of anxiety, stop completing the workbook and contact your family physician, and call one of the helplines in the back of this module for immediate support.
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Introduction

What is Anxiety?

Anxiety is often described as distressing, constant worry or stress that creates dysfunctional thoughts, emotions, and behaviours. If you experience high levels of anxiety, it can be exhausting and debilitating to your daily life. Although anxiety cannot be identified easily as other illnesses, it can be just as harmful to the body as a stomach flu or an infection.

Picture your brain as the leader of your body who orders your immune system to attack incoming threats (infections). When you start to become anxious your brain calls upon your immune system to respond to the threat (anxiety), and much like what happens when you get a cold, your body fights back. This response from your brain can cause a variety of symptoms that can further add to the frustrations of anxiety.

Physical Symptoms of Anxiety

Anxiety can present itself in a variety of physical forms including sweating, trembling, shaking, fatigue, increased heart rate, shortness or breath, or nausea. These symptoms can make it nearly impossible to function effectively.

If you are experiencing anxiety regularly, it may limit you from living your life freely and cause simple, everyday tasks to feel difficult. It is important to identify the areas in your life that may cause you anxiety, or that may contribute to your anxiety further.

Activity:

List the factors in your life that make you anxious, stressed, or worried (i.e., paying bills):

- __________________________________________
- __________________________________________
- __________________________________________
- __________________________________________
- __________________________________________
- __________________________________________
- __________________________________________
- __________________________________________
Now create a list of the emotional or physical symptoms you experience due to your anxiety (i.e., increased heart rate):

• __________________________________________________
• __________________________________________________
• __________________________________________________
• __________________________________________________
• __________________________________________________
• __________________________________________________
• __________________________________________________

List the activities or strategies you currently use to decrease your anxiety:

• __________________________________________________
• __________________________________________________
• __________________________________________________
• __________________________________________________
• __________________________________________________
• __________________________________________________
• __________________________________________________

List the people, community agencies, doctors, churches, or school resources that currently support you in decreasing your anxiety:

• __________________________________________________
• __________________________________________________
• __________________________________________________
• __________________________________________________
• __________________________________________________
• __________________________________________________

What is Perinatal Anxiety?

Perinatal anxiety refers to anxiety that is experienced while a woman is pregnant, or has a child up to 12 months of age. According to recent literature, generalized anxiety disorder is the most common type of anxiety that women experience during the perinatal period, and it involves excessive worry that is uncontrollable for a period of at least 6 months.
Anxiety in pregnancy can negatively affect the well being of both the mother and unborn/newborn child. It can affect the baby’s birth weight, birth length, ability to bond at birth, cognitive development, temperament, and overall well being.

If a mother is experiencing high levels of anxiety, it may also negatively affect her spouse, family, friends, or coworkers.

Pregnancy can be an overwhelming and unsettling time for mothers. Women may become stressed due to birth, illnesses, financial situations, relationship statuses, medical concerns, or job security. Ensure that if you are feeling this way, that you speak with your family doctor, nurse, or a community support agency to seek out support. Research has shown that women who have strong social supports are more likely to maintain strong, positive psychological health, and report being happier than mothers without support systems. You do not have to go through it alone, and you should not try to.

**Anxiety in Parenthood**

Research suggests that men and women without children are less stressed and anxious than parents.

Although unplanned pregnancies are more likely to face negative feelings from both parents, even planned pregnancies can cause a great deal of emotional stress. The transition into parenthood can be daunting and overwhelming; placing new economic and logistical stress on the parents. Mothers often use an internal parenting approach and take on responsibility for the nurturing, caring, and affectionate tasks of child raising.

Anxiety may develop at different moments during parenthood. It can occur when the baby is an infant and you are concerned about SIDS, feeding, growth, or developmental milestones. It can build again during the toddler age when your child becomes adventurous and curious, and begins to try new, riskier activities. Some parents may not develop anxiety until a significant life event affects their psychological health, or during later years due to a child’s behaviour problems or psychological health concerns.

Anxiety at any point can greatly affect your wellbeing and the capacity to be the parent that you desire to be. It can interrupt your ability to enjoy the day-to-day joy that children bring, and it may also affect the way you bond and create memories with your child.
INCREASING KNOWLEDGE OF ANXIETY AND COPING SKILLS

Research has shown that mothers with higher anxiety are less likely to create deep, affectionate bonds with their children. They are more likely to have limited patience for their children, which can damage the relationship between mother and child. Anxious mothers are also less likely to teach their children positive coping skills for dealing with anxiety, as they demonstrate poor strategies themselves.

Recognizing anxiety in yourself is an important step in maintaining positive psychological health through the many stages of parenthood for you and for your child.

If you or your spouse are struggling with anxiety, make sure to find support through your family doctor, nurse, or community agency. There are a variety of treatment options available. Appendix B of this workbook provides a list of options to receive support.

Cognitive Behavioural Therapy Techniques

Cognitive behavioural therapy (CBT) is a form of treatment that is used for a variety of psychological disorders, including anxiety. It focuses on how negative thoughts, feelings, and emotions can contribute to anxiety, and provides problem-solving solutions to address the immediate symptoms present.

A major component of CBT is understanding how negative thoughts, feelings, and emotions are all associated with each other. If we think something negative about ourselves, we are likely to feel pretty negative, and our behaviour will likely reflect those thoughts and emotions as well.

Here is an example to break it down further:

**Thought**: I can’t do anything right. I am a terrible mother.

**Feeling**: I feel frustrated, angry, and useless.

**Behaviour**: I cry and I go upstairs to my room to be alone while my child plays with their toys.

The way that we think and feel can have a significant impact on how we act and the choices we make in our daily life.
INCREASING KNOWLEDGE OF ANXIETY AND COPING SKILLS

Activity

Think of a situation that occurred this week that caused you a lot of anxiety or stress. Describe the situation below:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

What negative thought went through your mind during this situation?

____________________________________________________

How did the thought make you feel?

______________________________________________________________________________

How did the feeling change the way you behaved or acted during or after the situation?

______________________________________________________________________________

Recognizing how thoughts, feelings, and emotions are connected is important to use CBT coping techniques effectively.

Below are a few extra examples of how thoughts can affect feelings and behaviour:

- Layla is anxious and thinks that her husband is being unfaithful towards her. She feels sad, betrayed, and angry. She proceeds to argue with him, and yell at him, even though it isn’t true. Layla and her husband now face new strains on their relationship.

- 16-year-old Camille finds out that she is pregnant and thinks that her parents will be furious with her. She feels scared, alone, and overwhelmed. She does not tell her parents and does not receive the proper prenatal care she needs for her and her baby.

- Jordyn is working towards her college degree, but is struggling to pass. She thinks that she is stupid, and incapable of graduating. She feels sad,
defeated, angry. She decides to give up and quit now instead of trying to finish her degree.

**Thought Logs**

Anxiety can often cause a person to feel overwhelmed by racing, negative thoughts. Negative automatic thoughts are the uncontrollable, defeating, and overwhelming thoughts that come to your mind when you are anxious or stressed. They change the way you feel, and the way you act. A thought record is a way of debunking those negative thoughts and determining how true they actually are.

On the following page, complete the thought log by answering the questions in each column. Answer honestly and do not be afraid of putting down your most negative thought. These thoughts are the ones we need to prove inaccurate the most. You may wish to use a separate piece of paper. Additional copies of the thought record are provided in Appendix A of this workbook.

Remember: If your anxiety becomes too high during this activity, stop. Instead, find a calm, quiet space and focus on deep breathing. A breathing exercise can be found on page 15 of this workbook.
INCREASING KNOWLEDGE OF ANXIETY AND COPING SKILLS

**Thought Log**
This activity is adapted from Whalley, (2016).

| Describe the negative or unsettling thought. | On a scale of 1 to 10, how much anxiety is this causing you? (1= Not at all, 10= A Lot) | What evidence supports this thought? | How is this thought making you feel? What kind of emotions are you experiencing? | What evidence discredits this thought? | List three things that challenge that thought. What three things make it untrue? | On a scale of 1 to 10, how much anxiety is this causing you now? (1= Not at all, 10= A Lot) |
Progressive Muscle Relaxation

Relaxation is a key component of decreasing the physical symptoms of anxiety. Progressive muscle relaxation (PMR) is an activity that can be done nearly anywhere with practice, and can reduce the physical symptoms that develop when anxiety is very high. It focuses on breathing deeply, tightening and relaxing the muscles, and removing yourself from the stress that is causing you anxiety.

Activity

Below is a list of physical symptoms of anxiety. Put a checkmark in the box beside any of the symptoms that you have experienced while you were anxious, stressed, or worried.

- Racing heartbeat.
- Shortness of breath.
- Dizziness.
- Chest pain.
- Choking or smothering sensations.
- Sweating.
- Numbness or tingling.
- Nausea.
- Trembling or shaking.
- Feeling weak or faint.

To decrease these physical symptoms of anxiety, complete the following PMR exercise in a quiet room. If you are alone and have access to a computer, you may use a YouTube version.

If you have someone who can assist you by reading the instructions, then you can have them follow the script on the following page. It is not recommended that you read the activity to yourself for your first use, in order to fully focus on relaxing your body. With practice, you will likely not require any video or script.
**Progressive Muscle Relaxation Script**

This Activity is adapted from Progressive Muscle Relaxation Script, (2014).

The following script is meant to be read out loud in a calm, comforting voice.

For this activity, I want you to be as comfortable as possible. Keep your hands loosely at your side, or in your lap, and close your eyes. Be mindful of your breathing and be mindful of the rise and fall of your abdomen with each breath.

Pause.

Slowly, draw a deep breath in through the nose. Hold that breath for 4 seconds. Pause.

Exhale through your mouth.

Again, take a long, slow breath in through your nose. Feel your lungs filling completely. Hold the breath for a moment. When you are ready, let it go through your mouth. Feel your lungs becoming empty as you exhale.

Do this one more time. Take another breath in. Hold it. Let it go.

Notice the change in how you are feeling. Think about how relaxed your body has become since focusing on your breath. The tension that you held in your body has begun to decrease. Now continue to breath normally.

Pause.

I am going to ask you to tense the different muscle groups in your body during this exercise. Be careful not to strain your muscles. If you do not feel comfortable during any part of the exercise, just focus your breathing like we just did.

**Feet and Toes**

Wiggle your toes. Curl your toes downwards as you take a deep breath in through your nose. Feel the stretch in your feet. Tense the muscles in the bottom of your feet. Breathe in and hold it for a few seconds.

Pause.

As you release the tension in your feet, breathe out. Feel the tension slowly diminish as you exhale your breath. Focus on how your feet are feeling now that they are relaxed. Take a deep breath in, and exhale.

Pause.
INCREASING KNOWLEDGE OF ANXIETY AND COPING SKILLS

Do that one more time. Take a deep breath in and curl the tips of your toes. Tense the muscles in your feet and hold the stretch. Now release the tension as you exhale. 

Pause.

**Legs**

Focus on your calf muscles. Dig your heels into the ground, take a deep breath in, point your toes upwards to your knees, and stiffen the muscles in your calves. Hold this for a moment.

Pause.

Now let these muscles relax and go limp as you let go of your breath. Repeat this stretch and again, draw in a deep breath while you tense the calf muscles. Hold it for a moment.

Pause.

Now let it all go and exhale. As you breathe out, imagine your tension slip away with your breath.

Pause.

Now we are going to move up the legs to your thighs. Push your heels into the floor and breathe deeply as you tighten your thigh muscles.

Pause.

As you relax your thighs, exhale. Release everything at once.

Now do this again. Focus on digging your heels into the ground and tensing your thighs as you take a slow, long breath in.

Pause.

Now relax and exhale. Focus on allowing your muscles to go limp.

Draw in another deep breath and squeeze the muscles in your buttocks. Hold this for a few moments, and then relax your breath. As you exhale, slowly release the tension. Do this again and breathe in deeply as you tighten your bum. Hold this for a moment.

Pause.

As you exhale, release the tension and notice how relaxed your legs and feet are. How different is it compared to when you started? Take a few deep breaths while you tighten all of the muscles in your legs. Keep this tension for 3 seconds.

Pause.
INCREASING KNOWLEDGE OF ANXIETY AND COPING SKILLS

Now exhale and release the tension from your lower body. Breathe deeply and focus on your abdomen moving as you exhale.

Pause.

**Stomach and Upper Body**

Start by taking a large breath in and tighten the muscles in your stomach. Imagine that your belly button is reaching for your spine. Slowly release the breath and relax your muscles.

Pause.

Again, take a deep breath in and imagine your belly button moving closer and closer to your spine as you breathe. Hold this for a few seconds.

Pause.

As you exhale, shift your focus to your back and spine. Slowly breathe in and arch you back while squeezing your muscles. Release your breath and slowly release the tension in your back muscles.

Pause.

Do this again. Breathe in and tighten all of your back muscles. Exhale. Release the tension you created and feel your body becoming heavy in your chair.

Pause.

Bring your attention to the muscles in your shoulders and neck. Breathe in deeply as you slowly bring your shoulder up to your earlobes. Feel the pull in your neck and shoulders. Now relax and exhale.

Pause.

Your body is becoming quite relaxed. You are safe, calm, and comfortable here. Take a deep breath in, and exhale through your mouth.

Pause.

**Arms and Hands**

We are almost done as we move to your arms and hands. Begin by curling your arms and raising your wrists to your shoulders. Tighten the muscles in your upper arms as you breathe in deeply. Hold this stretch.

Pause.

Now release your breath and relax your arms.
INCREASING KNOWLEDGE OF ANXIETY AND COPING SKILLS

It is normal to feel a burning sensation in these muscles as you tighten them. It should go away when you release. If it does not stop, just focus on your breathing and do not complete this part of the exercise.

Curl your upper arms again and bring your wrists to your shoulders as you breathe in. Tense the muscles in your upper arms. Exhale and release.

Relax and breathe in, and out.

Now focus on your forearms. This time as you breathe in, bring your hands towards you as if you were trying to touch your thumb to the inside of your elbow. Feel the tension in your arms and exhale as you lay it back down.

Pause.

Again, raise your hands inwards as if you are trying to touch the inside of your elbow. Curl your fingers and take a deep breath in.

Pause.

Notice the tension in your body washing away from you.

Take another deep breath in and clench your fists as hard as you comfortably can. Notice your breathing. Exhale and relax your fists.

Pause.

Again, clench your fists and inhale.

Hold this for a moment.

Now, exhale and allow your hands to go limp. Notice any unusual throbbing as your hands relax.

Pause.

Now just take a few deep breaths in and bring the focus back to your abdomen. Notice how relaxed your body is. As you breathe in and out, allow yourself to slip into a deeper state of calmness and relaxation.

**Face.**

Breathe in slowly and squeeze your eyes shut and clench your lips together. Exhale, and release the muscles in your face.

Feel the muscles in your face relaxing. Repeat this one more time and scrunch your lips and eyes as you breathe in.

Hold.

Pause.
INCREASING KNOWLEDGE OF ANXIETY AND COPING SKILLS

Now exhale slowly and release your muscles with your breath. Breathe in deeply and open your mouth as wide as it can go. Hold it. Now exhale and slowly relax your mouth.

Pause.

You have now relaxed your entire body from your head to your toes. As you continue to breathe slowly, notice the different muscle groups in your body and how relaxed they currently are. Take in three more deep breaths.

Pause.

Open your eyes.

Activity

After you complete the PMR exercise from above, complete the following questions:

The areas in my body that held the most tension were:

• ______________________________________
• ______________________________________
• ______________________________________
• ______________________________________

In the future, I could use PMR for the following situations (i.e., before going to sleep):

• ______________________________________
• ______________________________________
• ______________________________________
• ______________________________________

Four words to describe how I am feeling now are:

• ______________________________________
• ______________________________________
• ______________________________________
• ______________________________________
Behavioural Activation and Activity Planning

Behavioural activation refers to the process of purposefully engaging in behaviours or activities that are enjoyable to decrease anxiety. It is important to make time for yourself and do things that you enjoy to increase your mood.

However, many people struggle with making time for themselves, stating that there just isn’t enough time in the day, or money to spend.

It is important to remember that making time for yourself does not necessarily take several hours or any amount of money. Self-care could simply include a 10-minute walk around your neighborhood by yourself, or taking a bubble bath.

One strategy to ensuring that you take time for yourself is activity planning. Activity planning is the process of scheduling both obligations (appointments, work shifts, etc.) and self-care.

It is important to have a balanced lifestyle to decrease anxiety. This means being able to balance work life, social relationships, community commitments, and self-care. You need to commit time to caring for yourself in order to maintain low levels of anxiety.

Activity

This activity is adapted from Whalley (2016).

Make a list of things that you enjoy doing:

- __________________________
- __________________________
- __________________________
- __________________________
- __________________________
- __________________________

Now think about your schedule for the upcoming week and make a list of the things that you have to do (i.e., work, appointments, homework):

- __________________________
- __________________________
- __________________________
- __________________________
INCREASING KNOWLEDGE OF ANXIETY AND COPING SKILLS

Finally, make a list of any days or specific times that you usually feel the most anxious:

• ____________________________
• ____________________________
• ____________________________
• ____________________________
• ____________________________
• ____________________________

Now make a list of anything that you are not looking forward to, or are nervous about for this week (i.e., a court date, child’s appointment):

• ____________________________
• ____________________________
• ____________________________
• ____________________________

Now, using the table on page 26 of this workbook, create your schedule for yourself that you will be able to follow.

Follow these instructions:

1. Insert your appointments, work schedule, homework, or other necessary tasks that must be completed this week. Highlight these in yellow.
2. Insert your routines for the day. For example, input what time you will sleep, shower, or eat breakfast/lunch/dinner. Highlight these in blue.
3. Insert the list of activities that you are already stressed or nervous about. Circle them in red.
4. Insert the activities that you enjoy doing and make you happy. Make sure to put them in on busy days, or high stress days and times in order to decrease those stressors. You should place them in the schedule near events circled in red. Highlight these in green.
5. Reflect on your schedule. Will you be able to maintain this? Do you have more green activities than red activities? Are the colours on your schedule equally balanced?
6. Make changes to your schedule where possible, in order to create more balance.
INCREASING KNOWLEDGE OF ANXIETY AND COPING SKILLS

7. Look at your schedule and identify the logistical concerns. For example; what kinds of transportation you made need, what kind of funds might be necessary, information to bring, etc. This way you are prepared in advance and relieve that extra stress.

8. Remember that this exercise is not meant to make you feel more stressed. You should be feeling accomplished and know that you are helping to prepare yourself to handle those stressors head on!
INCREASING KNOWLEDGE OF ANXIETY AND COPING SKILLS

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## INCREASING KNOWLEDGE OF ANXIETY AND COPING SKILLS

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How to Use the Skills

In order to utilize these skills, make sure that you continue to practice them. With continued practice, you may find that you do not need to do them as often. Ultimately, you know your body best and you are the best judge of what kinds of coping skills will help you.

These skills are only a small fraction of the tools available to help with anxiety, and they may not work for everyone. It is important to recognize that if these coping skills do not work for you, seek additional help. You have completed this manual in hopes of decreasing your anxiety, and if it didn’t work for you, do not give up. Talk to your family doctor, guidance counsellor, parent, or a community agency for more support. A list of mental health agencies in the Kingston area, as well as a list of telephone help lines that you can access 24/7 can be found in Appendix B and C of this workbook.

Remember: By investing in your own mental health and well-being, you are investing in your children and in their relationship with you as well.
Activity

Complete the contract below.

Name:
Date:
Child(ren)’s Name(s):

If I am feeling anxious, three things I am going to do to try and decrease my anxiety are:

• ___________________________________________________________________
• ___________________________________________________________________
• ___________________________________________________________________

If I continue to feel anxious, I am going to call these people for support (i.e., friend, helpline, doctor):

• ___________________________________________________________________
• ___________________________________________________________________
• ___________________________________________________________________
• ___________________________________________________________________

If my anxiety worsens and I am concerned for my safety or wellbeing, I will call 9-1-1:

Signature: ___________________________________________________________________
References


INCREASING KNOWLEDGE OF ANXIETY AND COPING SKILLS


Appendices
## Appendix A: Thought Record

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<th>Describe the negative or unsettling thought.</th>
<th>On a scale of 1 to 10, how much anxiety is this causing you? (1= Not at all, 10= A Lot)</th>
<th>What evidence supports this thought?</th>
<th>How is this thought making you feel?</th>
<th>What evidence discredits this thought?</th>
<th>List three things that go against that thought.</th>
<th>On a scale of 1 to 10, how much anxiety is this causing you now? (1= Not at all, 10= A Lot)</th>
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Appendix B: Parenting Support

Better Beginnings
263 Weller Ave, Kingston ON
613-542-2835
E-mail: info@kchc.ca

Birthright Kingston
93 Queen Street, Kingston ON
24 HOUR HOTLINE: 1-800-550-4900
PHONE: 613-546-5433
EMAIL: info@kingstonbirthright.ca

Kingston Pregnancy Care Centre
120 Clarence St., Suite 231, Kingston ON
613.545.0425 client line
613.545.0214 admin line (goes to voicemail)
Email: info@kingstonpcc.com

Kingston Youth Unlimited
255 Kingscourt Ave, Kingston ON
613-546-9540
Email: betty@kyu.ca

One Parent Families Association of Canada
Limestone Chapter
National Head Office: 1-877-773-7714
Limestone_OPFA@live.com
Appendix C: Helplines

AMHS- KFLA Crisis Helpline
Kingston 613-544-4229
Toll free 1-866-616-6005
http://www.amhs-kfla.ca/

Birthright Kingston
24 Hour Helpline
1-800-550-4900

Good2Talk Post-Secondary Student Crisis Helpline
1-866-925-5454
http://www.good2talk.ca

Kids HelpPhone
Ages 20 and under
1-800-668-6868
http://www.kidshelpphone.ca/Teens/Home.aspx

Kingston Pregnancy Care Centre
613-545-0425
http://kingstoncpc.org/

Ontario Mental Health Helpline
1-866-531-2600
http://www.mentalhealthhelpline.ca
INCREASING KNOWLEDGE OF ANXIETY AND COPING SKILLS

Telehealth
1-866-797-0000
https://www.ontario.ca/page/get-medical-advice-telehealth-ontario

Crisis Telephone Aid Line Kingston (TALK)
613-544-1771
7:00pm to 3:00am
INCREASING KNOWLEDGE OF ANXIETY AND COPING SKILLS

Appendix D: Prayers for Anxiety

Special Thanks to Rhonda Spurrell for her assistance with this Appendix.

Scripture References

Fear thou not; for I am with thee; be not dismayed; for I am thy God: I will strengthen Thee, yea, I will help thee, yea, I will uphold thee with the right hand of My righteousness. Isaiah 41:10

Humble yourselves, therefore, under the mighty hand of God, that He may exalt you at the proper time, casting all your anxiety upon Him, because He cares for you. 1 Peter 5:6-7

And the Lord, He it is that doth go before thee; He will be with thee, He will not fail thee, neither forsake thee; FEAR NOT, NEITHER BE DISMAYED. Deuteronomy 31:8

The Lord is my light and my salvation; whom shall I fear? The Lord is the strength of my life; of whom shall I be afraid? Psalms 27:1

I sought the Lord, and He heard me, and delivered me from all my fears. Psalms 34:4
Prayer for Fear and Anxiety

Lord, thank you for your everlasting love that shines so brightly on me. I know that although I cannot see beauty in my situation right now, that You are here holding me tall and still. Keep me in the presence of Your love, and place Your loving hand over me. I give to You my worries, Oh Lord, in the hope that Your strength may come upon me and lift me out of this darkness.

Guide me Lord to Your eternal light, love, and grace. I know that although right now the days are dark and my soul is tired, I will find the light in You.

Thank you for the strength and wisdom that guides me to You throughout this journey of life.

In your name I pray,

Amen.
## Appendix E:
### Thought Log

| Describe the negative or unsettling thought. | On a scale of 1 to 10, how much anxiety is this causing you? (1= Not at all, 10= A Lot) | What evidence supports this thought? | How is this thought making you feel? | What evidence discredits this thought? | List three things that go against that thought. | On a scale of 1 to 10, how much anxiety is this causing you now? (1= Not at all, 10= A Lot) |
## Appendix F:
## Activity Log

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Appendix G:

Manual
Calming the Mind:
An Anxiety Education Manual for Staff and Volunteers

This manual was created by a 4th year Behavioural Psychology student from St. Lawrence College in the fall of 2016 in partnership with the Kingston Pregnancy Care Centre and Kingston Youth Unlimited. The information is intended to be used purely as a resource tool. The information found in this resource is not meant to replace any formal anxiety treatment that may be offered from an accredited source.
# INCREASING KNOWLEDGE OF ANXIETY AND COPING SKILLS

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Chapter One:

Introduction
Disclaimer

This manual was created by a 4th year Behavioural Psychology student from St. Lawrence College. The information is intended to be used purely as a resource tool. The information found in this resource is not meant to replace any formal anxiety treatment that may be offered from an accredited source.

Remember: If you are not a psychotherapist, you cannot perform cognitive behavioural therapy as a form of treatment. However, you can suggest coping techniques to clients to help them lower their anxiety.

If at any point when using these techniques with a client their feelings or symptoms of anxiety worse, stop the process and assist them in finding alternative care.

The last chapter of this manual provides a list of helplines, support agencies, and additional resources that you or your client may access for additional assistance.
What is anxiety? It can be different for every single person. It can involve endless worry over the tasks, situations, and every day routines that seem mindless for some people, but overwhelming for others. It can include physical symptoms that make a person feel sick to their stomach at the idea of presenting in front of a crowd, or having to leave their house for an appointment. It can be the feeling of intense, debilitating fear for some young women— who fear the responsibility of having to be a mother and raise a child. A fear so powerful that she is unable to function properly and avoids appointments, stays home, refuses care, and isolates herself from her family so that she does not have to tell them. Anxiety is real. It is not a fictional concept that is only used as an excuse. One of the key aspects of helping ourselves, or others, in dealing with anxiety is the ability to recognize it.

What makes you worried? Almost everyone in modern society worries about something in their life. What kind of thoughts cross your mind when you are worried? These thoughts be frightful and add to the anxiety further. The negative thoughts might even change how a person feels. What kinds of emotions flood your body when you feel worried? It is difficult to feel joyful and happy when we are worried or stressed about something. What types of behaviours do you develop when you are anxious? Do you avoid the situation entirely? Maybe you are someone who bites your nails or heavily cries when you are anxious or stressed. These behaviours can be hard to control and may even effect a person’s ability to attend work, school, or function properly in their day-to-day life.

Now imagine being a young, possibly single, mother. Maybe she has just discovered that she is pregnant, or maybe her child is 6 months old and she experiences those thoughts, emotions, and behaviours every day.

Pregnancy and parenting can be a joyful and exciting journey for many women; however, it can also be time of increasing stress and overwhelming anxiety. The emotional well being of the mother can have a significant impact on the health of her unborn or newborn child. Therefore, it is important to develop a sound understanding of anxiety, its triggers, and how to help the women experiencing it.
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This manual will provide an overview of anxiety and its effects on parenthood based on relevant, recent empirical literature listed in the references section. This manual will also provide a guide to using coping strategies to reduce symptoms of anxiety, rooted in cognitive behavioural therapy (CBT) teachings. This manual is an information guide and does not teach you how to conduct formal CBT treatment, but it will teach you three tangible coping strategies that you can do with your clients to help them relieve their symptoms of anxiety.
Chapter Two:
Understanding Anxiety
What is Anxiety?

Anxiety is often described as the feeling of constant worry or stress (American Psychiatric Association, 2013). For those who experience high levels of anxiety, it can be exhausting and debilitating to their daily life. Although anxiety cannot be seen as easily as other illnesses, can be just as harmful to the body as a stomach flu or infection.

Picture your brain as the leader of your body. When there is an incoming threat or virus to your body, your brain orders your immune system to attack the threat and stabilize the body. When you start to become anxious or stressed, your brain reacts by calling upon your immune system to respond in a similar way it would if you were sick with the flu (Harvard Health Publication, 2008). Because of this, anxiety can present itself in a variety of physical forms such as sweating, trembling, shaking, fatigue, increased heart rate, shortness or breath or nausea which make it nearly impossible to function properly (American Psychiatric Association, 2013). Anxiety may also take an emotional form and can cause a person to experience constant feelings of worry and fear, uneasiness, or leave them with the inability to rationalize their thoughts (Harvard Health Publication, 2008).

Anxiety can determine how well an individual can cope with the stressors of everyday life. For those with young children, anxiety can make it difficult to be the kind of loving parent they desire to be.
Anxiety Disorders

Generalized Anxiety Disorder (GAD)

Generalized Anxiety Disorder, also referred to as GAD for short, is one of the more common anxiety disorders diagnosed in the pregnancy, postpartum, and parenthood stages (Bayrampour, Ali, McNeil, Benzies, MacQueen, & Tough, 2016). People with GAD experience uncontrollable chronic worry over a variety of issues every day (Allgulander, 2006). Clients with GAD may find it especially difficult to manage stress related to finances, work, or family life (Allgulander, 2006). Individuals who are diagnosed by a doctor with GAD generally experience uncontrollable worry or fear for a period of 6 months or more, are unable to control it, and experience physical symptoms such as increased heart rate, muscle tension, and trouble sleeping (Allgulander, 2006).

Phobia

A phobia is an extreme fear or aversion to a thing, activity, or place (Muris, 2005). For people who have severe phobias, symptoms of anxiety or stress can produce panic attacks. To cope with phobias, clients may completely avoid the situation, object, or place that makes them anxious, however, this avoidance behaviour can further fuel their fear (Muris, 2005).

Social Anxiety

Social anxiety is the fear of social interactions or being negatively judged (Richards, n.d.). People with social anxiety may have difficulties speaking in a group, making friends, creating relationships, being evaluated, or speaking with people in authority positions (Richards, n.d.). It is important to recognize that clients with social anxiety may have difficulties seeking help in a social, group treatment environment and may need additional support to handle the stress of social situations in therapy.

Obsessive Compulsive Disorder (OCD)

Obsessive compulsive disorder has been found to increase during pregnancy and postpartum periods. It involves negative uncontrollable obsessions which include thoughts, urges, or images; and ritualized, repetitive behaviours or
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compulsions that contribute to a person’s anxiety (Anxiety BC, 2016). Some of the most common obsessions include cleanliness and contamination, perfectionism, symmetry and exactness, or forbidden thoughts (Anxiety BC, 2016). Common compulsions can arise in pregnancy or parenthood include washing or cleaning, checking, counting, tapping, or mental rituals.

What is Perinatal Anxiety?

For the purpose of this manual and as outlined by recent literature, perinatal anxiety refers to anxiety that is experienced while a woman is pregnant, or has a child up to 3 months of age. Anxiety experienced after the mother’s child has reached 3 months of age to 18 months is commonly referred to as postpartum anxiety. According to recent literature, GAD is the most common type of anxiety experienced by women during the perinatal period, and it involves the excessive worry that is uncontrollable for a period of at least 6 months (Hoang, 2014).

Pregnancy can be an overwhelming and unsettling time for mothers. Women may become stressed due to hormonal changes, emotional stressors, evolving body image, the baby’s health, financial situations, relationship statuses, medical concerns, job security, or socioeconomic worries (Hoang, 2014). It is important to address these concerns with the mothers in order to alleviate some of these stressors and assist them in maintaining healthy psychological health.

Who Can Be Affected by Anxiety?

Anxiety has been found to affect roughly 15% of pregnant and postpartum women (Fairbrother, Janssen, Antony, Tucker, & Young, 2016). Research has determined that anxiety related disorders are more common in pregnant or postpartum women than postpartum depression (Fairbrother et al., 2016). It is suggested that without assistance, women who experience anxiety during the perinatal and postpartum stages will likely continue struggling throughout parenthood (Ogle, Tyner, & Schofield-Tomschin, 2011). According to Statistics
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Canada, women ages 20 to 34 are more likely to experience life related stress than men (Statistics Canada, 2016).

If a mother is experiencing high levels of anxiety, it may also negatively affect her child, spouse, family, friends, or coworkers. The transference of the negative thoughts, feelings, or emotions caused by anxiety may cause the mother to lose key members of her support system. It is important to equip the mother with the proper tools to decrease her anxiety and function effectively and positively in her day to day life.

Young Mothers and Anxiety

Research has shown that it is more common for young mothers to struggle financially and to lack the desired housing, relationship stability, or support networks compared to more mature mothers (Stevenson, & Maton, 1999). Young mothers have not yet fully developed their emotional and cognitive skills, and may become more easily overwhelmed by the challenges associated with parenting (Stevenson, & Maton, 1999). Phipps and Nunes (2012) discovered that 60% of young mothers are not emotionally prepared for pregnancy and parenthood. This may be because most young mothers have not established strong financial, emotional, physical, or spiritual roots to give them confidence and a sense of security in their abilities.

The researchers also noted that young mothers are less likely to have adequate prenatal care, which can increase physical and emotional risks to them and their baby (Phipps & Nunes, 2012). Young women who lack these needs and a strong support network are at an increased risk of becoming anxious during pregnancy or postpartum periods (Stevenson, & Maton, 1999).

An important part of maintaining positive psychological health during pregnancy is the support of others; which young mothers may lack due to unstable relationships or disruptive home lives.
How Does Anxiety Affect the Child?

Anxiety in pregnancy can negatively affect the well-being of both the mother and unborn or newborn child by affecting the baby’s birth weight, birth length, ability to bond at birth, cognitive development, temperament, and overall well-being (Molenaar et al., 2016).

If the mother is unable to follow a nutritional diet, not sleeping enough, partaking in risky or dangerous activities, or avoiding appointments or important meetings, the well-being of the baby may also be at risk.

Beyond the perinatal phase, mothers who struggle with anxiety may be unable to create affectionate bonds with their children (Green, Haber, Frey, & McCabe, 2015). They are less likely to spend time one-on-one with their child and develop close, healthy attachment relationships (Green et al., 2015). For some women, anxiety might limit their ability to connect with their child or notice when he or she is struggling emotionally (Seymour et al., 2015). This disconnect can lead to an increased number of negative interactions and heightened levels of tension between the mother and child (Buckley & Woodruff-Borden, 2006). Furthermore, these negative interactions can continue to contribute to the mother’s level of anxiety and stress.
Anxiety and Fathers

More than 20% of men will experience anxiety related to pregnancy (Figueiredo & Conde, 2011). Although women tend to be more anxious in the second and third trimester, during the first trimester both men and women may experience similar levels of anxiety (Figueiredo & Conde, 2011). In later years of parenthood, fathers differ from mothers as they generally use an external approach to parenting (such as play, risk-taking activities, hands-on activities) and are less likely to feel anxious when interacting with their children.

Anxiety and Parenthood

Research suggests that childless adults experience less depression and anxiety than parents. Generally, men and women without children are less stressed and anxious than parents (Möller, et al., 2015).

Although unplanned pregnancies are more likely to face negative feelings from both parents, even planned pregnancies can cause a great deal of emotional stress (Su, 2012). The transition into parenthood can be daunting and overwhelming; placing new economic and logistical stress on both parents. Although fathers may develop anxiety due to parenthood, mothers are more susceptible to struggle with it as, traditionally, they take on a larger, more emotionally involved role than their paternal counterparts (Möller, et al., 2015). Fathers often take an external approach to parenting, meaning they are generally responsible for safety and play roles. Whereas mothers will use a more internal parenting approach and be responsible for the nurturing, caring, and affectionate tasks. The differentiation of tasks can have a large impact on how anxiety affects each parent (Möller, et al., 2015).

Anxiety may develop at different moments in parenthood. For some, it may manifest during the perinatal phase as discussed earlier. For others, post-partum anxiety may cause increased stress and worry. Furthermore, some parents may not develop anxiety until a significant life event affects their psychological health, or during later years due to a child’s behaviour problems or psychological health concerns.
Chapter Three: Determining Client Risk
Who is at Risk?

In a short response—everyone. Everyone will be exposed to types of stress throughout their lives. However, some people are able to cope independently much better than others. It is important to recognize some of the red flags that suggest that a client might be struggling with anxiety.

Pregnant women may experience anxiety due to the many hormonal and emotional changes that occur during each trimester (Bayrampouret et al., 2016). Although women experiencing complications due to pregnancy may be at an increased risk, mothers with relatively healthy pregnancies can experience anxiety as well. Research shows that most mothers develop anxiety due to concerns about fetal health, childbirth, fetal loss, parenting, and newborn care.

Some women may be more at risk of developing anxiety if they experience any of the following:

- Medical complications with the pregnancy.
- Financial stress.
- Relationship struggles.
- Lack of support.
- Previous mental health diagnosis.
- Depression.
- Unplanned pregnancy.
- Trauma or unexpected death.
- First time mothers.

Women who experience anxiety during pregnancy or throughout parenthood may develop negative attitudes, have trouble concentrating, engage in excessive reassurance-seeking behavior, and display avoidance behaviors.

To determine if your client may be feeling anxious and requires additional support, be mindful if your client is:

- Late for appointments, unorganized.
- Looking tired or worn out.
- Not taking care of personal hygiene and cleanliness.
- Displaying an unpleasant attitude.
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- Short of breath.
- Shaking.
- Talking very quickly or making irrational statements.
- Describing feelings of constant worrying.
- Obsessing over minute or irrelevant details.
- Expressing a lack of positive bonding moments with his or her child.
Anxiety Assessment Tools

There are a variety of assessment tools that can be beneficial in identify a person’s level of anxiety. Only doctors or certified clinicians can complete assessments and make any formal diagnosis about the client’s mental health. Understanding how assessment tools are used may help to understand the severity of your client’s anxiety.

Beck Anxiety Inventory (BAI)

The Beck Anxiety Inventory (BAI), is one of the most common and widely trusted assessments for anxiety (Beck & Steer, 1993). The purpose of the assessment is to determine the current level of anxiety that the client is experiencing. It asks the client to rate 21 questions on a scale of 0 (Nothing) to 3 (Strong) (Beck & Steer, 1993). The assessment only takes about ten minutes to complete and can be completed by a clinician who has read the understand the instruction manual the accompanies the test (Beck & Steer, 1993). At the end of the test, the total score is calculated to determine how high the client’s anxiety is (Beck & Steer, 1993). The higher the score, the higher the anxiety.

The Pregnancy Related Anxiety Scale

The purpose of the pregnancy related anxiety scale is to determine how frequently pregnant mother worry or felt concerned regarding their health, their baby’s health, birthing and labour, and infancy and parenting (Rini, Dunkel-Schetter, Wadhwa, & Sandman, 1999). The test requires the client to rate 10 questions using a 4-point rating scale ranging from 1 (never or not at all) to 4 (a lot of the time or very much) to determine the frequency of their anxiety (Rini, Dunkel-Schetter, Wadhwa, & Sandman, 1999). Higher test scores indicate higher levels of anxiety.

Penn State Worry Questionnaire-Past Day (PSWQ-PD)

The PSWQ-PD is used to assess daily anxiety levels, specifically within the last 24 hours. The PSWQ-PD measures traits of anxiety that the client is
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experiencing (Joos et al., 2012). This assessment is only 10 questions long, and requires clients to rate each question on a scale of 0 (never) to 6 (almost always) (Joos et al., 2012). The total sum is calculated to provide the clinician and the client with a total score out of 60 points (Joos et al., 2012). The sums of scores indicated the level of anxiety that the client is experiencing that day (Joos et al., 2012). Clinicians may use this type of assessment to determine how at risk a client is of having a panic attack or experiencing harm due to their anxiety.
Chapter Four:
How to Help
The Helper

So, you think that your client may be struggling with anxiety. What can you do to help?

Research has found that one of the most important factors in maintaining positive psychological health in young or vulnerable mothers is the addition of a strong support team (Stevenson et al., 1999). It is important to assist your client in feeling supported, heard, and cared for. Building a positive peer mentoring relationship with your client is a key component in helping them through their difficult time (Young, 2013). Building a positive relationship with your client encourages them to feel comfortable in seeking help from you.

To begin building the relationship between you and your client, start by ask them how everything is going. If they respond with “I’m fine”, prompt other responses by asking:

- How are you feeling?
- How is work going?
- What kinds of things have you started for prenatal care?
- Do you have support from others around you?
- What kinds of things are you doing for yourself?

By asking open ended questions, your client may be more inclined to begin a dialogue about what is really going on (Young, 2013). Remember that if the client does not answer right away, you can have some silence between the two of you. Moments of silence sometimes prompt the client to open up and share more information. It is important to use positive mentoring techniques when your client is speaking with you.

Remember to use the following techniques to ensure your client is feeling heard:

- Engage in active listening.
- Use open ended questions.
- Paraphrase what the client has said.
- Keep an open body posture.
- Limit note-taking or writing and maintain eye contact.
- Use silence or humour when appropriate.
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Alternatively, when you are speaking with your client, remember to refrain from:

- Talking about yourself.
- Filling silent space when it is not necessary.
- Allowing the client to tangent.
- Finishing the client’s sentences or correcting his/her grammar.
- Diagnosing or suggesting the client has a skill deficit in a negative light.

It is important that the client feels comfortable in confiding in you, so building a positive therapeutic alliance is detrimental to your success as a helper (Young, 2013). Using a condescending tone or not appearing genuine can deter the client from coming to you in the future.

Areas for Support

In order to help create a larger support network for the mother, listen carefully to her needs. Consider the other supports in the community and determine what other agencies might be a good fit for her. Young mothers are at an increased risk to develop anxiety as they are still developing emotionally and cognitively (Green et al., 2015). It is important to address the many areas of support that may be required to assist the mother in keeping her anxiety levels low. Remember that every client will have their own individualized set of needs which may include:

Physical Well-Being Needs:

- Sleep.
- Nutrition.
- Prenatal care.
- Postpartum care.
- Annual check-ups.
- Housing.
- Safety.
- Sexual health.

Emotional Well-Being Needs:

- Strong support network.
- Mental health support.
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- Parenting skills classes.
- Life skills classes.
- Financial support.
- Financial skills building.

**Removing Barriers to Service**

It is important to recognize some possible barriers to services, because they may limit some clients from accessing supports.

Possible barriers to service may include:

- Transportation.
- Cost/financial commitment.
- Scheduling conflicts.
- Stigma around receiving support.
- Lack of motivation from the client.
- Judgement (intentional or unintentional) from the helper.

Make sure that you are aware of the many resources provided in the community to fill the needs listed above. Understanding where to accurately direct your client to receive support is an integral part of being a successful helper.
How to Help a Client Through a Panic Attack

Researcher Zal (1996) states that a panic attack is a sudden onset of severe, intense anxiety that can last between 10 and 20 minutes. An attack is usually derived from a client experiencing an exceptionally stressful event or situation. This could include, but is not limited to, the loss of a relationship, birth of a child, loss of a job, or even a promotion (Zal, 1996). Some clients may experience a panic attack for no apparent reason; however, it does not make it any less real or difficult for the client.

If your client is experiencing panic attacks on a regular basis, it is important to remind them to seek assistance from a doctor or certified psychologist. There are a variety of medical and behavioural therapies including the use of medication, applied behaviour analysis (ABA), or intensive cognitive behavioural therapy (CBT).

If your client is experiencing a panic attack, they may feel any of the following symptoms:

- Racing heartbeat.
- Shortness of breath.
- Dizziness.
- Chest pain.
- Choking or smothering sensations.
- Sweating.
- Numbness or tingling.
- Nausea.
- Trembling or shaking.
- Feeling weak or faint.
- Fear of being crazy.
- Fear of dying.

Zal (1996) suggests that as a helper, you should try to be a form of emotional support for your client. Remind your client that these feelings are temporary and normal. Remain by their side and ask them what you can do to help. Some clients may ask you not to speak, but to sit quietly with them. By showing your client that you are there for them, you are further investing in your peer mentoring.
relationship and gaining your client’s trust. Remind your client to engage in deep breathing, and model correct breathing for them. Continue to provide reassurance and education. When your client has begun to calm down, stay with them for a few minutes to ensure that they do not encounter another one. Ask if there is anyone that they would like to contact for further assistance. You may choose to use this opportunity to discuss the client’s levels of anxiety and direct them to the appropriate agencies for additional support.
Chapter Five:
Learning How to Cope
Cognitive behavioural therapy (CBT) is one of the leading treatments for anxiety (Mavran zouli et al., 2015). It is the awareness and understanding of how thoughts, feelings, and emotions can influence behaviour (Wright, Basco, & Thase, 2006). CBT uses psychoeducation to teach clients about the ways in which maladaptive thoughts can change how we feel, and in turn determine our behaviour (Wright et al., 2006).

CBT suggests that negative automatic thoughts can affect how a person feels and acts (Wright et al., 2006). The term ‘negative automatic thoughts’ refers to the disheartening thoughts that a person thinks during a stressful event or time (Wright et al., 2006). Some examples of negative automatic thoughts are “I can’t do anything right” or “I am such a failure”. These kinds of thoughts can greatly impact the way in which your client feels and acts.

Imagine that you are a young mother who has just broken up with her spouse and now you are concerned about how you might financially support yourself and your unborn child.

- What would your initial thought be?
- How would this thought make you feel?
- And how might you act when feeling this way?

A therapist using CBT would acknowledge that the client’s negative thought would impact how they feel, which would then impact how they behave. One of the first steps in provide coping strategies would require the client and the helper to target the initial thought and focus on changing it (Wright et al., 2006). By changing the negative thought and turning it into a positive one, it will in turn change the way the client feels, which will change their behaviour as well.
Psychoeducation

Unless you are a certified psychotherapist, clinical psychologist, or educationally-trained professional in CBT, you cannot provide cognitive behavioural therapy to clients as a clinical treatment plan. However, you can provide clients with some of the coping techniques used in the treatment and complete some of the activities to help the client decrease their anxiety.

Psychoeducation is the process of educating others about mental health and how it affects their thoughts, feelings, and behaviours (Wright et al., 2006). Providing psychoeducation teaches the client to become more aware of anxiety symptoms, how to manage their anxiety, and where to ask for help and assistance (Wright et al., 2006).

The remainder of this chapter will explain three techniques that can be used to help clients decrease their anxiety. Again, you are not providing cognitive behavioural treatment to clients, rather you are suggesting coping strategies to help them reduce their anxiety. Should they feel they require formal, clinical treatment for anxiety, refer them to their family doctor or nurse practitioner to see a psychotherapist or psychologist.

Thought Logs

One of the most common ways to address negative automatic thoughts are with thought logs. A thought log is a visual chart that the client and mentor fill out together. The client would choose one negative automatic thought to address on the chart, and they would evaluate how accurate it actually is (Wright et al., 2006). This process is used to challenge the accuracy of the negative thought and disprove it to the client in order to reduce the anxiety (Wright et al., 2006).

The best way to complete a thought record is to sit beside your client and work through the questions in each column together. Allow your client to work through one negative thought at a time and do not answer any of the questions for them. The benefit of the thought record is that the client is able to challenge his or her negative thought and decide if it is really worth the anxiety that it is causing.

An example of a thought log can be found on the next page.
To complete the log, begin by filling in the negative thought and answer the questions in each row below (Adapted from Whalley, 2016).

| Describe the negative or unsettling thought. | On a scale of 1 to 10, how much anxiety is this causing you? (1= Not at all, 10= A Lot) | What evidence supports this thought? | How is this thought making you feel? What kind of emotions are you experiencing? | What evidence discredits this thought? | List three things that challenge that thought. What three things make it untrue? | On a scale of 1 to 10, how much anxiety is this causing you now? (1= Not at all, 10= A Lot) |
Progressive Muscle Relaxation (PMR)

It is important to have strategies to decrease the physical symptoms of anxiety. When the body is stressed, it can naturally become tense in the many muscle groups. Progressive muscle relaxation (PMR) is a simple guided imagery activity where the muscle groups in the body are tensed and then relaxed in a repeated motion (Wright et al., 2006).

For this activity, the helper will need:

- A quiet room.
- Two comfortable chairs (one for the helper and one for the client).
- The PMR worksheet/instructions.
- Dimmed or low-lit lighting.
- A quiet, calm voice.

To begin the activity, encourage your client to sit comfortably in a chair, with the lights off or dimmed. The environment in which you complete the exercise can impact its success. For example, it would be rather difficult for the client to become relaxed while doing the exercise in a crowded room or near her crying child.

Once your client is comfortable, ask them to close their eyes. The helper should read out the following script in a calm, soft voice and provide 5 to 8 seconds for each instruction to be carried out.
**Progressive Muscle Relaxation Script**

*The following script is meant to be read out loud in a calm, comforting voice (Adapted from Whalley, 2016).*

For this activity, I want you to be as comfortable as possible. Keep your hands loosely at your side, or in your lap, and close your eyes. Be mindful of your breathing and be mindful of the rise and fall of your abdomen with each breath.

*Pause.*

Slowly, draw a deep breath in through the nose. Hold that breath for 4 seconds.

*Pause.*

Exhale through your mouth.

Again, take a long, slow breath in through your nose. Feel your lungs filling completely. Hold the breath for a moment. When you are ready, let it go through your mouth. Feel your lungs becoming empty as you exhale.

Do this one more time. Take another breath in. Hold it. Let it go.

Notice the change in how you are feeling. Think about how relaxed your body has become since focusing on your breath. The tension that you held in your body has begun to decrease. Now continue to breath normally.

*Pause.*

I am going to ask you to tense the different muscle groups in your body during this exercise. Be careful not to strain your muscles. If you do not feel comfortable during any part of the exercise, just focus your breathing like we just did.

**Feet and Toes**

Wiggle your toes. Curl your toes downwards as you take a deep breath in through your nose. Feel the stretch in your feet. Tense the muscles in the bottom of your feet. Breathe in and hold it for a few seconds.

*Pause.*

As you release the tension in your feet, breathe out. Feel the tension slowly diminish as you exhale your breath. Focus on how your feet are feeling now that they are relaxed. Take a deep breath in, and exhale.

*Pause.*
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Do that one more time. Take a deep breath in and curl the tips of your toes. Tense the muscles in your feet and hold the stretch. Now release the tension as you exhale.

_Pause._

**Legs**

Focus on your calf muscles. Dig your heels into the ground, take a deep break in, point your toes upwards to your knees, and stiffen the muscles in your calves. Hold this for a moment.

_Pause._

Now let these muscles relax and go limp as you let go of your breath. Repeat this stretch and again, draw in a deep breath while you tense the calf muscles. Hold it for a moment.

_Pause._

Now let it all go and exhale. As you breathe out, imagine your tension slip away with your breath.

_Pause._

Now we are going to move up the legs to your thighs. Push your heels into the floor and breath deeply as you tighten your thigh muscles.

_Pause._

As you relax your thighs, exhale. Release everything at once.

Now do this again. Focus on digging your heels into the ground and tensing your thighs as you take a slow, long breath in.

_Pause._

Now relax and exhale. Focus on allowing your muscles to go limp.

Draw in another deep breath and squeeze the muscles in your buttocks. Hold this for a few moments, and then relax your breath. As you exhale, slowly release the tension. Do this again and breathe in deeply as you tighten your bum. Hold this for a moment.

_Pause._
INCREASING KNOWLEDGE OF ANXIETY AND COPING SKILLS

As you exhale, release the tension and notice how relaxed your legs and feet are. How different is it compared to when you started? Take a few deep breaths while you tighten all of the muscles in your legs. Keep this tension for 3 seconds.

Pause.

Now exhale and release the tension from your lower body. Breathe deeply and focus on your abdomen moving as you exhale.

Pause.

**Stomach and Upper Body**

Start by taking a large breath in and tighten the muscles in your stomach. Imagine that your belly button is reaching for your spine. Slowly release the breath and relax your muscles.

Pause.

Again, take a deep breath in and imagine your belly button moving closer and closer to your spine as you breathe. Hold this for a few seconds.

Pause.

As you exhale, shift your focus to your back and spine. Slowly breathe in and arch you back while squeezing your muscles. Release your breath and slowly release the tension in your back muscles.

Pause.

Do this again. Breathe in and tighten all of your back muscles. Exhale. Release the tension you created and feel your body becoming heavy in your chair.

Pause.

Bring your attention to the muscles in your shoulders and neck. Breathe in deeply as you slowly bring your shoulder up to your earlobes. Feel the pull in your neck and shoulders. Now relax and exhale.

Pause.

Your body is becoming quite relaxed. You are safe, calm, and comfortable here. Take a deep breath in, and exhale through your mouth.

Pause.
Arms and Hands

We are almost done as we move to your arms and hands. Begin by curling your arms and raising your wrists to your shoulders. Tighten the muscles in your upper arms as you breathe in deeply. Hold this stretch.

Pause.

Now release your breath and relax your arms.

It is normal to feel a burning sensation in these muscles as you tighten them. It should go away when you release. If it does not stop, just focus on your breathing and do not complete this part of the exercise.

Curl your upper arms again and bring your wrists to your shoulders as you breathe in. Tense the muscles in your upper arms. Exhale and release.

Relax and breathe in, and out.

Now focus on your forearms. This time as you breathe in, bring your hands towards you as if you were trying to touch your thumb to the inside of your elbow. Feel the tension in your arms and exhale as you lay it back down.

Pause.

Again, raise your hands inwards as if you are trying to touch the inside of your elbow. Curl your fingers and take a deep breath in.

Pause.

Notice the tension in your body washing away from you.

Take another deep breath in and clench your fists as hard as you comfortably can. Notice your breathing. Exhale and relax your fists.

Pause.

Again, clench your fists and inhale.

Hold this for a moment.

Now, exhale and allow your hands to go limp. Notice any unusual throbbing as your hands relax.

Pause.
Increasing Knowledge of Anxiety and Coping Skills

Now just take a few deep breaths in and bring the focus back to your abdomen. Notice how relaxed your body is. As you breathe in and out, allow yourself to slip into a deeper state of calmness and relaxation.

**Face**

Breathe in slowly and squeeze your eyes shut and clench your lips together. Exhale, and release the muscles in your face.

Feel the muscles in your face relaxing. Repeat this one more time and scrunch your lips and eyes as you breathe in.

Hold.

*Pause.*

Now exhale slowly and release your muscles with your breath. Breathe in deeply and open your mouth as wide as it can go. Hold it. Now exhale and slowly relax your mouth.

*Pause.*

You have now relaxed your entire body from your head to your toes. As you continue to breathe slowly, notice the different muscle groups in your body and how relaxed they currently are. Take in three more deep breaths.

*Pause.*

Open your eyes.

When the PMR exercise is complete, allow your client to reflect on how it went. How do they feel now compared to when they first started? It is important to know that this activity can be adapted in several ways so that it can be utilized in a variety of settings. For example, PMR can be a useful tool to help fall asleep at night, or a shortened adaptation may help to decrease anxiety before a major appointment.
Behavioural Activation and Scheduling

Behavioural activation refers to the process of engaging in behaviours or activities that are enjoyable to decrease negative thoughts, feelings and emotions (Wright et al., 2006). An important part of doing fun and enjoyable activities is making time to do them.

Behavioural scheduling is the process of scheduling time for activities. It is more likely that a person will complete a required activity if they have scheduled time for it. Encouraging your client to make time for themselves may help them in reducing their anxiety.

The following activity is adapted from Whalley (2016).

Activity logs/schedules can include the following items:

- Anxiety reducing activities.
- Leisure time.
- Social time.
- Personal hygiene routines.
- Self-care time.
- Appointments.
- Errands.
- Job tasks.
- Volunteering.
- CBT homework.
- School work.
- Chores.

To complete a behavioural schedule the following materials are required:

- Copy of the activity log (schedule).
- A quiet space to work in.
- Pencil, pen, eraser, highlighter.
- Desk or clipboard.
- Extra paper.

The client should complete the following steps to create an activity schedule:
INCREASING KNOWLEDGE OF ANXIETY AND COPING SKILLS

1. On the extra sheet of paper, make a list of weekly activities including chores, appointments, leisure activities, social time, and relaxation. It is important that the activities are specific (ex. Coffee with Mom, walk the dog, read my book) to ensure that they are completed accurately.

2. From that list, determine what activities are for leisure (fun) or necessary (work, less enjoyable). Highlight the tasks that require the most amount of effort or difficulty.

3. Write the dates of the week at the top of the activity log.

4. Insert appointments, chores, homework, volunteering, or job tasks in first. Make sure that the client insert enough time on the log to ensure that these tasks are completed properly, as well as give room for transportation time.

5. Find spaces to insert self-care and hygiene routines (showering, taking a bath, etc.). These are important parts of maintaining good psychological health and can often be forgotten.

6. Insert leisure and social time. Make sure that these are specific (who, what, where, when).

7. Once all of the activities are inserted into the log, evaluate the schedule to determine if there is enough leisure time compared to ‘demands’ time (work, chores, schoolwork). Your client can highlight the different kinds of tasks to colour coordinate his or her log for a more visual representation.

8. Address any logistical concerns in completing any of the tasks. For example, establish transportation to appointments and ensure the client has the proper materials to complete any schoolwork.

9. Suggest that the client put the log in a highly visual place at home or work where they will see it often (example: on the fridge). This activity can be completed weekly to ensure that the client maintains low anxiety.

An example of a behaviour schedule can be found on the next page.
## Behavioural Schedule

Adapted from Whalley (2016).

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Chapter Six:

Additional Resources
INCREASING KNOWLEDGE OF ANXIETY AND COPING SKILLS

**Helplines**

**AMHS- KFLA Crisis Helpline**
Kingston 613-544-4229
Toll free 1-866-616-6005
http://www.amhs-kfla.ca/

Birthright Kingston
24 Hour Helpline
1-800-550-4900

**Good2Talk Post-Secondary Student Crisis Helpline**
1-866-925-5454
http://www.good2talk.ca

**Kids HelpPhone**
Ages 20 and under
1-800-668-6868
http://www.kidshelpphone.ca/Teens/Home.aspx

**Kingston Pregnancy Care Centre**
613-545-0425
http://kingstoncpc.org/

**Ontario Mental Health Helpline**
1-866-531-2600
http://www.mentalhealthhelpline.ca
INCREASING KNOWLEDGE OF ANXIETY AND COPING SKILLS

Telehealth
1-866-797-0000
https://www.ontario.ca/page/get-medical-advice-telehealth-ontario

Crisis Telephone Aid Line Kingston (TALK)
613-544-1771
7:00pm to 3:00am
Prayers for Anxiety

Special Thanks to Rhonda Spurrell for her assistance with this section.

Don’t be afraid, for I am with you.
Don’t be discouraged, for I am your God.
I will strengthen you and help you.
I will hold you up with my victorious right hand.

Isaiah 41:10

6 So humble yourselves under the mighty power of God, and at the right time he will lift you up in honor. 7 Give all your worries and cares to God, for he cares about you.

1 Peter 5:6-7

8 Do not be afraid or discouraged, for the LORD will personally go ahead of you. He will be with you; he will neither fail you nor abandon you.”

Deuteronomy 31:8

The LORD is my light and my salvation—
so why should I be afraid?
The LORD is my fortress, protecting me from danger,
so why should I tremble?

Psalms 27:1

I prayed to the LORD, and he answered me.
He freed me from all my fears.

Psalms 34:4
Lord, thank you for Your everlasting love that shines so brightly on me. I know that although I cannot see beauty in my situation right now, You are here holding me tall and still. Keep me in the presence of Your love, and place Your loving hand over me. I give to You my worries, Oh Lord, in the hope that Your strength may come upon me and lift me out of this darkness.

Guide me Lord to Your eternal light, love, and grace. I know that although right now the days are dark and my soul is tired, I will find the light in You.

Thank you for the strength and wisdom that guides me to You throughout this journey of life.

In your name, I pray.

Amen.
**Client Anxiety Plan**

Complete the plan below:

Name: 
Date: 
Child(ren)’s Name(s):

If I am feeling anxious, three things I am going to do to try and decrease my anxiety are:

• ___________________________________
• ___________________________________
• ___________________________________

If I continue to feel anxious, I am going to call these people for support (i.e., friend, helpline, doctor):

• ___________________________________
• ___________________________________
• ___________________________________
• ___________________________________
• ___________________________________

If my anxiety worsens and I am concerned for my safety or wellbeing, I will call the AMHS- KFLA Crisis Helpline in Kingston 613-544-4229.

Signature: __________________________________________
INCREASING KNOWLEDGE OF ANXIETY AND COPING SKILLS

References


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doi:10.1111/j.1475-682X.2011.00377.x


INCREASING KNOWLEDGE OF ANXIETY AND COPING SKILLS


Appendix H:

Pre-and Post-Test Data Sheets

Pre-Test

Determining Understanding of Anxiety and Coping Skills Questionnaire

Date: October 25, 2016
Age: 20
Participation Code: 001
Number of Children: 1

Pre-Test ONLY Section:

1. I experienced perinatal anxiety. No
2. In the past I have been treated for anxiety. No
3. I believe that my anxiety impacts my child’s life. No
4. I experience physical symptoms of anxiety. Yes
5. I have attended a workshop on cognitive behavioural therapy. No
6. Please list the techniques that you currently use to decrease your anxiety:
   Cry until I feel better.

Please complete the chart by rating each statement accordingly:

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
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<tbody>
<tr>
<td>I understand what anxiety is.</td>
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<tr>
<td>I understand what perinatal anxiety is.</td>
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<tr>
<td>I can list 5 physical symptoms of anxiety.</td>
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<tr>
<td>I understand what cognitive behavioural therapy is.</td>
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## INCREASING KNOWLEDGE OF ANXIETY AND COPING SKILLS

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<th>Strongly Agree</th>
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<td>I know how to use a thought log.</td>
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<td>I have completed a progressive muscle</td>
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<td>relaxation exercise.</td>
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<td>I understand what behavioural activation is.</td>
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<td>I know how to use a behavioural schedule.</td>
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<td>I have learned strategies to help cope with</td>
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<td>helpful in decreasing stress and anxiety.</td>
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Please Rate Your Level of Anxiety on a Scale of 0 (None) to 100 (Extreme) At This Moment:

N/A
INCREASING KNOWLEDGE OF ANXIETY AND COPING SKILLS

Determining Understanding of Anxiety and Coping Skills Questionnaire

Date: October 25, 2016

Age: 20

Participation Code: 002

Number of Children: 1

Pre-Test ONLY Section:

1. I experienced perinatal anxiety. No
2. In the past I have been treated for anxiety. No
3. I believe that my anxiety impacts my child’s life. No
4. I experience physical symptoms of anxiety. No
5. I have attended a workshop on cognitive behavioural therapy. No
6. Please list the techniques that you currently use to decrease your anxiety:
   N/A

Please complete the chart by rating each statement accordingly:

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<th>Strongly Agree</th>
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<td>I understand what anxiety is.</td>
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<td>I can list 5 physical symptoms of anxiety.</td>
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<td>I understand what cognitive behavioural therapy is.</td>
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### INCREASING KNOWLEDGE OF ANXIETY AND COPING SKILLS

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<td>I know how to use a behavioural schedule.</td>
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<td>I have learned strategies to help cope with anxiety.</td>
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<td>I have an understanding of the negative impacts of anxiety.</td>
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<td>I have learned techniques that will be helpful in decreasing stress and anxiety.</td>
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Please Rate Your Level of Anxiety on a Scale of 0 (None) to 100 (Extreme) At This Moment:

N/A
INCREASING KNOWLEDGE OF ANXIETY AND COPING SKILLS

Determining Understanding of Anxiety and Coping Skills Questionnaire

Date: October 25, 2016

Age: 23

Participation Code: 003

Number of Children: 1

Pre-Test ONLY Section:

1. I experienced perinatal anxiety. 
   - Yes

2. In the past I have been treated for anxiety. 
   - Yes

3. I believe that my anxiety impacts my child’s life. 
   - Yes

4. I experience physical symptoms of anxiety. 
   - Yes

5. I have attended a workshop on cognitive behavioural therapy. 
   - Yes

6. Please list the techniques that you currently use to decrease your anxiety:
   - CBT skills, group therapy, individual therapy.

Please complete the chart by rating each statement accordingly:

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<th>Statement</th>
<th>Strongly Agree</th>
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<td>I understand what anxiety is.</td>
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<td>I understand what perinatal anxiety is.</td>
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<td>I can list 5 physical symptoms of anxiety.</td>
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<td>I understand what cognitive behavioural therapy is.</td>
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## INCREASING KNOWLEDGE OF ANXIETY AND COPING SKILLS

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<td>I have learned strategies to help cope with anxiety.</td>
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Please Rate Your Level of Anxiety on a Scale of 0 (None) to 100 (Extreme) At This Moment: 50%
INCREASING KNOWLEDGE OF ANXIETY AND COPING SKILLS

Post Test

Determining Understanding of Anxiety and Coping Skills Questionnaire

Date: October 25, 2016

Age: 20

Participation Code: 001

Number of Children: 1

Pre-Test ONLY Section:

7. I experienced perinatal anxiety. N/A
8. In the past I have been treated for anxiety. N/A
9. I believe that my anxiety impacts my child’s life. N/A
10. I experience physical symptoms of anxiety. N/A
11. I have attended a workshop on cognitive behavioural therapy. N/A
12. Please list the techniques that you currently use to decrease your anxiety:

N/A

Please complete the chart by rating each statement accordingly:

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<td>I understand what anxiety is.</td>
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<td>I understand what perinatal anxiety is.</td>
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<td>I can list 5 physical symptoms of anxiety.</td>
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<td>I understand what cognitive behavioural therapy is.</td>
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127
INCREASING KNOWLEDGE OF ANXIETY AND COPING SKILLS

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Please Rate Your Level of Anxiety on a Scale of 0 (None) to 100 (Extreme) At This Moment:

N/A
Determining Understanding of Anxiety and Coping Skills Questionnaire

Date: October 25, 2016
Age: 20
Participation Code: 002
Number of Children: 1

Pre-Test ONLY Section:

13. I experienced perinatal anxiety. N/A
14. In the past I have been treated for anxiety. N/A
15. I believe that my anxiety impacts my child’s life. N/A
16. I experience physical symptoms of anxiety. N/A
17. I have attended a workshop on cognitive behavioural therapy. N/A
18. Please list the techniques that you currently use to decrease your anxiety:
   N/A

Please complete the chart by rating each statement accordingly:

<table>
<thead>
<tr>
<th></th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>I understand what anxiety is.</td>
<td></td>
<td>x</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I understand what perinatal anxiety is.</td>
<td></td>
<td>x</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I can list 5 physical symptoms of anxiety.</td>
<td></td>
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<tr>
<td>I understand what cognitive behavioural therapy is.</td>
<td></td>
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INCREASING KNOWLEDGE OF ANXIETY AND COPING SKILLS

<table>
<thead>
<tr>
<th>Statement</th>
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<tr>
<td>I know how to use a thought log.</td>
<td></td>
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<tr>
<td>I have completed a progressive muscle relaxation exercise.</td>
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<tr>
<td>I understand what behavioural activation is.</td>
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<tr>
<td>I know how to use a behavioural schedule.</td>
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<td>I have an understanding of the negative impacts of anxiety.</td>
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<td>I have learned techniques that will be helpful in decreasing stress and anxiety.</td>
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Please Rate Your Level of Anxiety on a Scale of 0 (None) to 100 (Extreme) At This Moment: N/A
INCREASING KNOWLEDGE OF ANXIETY AND COPING SKILLS

Determining Understanding of Anxiety and Coping Skills Questionnaire

Date: October 25, 2016

Age: 23

Participation Code: 003

Number of Children: 1

Pre-Test ONLY Section:

1. I experienced perinatal anxiety. N/A
2. In the past I have been treated for anxiety. N/A
3. I believe that my anxiety impacts my child’s life. N/A
4. I experience physical symptoms of anxiety. N/A
5. I have attended a workshop on cognitive behavioural therapy. N/A
6. Please list the techniques that you currently use to decrease your anxiety:

   N/A

Please complete the chart by rating each statement accordingly:

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### INCREASING KNOWLEDGE OF ANXIETY AND COPING SKILLS

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Please Rate Your Level of Anxiety on a Scale of 0 (None) to 100 (Extreme) At This Moment: 35%
Appendix I:
Bar Graph of the Participant’s Pre- and Post- Test Scores

Participant's Pre- and Post-test Total Sums of Scores Comparison

<table>
<thead>
<tr>
<th>Participant Code</th>
<th>Pre Scores</th>
<th>Post Scores</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>30</td>
<td>45</td>
</tr>
<tr>
<td>2</td>
<td>25</td>
<td>40</td>
</tr>
<tr>
<td>3</td>
<td>42</td>
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