



handouts for women

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Self-test for anxiety symptoms during pregnancy and following the birth

Note: These questions are not meant to diagnose an anxiety disorder. Rather, they are intended to help you better understand what symptoms you are experiencing and what sections of this guide may be most beneficial to you.

SECTION 1 Questions about panic attacks		
1. Do you experience sudden “rushes” of intense fear or anxiety accompanied by uncomfortable physical sensations such as: <ul style="list-style-type: none"> • heart palpitations/increased heart rate • sweating • trembling/shaking • shortness of breath • feelings of choking • chest pain • nausea • chills or hot flushes • dizziness/lightheadedness • numbness/tingling • feeling that things around you are “unreal” • fear of losing control/going crazy • fear of dying 	Yes	No
		If you answered no to this question, please move on to section 2
2. Do you have at least four of these sensations at once?	Yes	No
3. Do these symptoms reach their peak within 10 minutes?	Yes	No

If you answered yes to questions 1, 2 and 3, you have likely experienced a panic attack. Many people will experience panic episodes at some point in their lifetime. People have panic attacks for all kinds of reasons. Some people may have only a couple of the physical sensations at once (what is called a “limited symptom attack”). If you experience any of these symptoms, you may find it helpful to read the sections entitled “Panic attacks” in Module 2 and “Managing panic attacks” in Module 4, page 70.



4. Do you experience repeated, unexpected or unprovoked panic attacks?	Yes	No
5. As a result of these attacks have you: <ul style="list-style-type: none"> • worried about having more attacks • worried about the effects or meaning of these attacks? (e.g., “these attacks mean that there is something wrong with me”, “I am going to die”, “I am going to embarrass myself”, or “I am going to pass out”) • changed your behaviour or daily routine (e.g., avoided situations, stopped exercising, changed your diet, tried to avoid stress) 	Yes	No
6. Do you avoid places or situations because of the fear of having a panic attack and being unable to get help or being unable to leave (e.g., avoiding crowds, waiting in lines, public transit, being away from home alone)?	Yes	No
7. Do the panic attacks and related problems upset you a lot or interfere significantly with your life?	Yes	No

If you answered yes to questions 1 through 4 and to at least two of questions 5 through 7 and these symptoms are significantly interfering with your life, you might have a more significant, but treatable problem with recurrent panic episodes. It is recommended that you contact your family physician to discuss your symptoms and treatment options. You may find that reading the sections entitled “Panic attacks” and “Managing panic attacks” in Module 4 is especially helpful.



SECTION 2 Questions about worries	
1. Do you spend a significant amount of time worrying or being anxious about a variety of different topics or daily activities (e.g., baby’s health, getting chores done, finances, relationships, getting to appointments on time)?	Yes No If you answered no to this question, please move on to section 4
2. Do these worries bother you most days (i.e., more days than not?)	Yes No
3. Do you find the worry difficult to control?	Yes No
4. When you are worrying do you experience any of the following symptoms most of the time?: <ul style="list-style-type: none"> • restlessness/being on edge • difficulty concentrating or your mind going blank • muscle tension • fatigue • irritability • sleep problems 	Yes No
5. Does the worry/anxiety upset you a lot or interfere significantly with your life?	Yes No

If you answered yes to questions 1 through 5 you might have a more significant, but treatable problem with excessive, uncontrollable worry. It is recommended that you contact your healthcare provider to discuss your symptoms and treatment options. You may also find that reading the section entitled “Excessive and uncontrollable worry” in Module 4, page 13 is especially helpful.



SECTION 3 Questions about intrusive thoughts and compulsive behaviours

<p>1. Do you have frequent unwanted thoughts, images, or impulses that are difficult to get out of your head and are very upsetting or anxiety-provoking? (e.g., thoughts/images of harm coming to your child, thoughts of illness or contamination, aggressive thoughts, need to have symmetry or order, etc.)?</p>	<p>Yes No</p> <p>If you answered no to this question, please move on to question 3 in this section</p>
<p>2. Do you try to ignore, fight, or control the thoughts, images, or impulses?</p>	<p>Yes No</p>

If you answered yes to the above 2 questions you might be experiencing intrusive thoughts.

<p>3. Do you repeat behaviors (e.g., counting, washing/cleaning, checking, arranging things) or mental acts (e.g., counting, praying) in response to the intrusive thoughts?</p>	<p>Yes No</p>
<p>4. Do you do these behaviors excessively to reduce your anxiety or prevent harm?</p>	<p>Yes No</p>

If you answered yes to questions 3 and 4, you might be experiencing compulsive behaviours.

<p>5. Does it seem to you (or to others around you) that your intrusive thoughts or compulsive behaviours are excessive or interfere with your life?</p>	<p>Yes No</p>
<p>6. Do the intrusive thoughts and compulsions cause you a lot of distress, are they time consuming (at least one hour per day), or do they significantly interfere with your life?</p>	<p>Yes No</p>

If you answered yes to questions 1 through 3 and at least two of questions 4-6 and it is significantly impairing your life, you might have a more significant, but treatable problem with intrusive thoughts and compulsions. It is recommended that you contact your family physician to discuss your symptoms and treatment options. You may find that reading the section entitled “Obsessions and compulsions” Module 4, page 21 is especially helpful.



If you are experiencing other problems with anxiety (e.g., intense fear of being scrutinized or evaluated negatively by others, or recurrent thoughts or memories of a past traumatic experience), many of the strategies covered in this manual will likely still be helpful to you. However, it is important to contact your doctor and to let him or her know about your symptoms and to find out about effective treatment options that may be more specific to your particular type of anxiety problem. Using the “Tracking Symptoms Worksheet” in Module 6, page 10 and reading the “Tips for talking to a health care professional about your symptoms” in this Module, page 18 may be helpful to you as well

Edinburgh Postnatal Depression Scale (EPDS)

JL Cox, JM Holden, R Sagovsky, Department of Psychiatry,
University of Edinburgh (1987)

module 6



Name: _____ Date: _____

Number of Months Postpartum: _____

As you have recently had a baby, we would like to know how you are feeling.
Please mark the answer which comes closest to how you have felt in the past 7 days
not just how you feel today.

Example: I have felt happy

- Yes, all the time
- Yes, most of the time
- No, not very often
- No, not at all

In this example, the "x" means "I have felt happy most of the time during the past week."
Please complete the following questions in the same way.

In the past 7 days:

1. I have been able to laugh and see the funny side of things.

- As much as I always could 0
- Not quite so much now 1
- Definitely not so much now 2
- Not at all 3

2. I have looked forward with enjoyment to things.

- As much as I ever did 0
- Rather less than I used to 1
- Definitely less than I used to 2
- Hardly at all 3

3. I have blamed myself unnecessarily when things went wrong.

- Yes, most of the time 3
- Yes, some of the time 2
- Not very often 1
- No, never 0

4. I have been anxious or worried for no good reason.

- No, not at all 0
- Hardly ever 1
- Yes, sometimes 2
- Yes, very often 3



- 5.** I have felt scared or panicky for no good reason.
- | | |
|---|---|
| <input type="checkbox"/> Yes, quite a lot | 3 |
| <input type="checkbox"/> Yes, sometimes | 2 |
| <input type="checkbox"/> No, not much | 1 |
| <input type="checkbox"/> No, not at all | 0 |
- 6.** Things have been getting on top of me.
- | | |
|--|---|
| <input type="checkbox"/> Yes, most of the time I haven't been able to cope | 3 |
| <input type="checkbox"/> Yes, sometimes I haven't been coping as well as usual | 2 |
| <input type="checkbox"/> No, most of the time I have coped quite well | 1 |
| <input type="checkbox"/> No, I have been coping as well as ever | 0 |
- 7.** I have been so unhappy that I have had difficulty sleeping.
- | | |
|--|---|
| <input type="checkbox"/> Yes, most of the time | 3 |
| <input type="checkbox"/> Yes, sometimes | 2 |
| <input type="checkbox"/> Not very often | 1 |
| <input type="checkbox"/> No, not at all | 0 |
- 8.** I have felt sad or miserable.
- | | |
|--|---|
| <input type="checkbox"/> Yes, most of the time | 3 |
| <input type="checkbox"/> Yes, quite often | 2 |
| <input type="checkbox"/> Only occasionally | 1 |
| <input type="checkbox"/> No, never | 0 |
- 9.** I have been so unhappy that I have been crying.
- | | |
|--|---|
| <input type="checkbox"/> Yes, most of the time | 3 |
| <input type="checkbox"/> Yes, quite often | 2 |
| <input type="checkbox"/> Only occasionally | 1 |
| <input type="checkbox"/> No, never | 0 |
- 10.** The thought of harming myself has occurred to me.
- | | |
|---|---|
| <input type="checkbox"/> Yes, quite often | 3 |
| <input type="checkbox"/> Sometimes | 2 |
| <input type="checkbox"/> Hardly ever | 1 |
| <input type="checkbox"/> Never | 0 |

To score this measure:

Add up the numbers appearing beside your answer for each question.

If you score 1, 2, or 3 on question #10, you should consult with your family physician as soon as possible.

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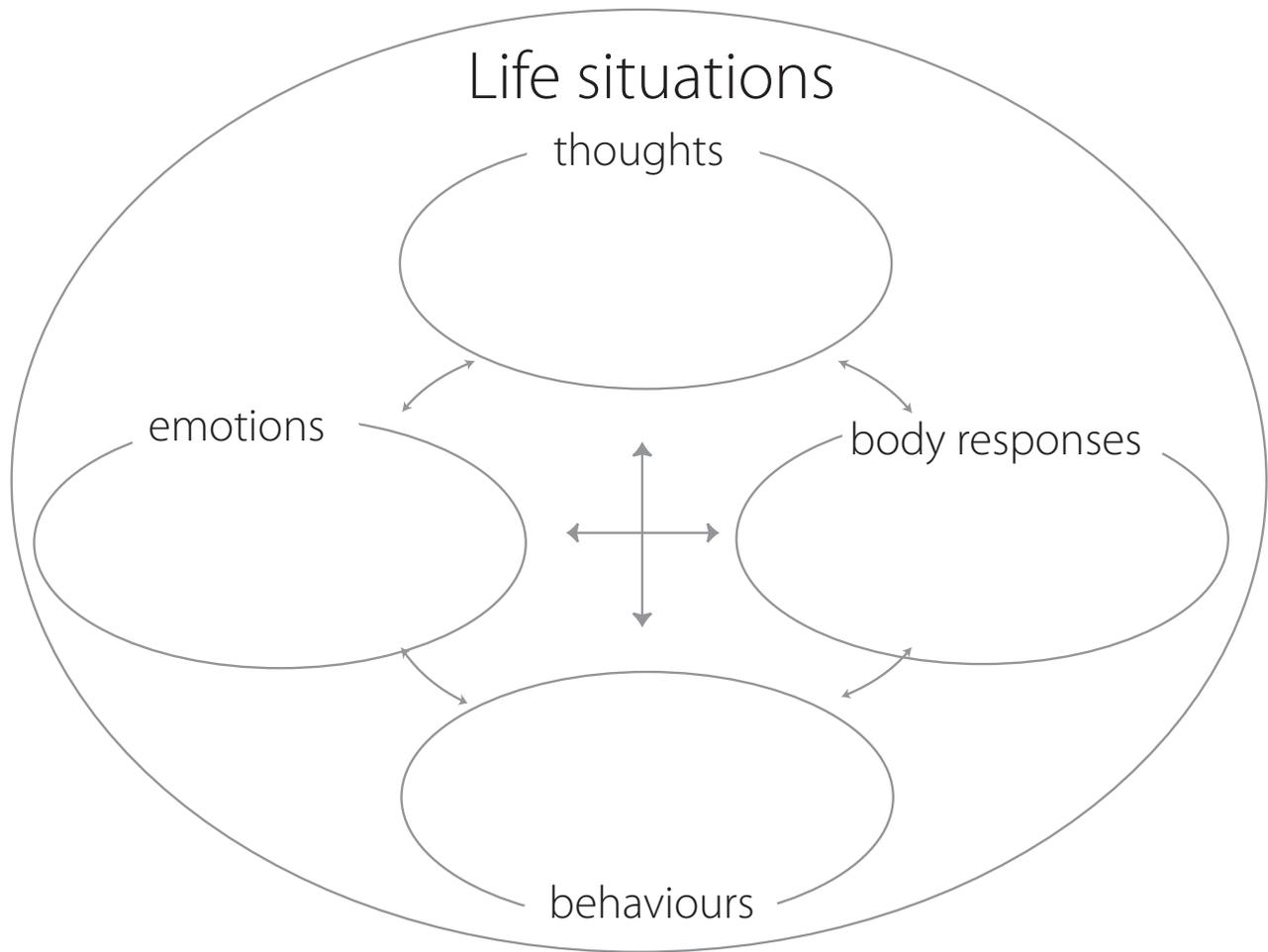
Cox, J.L., Holden, J. M., & Sagovsky, R. (1987). Detection of postnatal depression: development of the 10-item Edinburgh Postnatal Depression Scale. *British Journal of Psychiatry*, 150, 782-786.

Situation or Trigger	Thoughts	Body Symptoms	Behaviours or Coping Responses	Outcome
Watching a news program about bird flu	What if I catch bird flu and because I'm pregnant it harms my baby?	Pounding heart, shortness of breath, dizzy	Called my husband at work and booked an appointment with my family doctor	My husband said that my risk of bird flu is not high because I don't work with birds or visit farms. I cancelled my appointment with my family doctor.
Sitting in mother and baby group feeling sick.	What if I am about to pass out and cannot get home safely?	Dizzy, nauseous	Felt the urge to escape the situation, told my friend in case I needed help	Left the room to get some fresh air. Didn't feel like I could go back in. Decided to wait around for my friend to be finished and then walk home.

Situation or Trigger					
Thoughts					
Body Symptoms					
Behaviours or Coping Responses					
Outcome					



The Cognitive Behaviour Therapy Model of Anxiety





Goal Setting Worksheet

Area	Idea for positive change	SMART Goal/Plan	Done



Thought Challenging Worksheet

Situation	Anxious thoughts	Thinking trap or questions to challenge this thought	Healthier thoughts

Building Strengths Worksheet

module 6



My next steps for:	Anxiety rating



Additional resources

INFORMATION ON MEDICATIONS

Medications treat the symptoms of anxiety at a chemical level in the brain. Medications can help to decrease your anxiety to a more manageable level so you are able to focus on using CBT skills to make lasting changes to thinking patterns and behaviours that may be causing or worsening your anxiety. For the treatment of anxiety during pregnancy and following the birth, medications are best used in combination with self-care and CBT skills.

Several medications have been shown to significantly lower symptoms for many people suffering from anxiety. There are two main types of medications that are used to treat anxiety in pregnant and breastfeeding women: (1) antidepressants and (2) benzodiazepines.

Antidepressant medications:

Although these medications were first used to treat depression, they are also effective in treating anxiety. These medications act on neurotransmitters, which are chemical messengers between the brain cells. The most commonly used antidepressants are SSRIs (Selective Serotonin Reuptake Inhibitors) and SNRIs (Serotonin and Norepinephrine Reuptake Inhibitors). They can be used in pregnant and breastfeeding women when CBT does not treat all the woman's anxiety symptoms. The use of these medications would be advised when the benefits of using them outweigh the risk of any possible side effects.

Antidepressants can be prescribed by your family physician or psychiatrist. They usually take three to four weeks to begin to work, so it can take a while to know if that medication will work for you. Sometimes, one antidepressant may not be effective or may have unwanted side effects and your physician will advise a change.

It is important to take the antidepressants at the same time every day and to remain on them until your physician advises you to stop. Do not abruptly stop your antidepressants as this may result in a significant increase in your level of anxiety. Always talk to your physician about your medication and make decisions about any changes together.

**Benzodiazepines:**

Benzodiazepines are another type of anti-anxiety medication. These medications work very quickly to reduce anxiety levels. Sometimes these medications are prescribed to provide short-term relief while waiting for an antidepressant to take effect. These medications are *not recommended for use on a long term basis*.

Other Medications:

Sometimes your physician may prescribe other types of medications alone or in combination with the medications listed above. Very occasionally, antipsychotics may be prescribed in addition to the antidepressants to treat severe anxiety that is unresponsive to other types of treatment.

COMMONLY ASKED QUESTIONS ABOUT USING MEDICATIONS TO TREAT ANXIETY DURING PREGNANCY AND FOLLOWING THE BIRTH Listed below are some commonly asked questions about taking medication during pregnancy and following the birth.

If I start taking medication to treat my anxiety, will I have to stay on medication for the rest of my life?

Probably not. Although every case is different, many women who choose to take antidepressant medication for treatment of anxiety during pregnancy and following the birth of their baby will later make a decision with their physician to gradually stop taking their medication after approximately 1 year. However, this depends on the severity and duration of the anxiety. This important decision is usually discussed with the prescribing physician who can help the woman to make a decision that will work well for her. Medication should never be stopped suddenly or without medical advice. Some medications have to be decreased slowly to prevent symptoms such as headaches or stomach upset.

If I breastfeed while taking medication, will the medication harm the baby?

Probably not. Research suggests that you can breastfeed when taking certain antidepressant medications. A small amount of medication does get into the breast milk but usually does not have a negative effect on the baby. Your physician should be able to help you to choose a medication that is safest for the baby.



Will the medication have unpleasant side effects?

It depends. Like other prescription medications, antidepressants carry the risk of side effects. There is a range of side effects, and since everyone is unique, side effects will differ. Most side effects decrease after a few weeks. You should tell your health care professional about any side effects that persist and are bothersome to you.

If I take medication, will I still need to make other life changes?

Yes. Antidepressant medications often lessen the anxiety symptoms and give you more energy. This may make it easier for you to identify and change patterns of thinking and behaviour that may be contributing to your anxiety.

Will taking antidepressant medication interfere with my psychological therapy?

No. Many women choose to use both antidepressant medication and a form of psychological therapy such as CBT. In more severe cases, medication may help the woman to have enough energy and motivation to work on and apply the skills that she is learning in her psychological treatment.



TIPS FOR TALKING TO A HEALTH CARE PROFESSIONAL ABOUT YOUR SYMPTOMS

Talking to a trusted health care professional about your symptoms is important.

Here are some tips to make sure that you get the most out of your appointment.

Making your appointment

- Book a longer than usual appointment. It is okay to ask for a double appointment time. Let the professional's office staff know that you need extra time.
- Consider bringing a friend or family member with you for support. That person can also help describe your symptoms if you're unable or take notes for you.
- Get help if language is a barrier between you and your health care professional. There are interpreters that can help over the phone or by being with you in person. Ask the professional's office staff if this service is available. If an interpreter service is not available bring someone you trust to interpret for you.

Getting ready for your appointment

- Write a list of all of your symptoms and take it with you (see Anxiety Symptom Checklist below). List your body symptoms such as feeling on edge or difficulty sleeping as well as what you are thinking, feeling and doing. Your health care professional can help you best if she or he knows all your symptoms.
- Do the Edinburgh Postnatal Depression Scale, Anxiety Symptom Checklist, or bring your filled out Tracking Symptoms Worksheet and bring it to the appointment. These are helpful because they list your symptoms.
- List any recent stressful events or major changes in your life so you remember to tell your health care professional. Tell him or her if you are experiencing violence or abuse in your relationship. Also tell her or him about any family history of mental health or substance use problems.
- Write your questions down and take them with you to the appointment.
- Take a pen and some paper to the appointment so that you can write down anything that you want to remember. Your support person could take these notes for you during the appointment.
- Have a support person take care of your child so that you can focus on your visit



At the appointment:

- **Tell your health care professional what you are thinking, feeling and doing.** She or he needs to know so you get the right treatment and best care.
- **Give your health care professional a list of your symptoms or a copy of any questionnaires or worksheets that you filled out.** Talk about different ways of managing and treating your symptoms. Remember that anxiety can be treated. Treatment may include psychological treatment, medications or both. Make sure you understand the advantages and disadvantages of each option. Even if psychological treatment is not easily available in your community they should be mentioned as an option for treatment.
- **Ask questions.** Write your questions down as you think of them so you can ask them before you leave.
- **Be sure you and your health care professional agree on a treatment plan you can live with.** This may not be the final plan but you should have some options to think about until your next appointment.
- **Write the answers to your questions or important points that you may want to think about later.** These points may be what to do, or how often to do it. Your support person could help you by taking these notes.
- **Repeat the treatment steps back to your health care professional.** This helps make sure that the plan is clear to both of you.
- **Ask about other resources available in your community.** These may be community programs, childcare subsidies, or postpartum support groups.
- **If all of your questions were not been answered in this appointment,** book another appointment right away. This helps you get all the information you need as soon as possible.

After the appointment:

- Follow through on the steps you have agreed upon as your treatment plan.
- If you feel the plan is not working talk with a trusted friend.
- Make another appointment so that you can talk to your health care professional about how you have been doing and if the treatment has been helpful.

If you want to find a new family doctor, the College of Physicians and Surgeons of BC can provide you with a list of doctors accepting patients in your area.

Source: Adapted from Bayer Institute P.R.E.P.A.R.E Patient Education Program and the Anxiety Disorders Toolkit.



MY ANXIETY SYMPTOMS CHECKLIST

Check off any symptoms that you have been experiencing for several weeks or more. Only include symptoms that are excessive or cause significant disruption or interference on a regular basis. Remember to take this checklist with you to your appointment with your doctor.

Y/N	Symptom	Y/N	Symptom
	Feeling anxious, fearful, scared, tense, worried, etc.		Increased attention and scanning for things related to the source of danger
	Rapid heart, heart palpitations, pounding heart		Difficulty concentrating on things not related to the source of danger
	Sweating		Frightening dreams or nightmares
	Trembling or shaking		Getting reassurance from others
	Shortness of breath or smothering sensations		Difficulty making decisions about other things
	Dry mouth or feeling of choking		Chest pain or discomfort
	Trying to distract myself		Excessive checking or cleaning
	Nausea, stomach distress or gastrointestinal upset		Visual changes (e.g., light seems too bright, spots, etc.)
	Urge to urinate or defecate		Cold chills or hot flushes
	Dizziness, unsteady feelings, lightheadedness, or faintness		Needing to escape or leave the feared situation, experience, place or people
	Feelings of unreality or feeling detached from oneself		Telling myself reassuring things (e.g., "It will be ok")
	Numbing or tingling sensations		Needing to find a safe place to go to
	Avoidance of the feared situation, experience, place or people		Needing to be with a person or pet who makes me feel safe
	Blushing or red blotchy skin (especially around face)		Self-medicating the symptoms with drugs, alcohol or food
	Muscle tension, aches, twitching, weakness or heaviness		Sleeping or napping so I don't have to think about it



Y/N	Symptom	Y/N	Symptom
	Thoughts or images of something bad happening to self (dying, not being able to cope, being responsible for something terrible happening, embarrassing ourselves, etc)		Thoughts or images of something else bad happening (house burning down, personal possession being stolen, terrorism attack, etc)
	Thoughts or images of something bad happening to someone else (family member dying, a child being harmed, spouse having an accident, etc)		Other frightening thoughts, images, urges or memories (tell your health professional as many details as you can about the content)
	Other compulsive behaviours or mental rituals		Scanning the situation for signs of danger



I'M A LOVED ONE OF A WOMAN WHO IS COPING WITH ANXIETY. HOW CAN I HELP HER?

Sharing responsibilities, offering support, and encouraging her to work on her treatment plan are important ways you can help her. The support you give her can make a big difference in helping a new mother to improve her symptoms and get back to feeling like herself again.

Here is a list of ideas. Talk with her about which ones will work best.

Share responsibilities:

- **Take over some of the housework and childcare.** Suggest what tasks you can take on. Ask the mother what you can do to help daily.
- **Give her a break that she can count on. New mothers can really benefit from some time away from the demands of caring for a baby. For example,** take the baby out for a walk or encourage her to get out for a walk so that she is really “off duty”
- **Reduce her stress wherever possible.** You may not be able to change the fact that the baby is not sleeping but it may be possible to arrange to get up with the baby a few nights or let the new mother sleep in on the weekends.
- **Hire a housecleaner.** Having the house cleaned once a week can make a huge difference.
- **Hire someone to help with childcare.** This gives the new mother practical support and a much needed break. Childcare can also give the new parents time to do something they enjoy together as a couple.
- **Accept help from friends or family members.** If the woman is pregnant, discuss how they can be involved before the baby arrives. Getting organized early can help to reduce worries. Once the baby comes, accept help that is offered.
- **Ask your doctor, public health nurse or other health care professional to help you find the support the new mother needs.** If finances are an issue and you don't have social support, there are other ways to get a break. Talk to your public health nurse about what resources are available.

**Give support:**

- **Offer emotional support.** Listen, listen, listen. Being with her or listening without offering advice may be what she needs. Do not judge, criticize or blame her.
- **Give encouragement.** A woman with anxiety in pregnancy or after the birth is going to be hard on herself. Reassure her that she is doing a good job as a mother, partner or in other roles that are important to her. Find something everyday that you can tell her you admire and appreciate about her.
- **Try to understand her needs.** Ask her what kind of support she needs from you and be reliable in giving her that support.
- **Reassure her** that she will get better and that it may take some time. It's *not helpful to tell her:*
 - She should get over this.
 - That you are tired of this.
 - She should be happy.
 - To lose weight or work on her appearance in other ways.
 - She "asked for this" by wanting a baby.
- **Remind her** that having anxiety does not change how you feel about her. Tell her you will stand by her and show her this by using the ideas in this section.

Support her treatment plan & take it slowly:

- **Learn about anxiety.** This may help you separate the person from the illness and realize that her behaviour and comments may not be directed at you. Let her be in charge of her treatment decisions. Support her choices. Do not become the expert about her illness.
- **Be involved in her treatment plan as much as she asks.** She may ask you to go with her to doctors' appointments. She may ask your help to do healthy behaviours such as going for walks. Know when to back off so that she does not feel pushed or forced.
- **Have realistic expectations.** New mothers are usually surprised at how hard it is to 'get anything done' with a new baby in the home. Caring for a baby is a full time job and other responsibilities (e.g., household tasks) may not get as much time or attention as they used to.



- **Point out and focus on her successes.** Positive feedback usually motivates women to do even more to manage their anxiety. It helps create a positive cycle. Remind her that ups and downs are normal. They are to be expected and are not a sign of failure.
- **Reward effort, not outcome.** It is important to reward your loved one for the effort she is putting into managing her anxiety - even if her attempts are unsuccessful at times. Compliment her. Plan something special to help her stay with the treatment plan until she sees changes in her symptoms because of her efforts.
- **Be aware that your loved one may still be moody, upset or angry.** This should happen less often with treatment and support.
- **Understand that her sexual feelings may be affected but will return as she feels better again.** Show affection and be intimate without pressuring her for sex. Find other pleasurable activities to share together.

Care for partners:

It is common for partners, family and friends to feel stressed when a woman has anxiety during pregnancy or after the birth of the baby. You may even feel resentment, anger, guilt or fear. Living with someone with anxiety is not easy. It is important to take care of yourself and be flexible on how you do this.

- **Take care of your own mental health.** It can be difficult to support someone going through anxiety. It is important that you are doing things to maintain your own well-being. Make sure that you take time for yourself. Remember to be flexible. If the new mother has had a demanding day at home, it may be better to plan your time out for a different day.
- **Find someone you can talk to honestly** about how you are feeling and how her anxiety affects you. This may be a friend, a family member or a support group.
- **Seek help** for yourself if you are not coping or at risk of depression. www.heretohelp.bc.ca the BC Partners for Mental Health and Addictions Information Website gives more information about depression and anxiety.

Remember, you can't make your loved one well but you can offer support, understanding and hope that will help her. Each woman will experience anxiety a bit differently and will need different forms of support. The best way to find out what she needs is by asking questions.