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# what is CBT?

## The Cognitive Behaviour Therapy Model of Anxiety

Cognitive Behavior Therapy (CBT) focuses on changing behaviors and thinking patterns. The idea is to:

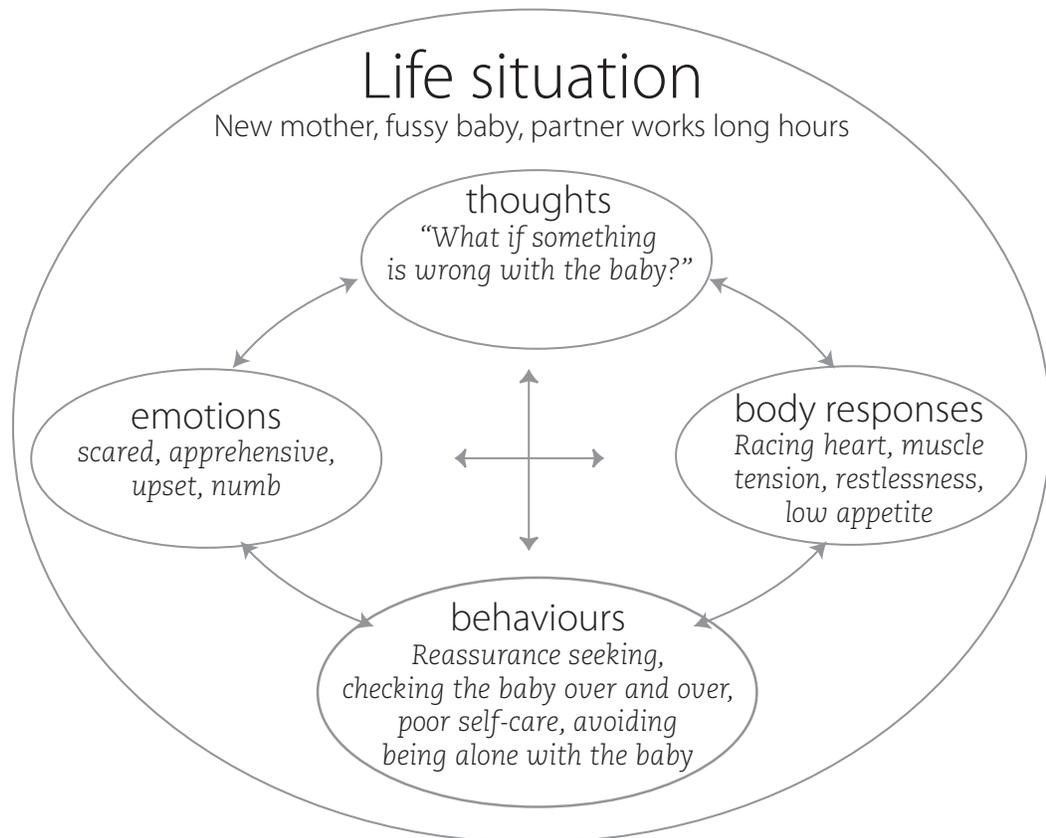
- a. decrease behaviours that make the symptoms worse
- b. increase behaviours that reduce the symptoms
- c. identify patterns of thinking or self-talk that are upsetting or lead to negative behaviors
- d. learn ways to challenge negative thoughts when they arise, and replace them with more accurate and helpful thoughts.

CBT focuses on four components of our experience: **Emotions** (how we feel), **Body Responses** (how our bodies react), **Thoughts** (what goes through our mind), and **Behaviours** (how we respond). The most common symptoms of anxiety during pregnancy and following the birth can be divided into these four major categories. The diagram below helps to illustrate that each of these categories influences the others.

There is a blank version of this CBT model diagram below in Mod 6, page 11 that you can use to fill in your own symptoms if you wish. This can also be a helpful tool for talking with your health care provider about your symptoms.



## CBT MODEL OF ANXIETY



Let's take a closer look at the symptoms of anxiety and how they correspond to these four components.

**EMOTIONS (HOW WE FEEL)** The emotions associated with anxiety can also be described as feeling fearful, worried, tense, on guard, scared, apprehensive, frightened, "freaked out", etc. We usually know we are feeling the emotion of anxiety when we are also experiencing anxious body responses, thoughts or behaviors.



**BODY RESPONSES (HOW OUR BODIES REACT)** Anxiety impacts how we feel in our bodies. Women with anxiety will often have physical symptoms.

**Physical symptoms of anxiety may include:**

- Racing heart
- Shortness of breath or smothering sensations
- Dizziness or lightheadedness
- Sweating
- Stomach upset, nausea, gas, or diarrhea
- Trembling, twitching or feeling shaky
- Chest pain or discomfort
- Numbing or tingling sensations
- Cold chills or hot flushes
- Restlessness
- Trouble falling or staying asleep
- Dry mouth or feeling of choking
- Feeling keyed up or on edge
- Difficulty concentrating or mind going blank
- Easily startled
- Muscle tension, body aches, headaches, weakness or heaviness

**A note about symptoms of anxiety**

The symptoms of anxiety can overlap with symptoms of some medical conditions, including normal physical changes that happen in pregnancy. For example, it is not uncommon to experience dizziness or nausea in early pregnancy or shortness of breath as the growing baby pushes up towards your chest in late pregnancy. Always review any body symptoms with your physician so that medical conditions can be ruled out.



**THOUGHTS (WHAT GOES THROUGH OUR MIND)** When we feel anxious, our patterns of thinking are different. We are more likely to notice and think about things related to real or potential sources of danger or threat. Some researchers have suggested that we are most likely to feel anxious when we perceive that there is a threat to our well-being and that we do not have the skills or resources that we need to cope with this threat.

The following are some common thinking patterns that are often associated with anxiety:

- Frightening thoughts, images, urges, or memories, about events, for example:
  - i. Something bad happening to oneself (dying, not being able to cope, being responsible for something terrible, embarrassing ourselves etc)
  - ii. Something bad happening to someone else (a family member dying, a child being harmed, spouse having an accident, etc)
  - iii. Something else bad happening (the house burning down, personal possessions being stolen, car crash, terrorist attack, etc)
- Increased attention and scanning for things related to the source of perceived danger
- Difficulty concentrating on things
- Difficulty making decisions
- Frightening dreams or nightmares

During pregnancy or following the birth of the baby, these anxiety-related thoughts often concern the well-being of the baby or one's ability to properly care for the baby. These thoughts may take the form of excessive worries or of obsessive thoughts. For more information about worries and obsessive thoughts, see the section entitled *Managing Anxious Thoughts* in Module 4, page 73.



**BEHAVIORS (HOW WE RESPOND)** Anxiety triggers a number of coping behaviors. Most of us will feel a strong urge to do things we believe will reduce or eliminate danger or make us feel safer. These may include:

- Avoiding the feared situation, experience, place or people
- Escaping or leaving the feared situation, experience, place or people
- Needing to be with a person or pet who makes us feel safe
- Getting reassurance from others that everything is (or will be) alright
- Telling ourselves reassuring things (e.g., “It will be OK”)
- Finding a safe place to go
- Scanning the situation for signs of danger
- Trying to distract ourselves
- Self-medicating the symptoms with drugs, alcohol or food
- Sleeping or napping so we don’t have to think about it
- Carrying items that may prevent or help cope with a panic attack (medications, cell phone, vomit bag, etc)
- Compulsive behaviors that we repeat in an attempt to feel better (e.g., excessive cleaning or checking)
- Mental rituals that we repeat in our minds in an attempt to feel better (e.g., thinking the same word or phrase over and over)

Most of these behaviors are used with good intentions to prevent or reduce feelings of anxiety or panic. And they tend to feel effective in the short-term, which is why we use them. However, sometimes these coping behaviours can make anxiety worse — especially if they become frequent, compulsive and disruptive.

People with anxiety often experience significant improvements in their symptoms if they are able to gradually decrease their use of some of these behaviors. Research has shown that people who give up these ways of coping are more successful in getting better and staying better. In Module 4 of this guide, we will review some strategies to reduce any unhelpful coping behaviours. See Module 4, page 100, ‘Overcoming avoidance and unhelpful anxiety related behaviours’, for information and exercises on how to decrease these behaviors.

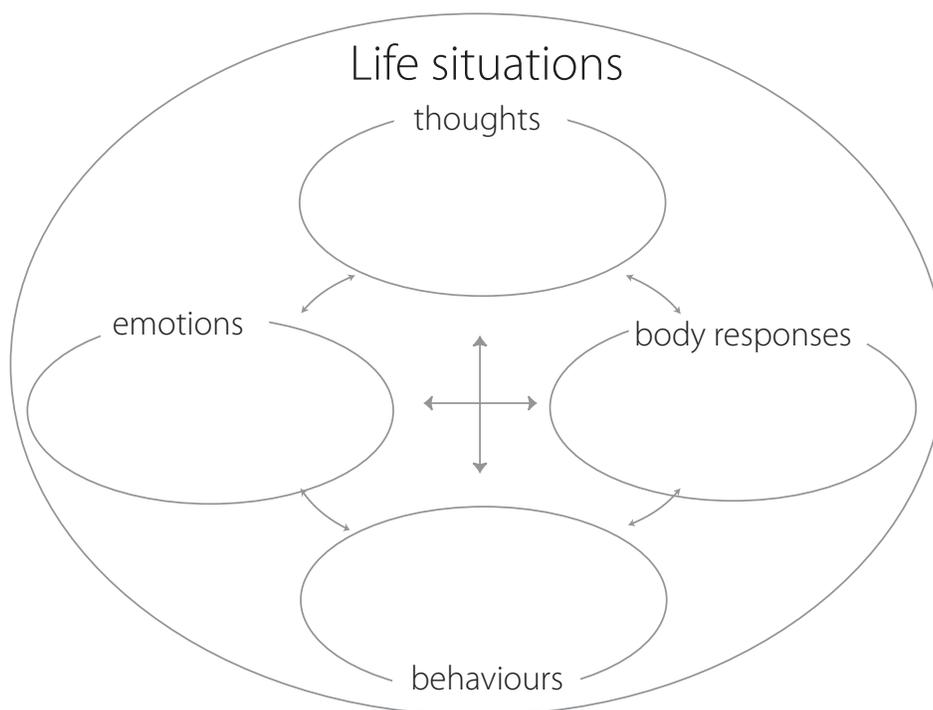
*Making even small changes  
in one area will lead to positive  
changes in other areas*



### **UNDERSTANDING THE CONNECTIONS BETWEEN DIFFERENT ANXIETY SYMPTOMS**

Each of these symptoms of anxiety (thoughts, emotions, body responses, behaviors) is related to and influences the others. So the more upsetting thoughts you have, the more likely it is that you will feel fearful or worried and experience bodily symptoms of anxiety. The more physical symptoms you have, the more likely it is that you will want to avoid doing things or going places that you think will cause you to feel more anxious.

Although the interconnection between these aspects of our experience can sometimes seem like a bad thing, in fact it is very helpful when you are working to better manage your anxiety. This is because making even small changes in one area (for example, your thinking patterns or behaviour) will often lead to positive changes in the other areas as well. This guide will help you to identify and change thoughts and behaviours that are keeping your anxiety going so that you can start feeling like yourself again.



*Even if CBT is not available in your area, this guide can help identify and change anxious thoughts and behaviors*

**module 3**



### **WHERE TO GET CBT FOR ANXIETY DURING PREGNANCY AND FOLLOWING THE BIRTH**

Unfortunately, CBT for anxiety is not widely available in BC. Traditionally, physicians, psychiatrists and most mental health professionals have limited training in CBT although this is changing. CBT is now widely recognized as a valuable treatment option for both anxiety and depression. Clinical psychologists are the most likely group of professionals to receive training in CBT for anxiety disorders but their services are not currently covered by public health funding, unless they are seen in a hospital setting.

Alternative options for accessing CBT include some online programs, self-help readings and select clinics, mental health centers or community programs. Some Employee Assistance Programs cover visits with a clinical psychologist. Finally, some people can pay out of their own funds for individual or group CBT sessions with a psychologist. Always ask to work with someone who has received specialized training in evidence-based approaches to anxiety and ask about their level of experience with treating women with anxiety during pregnancy and following the birth.

**REMEMBER**, even if CBT is not available in your area, you can use this guide to help you put into practice some of the components of this effective treatment.

*This guide will teach you to use CBT skills to reduce your symptoms and take positive steps forward*



## **EFFECTIVE COGNITIVE BEHAVIOUR THERAPY-BASED SELF MANAGEMENT SKILLS**

This guide is intended to help you use the principles of CBT to successfully manage your symptoms (self-management) and take positive steps to find solutions that will work for you.

Each section helps you to understand and put into practice an important component of CBT that can help you to improve your symptoms.

<b>Key component of CBT</b>	<b>Where in this guide?</b>	<b>Module / Page</b>
Educating & empowering yourself	Learning about anxiety	2/2
	Self test for anxiety symptoms	6/2
	Information about common anxiety problems during pregnancy and following the birth	2/2
Self-care	Self care – NEST-S Program	4/30
Goal setting	Goal setting	4/47
Managing physical symptoms of anxiety	Managing physical symptoms of anxiety	4/59
Practicing healthy thinking	Managing anxious thoughts	4/73
Overcoming avoidance and other unhelpful anxiety-related behaviors	Overcoming avoidance and other unhelpful anxiety-related behaviors	4/100
Maintaining gains & relapse prevention	Maintaining gains and relapse prevention	5/3

**Learning and using CBT techniques effectively requires some time, effort and motivation. In order to get benefits from this powerful treatment, people need to practice their new skills regularly. It can take some time before the benefits of CBT can be seen. Women with severe anxiety or with depression as well as anxiety may be tired, unmotivated or have problems concentrating, which can make it difficult to do CBT. In such situations it may be helpful to seek the assistance of a mental health professional with specialized CBT training or to speak with your health care professional about other treatment options**