

**LET IT GO: HANDLING ACADEMIC WORRY THROUGH COGNITIVE
BEHAVIORAL THERAPY**



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DEDICATION

To my beloved mother and father, who have always supported, encouraged, and ensured their presence for me through thick and thin.

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Abstract

Academic performance and success is an important component of student's life since it typically influences future opportunities and accomplishments. As a result, it is critical for students to have effective ways for dealing with academic worry, increasing academic self-efficacy, and resolving study-relationships conflicts. This study examines the effect of cognitive behavior therapy (CBT) on academic worry, academic self-efficacy and study-relationships conflicts of medical college students. Student Worry Questionnaire-30 (SWQ), Academic Self-Efficacy Scale (ASES) and Study-Relationships Conflict Scale (SRCS), scales were utilized. The sampling technique used is non-probability convenient sampling. Results of the study at post-intervention supported the hypothesis of the study that cognitive behavior therapy (CBT) has a positive impact in the reduction of academic worry of medical college students, hence drop in student's academic worry surges their academic self-efficacy and resolves their study-relationships conflicts. This study has some limitations which are also discussed along with future recommendations later in the chapters.

Chapter 1

Introduction

1.1 Background of the Study

Worry is excessive pondering about anything connected to future results. It is frequently related with catastrophizing events which leads to excessive amount of anxiety and distress which can exacerbate rather than alleviate the problem or an issue. Worry refers to a state of anxiety or concern about a situation or outcome. It is a common emotion that people experience in response to various stressors in life. MacLeod et al (1991) defined worry as it is a mental state characterized by apprehensive, negative anticipation of a potentially distressing future.

Worry being a significant feature of most of the psychological disorders specifically generalized anxiety disorder (GAD) but similarly it is a protruding component of other anxiety and mood related disorders such as phobias, obsessive compulsive disorder and panic attack and personality disorders. “Borkovneć's model of GAD suggests that worry is a cognitive attempt to come up with ways to prevent bad things from happening and/or to prepare for them to happen” (Behar et al., 2009).

Each individual experience worry in every walk of life and students are not at exception. Students are mostly worried about academic pressure which is caused by performing well in exams, quizzes and assignments for achieving and maintaining good grades and CGPAs. Keeping up with the burden of academic world, it can cause students to have academic worry, which is denoted as the feelings of stress, pressure and dread that is linked with academic settings or tasks. Without a doubt every field of academia is tough and demands a lot of hard work and dedication accordingly. In

the same way being in or being a student of health sector, demands a lot of devotion, commitments and perseverance and it can leave a toll on student's mental as well as physical health. A meta-analysis by (Quek et al., 2019) reveals that worldwide medical students have more anxiety and related symptoms than the general populace as the occurrence rate is higher (one in three medical students). They have also discovered that the pervasiveness rate is higher in medical students of Middle East and Asia. Academic worry among medical students may be caused due to different reasons i.e. academic contexts or tasks which may include exams, assignments, courses (math, literature, or science etc.), social pressures connected to education (parents, classmates, peers), or simply feeling anxious about studying or working in groups in class might all fall under this category. Academic worry may/can be caused by a variety of factors that are unique to everyone.

Facing and being in relentless academic worry and not being able to pact effectually in adaptive ways with worry can has a negative consequence causing low academic self-efficacy among medical students. Academic self-efficacy is a person's or student's capability to that how well he/she can cope with academic related challenges. This means that students who have higher self-efficacy are better able to regulate their academic worry and overcome any negative effects it may have on their performance (Anthonysamy, 2023). In addition, a study by Rahmania (2023) revealed that individuals with higher levels of self-efficacy are more likely to adopt effective coping strategies when faced with academic stress, further demonstrating the importance of self-efficacy in academic success

Multitasking itself is a stress that contributes to worry, students need to multitask to keep the balance between their academic and personal life, for that they

face numerous challenges and this juggling may arise a study relationships conflict (SRC).

To cater with different challenges in different domains, students must learn adaptive strategies to handle their worry. One of the first stages is for them to be better able to indenture with worry is to become conscious of their concerns and triggers. Students who have little to no awareness of academic worry have a tendency to use less adaptive coping mechanisms, such as being absorbed in worrisome thoughts and/or attempting to escape by engaging in numerous things besides of academics, bunking or avoiding classes or college. The coping mechanisms leaves a detrimental influence on student achievement, causing students to become further entangled in the worry cycle. For that Cognitive-behavioral therapy (CBT) is a therapy based on the idea that cognitive variables contribute to the persistence of mental diseases and psychological suffering. The core tenet of this therapy technique, as pioneered by Beck (1970) and Ellis (1962) is that maladaptive cognitions lead to the persistence of emotional discomfort and behavioral disorders (Hoffman et. al 2012).

1.2 Problem Statement

Worry is labeled as a succession of unpleasant affect-laden thoughts and images that is generally considered as uncontrollable (Borkovec et al., 1983). Worry is the chief feature of anxiety and related disorders and maintaining it on early phases can prevent students from getting diagnosed with full-blown anxiety and related disorders.

Worrying differs from other types of negative thinking and is one of the key factors of Generalized Anxiety Disorder (GAD). It is argued that both the occurrence

and appraisal of worrying can have negative effects on emotional well-being, Wells, A. (2002). There are certain factors that maintain worry one of them is student's belief that worry is helpful. Well's metacognitive therapy for generalized anxiety disorder emphasizes that metacognitive beliefs concerning the benefits and hindrances of worrying maintain pathological worry (Wells & King, 2006). In a cognitive model of GAD, Wells (1995) proposed that maladaptive metacognitions (negative beliefs about worry; uncontrollable and dangerous, and negative evaluation of worrying) maintains pathological worry.

Generalized Anxiety condition (GAD) is a psychological condition that affects more than 3% of the world's population (Liu et al., 2021). This illness is distinguished by continuous and excessive anxiety over different elements of life, such as work or academic performance, family troubles, health, and finances. GAD, like panic disorder, social phobia, and depression, have a stronger link to worry. GAD patients would also have higher negative metacognitive belief and meta-worry scores than another group of disorders (Wells & Carter, 2001).

Worry and anxiety are distinguished by the realm of roles they have that distresses the individuals. Worry affects the cognitive area and manifests as adverse beliefs of unpleasant future likelihoods (Saulsman et al., 2015). Anxiety, instead, is the result of cognitive characteristics which is impacted thru worry. Anxiety encompasses cognitive, emotional and behavioral dimensions. Worry can be the reason for anxiety via the specific mechanism: worry as a cognitive progression, it stimulates the emotional and sentimental domain, eliciting a sense of "to be apprehensive of the feelings of dependence," and the behavioral realm, provoking

non-productive monotonous behavior in preparation for worst outcomes (Binns, Egger, & Reznik, 2017).

Academic worry on the other hand, refers to excessive concern about academic performance and its consequences and to the worry or stress that students experience in relation to their academic performance, such as concerns about grades, exams, assignments, and other academic tasks. Academic worry can be particularly challenging because it can disturb a student's ability to concentrate, retain information, and perform sound academically. It can also lead to physical symptoms such as headaches, fatigue, and difficulty sleeping. Because academic worry is the prime reason of academic anxiety, thus academic worry is essential to be addressed to effectually reduce student's academic anxiety.

According to studies, medical students are particularly sensitive to academic worry and its subsequent development into GAD, with as many as one in every three medical students suffering significant levels of anxiety and stress (Fulchand & Kilgour, 2018). Academic worry may indeed cause anxiety among medical students. Medical school is a difficult and rigorous institution that requires students to attain a vast quantity of intricate knowledge in a very short period. This might result in emotions of burden, tension, and worry. Medical training, such as a hefty academic load, hectic schedules, and the evaluation process, all lead to a higher chances of mental health problems such as GAD among medical students.

Medical students experience more academic worry than students in other fields of education and are more likely to develop anxiety related disorders namely GAD due to the demanding nature of their academic prospectus and the pressure to perform well (Hearn & Stocker, 2022). All these variables can lead to medical

students developing anxiety. It is important for students to manage their academic worry to maintain their mental and physical health, as well as to perform to the best of their abilities academically. This may involve developing healthy coping mechanisms, such as practicing relaxation techniques, seeking support from peers or professionals, and maintaining a balanced lifestyle that includes adequate sleep, exercise, and nutrition.

One effective approach to address academic worry and anxiety in medical students is cognitive-behavioral therapy (Curtiss et al., 2021). Studies have shown that CBT can be effective in reducing worry, one of the central symptoms of anxiety and preventing the onset of anxiety disorders in a variety of populations, including medical college students (Batebi et al., 2020). Cognitive-behavioral therapy (CBT) is a kind of psychotherapy which can be effective in addressing academic worry and preventing it from progressing to a full-blown anxiety disorder. CBT is a goal-oriented, evidence-based approach to therapy that focuses on identifying, challenging and changing negative patterns of thoughts and behaviors. In the context of academic worry, CBT can help medical students identify and challenge negative beliefs and thought patterns that contribute to their academic worry. CBT can also teach students practical coping skills to manage stress and worry, such as relaxation techniques, problem-solving strategies, and time-management skills.

According to Stein (2013), Cognitive Behavioral Therapy has been shown to be an effective early intervention for persons at risk of developing GAD. According to Neil and Christensen (2009), Cognitive Behavioral Therapy can be utilized as an early intervention for medical students who are at risk of developing GAD owing to academic anxiety and worry.

Therefore, by providing individuals with cognitive-behavioral therapy as an early intervention for academic worry, it is likely to prevent the development of more severe psychological disorders. Several studies have shown that cognitive-behavioral therapy can effectively target dysfunctional behaviors, illness worry, catastrophizing, and amplification of somatic symptoms to reduce academic anxiety before it evolves into more severe psychological disorders such as generalized anxiety disorder (Newman et al., 2020).

Self-efficacy and academic worry are two well-researched constructs in the field of education. Self-efficacy refers to an individual's belief in their ability to successfully complete a task or achieve a goal. Educational researchers have consistently found a positive relationship between self-efficacy and academic performance, with higher self-efficacy leading to better academic outcomes (Kebebe, 2020). According to the theory of social cognition, self-efficacy influences countless aspects of a person's life, together with their objectives, choices, hard-work, thought patterns, and level of persistence when face with the adversity (Bandura 1977).

Studies have found that academic worry can lead to negative outcomes such as decreased academic performance, heightened stress levels, and even depression (Uzun & Karataş, 2020). However, (Hayat et al., 2021) recent research has indicated that self-efficacy can act as a mediating variable that helps to mitigate the negative effects of academic worry. Baertman and Ruijs suggest that self-efficacy is related to metacognition and academic performance, with a reciprocal relationship between self-efficacy and academic performance.

Academic self-efficacy, or the belief in one's ability to perform well academically, is a crucial factor in academic success (Hulukati et al., 2022).

Fortunately, several interventions are effective in improving academic self-efficacy, including cognitive behavioural therapy (Meo et al., 2021). According to the cognitive-behavioral therapy approach, which is aimed at modifying out-of-control emotions, behavior, and cognition through skills and strategies, improvements in academic self-efficacy can be achieved by changing negative thought patterns that may be holding individuals back (Sa'adah et al., 2021).

A study by Johnson et al. found that in addition to academic stressors, interpersonal conflicts such as those experienced with friends, family or romantic partners were significant predictors of academic worry among college students. Academic life, especially in higher education settings, can be challenging for many students. One of the common issues that students face is academic worry. According to previous studies, academic and career-related issues are among the complaints that students frequently report (Vidor et al., 2020). Moreover, there is evidence to suggest that conflicts in personal relationships may be linked to academic worry (Marôco, 2022). The absence of meaningful people with whom students can have emotional interactions in the context of conflicts and worries about their school life acted as a negative factor in the school life of study participants (Polizzi et al., 2021). This claim is supported by emerging research showing a moderate relationship between parental worry about long-term consequences, food supply, and the mental health of their children and academic success (Omar et al., 2021). However, other studies have suggested that it is not just familial relationships but also peer relationships that can contribute to academic worry (Caso et al., 2021).

Furthermore, the absence of meaningful relationships in the context of conflicts and worries about school life has been found to harm academic continuity.

This is consistent with Tinto's theory that interactions with professors, staff, and formal/informal organizations within the university can affect a student's academic success (Miller et al., 2021). Therefore, it can be concluded that there is a link between study-relationship conflicts and academic worry.

Recent research has suggested that incorporating the construct of self- and relationship-oriented flocci into existing cognitive-behavioral interventions could be beneficial for addressing underlying worry symptoms in students. This would involve assessing the level of self- and relationship-oriented flocci using a self-assessment instrument to tailor cognitive-behavioral therapy interventions specifically to address the individual student's needs (Uhlenbusch et al., 2019). Moreover, cognitive-behavioral therapy interventions with a focus on communication and problem-solving skills can facilitate conflict resolution for students (Iyidobi et al., 2022).

1.3 Purpose of the Study

This research encompasses a thorough investigation regarding impact of excessive academic worry, the role of academic self-efficacy and the influence of study-relationships conflict on the academic performance of the medical college students. In order to help them overcome their excessive patterns of worry and teach them better and healthy coping mechanisms. As worry is a prominent and a prime aspect of most anxiety and mood related disorders. Thus excessive worry can lead to different psychological and physical health concerns. It can hinder a person/student's growth, can fixate them in an issue, may severely affects one's wellbeing and can leads to functional disability. The purpose of this study is to help such individuals who may have psychological problems during their academic careers. Engaging in worry can make a mark on student's self-esteem leading it to low levels, which can disrupt their academic performances and can largely affects their relationships either

family or social. That's why an early preventive approach of cognitive behavior therapy utilized in this research will not lead students to any disorder or mentioned issues. They with lower level of worry can perform better in different arenas of life and will be able to shift their focus to academics and be more career oriented and excel in their respected fields. Cognitive behavioral therapy not only treats disorders and their symptomology but also benefits individuals in the long term affects like, improving functioning and quality of life, increase self-efficacy as well as helps in developing healthy relationships. Cognitive behavioral therapy is effective in treating disorders with primary feature of worry such as generalized anxiety disorder (GAD) (Baroza, 2022) and other psychological disorders with feature of worry. Students being involved in the vicious cycle of worry leads to meagre life style with various problems like deprived academic performance, low self-esteem eventually lower academic self-efficacy and poor relationships with family as well as peers and teachers. Cognitive behavioral therapy will help get out of this vicious cycle of worry. It will also help students cope with and minimize the effects of academic worry. Employing CBT techniques will benefit students identify the maladaptive beliefs about academic worry and what their copings patterns based on worry are, eventually leading them to change in more beneficial coping strategies.

1.3.1 Methodological Gap

The researcher identified that the previous research has utilized the CBT based intervention by Saulsman et al., (2015) as a group therapy approach on university students in Indonesia (Gunawan & Menaldi, 2020a).

1.3.2 Population Gap

The researcher identified that the CBT based intervention was applied on clinical population mostly treating diagnosed anxiety disorders (Öst et al., 2023). As

worry is one aspect of anxiety disorder and this solely has not been targeted by researchers on non-clinical population as an early intervention of anxiety disorders.

1.3.3 Theoretical Gap

The researcher also identified that previous researches have only consider one aspect or variable with Cognitive Behavior Therapy. A study by Ashraf, Masroor and Khan (2020) showed that cognitive behavior interventions were affective in reduction of academic stress and an enhancement in academic performance in post intervention study.

1.4 Research Questions

1. How effective are the interventions of cognitive behavior therapy in reduction of academic worry?
2. Will cognitive behavioral therapy interventions will help students in increasing their academic self-efficacy?
3. How cognitive behavior therapy interventions will help students in resolving study-relationships conflict?

1.5 Research Objectives

1. To investigate the effectiveness of cognitive behavior therapy intervention for academic worry
2. To provide students with self-help techniques to manage their academic worry in future.
3. To help students increase their academic self-efficacy and resolve their study-relationships conflict.

1.6 Significance of Study

Through cognitive behavior therapy (CBT), this research may assist students in identifying their maladaptive beliefs and coping styles for academic worry and stress and transitioning to more healthy beliefs and more adaptive coping. CBT may help students get out of the vicious cycle of worry. Being sucked in the cycle of worry disturbs student's relationships with their family as well as peers and teachers (study-relationships conflicts). CBT may help them in overcoming and improving their relationships that may have been harmed as a result of excessive academic worry. Being involved in the vicious cycle of worry may harm one's self-esteem, so CBT will help them improve their self-esteem which will eventually improve academic self-efficacy.

1.7 Definition of key terms

1.7.1 Worry

Worry is defined as thoughts representative of an individual's efforts to engage in mental problem-solving on issues where the consequence is uncertain but holds a possibility for negative results (Campbell et al., 2013).

1.7.2 Academic Worry

In the context of academia, worry can be described as academic worry, which explicitly narrates the anxieties and concerns students experience regarding their cognitive and motivational capabilities in relation to the demands of their academic tasks (Yu et al., 2020).

1.7.3 Academic Self-Efficacy (ASE)

Academic self-efficacy (ASE) is a learner's belief of his or her own capacity to achieve educational goals (Bandura 1977).

1.7.4 Study-Relationships Conflict (SRC)

The study-relationships conflict (SRC) is defined by Loscalzo and Giannini, 2019 to be an inter-role dispute involving academics and relations, that covers societal (intimate partners, peers, and domestic life) and educational (educators and colleagues) contacts. They define a Study-to-Relationships Conflict (S-R-C) as well as a Relationships-to-Study Conflict (R-S-C).

Chapter 2

Literature Review

Auerbach et al. (2016) evaluated data from World Mental Health Surveys on mental health concerns among university students in each country according to the findings, university students suffering from psychiatric disorders were hesitant to attend classes and were unable to acquire adequate therapeutic help. Mental health issues among university students have a significant impact on academic achievement and social function. Richardson et al. (2016) did a meta-analysis of 217 papers that has looked at the association between mental health and academic performances of students. This study discovered that the level of general worry and stress had a detrimental influence on academic performance. Furthermore, research has shown that worry not only has an impact on mental health but can also have a detrimental impact on physical health of students around the globe.

According to Uni Health's studies on student mental health in England, 80% students indicate that the anxiety signs and symptomology is associated to their school and college academia (Lawton, G. 2019). Academic worry refers to anxiety symptoms that students experience in relation to their academic lives (Das, Halder, & Mishra, 2014). Poor focus and psychological distress are also highly linked to academic worry (Duraku & Hoxha, 2018). Furthermore, if the anxiety is not addressed properly and timely, it might result in people getting diagnosed of generalized anxiety disorder (GAD) (Wolitzky-Taylor & Telch, 2010). Worry is a key component which enables anxiety so that it remain throughout time (Dar, Iqbal, & Mushtaq, 2017). A frequently used working hypothesis of worry was proposed by Borkovec et al. (1983) "Worry is a shackle of thoughts and images, negatively affect-laden and comparatively

considered uncontrollable. The worry progression represents an effort to involve in mental problem-solving on a matter whose outcome is uncertain but encompasses the likelihood of one or more negative outcomes.”

Anxiety, being the product to cognitive characteristics which is influenced thru worry. Anxiety encompasses cognitive, emotional as well as behavioral dimensions. Worry induces anxiety through a specific method: as anxiety is mental progression, worry impacts emotional area, eliciting a sense of "feared helplessness," and the behavioral domain, eliciting extravagant repeated course of action in preparation for worse things to arise (Binns, Egger, & Reznik, 2017).

Considering worry as a mental activity, an appropriate interposition to treat this matter there should be a cognitive-behavioral strategy. According to research, cognitive-behavioral methods are consistently successful in reducing anxiety symptoms and lowering anxiety and worry levels (Botella & Cristea, 2016).

Numerous empirical psychotherapies are available to cure extreme worry, which operate on cognitive and behavior strategy, one of which is Cognitive-Behavioral Therapy (CBT) (Juncos & Markman, 2015). And CBT is proved to the kind of psychotherapy which has lowest chances of getting influenced by therapist biasness. CBT can be employed successfully by a beginner therapist who has experience of only 6-12 hours, to the non-clinical population which may includes students (Lappalainen, et al., 2007).

In general, CBT is a solid first-line therapy option for group of anxiety disorders (Anu & Smits, 2008) provides evidence that CBT has a significant satisfactory effect on secondary symptoms such as sleep problems and anxiety sensitivity (Ghahramanlou, 2003). Gunawan & Menaldi (2020) used cognitive

behavior group therapy to help Indonesian college students overcome their academic worry and change their maladaptive beliefs and coping styles to adaptive ones.

Ashraf, Masroor and Khan (2020) in their research showed that cognitive behavior therapy's interventions were affective in reduction of academic stress and an enhancement in academic performance in post intervention study. Cognitive Behavior Therapy (CBT) may be used both individually and in groups. Wolgensinger (2015) in his research has revealed that CBT if applied in one on one setting and/or in group settings remains useful in both settings for those who have worry and/or anxiety symptoms. The meta-analysis by Covin et al. (2008) discovered a substantial overall effect size that was modified by age and treatment type. The greatest improvements were seen for younger population and for individual therapy. Individual therapy was associated with a more quicker response, according to clinically meaningful change analysis (Anderson & Rees, 2007).

The researcher selected CBT over ACT for this study for the reason that CBT has proved more effective for treating conditions those produce worry, for instance difficulties in academics, via the behavior and cognitive dimensions. As stated by Borza (2017), behavioral feature which CBT has exposes patients to one's feelings, allowing them to acquire in what way they can combat those sustaining issues and escaping strategies which prolong unnecessary worry. Furthermore, cognitive feature that CBT has provides patients with numerous tools which they can use to step down from the habitual ways of thinking, be at distance to the anxieties, also adjust the way they think or what material their thoughts are made of to arrive at a further unbiased assessment of the events or triggers (Borza, 2017). CBT was chosen as the treatment method for this current study based on the benefits listed above.

CBT is a kind of psychotherapy that focuses on modifying components of cognition and behavior to help people manage their issues and change maladaptive behaviors (Butler, Fennell, & Hackmann, 2008; O'Kelly, 2010). CBT includes numerous techniques such as psychoeducation, the antecedent-belief-consequence model (A-B-C model), cognitive restructuring, exposure and relapse prevention (Norton, 2012). Most therapist delivers psychoeducation regarding worry being the core element to anxiety while starting of CBT procedure. The therapist and the client then work together to develop case formulations concerning worry that the client observes by following A-B-C model. Following it, the client starts to acquire behavioral as well as cognitive techniques for dealing with worry, for example cognitive restructuring.

The purpose of cognitive restructuring aims to change a person's perceptions of worry. The restructuring is accomplished by gathering signs which supports or else refutes individual's worrying views and theories. Finding evidence for versus evidence against beliefs is a common strategy used by most of the CBT practitioners. Another strategy encompasses steering behavioral experiments to test the validity and rationality of a client's views of his or her reality (Westbrook, Kennerley, & Kirk, 2011). Afterwards getting a grip on the cognitive and behavioral approaches, client will be able to devise the plan for preventing relapse in case he or she encounters a similar difficulty in the future (Saulsman et al., 2015). The interventionist of “What? Me worry!?!” Saulsman, Nathan, Lim, and Correia, (2005) incorporates various cognitive and behavioral components as well as a major metacognitive component.

Students with a high academic self-efficacy score are self-assured of the abilities they have which are required to achieve to get enrolled in or to excel in

school, college and university, strategize and arrange the educational needs accordingly, and can dodge distractors (Bandura, 1977). Richardson et al. (2012) and Komarraju and Nadler (2013) both in their researches has explained that academic performance is positively allied to academic self-efficacy. Students who have a sturdy and strong intellect of educational and academic efficacy are certain in overcoming challenges, can study harder, which eventually advance the achievements in academia and acquire their desired goals. Also, Byer (2002) discovered that building a positive academic self-efficacy (ASE) is vital among graduate students since it leads to their belief in themselves to fulfill the syllabus and course goals.

Findings of a researches seem to show that the more time a student spends on studying, the more his or her relationships suffer, and that family and classmates worry about his or her over studying. Furthermore, the greater their GPA is, more and more the criticisms they face from parents and friends, little to no literature supports arguments they get in with professors and peers also the filth of their relationships (Loscalzo & Giannini, 2019). They have also said that study-relationships conflict can seem to be obvious with in, weakening of relations (e.g., letting go of friendships, and not hanging out), explicit and open aggression (e.g., getting in heated arguments with supervisors and instructors for not giving good grades).

Draper et al. (2008) generated the response of three people with an original diagnosis of GAD to an Internet-based therapy that they completed at their own time off. All individuals improved clinically on assessments of worry, GAD symptomatology, and metacognitions. Furthermore, at the end of the trial, none of the patients fulfilled, the requirements or criteria for the diagnosis for GAD. This study by Zhang et al., study studied the impact of CBT on pain, disability, fear avoidance,

and self-efficacy in CLBP patients, and the findings suggest that CBT is beneficial for CLBP patients to enhance self-efficacy, reduce pain, disability, and fear avoidance.

Children with learning disabilities (Dictation) frequently have poor self-efficacy, which stems mostly from scholastic failures and issues in perception. The goal this research hold was, determining efficiency that cognitive behavioral therapy intervention has on the self-efficacy of adolescents with learning difficulties (Dictation). Based on the outcomes of the study, it is possible to infer that cognitive behavioral therapy intervention can boost the self-efficacy of students with learning difficulties (Dictation). As a result, educational institutions, as well as psychological and counseling services, might benefit from this strategy to increase student's self-efficacy who have unique learning incapacities (Dictation) (Parvizian et al., 2022).

Sahranavard et al. (2019) conducted a study to explore the efficacy of cognitive behavioral treatments (CBTs) for anxiety, hardiness, and self-efficacy in female Birjand University of Medical Sciences students. Based on the findings, it is possible to infer that CBT is an efficient therapy for anxiety, toughness, and self-efficacy. Consequently, by regulating anxiety, toughness of university students and self-efficacy may elevates, which eventually let students deal with their several life's hitches in an affective manner.

The mental health illnesses have a widespread amongst students as a result of higher academic difficulties also learning trials has and is been an important didactic apprehension. The goal of González-Valero et al. (2019) study was to conduct a review of the scientific literature in order to evaluate the impact of cognitive-behavioral programs and meditation practices on worry, stress, anxiety, and depression in students. Another goal is to determine the factors that influence therapy

success. The treatment options for reducing depressive symptoms, anxieties and worry in students includes meditation maneuvers, being mindful and lastly CBT. All of it emphasizes that there is a requirement to conduct researches focusing on younger population, who are struggling with psychological issues, as it is one of the vital reason that leaves a strong impression on academia records and living conditions.

De Bérail et al. (2019) conducted a research venture to discover the roots of YouTube addiction by studying the associations between social anxiety, Para social interactions with YouTubers, and YouTube addiction using a cognitive-behavioral theoretical framework. The findings of this research add to the literature on the Para social compensation theory while also offering important information for both the avoidance and management of YouTube addiction and social anxiety disorder.

In this article by Otto et al. (2004) researcher have evaluated the data supporting a diversity that cognitive behavioral therapy techniques have to treat anxiety and related disorders, as well as a few difficult challenges faced when combining pharmaceutic and cognitive behavioral dealing options. Existing researches vows for CBT being resourceful initial and handy option used in treating anxiety disorders that provides longstanding therapeutic improvements. CBT is evident as beneficial method and treatment approach in case of people who do not respond to pharmacotherapies and can be the routine method to pharmacotherapy patients those who need to increase the therapeutic response.

Cognitive behavioral therapy (CBT) has been a protuberant therapy which was castoff for the treatment of the widespread issues. Hofmann et al. (2012) sought to present a thorough assessment of meta-analyses investigating the effectiveness of CBT. Cognitive Behavior Therapy (CBT) for anxiety, somatoform, bulimia, anger

issues, and day to day tension gained greatest sustenance of literature. 11 researches have verified efficiency that CBT holds in comparison to different therapy treatment options and in situations that were checked in control-groups. In 7 assessments, CBT proved to give more substantial outcomes in contrast to comparative conditions, whereas in only 1 analysis reported about CBT giving lesser positive responses as compared to contrast therapies. CBT holds a reasonable and decent groundwork for anxiety related disorders in general.

Honicke and Broadbent (2016) conduct a review of 12 years of research on the link between academic self-efficacy and university student academic performance, as well as cognitive and motivational components that demonstrate this association. Academic self-efficacy was shown to be moderately associated to academic success. Several mediating and moderating variables, including as effort control, deep processing techniques, and goal orientations, were discovered.

Arguably among the most critical problems and concerns in medical schools is identifying the elements that influence medical student's academic progress. As a result, Hayat et al. (2020) undertook the study to look at the mediating effects of metacognitive learning techniques and learning-related emotions and the link among academic self-efficacy and academic performance in medical students. The findings of structural equation modeling demonstrated that student's self-efficacy influences their learning-related emotions and metacognitive learning techniques, which in turn influence their academic achievement. According to the findings of this study, metacognitive methods and learning-related emotions play a role in regulating the link between student's self-efficacy and academic achievement.

The purpose of this research by Wu et al. (2020b) is to get a better know how between the links of health department student's enthusiasm, self-efficacy, knowledge hunt, along with academic achievement. According to results, male students reported more intrinsic drive but, shockingly, worse academic performance than females. The combined effect of intrinsic motivation and extrinsic incentive on academic achievement was greater. Through learning engagement, there were substantial subsidiary impacts of either intrinsic or extrinsic motivation on academic achievement. Furthermore, self-efficacy was predicted by both intrinsic and extrinsic motivation however, the direct influence of self-efficacy on academic achievement was not found significant.

Student life can be demanding, causing emotional anguish in certain individuals. Aside from being a huge public health issue, mental anguish can have an impact on academic achievement and success. The study by Grøtan et al. (2019) sought to investigate the relationships between mental discomfort, academic self-efficacy and study progress. The results of the study found a robust link between symptoms of mental discomfort, academic self-efficacy, and academic advancement. Future studies should be conducted to determine whether increased help-seeking and psychological therapy might enhance student's mental health and, as a result, academic self-efficacy and study progress.

To assess the impact of a cognitive-behavioral skills development program on the mental health outcomes, healthy living attitudes and practices of Doctor of Veterinary Medicine (DVM) students. Before beginning the academic year, all entering DVM students were expected to complete the cognitive-behavioral skills development program (7 weeks in duration). The results of the study showed that

student's depressed symptoms, anxiety, and healthy lifestyle beliefs and actions improved significantly after the intervention (Melnyk et al., 2022b). To ascertain the frequency of stress, anxiety, and depression, as well as associated coping techniques, among undergraduate students at a private institution different researches were conducted. Stress, anxiety, and depression have been revealed to be quite common among undergraduate students in a medical environment in Karachi. This study was directed so that it could be discovered about the efficacy and efficiency of awareness about these psychological and pathological issues. And thus, student's performance and quality of life may improve because of increased awareness, recognition, and prompt management (Rehmani et al., 2018). The purpose of this study was to see how successful Cognitive Behavioral Therapy (CBT) was for treating depressive symptoms in female university students in Karachi, Pakistan. And the findings suggest that Cognitive Behavioral Therapy (CBT) was beneficial for female university students in Karachi who are depressed (Zadeh & Lateef, 2012).

Peltier et al. (2021) research findings are peculiar in that they reveal that how if crises are not managed properly they have the negative consequences that anxieties leave on edification and scholastic abilities of students. Whilst anxiety leaves the major effect on class readiness, but class readiness had no relationship with learning in classroom, classroom-satisfaction, or one's desire to have or continue with the salesman profession. The minute digital self-efficacy be situated for as an arbitrator, however, predicted benefits that class readiness was revealed. The results of the study have implications for a variety of theoretical situations, which includes apprehension, calamity managing, self-efficacy, education about marketing, and computer-based sale acts.

Academic procrastination is a tendency that is frequent among college students. The goal of the study was to evaluate the direct and indirect effects of low self-esteem on academic laziness among university undergraduate students. With the results findings it was discovered that academic self-efficacy fully mediated the relationship between self-esteem and academic procrastination, and that the indirect effect of self-esteem via academic self-efficacy accounted for 18% of the variance in academic procrastination. Male students scored considerably higher on academic procrastination than female students (Batool, S. et al., 2017).

The worldwide burden of mental illnesses is largest in lower and middle-income (LMIC) nations. Mental illnesses including anxiety and depression are quite common among youngsters. Due to stigma, a lack of resources, and ignorance, numerous mental health conditions frequently go untreated despite having a negative impact on productivity and quality of life. In LMICs, there is an urgent need to invest in therapies that are supported by research, such as cognitive behavior therapy (CBT). Researchers in Pakistan have translated and modified the Coping Cat program, which has demonstrated good results in treating children's anxiety issues. In Pakistan, the Khushi and Khatoon CBT-based self-help program was created to address prevalent mental illnesses including anxiety and depression. Additionally, this approach has undergone experimental testing in several researches and shown positive outcomes (Khan & Malik, 2023).

There is a high risk of this condition of social anxiety disorder in children with speech problems, and it has a major negative impact on social skills and adjustment. This study by Egbe et al. (2022) looked at the impact of cognitive behavioral play therapy on reducing social anxiety disorders in school-aged children with speech

impairments. The findings indicated that CBPT dramatically reduces social anxiety disorders in kids with speech impairments over time, but no improvements were seen in the participants in the no-contact control group. The study's final finding reveals that CBPT intervention is substantial and helpful in reducing social anxiety disorders in kids with speech impairments.

Self-efficacy is the notion that one can learn or do tasks at particular levels. It is the confidence in one's skills. Numerous studies have shown that self-efficacy enhances academic motivation, learning, and success. Modern theories of motivation focus on the cognitive and emotional mechanisms that begin, direct, and sustain human activity. In order to investigate the relationship between academic achievement, student involvement (cognitive, emotional, and behavioral), academic motivation, and self-efficacy in students, the research by Shkëmbi and Treska (2023) outlined. This article searched to assess the degree to which student engagement, academic self-efficacy, and academic motivation shape academic performance as well as the connection between self-efficacy and academic performance.

For individuals who work with anxious teenagers in the Pakistani community, the research by Hameed and Arzeen (2023) has significant ramifications. The findings imply that lowering perfectionism and raising self-esteem may help Pakistani adolescents with their anxiety symptoms, and mental health professionals can use this information to create interventions that are culturally sensitive and take into account Pakistan's particular cultural and social context. Raising awareness among parents, educators, and healthcare professionals in Pakistan may be helpful. Early diagnosis and treating of anxiety symptoms are also essential. The results of the study might

guide the creation of efficient, culturally appropriate mental health interventions and programs for Pakistani adolescents enrolled in educational institutions.

The cognitive behavioral therapy (CBT) approach in group counseling alters adverse opinions or ways of thinking and doing so that they are more effective and focused. This essay was written by Cania et al. (2022) with the intention of preventing academic anxiety in students who are completing their final assignment, enabling them to shift their negative beliefs and think more positively, enabling them to complete their final assignment successfully. The findings of the literature review indicate that using the Cognitive Behavioral Therapy (CBT) approach in group counseling will help students feel more optimistic and motivated to finish their thesis or final assignment on time, thereby reducing academic anxiety.

The reading and anxiety management intervention was created to include successful strategies for lowering child anxiety into a reading intervention for upper elementary pupils who have major reading challenges. The evidence-based anxiety management methods, which are based on cognitive-behavioral therapy (CBT) theory, teach students strategies to reducing anxiety and involve students in adhering to these practices throughout reading activities. Findings show substantial differences in anxiety outcomes favoring individuals who received reading and anxiety management training, particularly for students with high levels of anxiety at the start of the study. Overall, the findings highlight the possibility of incorporating evidence-based cognitive-behavioral therapy strategies for anxiety control into reading programs (Capin, et al., 2023).

The effects of cognitive behavioral Therapy techniques; cognitive restructuring and systematic desensitization on student's mathematics anxiety at

senior secondary schools in Gombe Metropolis, Gombe State, Nigeria, were investigated in the study. Both strategies were helpful in reducing participant's Maths anxiety. Based on the study's findings, counsellors were advised to use cognitive restructuring and systematic desensitization techniques in resolving student's mathematical fear (Aliyu, S., et al., 2023).

The purpose of Vîslă et al. (2022) study was to look into how patient's prospects, symptomology changed throughout medicaments in addition to over time, along with the intra- and inter-patient interactions between both kinds of client expectancies, self-efficacy, result anticipation, and symptom improvement. During and after therapy, patient's self-efficacy and result expectancy rose, while the intensity of their symptoms decreased. The surge of self-efficacy called to be related by means of a reduction of concern, depression symptomatology at the within-patient (WP) level, while the rise in result anticipation can be connected to lessening of depressing symptomatology. However, between-patient (BP) impact can be seen opposite of WP outcome in this self-efficacy remained positively connected to concern, result expectancy strongly correlates to depression signs.

Purpose of this study that Goldin et al. (2012) conducted was to see if improvements of cognitive reappraisal self-efficacy (CR-SE) can moderate the impacts in independently delivered cognitive-behavioral treatment (I-CBT) aimed at social anxiety disorder (SAD) affecting the intensity of social anxiety symptoms. I-CBT bring about higher rises to CR-SE along with lower levels of social anxiety. Intensifications of CR-SE levels throughout I-CBT arbitrated treatment's impact on social anxiety. Gains made by I-CBT patients remained preserved one year later, I-CBT associated intensifications of CR-SE stayed linked to the decrease of social anxiety after a one-year session.

Chapter 3

Theoretical Framework

3.1 Theoretical Framework

The present study used cognitive behavior therapy (CBT) based module by Saulsman et al., (2015) which talks about worry as self-talk activity in which individuals talk to oneself repeatedly about the unpleasant future occurrences especially what one is most afraid to occur. He says the individuals continue to play the worst-case scenarios in head thinking what will happen if it happened. He also referred worry as an effort at mentally resolving issues that haven't occurred yet. Hence individuals try hard and yet are mostly unable to find the solution, which leaves them believing that they will be unable to cope with their worries or fears.

Academic worry is, a kind of recurring negative thinking in which students become wedged, caged, locked, or stuck in pessimistic ideas about future's dreadful occurrences. And it arises because that very bad thought or thoughts repeatedly reemerge in our minds. The adverse thought process holds the shape of round and coiled element or have a tendency to multiply (one after the other like a chain), and thus students/individuals go through distress disentangling themselves from monotonous and tired some adverse thoughts. Thus, the thought progression coals one's nervous frame of mind, and the subject of our worry appears to develop more and greater in our minds.

Academic worry can have diverse origins, some can be seen external ones, and some can be the unseen internal ones. Whether the academic worry is caused by anything external or internal, an initial 'what if' thoughts' will cross the threshold of

our minds, doubtlessly followed by some unpleasant bodily and emotive symptoms (e.g., tension, butterflies, worried sensations, and so on). Thus far, everything has been typical and occurs to everyone. But there are some factors that can convert regular worry into more bothersome and distressing worry, and this can be determined by how much time we spend caught on additional "what if" thoughts and ideas and how sturdy our symptoms become.

According to Saulsman et al., (2015) worrying is maintained by some of the beliefs about it, these can be positive belief that worry is helpful and negative belief that worry is dangerous or uncontrollable. In either case, an unhelpful attention is being given to worrisome thoughts, and it just feeds the ongoing preoccupation with fears or makes a person strive so hard to quit worrying that it backfires and causes to worry even more respectively.

There is a vast theoretical evidence that having some higher levels of academic self-efficacy can aid medical students better deal with their academic worry. A study by Bandura revealed that students with higher levels of self-efficacy are more likely to adopt effective coping strategies when faced with academic stress, further signifying the importance of self-efficacy in academic success. In addition, a research by Baertman and Ruijs suggest that self-efficacy is related to metacognition and academic performance, with a give-and-take relationship between self-efficacy and academic performance. This means that students who have higher self-efficacy can regulate their academic worry efficiently and overcome any negative effects it may have on their academic performance (Anthonysamy, 2023). In a study led by KIELTY and Knight, cognitive-behavioral therapy was found to be effective in improving academic self-efficacy in college students (Sperling et al., 2017). Moreover, a meta-

analysis by Schunk et al. found that cognitive-behavioral interventions targeting academic self-efficacy have a moderate to large effect size on improving academic performance (Alamri, 2021). Therefore, it is evident that cognitive-behavioural therapy can be an effective approach to improving academic self-efficacy and thereby contribute to the overall academic success.

Study-relationships conflict can have a significant negative impact on student's mental health and academic performance (Chen et al., 2021). Hence, it is significant to develop effective psychological interventions to address these issues. A prime instance for this type of treatment is cognitive-behavioral therapy, that operates in treating a range of mental health issues, including symptoms of worry, anxiety and depression. Grounded in the cognitive-behavioral theory, it is hypothesized that the relationship between stressful life events and relational conflicts would be stronger for students who engage in negative thinking patterns than those who do not (Malak & Khalifeh, 2018). Furthermore, cognitive-behavioral therapy can benefit students in identify and challenge their negative thinking patterns related to relationships and rally communication skills (Anitha & Krishnaveni, 2013).



Figure 3.1: The Vicious Cycle of Worry

3.2 Conceptual Framework

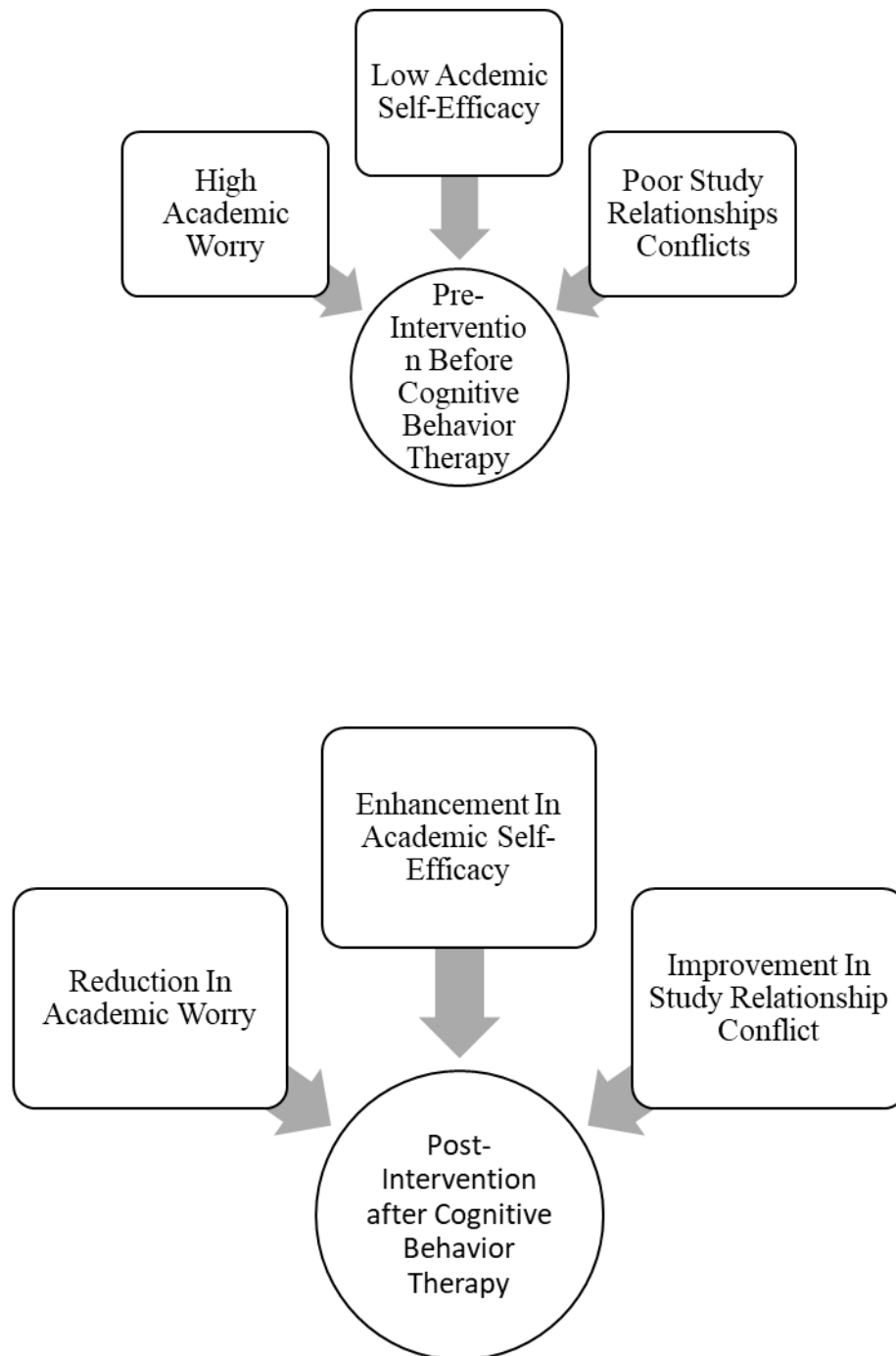
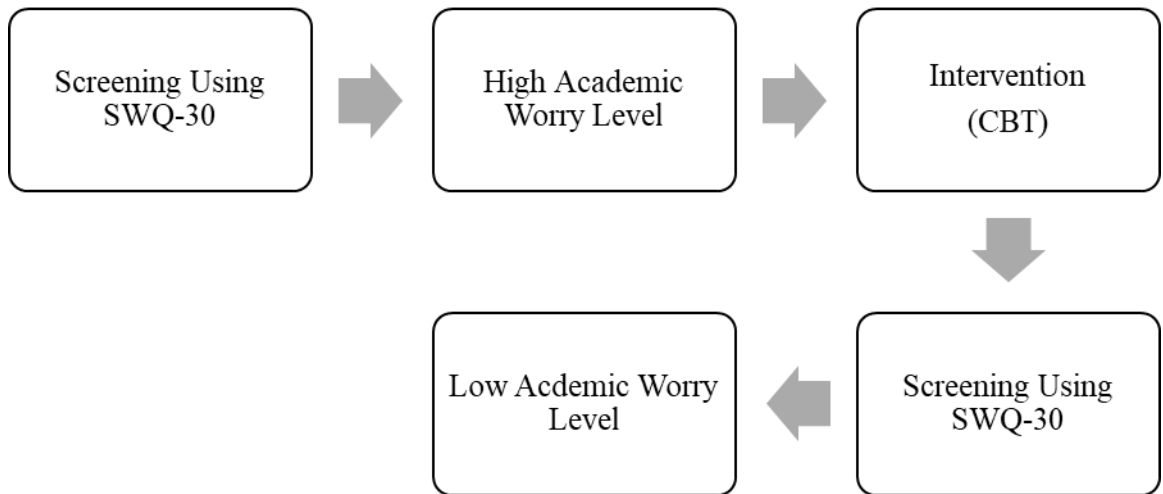


Figure 3.2: Conceptual Framework

Figure 3.3 Working Model of The Current Study

3.3 Hypothesis

1. Academic worry would likely to be reduced among 3rd year medical students at post-intervention as compared to pre-intervention.
2. Academic self-efficacy would likely to be increased among 3rd year medical students at post-intervention as compared to pre-intervention.
3. Study-Relationships conflicts would likely to be improved and resolved among 3rd year medical students at post-intervention as compared to pre-intervention.

Chapter 4

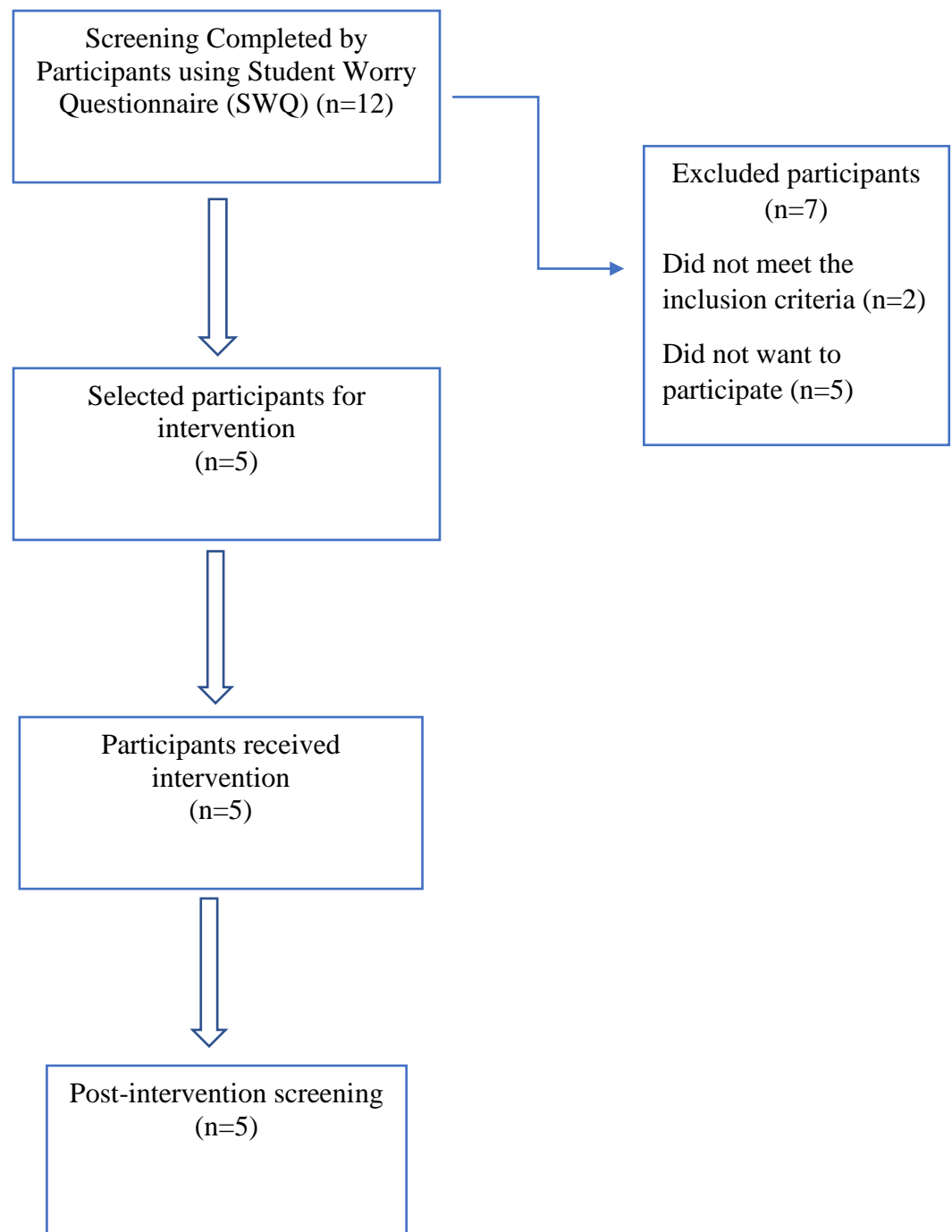
Methodology

4.1 Research Design

This current study employed “small n” research design. Also called post-positivist paradigm or ABA research design.

4.2 Participants

Participants in this research comprised of 3rd year medical college students. The combined number of 5 medical students were selected from Rawalpindi Medical University. All participants are females ranging from age 20 to 23 as described as young adults by WHO. The sampling technique utilized in this study was non-probability convenient sampling. The participants were employed in the study on volunteer bases. Online and printed advertisement about taking part in this research was sent through social media platforms to the students of medical colleges. Interested applicants contacted the researcher. The interested applicants, participants were finalized based on the results of the screening tool along with inclusion and exclusion criteria.



4.1 Participants Screening Process

4.2.1 Inclusion Criteria

- 3rd year medical college students were selected who were doing clinical rotations, because they face pressure while managing their studies both practically and theoretically.
- Participants with a moderate level of academic worry, as measured by the Student Worry Questionnaire-30 (SWQ), having an overall score above or equal to 40.
- Participants who decided to take part by offering informed consent.

4.2.2 Exclusion Criteria

- Students who are in junior year of medical college or who were not doing clinical rotations.
- Students who are having any of the diagnosed medical or mental illness will be excluded.
- Students with score lower to 40 on Student Worry Questionnaire-30 (SWQ) will be excluded.

4.3 Measures

4.3.1 Student Worry Questionnaire-30 (SWQ)

The measure of student's academic worry was quantity by the SWQ, that was constructed by Osman et. al., (2001). SWQ is a self-reported survey which contains a total number of thirty statements associated with several circumstances along with responses related to worry in academic life. Every statement is categorized into six realms: worrisome thoughts, academia related worries, spouse's wellness, social competence apprehensions, economic apprehensions, and general anxiety symptoms. Participants had to respond to each statement on 5-points Likert scale, the scores ranging from 0 to 4 indicates almost never, rarely, sometimes, often, and almost

always, respectively. The overall score was calculated by adding the points from each item. The overall score indicates the participant's level of worry. High score on SWQ-30, means the greater the amount of worry. Screening through SWQ-30 was done twice: once before the therapy and again after the therapy. Internal consistency of SWQ-30 was measured by Cronbach's alpha the value .713 at post-test and .937 at post-test was calculated which suggests the aptness of scale's item.

4.3.2 Academic Self-Efficacy Scale

Academic self-efficacy scale originally by Byrne, Flood & Griffin (2014), adapted version of this scale by Sachitra & Bandara (2017) was used. The participants were requested to mark their responses of 20-item self-administered scale on 5-point Likert scale (1 being strongly disagree to 5 being strongly agree). Value of Cronbach's alpha was .886 on pre-test and .944 when measured on post-test suggesting aptness of scale's items.

4.3.3 Study-Relationships Conflicts Scale (SRCS)

The SRCS developed by Loscalzo and Giannini, it's nine items self-administered tool which is designed to measure student's quarrels at school (QS), relationship impairment (RI), along with the family and friend's complaints (FFC). Responders have to select their answers on a five-points Likert scale which range from 1=Strongly Disagree to 5=Strongly Agree. Scale's internal reliability was checked by determining the alpha values which are .639 at post-test and .793 at pre-test showing the aptness of the scale's items.

4.4 Procedure

A research advertisement was circulated to the students of a medical college via printed and online medium. Research title, variables of the study, time period and mode of therapy research were mentioned on the advertisement. The researcher's

contact was provided and interested participants were asked to contact the researcher. Over-all 12 medical students contacted the investigator. From these 12, 10 medical students with scores, 40 or more than 40 on a screening questionnaire named Student Worry Questionnaire-30 were shortlisted for therapy. Out of these 10 only 5 students gave the consent of therapy. The finalized 5 students were sent an email including the details of the procedure, number, duration of sessions (4 sessions in total, one session per week, approximately 45 to 60 minutes) and what each session would comprised of. Students were given printed handouts at the end of each session to do given homework assignments to enhance the grip on the learned techniques during each session. Following table consisted of the session plans of cognitive behavior therapy (CBT).

Table 4.1: Session Plan for Cognitive Behavior Therapy

Session	Objectives of the session	Brief Description
Session 1	Psychoeducation Identifying beliefs and negative-automatic thoughts (NATs)	A brief starter of therapy, process of the therapy in detail, overwhelming feelings of students were catered with catharsis, participants were psycho-educated about academic worry, A-B-C model, lastly goal setting was done.
Session 2	Identifying beliefs and NATs, cognitive restructuring was done via cognitive techniques	A dialogue with participants regarding their NATs and beliefs they hold of academic worry, cognitive technique named: "Evidence for versus evidence

		against” was employed to cater academic worry.
Session 3	Cognitive restructuring was done via behavioral techniques	Behavioral techniques were taught and employed in order to cater and cope with academic worry, the techniques included: “Worry postponement, Mindfulness based attention training, Problem solving, helpful thinking diary and Accepting uncertainty with a mantra.”
Session 4	Enhancing psychological well-being of participants while experiencing worrisome	Participant’s were helped in recognizing their resources in order to enhance their psychological well-being if they face worry outside of the therapy room, guiding about prevention of relapse, and termination of the therapy.

4.4.1 CBT Techniques used in the study

4.4.1.1 Guided Discovery (evidence for versus evidence against)

With the help of this technique, students were asked to identify and challenge their beliefs, thoughts or assumptions by giving evidence for that support and

evidence against that doesn't support their thoughts, beliefs or assumptions regarding their academic worries i.e., negative belief about academic worry that it is uncontrollable or dangerous and positive belief about academic worry that it is helpful.

4.4.1.2 Worry Postponement

In this technique, students were taught how to postpone their academic worries and focus more on them on hand present task rather than engaging in the worrisome thoughts.

4.4.1.3 Mindfulness Based Attention Training

Two mindfulness-based attention training techniques were taught to students named "mundane task focusing" and "meditation". These aided students maintain their attention and taught them the concept of live in the moment rather than trying to answer back, chase or suppress their negative thoughts.

4.4.1.4 Problem Solving

Problem solving, a technique that facilitated students how amenably and efficiently they can deal with on hand academic problems. It includes the following steps: identifying the problem and thinking of the possible outcomes or solutions. Then making a plan to work on by choosing the best possible solution, executing it and evaluating the results in the end.

4.4.1.5 Helpful Thinking Diary

Students were trained with this technique so that they can decrease their belief in negative predictions they have about their academic worries and helping them reducing the intensity of their emotions they experience based on negative predictions. Eventually putting their worries to rest.

4.4.1.6 Accepting Uncertainty with a Mantra

Teaching students the, letting go of their need for certainty and accepting that uncertainty as an inevitable part of life. Training them to make an active choice by not responding to their need for certainty but allowing it to go and accepting uncertainty by rotating their attention to be more present-focused than future-focused.

4.4.1.7 Relapse Prevention using Self-Management Plan

Making students list down the things they can use as a self-help e.g., social support, social activities, self-care, pleasant activities, relaxation, exercises etc. outside of the therapy sessions to cater with their future worries. And teaching them to identify early warning signs to be prepared and cope up with worries in a better way.

4.5 Session Details

4.5.1 Session 1

In the first session of the therapy intervention, participants were guided about the therapy procedure with a detailed introduction of what each session will cover.

Participants were assured of their confidentiality. After that participant were encouraged to discuss their issues, concerns, and worries regarding academics.

Participants were helped in exploring the impact of academic worry on their day to day life. Participants were also psycho-educated about the nature and characteristics of academic worry. Participants were also taught about “ABC (Antecedents, thoughts/beliefs and behaviors) model of Cognitive Behavior Therapy (CBT)”.

Participants were psycho-educated about how thoughts, emotions and behaviors are interlinked and influence each other, highlighting how having maladaptive thoughts, emotions and behaviors about academic worry create a negative cycle. By utilizing ABC model participants were able to recognize their triggers as well. While concluding the session, goal setting was done with participant for their academic

worries ensuring the goals are “specific, measurable, achievable, relevant and time bound (SMART)”.

4.5.2 Session 2

This session consisted mainly of psycho-educating and identifying participants beliefs and negative automatic thoughts also called NATs about academic worry. Participants were asked to remember a recent event that have triggered their academic worry and then they were guided to identify their underlying beliefs and NATs about that situation. After recognizing their beliefs and NATs participants were taught the technique called “Evidence for versus evidence against” to scrutinize the rationality of their beliefs and thoughts. Participants were also taught “Cognitive restructuring” which aims to reframe participants thoughts in to more adaptive and positive way. In the end of session participants were given homework assignments to practice the learned techniques, for this exercise participants were provided a document from module as well.

4.5.3 Session 3

This session covered behavioral techniques to manage worry. The techniques include “worry postponement, mindfulness-based training, problem solving, helpful thinking diary, accepting uncertainty with a mantra”. Participants were educated and taught these techniques and were also given handouts to read and worksheets to practice these techniques. Participants were guided in practicing these techniques during the session and were given homework assignments.

The homework assignments given in the previous sessions were also discussed and the issues faced by participants were resolute. This session was ended on the note

that “consistency is the key, these techniques will not work like magic overnight but participants have to be consistent with practicing these to get the expected results”.

4.5.4 Session 4

The last and the final session entailed of brushing up all the previously learned techniques and participants were psycho-educated about “psychological well being and how crucial it is to manage worry in the future outside of the therapy room. Participants were encouraged to recognize resources for them can contribute to their psychological well-being e.g. social and pleasant activities, exercising, self-care and setting goals etc. participants were also encouraged to look for factors that can help them enhance their resources”.

Participants were psycho-educated about “relapse and its prevention”. It would be impossible to not face any worry but knowing about what the possible challenges can be and the hindrances they can go through will benefit them in managing their worry effectively. Participants were fortified to have and maintain self-care routine via CBT techniques and seek out help when needed.

In the last 10 minutes of session, participants were provided with the screening tool to measure the post-intervention effects of therapy.

4.6 Statistical Analysis

SPSS version 21 was used for analysis. Descriptive statistics was done to analyze the frequencies of demographic variables. Paired sample t test was run to assess the impact of pre and post intervention.

4.7 Ethical Consideration

Informed consent was taken from participants after giving them the detail of the research. There was no parody of information with the clients. Participants of the

study weren't subjected to any sort of emotional, psychological, or bodily harm. Details about participants was held strictly concealed. The study's findings have been discussed with the participants.

Chapter 5

Results

The purpose of this research was to analyze the effects of Cognitive Behavior Therapy (CBT) intervention on the Academic worry, Study-Relationships Conflict and Academic Self-Efficacy of medical college students. This very research was an ABA design that intended towards finding the efficacy of Cognitive Behavior Therapy (CBT) on 3rd year medical college students. Baseline consisted of measuring Academic Worry, Study-Relationships Conflict and Academic Self-Efficacy before the intervention and after the intervention. The results were analyzed in two sections, first section consisted of the descriptive statistics for demographic variables and the main variable. Reliability analysis was also done for the main variables. For hypothesis testing in which Paired-Samples t tests was applied to find the difference in the levels of Academic Worry, Study-Relationships Conflicts and Academic Self-Efficacy of 3rd year medical college students. The second section consisted of pictorial representation of the results. Scores for each participant for Academic Worry, Study-Relationships Conflict and Academic Self-Efficacy were plotted on Bar graphs.

Table 5.1*Frequency of Demographic Variables (N =5)*

Variables	<i>f</i>	(%)
Age Range		
20y	1	20
21y	3	60
22y	1	20
Gender		
Female	5	100
Education		
3 rd Year Medical Students	5	100
Family Type		
Nuclear	3	60
Joint	1	20
Single Parent	1	20
Time spend studying excluding college hours		
Less than 5 hours	2	40
More than 5 hours	3	60

Note: *f*= Frequency. %= Percentage

This table shows the frequencies and percentages of demographic variables included in the study.

Table 5.2*Descriptive statistics and Reliability analysis for SWQ-30, SRC and ASE*

<i>Scales</i>		<i>K</i>	<i>M</i>	<i>SD</i>	<i>Range</i>		<i>α</i>
					Actual	Potential	
Student Worry	Pre	30	67.80	12.54	80-48	0-120	.713
	Post		39.20	3.70	44-35	0-120	.937
Study- Relationships conflict	Pre	9	35.00	2.00	37-32	9-45	.639
	Post		17.00	3.54	22-12	9-45	.793
Academic Self-Efficacy	Pre		59.80	4.09	63-53	26-130	.886
	Post	26	107.40	3.36	112- 103	26-130	.944

Note: K=Item number, M= Mean, SD= Standard Deviation, α=Cronbach alpha value

This table shows descriptive statistics and reliability for Student Worry Questionnaire-30 (SWQ-30), Study-Relationships Conflict (SRC) and Academic Self-Efficacy (ASE).

Table 5.3

Paired Sample t-test comparing Student Worry, Study-Relationships Conflict and Academic Self-Efficacy in Pretest and Post-Test (N=5)

<i>Scales</i>	<i>Pre-Intervention</i>		<i>Post-Intervention</i>		<i>t</i>	<i>p</i>	<i>Cohen's d</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>			
Student Worry	67.80	12.54	39.20	3.70	5.390	.006	3.09
Study-Relationships Conflict	35.00	2.00	17.00	3.54	11.869	.000	6.26
Academic Self-Efficacy	59.80	4.09	107.40	3.36	-20.755	.000	12.72

Note: M=Mean, SD=Standard Deviation, t=Paired Sample t-test, p=Significance

5.1 Participant 1

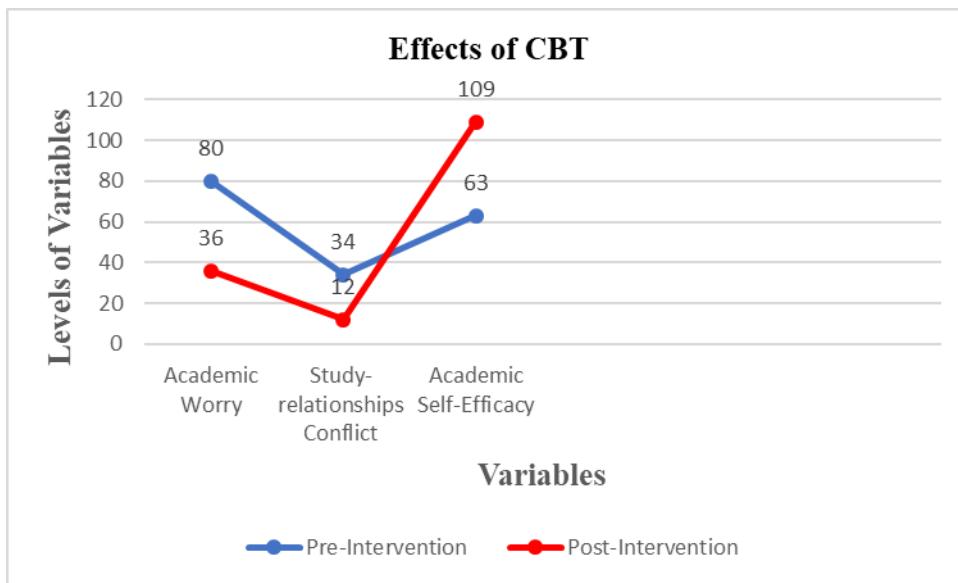


Figure 5.1: Changes in levels of Academic Worry, Study-Relationships Conflict and Academic Worry throughout the study of Participant 1

5.2 Participant 2

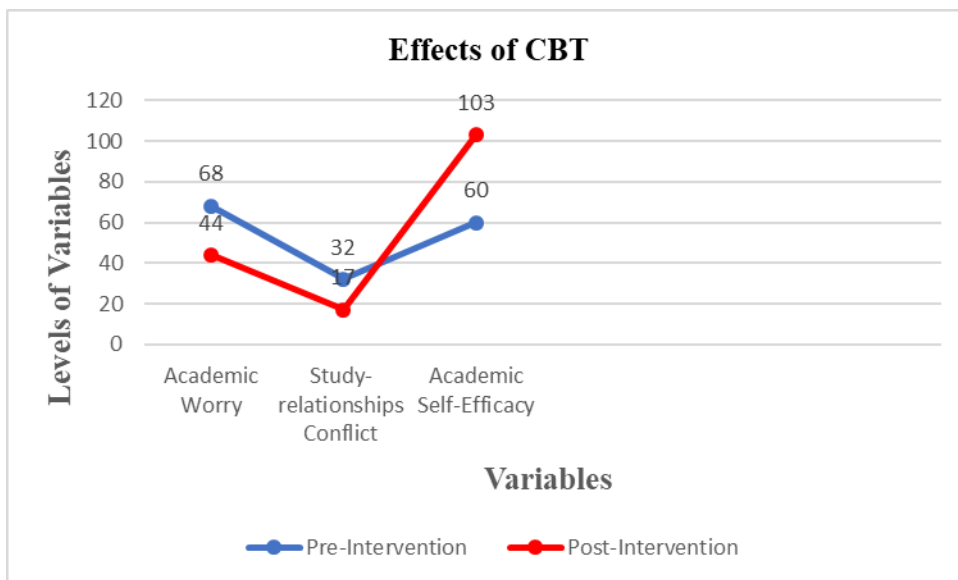


Figure 5.2: Changes in levels of Academic Worry, Study-Relationships Conflict and Academic Worry throughout the study of Participant 2

5.3 Participant 3

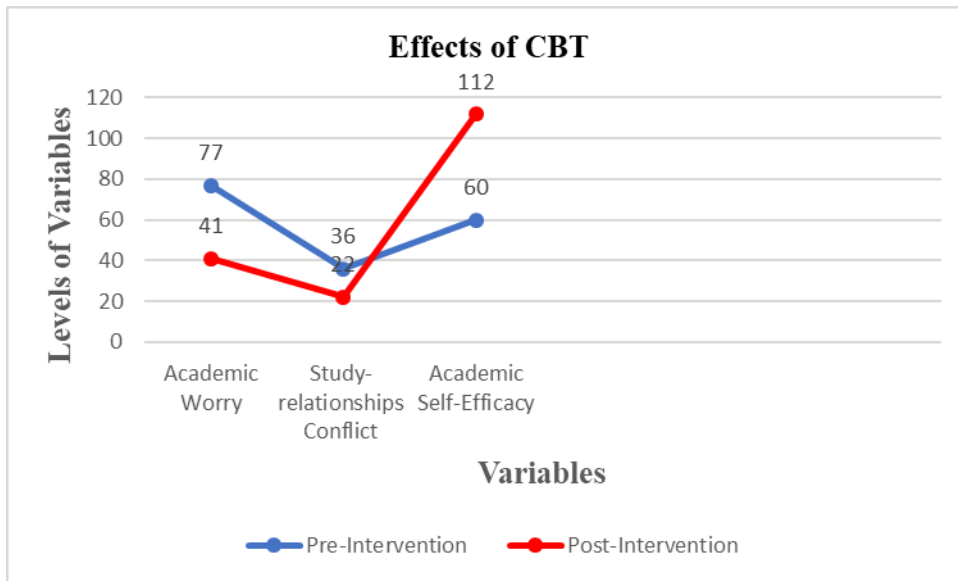


Figure 5.3: Changes in levels of Academic Worry, Study-Relationships Conflict and Academic Worry throughout the study of Participant 3

5.4 Participant 4

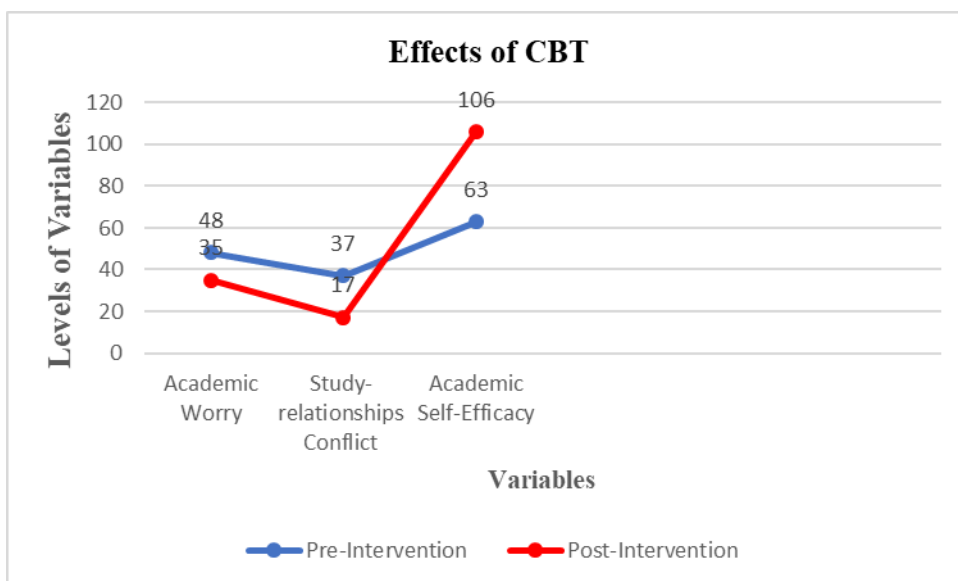


Figure 5.4: Changes in levels of Academic Worry, Study-Relationships Conflict and Academic Worry throughout the study of Participant 4

5.5 Participant 5

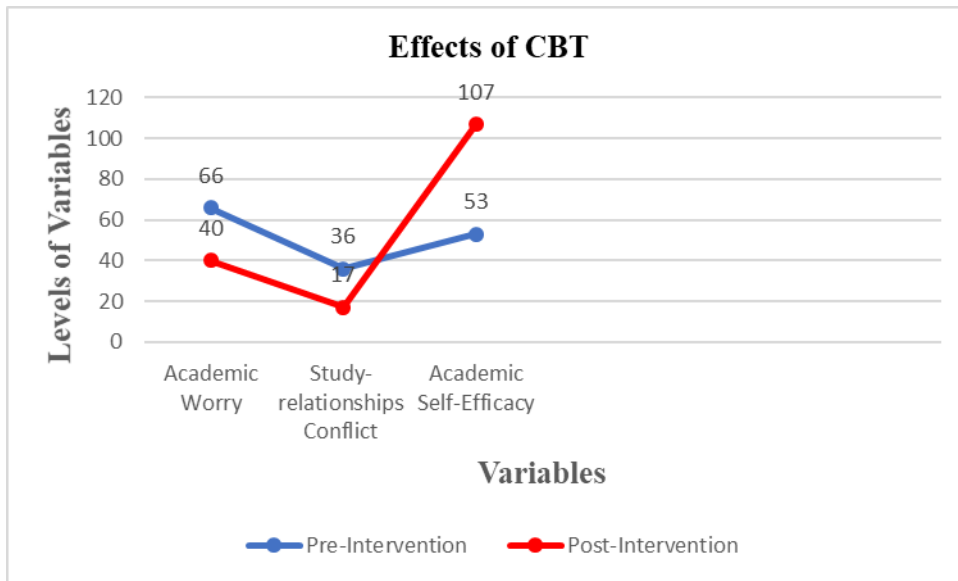


Figure 5.5: Changes in levels of Academic Worry, Study-Relationships Conflict and Academic Worry throughout the study of Participant 5

Chapter 6

Discussion

6.1 Discussion

This study has utilized Cognitive Behavior Therapy (CBT) based module by Saulsman et al., (2015) as an individual therapy intervention for high academic worry levels in 3rd year medical college students. It is an individual therapy. Experiencing frequent worry e.g., academic worry by medical college students and not being able to regulate it or may not knowing the healthy coping can turn this worry into more pathological worry eventually leading it to full blown anxiety disorders mainly generalized anxiety disorder. More than a few studies conducted on medical students in Pakistan showed alarming levels of experienced worry and stress. Anxiety and depression faced by female medical students because of academic pressure with other associated environmental and social factors was reported 43.7% and 19.5% respectively (F et al., 2008). Another research led by Shahab et al. (2022) examined the levels of anxiety faced by students enrolled in medical colleges. Students experiencing mild level of anxiety was most rampant at 50.0%, tailed by severe anxiety at 26.6%, with the minimum prevalent was of moderate anxiety at 23.4%. Data from similar studies conducted in the past urges the professionals of psychology field to help students learn and develop healthy coping mechanisms in order to regulate their academic worry at earliest stages possible.

Recognizing the alarming numbers of anxiety and worry statistics among medical college students, CBT based intervention plan was chosen to be tested against medical college student's academic worry. The current study hypothesized that CBT based intervention will reduced the level of academic worry experienced by 3rd year

medical college students. Second hypothesis was that CBT based intervention will increase the levels of Academic self-efficacy among 3rd year medical students. Lastly it was also hypothesized that Study-Relationships conflicts would likely to be improved and resolved among 3rd year medical students. It was rationale that CBT can act as a protective factor counter to high levels of academic worry among medical college students. Supported by literature, CBT will decrease the levels of academic worry, a study by Agah et al. (2020) resulted in efficacious reduction of academic worry and anxiety with cognitive behavior therapy (CBT). CBT will increase levels of academic self-efficacy of medical college students a research conducted by Sahranavard et al. (2019b), concluded that CBT is an effective treatment therapy for the reduction of anxiety, hardiness and improvement in self-efficacy and academic self-efficacy of female medical college students. Reducing the levels of academic worry and increasing the levels of academic-self efficacy will also help in improving the study-relationships conflict faced by medical college students.

In order to test all three hypotheses, 5 medical college students were selected. This particular research is a small n also called as ABA research design. In order to assess the amount of Academic worry, Academic self-efficacy and Study-relationships conflict, Student Worry Questionnaire-30 (SWQ-30), Academic Self-Efficacy Scale (ASE) and Study-Relationships Conflict Scale (SRCS) were employed. The reliabilities of all three scales came out significant with SWQ-30 having a reliability of .713, ASE having a reliability of .886 and SRCS with the reliability of .639, and at post-test the reliabilities of all three scales were .937, .793 and .944 respectively. Reliabilities are mentioned in the Chapter 5 of results in Table 5.2.

After four weeks of treatment, findings of the study were computed. The results demonstrated that each of the three hypotheses had been approved, as expected by the available literature and prior CBT researches. Academic worry decreased significantly in all individuals. Increase in academic self-efficacy and enhancement of study-relationships conflicts. The graphical representation of results of each participant with each variable are shown in Figure 5.1 to 5.5 in the chapter of results.

6.1.1 Participant 1

Participant's alteration between the levels of academic worry, academic self-efficacy, and study relationships conflicts at pre-intervention and post-intervention were recorded and are represented in a graphic representation for each variable in a bar graph Figure 5.1 in results chapter. Participant was taught about the ABC model of CBT through this participant believe about academic worrying was identified as "worry is uncontrollable", which is a negative belief about worrying. Participant was asked to rate her belief about academic worry as uncontrollable on the scale of 0% to 100%, and the participant rated it at 90%. Then this believe was confronted and replaced with an alternative more adaptive thought by using cognitive technique "evidence for and against".

In the last and 4th session of therapy at post-intervention participant identified her belief about academic worry was changed in to "worry is controllable and manageable". Participant also mentioned that the "worry postponement technique" has helped her in understanding that worry is not uncontrollable as she was able to postpone it "if worry was uncontrollable I wouldn't have been able to postpone my worry".

Figure 5.2 and 5.3 showed the decrease level of study-relationships conflict and increase level of academic-self-efficacy of participant 1 at the post-intervention respectively. Participant identified that due to her hectic routine she was unable to find balance between her academics and other domains of life. The techniques she has learned and insight she has gained in the therapeutic sessions has not only helped her academically but also her worrisome thoughts and worries regarding other areas of life has also settled.

6.1.2 Participant 2

For participant 2 the difference between the academic worry level, academic self-efficacy level, and study relationships conflicts at pre-intervention and post-intervention were noted and are represented in a graphic picture for each variable in a bar graph Figure 5.4 in results chapter. Participant was taught about the ABC model of CBT through this participant believe about academic worrying was identified as “worry is dangerous”, which is a negative belief about worrying. Participant was asked to rate her belief about academic worry as uncontrollable on the scale of 0% to 100%, and the participant rated it at 80%. Then this believe was challenged and changed by an alternative thought which would be more adaptive by using cognitive technique “evidence for and against”.

In the last and 4th session of therapy at post-intervention participant identified her belief about academic worry was changed in to “worry is not the sole reason that is damaging my body but also my life style, sleeping and eating habits are also playing its part”. Participant also stated that she has recognized in finding the “factual evidence” about her belief of worry is dangerous, she has identified that her source of information e.g. social media platforms may not have authentic information and that she should look for more authentic resources.

Figure 5.5 and 5.6 displayed the decrease level of study-relationships conflict and increase level of academic-self-efficacy of participant 2 at the post-intervention respectively. Participant recognized that her rigorous schedule made it difficult for her to strike a balance between her studies and other aspects of her life. The strategies she has acquired and the understanding she received in the therapy sessions have not only benefited her academically, but they have also calmed her anxious thoughts about other aspects of her life.

6.1.3 Participant 3

The effects of CBT on participant's academic worry level, academic self-efficacy level, and study relationships conflicts at pre-intervention and post-intervention were recorded and are embodied in a graphic representation for every variable in a bar graph Figure 5.7 in results chapter. Participant was educated about the ABC model of CBT through which participant believes about academic worrying was identified as “worry is dangerous and uncontrollable”, which are negative beliefs about worrying. Participant rated her belief about academic worry as uncontrollable and dangerous on the scale of 0% to 100% at 80% and 70% respectively. Then participant challenged and changed her belief with alternative thought that would be more adaptive via cognitive technique “evidence for and against”.

In the later session of therapy at post-intervention participant identified she tried to take a hold of her troublesome thoughts about academics “either via repressing or not addressing her thoughts by making herself busy with other things”. She has also recognized that “by addressing and acknowledging her worrisome thoughts will not make her sick, these bodily sensations can have other reasons to them as well”.

Figure 5.7 and 5.9 displayed the decrease level of study-relationships conflict and increase level of academic-self-efficacy of participant 3 at the post-intervention respectively.

6.1.4 Participant 4

The impacts of CBT on participant number 4 be situated in graphical representation in Figure 5.10 in the chapter 5 at pre-intervention and post-intervention for each variable of the study. Participant was psycho-educated about the ABC model of CBT through which participant believes about academic worrying was identified as “worry is helpful and dangerous”, which are positive and negative beliefs about worrying respectively. Participant rated her belief about academic worry as helpful and dangerous on the scale of 0% to 100% at 100% and 80% respectively. Participant was assisted in challenging and changing her belief with alternative thought that would be more adaptive through cognitive technique called “evidence for and against”.

Participant identified her belief is that “worrisome thoughts about academics aided her being more discipline in her studies”. In later session of therapy at post-intervention participant realized that “when she was not worried, she found herself relaxed and could maintain her attention more. Instead she was not excessively pondering as she used to while thinking of the situations and got worried that might occur in the lecture next day. She believes worry certainly is not helping her in learning or being more attentive. But one thing which has facilitated her the utmost is working through the worry postponement technique, as she became oriented of her present.”

Figure 5.11 displayed the decrease level of study-relationships conflict which means that the conflicts that have arisen because of maladaptive coping techniques participant used as a coping mechanism have stable at post-intervention with the support of CBT based techniques. Figure 5.12 shows the increase level of academic-self-efficacy of participant 4 at the post-intervention.

6.1.5 Participant 5

The effects of Cognitive Behavior Therapy on participant 5 are present in graphical representation in Figure 5.13 in the chapter 5 at pre-intervention and post-intervention for each variable of the study. Participant was psycho-educated about the ABC model of CBT through which participant believes about academic worrying was identified as “worry is helpful”, which is the positive belief about worrying. Participant rated her belief about academic worry as helpful on the scale of 0% to 100% at 80%. Participant was assisted in challenging and changing her belief with alternative thought that would be more adaptive through cognitive technique called “evidence for and against”.

Participant identified her belief is that “When I’m worried, I will make a study plan most probably beyond a human capacity, despite the fact that my body and mind are becoming fatigued and exhausted, I will push myself to adhere to study and burn the midnight oil.” In later session of therapy at post-intervention participant realized that “when she forces herself beyond her capacity she is not fully focused, and her learning is effected greatly”. This cycle gets repeated and instead when she doesn’t burden herself and only sticks with the “accepting uncertainty with the mantra” that overly preparing herself may not always safe her from the effects of uncertainty of the future. Her believe that worry is helpful may not be helping her in learning.

Figure 5.14 displayed the decrease level of study-relationships conflict which means that the conflicts that have arisen because of maladaptive coping techniques participant used as a coping mechanism have stable at post-intervention with the support of CBT based techniques. Figure 5.15 shows the increase level of academic self-efficacy of participant 5 at the post-intervention means that the participant has erudite to trust her academic skills and not question her abilities.

6.2 Conclusion

This present research was directed to discover the effectiveness of Cognitive Behavior Therapy intervention in reducing the levels of academic worry amongst the 3rd year medical college students. It was predicted that CBT psychotherapy will lessen academic worry, resolve the study-relationships conflict and enhance the levels of academic self-efficacy of 3rd year medical college students. The results of the study revealed similar trends in academic worry, academic self-efficacy and study-relationships conflict as anticipated in the hypothesis. Latterly, the intervention proved to reduce academic worry of each participant whereas, academic self-efficacy was boosted, and study-relationships conflict were resolved. As a whole, the study demonstrated the usefulness of Cognitive Behavior Therapy in reduction of academic worry.

6.3 Limitations

Being the small n, ABA research design, this study was conducted on only five participants. Attributable to that, the outcomes of this study will not and could not be applied to a bigger population. Furthermore, the study was limited to the neighboring cities of Islamabad and Rawalpindi. It might have been done on different demographical regions and in other Pakistani cities especially the less industrialized

cities in terms of education and financial spheres. Another limitation with sample size is the biasness regarding gender. The data collected, and the intervention applied only to female population. Each of those who took part in the study were from the middle and higher socioeconomic classes, while there was not any representation of the lowest socioeconomic classes.

6.4 Recommendations

Future researchers can apply Cognitive Behavior Therapy based intervention by Salusman et al., (2015) on a bigger sample with the goal to generalize its efficacy. This investigation was carried out to operate CBT only on 3rd year medical students, future researchers are advised to discover the impact of CBT onto the pupils of other years of medical college and from students of different academic areas should be checked. Furthermore, this study used academic worry as the primary variable to assess CBT's affects. Future studies must evaluate CBT on additional psychological difficulties and mental illnesses that may exist among pupils. As the literature disclosed that worry is a leading feature of anxiety disorders, so worry should be considered in other aspects of student's life with or other than academic worry with the intention of averting more serious psychological and mental problems. Apart from targeting university student's future researchers should consider the wide age ranges of teens and young adults, as students learning healthy coping and techniques to address their problems effectively on early stages can avert most of psychological and mental matters.

Other than that, future researchers are recommended to take in consideration the equal gender population as a sample size, to further examine the details and

information regarding academic worry, academic self-efficacy and study-relationship conflict based on gender roles.

Although the results of this current research have showed significant decrease in academic worry of students, a follow-up session should be incorporated in the future researches to determine the long-term effects of CBT therapeutic sessions. A one, three, and/or sixth month follow-up sessions are recommended to strongly incorporate the learned modified adaptive behaviors.

6.5 Implications

The present research recognized Cognitive Behavior Therapy as an academic worry buffer. This treatment study was designed to demonstrate the successful effects of CBT in reducing academic worry. Controlling or addressing worry, particularly academic worry, in its early phases can help shield people from receiving serious diagnoses, whether they are students or otherwise. Students will ultimately perform well in academics and will be able to use more adaptive coping techniques. It will help them to be able to concentrate more on academics, be more career-oriented, and perform better in a variety of life situations if they are less worried or anxious. They will also excel in their respected fields. Not only in terms of academic life, the techniques and behaviors learned during the sessions will also be helpful in general. Students will be able to handle any life stressor other than academic circles more easily. The techniques include, identifying and challenging your beliefs either negative or positive, the worry postponement technique, mundane task focusing, meditation, up and down worrying, problem solving, accepting uncertainty with a mantra, helpful thinking diary and self-management plan for healthy me. Each technique has versatile implications on different realms of life.

CBT intervention has also furnished student's academic self-efficacy and resolute study-relationships conflict. Due to the competitive and comparative academic challenges students start questioning their abilities, this belief about their own abilities crucially influences their motivation, effort and perseverance in pursuing goals. With CBT students develop more realistic and positive perceptions of their aptitudes.

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Annexures

Annexure 1:

Informed Consent

I Eisha Kamal, student of MS Clinical Psychology Bahria University Islamabad, conducting this research titled “Let it go: Handling Academic Worry Through Cognitive Behavior Therapy” under the supervision of Dr. Rizwana Amin.

Targeted Population: To be completed by Medical College Students. Please don't engage if you suffer from any diagnosed mental illness (depression, panic attack etc.).

Purpose: Student who's worry level will be high on Student Worry Questionnaire-30 will be offered Cognitive Behavior Therapy with their consensus.

Confidentiality: I assure that every individuals information and responses will be confidential and will only be used for research purpose.

If you have any queries and concerns kindly approach me at eishakamal786@gmail.com. Your input and inestimable time will be highly valued.

Thankyou.

Email/Phone _____

(kindly do mention in case of therapy service)

PART-A

Age _____

Gender

- Male
- Female
- Other

Education _____

Socio Economic Status

- Lower
- Middle
- Upper

Family System

- Nuclear
- Extended
- Joint
- Single-parent

Any medical or mental illness_____

Annexure 2

PART-B

Below is a list of situations, events, feelings, and reactions related to worry. Please use the following rating scale (0, 1, 2, 3, 4) and place a number to the right of each statement to describe how characteristic each statement is of you?

Almost Never characteristic of me **0**, *Rarely* characteristic of me **1**, *Occasionally* characteristic of me **2**,

Frequently characteristic of me **3**, *Almost Always* characteristic of me **4**

	0	1	2	3	4
1. I worry a lot about many daily life events and situations					
2. I worry about getting bad grades in my courses					
3. I worry about embarrassing myself around other people (for example, professors, strangers, other students)					
4. I worry about not having enough money for the basic necessities of life (for example, clothing, food, rent)					
5. I worry about something terrible happening to a close family member					
6. I worry about saying the right thing when expressing my opinion in discussions with other people					
7. I worry about doing poorly on most exams or					

projects					
8. I worry that a close family member might become seriously ill or injured					
9. I feel physically tired and exhausted when I worry about things					
10. I worry a lot about past and future life events and situations					
11. I feel like I am worrying about something all the time					
12. I worry about running out of money					
13. I worry that a close family member might die					
14. No matter how hard I try, I cannot stop or control worrying about something					
15. I feel restless or irritable when I worry about things					
16. I worry about having a major financial crisis					
17. I worry about keeping up with or handling my academic workload					
18. It is hard for me to control how much I worry about events and situations					
19. I worry about the physical health of a close family member					
20. I worry about being well prepared for most exams or projects					
21. I have trouble concentrating on a task or work when I worry about things					

22. I worry about asking other people questions for fear of sounding dumb					
23. I worry about being financially secure in the future					
24. I worry about making a fool of myself around other people					
25. I experience muscular aches, tension, headaches or soreness when I worry about things					
26. I worry about the general well-being of a close family member (for example, emotional, financial, marital)					
27. I worry about maintaining a minimum grade point (GPA) each semester					
28. My sleep is restless and disturbed when I worry about things					
29. I worry about what other people think about me					
30. I worry about taking out too many loans to pay for daily expenses					

Annexure 3

PART-C

This is a questionnaire that aims to investigate some aspects related to the study and your relationships with parents, friends, and teachers. There are no right or wrong answers. Please answer all questions as truthfully as possible. We thank you for your participation.

Please indicate your degree of agreement with the sentences presented using the following scale to select your answer:

1 = Completely disagree; 2 = Disagree; 3 = Neither disagree nor agree; 4 = Agree; 5 = Completely agree

Sr. No		1	2	3	4	5
1	Family life is compromised by my studying.					
2	I often quarrel with my teachers.					
3	My parents and/or friends tell me that I study too much.					
4	I have lost friends, because of my studying.					
5	I often speak impolitely to my teachers and/or my classmates.					
6	My friends consider me a SWOT (someone who study extremely hard).					
7	I often quarrel with my classmates.					

8	Because of my studying, I do not go out much with my friends and/or my boyfriend/girlfriend.					
9	My classmates joke me because I only think about studying					

Annexure 4

PART-D

Please indicate your level of agreement with each of the following statements.

1 – Strongly Disagree, 2 –Disagree, 3 – Neutral, 4 – Agree, 5 – Strongly Agree

Sr. No		1	2	3	4	5
1	I ask questions in lectures/ examinations					
2	I respond to questions asked in lectures					
3	I draw up a study plan					
4	I ask for help from my lecturers					
5	I write up additional notes					
6	I plan my time for examinations					
7	I ask for help from my friends when I have issues in subjects matters					
8	I produce my best work in examinations					
9	I engage in academic discussions with my friends					
10	I make sense of feedback on my assignments					
11	I explain subject matters to my friends					
12	I make a good attempt to answer questions in advance					
13	I meet the deadlines for my assignments					
14	I make an attempt to meet the deadline for group					

	assignments					
15	I pay attention during every lecture					
16	I express my opinion when I do not understand the lectures					
17	I feel nervous when I am doing presentations					
18	I come forward to do presentations in group assignments					
19	I feel confident that I can complete the degree within 4 years					
20	I feel confident that I can overcome my language barriers					
21	Without worrying language, I respond to questions asked in lectures					
22	I understand the lectures conducted in English					
23	I write lecture notes in English					
24	I answer the examination papers in English					
25	I am not afraid to ask questions in English					
26	I feel nervous when I speak in English					

Annexure 5

Advertisement used for Research

An advertisement with a brown background. At the top left, the text 'Are your academics giving you a hard time?' is written in white. In the top right corner, there is a small illustration of a student sitting on a stack of books. The main body of the advertisement contains the text: 'Let it go; Handling academic worry through Cognitive Behavior Therapy' followed by 'Don't hesitate to reach out to Bahria Wellbeing Centre for free consultation sessions with Psychologists, who will help you cope with your academic stress in the most effective of ways.' At the bottom right, contact information is provided: 'For further information: eishakamal786@gmail.com 0519264057'. The background is decorated with faint, scattered icons of books and papers.

Are your academics giving you a hard time?

Let it go; Handling academic worry through Cognitive Behavior Therapy
Don't hesitate to reach out to Bahria Wellbeing Centre for free consultation sessions with Psychologists, who will help you cope with your academic stress in the most effective of ways.

For further information:
eishakamal786@gmail.com
0519264057

Annexure 6

Homework Assignments Worksheets Provided to Participants

What? Me Worry!?!**Challenging Your Belief**

Belief: <i>My worrying is uncontrollable</i>	
Evidence For	Evidence Against

What? Me Worry!?!

Challenging Your Belief

Belief: <i>My worrying is dangerous</i>	
Evidence For	Evidence Against

What? Me Worry!?!

Challenging Your Beliefs

Belief: <i>Worrying is helpful</i>	
Evidence For	Evidence Against

What? Me Worry!?!

Postponement Experiment

My Thinking Time:

Start Time:	Time Limit:	Place:
-------------	-------------	--------

Prediction (What do you think will happen if you postpone worrying? Particularly, how controllable will worrying be?)

How confident are you of your ability to postpone worrying?

0	1	2	3	4	5	6	7	8	9	10
I cannot postpone worrying at all			I am moderately confident I can postpone worrying				I am extremely confident I can postpone worrying			

Day:	— day	— day	— day	— day	— day	— day	— day
Date:							
What happened? Did you postpone worrying?							
What happened at thinking time? Did the thoughts still seem important?							
How controllable did worrying seem? (0% to 100%)							

Compare prediction with what happened. What did you learn about worrying and how controllable it is?

What? Me Worry!?!

My Attention Workout

Mundane task:	<input type="text"/>
Where and when will I do my workout:	<input type="text"/>
Before starting the attention workout, where do I notice my attention is focussed?	
<ul style="list-style-type: none"> • Self-focussed attention (i.e., focussing on thoughts, feelings, symptoms, etc): • Task-focussed attention (i.e., the task I was actually engaged with): 	<input type="text"/> % <input type="text"/> % 100 %
During the attention workout, anchor my attention back to the task at hand by focussing on:	
<ul style="list-style-type: none"> • Touch: What does the activity feel like? What is the texture like (e.g., rough, smooth)? Where on my body do I have contact with the task? Are there areas of my body with more or less contact with the task? • Sight: What do I notice about the task? What catches my eye? How does the task appear? What about the light... the shadows... the contours... the colours? • Hearing: What sounds do I notice? What kinds of noises are associated with the task? • Smell: What smells do I notice? Do they change during the task? How many smells are there? • Taste: What flavours do I notice? Do they change during the task? What is the quality of the flavours? <p>Remember that it is normal for my mind to wander off. Rather than beating myself up over this, use each time my mind wanders as an opportunity to workout my attention muscle again.</p>	
Having completed the attention workout, where did I notice my attention was focussed during the workout?	
<ul style="list-style-type: none"> • Self-focussed attention (i.e., focussing on thoughts, feelings, symptoms, etc): • Task-focussed attention (i.e., the task I was actually engaged with): 	<input type="text"/> % <input type="text"/> % 100 %
What did I learn from this? What conclusions can I make from this?	
<input type="text"/>	

The aim is to complete this worksheet the first time you try mundane task focusing so you have a bit of guidance about what to do with your attention. You don't need to complete it every time you do a mundane task focusing exercise.



What? Me Worry!?!



Problem-Solving

1. Identify and Define Problem Area/Issue

Problem Definition

2. Generate Possible Solutions/Options

List All Possible Solutions

--

Preferred Solutions/Options

1.	
2.	
3.	
4.	
5.	
6.	

What? Me Worry!?!
3. Evaluate Alternatives

	Advantages	Disadvantages
Potential Solution #1		
Potential Solution #2		
Potential Solution #3		
Potential Solution #4		

4. Decide on a Plan

Action Steps	Who	When

Step 5: Implement Plan

Implement your plan as specified above.

Step 6: Evaluate the Outcome

- How effective was the plan?
 - Does the existing plan need to be revised or would a new plan be needed to better address the problem?
 - If you are not pleased with the outcome, return to Step 2 to select a new option or revise the existing plan, and repeat Steps 3 to 6.
-

What? Me Worry!?!

Challenging Intolerance Of Uncertainty

You should be quite familiar with the challenging process by now. You can use this process to dissect your intolerance of uncertainty and question your need for certainty. Do the exercise below and ask yourself some questions to chip away at your need for certainty. These questions can help you to see that trying to eliminate uncertainty and unpredictability from your life is both impossible and unhelpful.

<p>Can you be absolutely certain about everything in life?</p>	
<p>What are the advantages of requiring certainty in life? How has needing certainty in life been helpful to you?</p>	<p>What are the disadvantages of requiring certainty in life? How has needing certainty in life been unhelpful to you or detrimental to your life?</p>
<p>Do you tend to predict that something bad will happen, just because you are uncertain? Is this a reasonable thing to do? Could something good or neutral be just as likely to happen?</p>	<p>What is the likelihood that the things you predict will actually happen? If the likelihood tends to be low, could you live with this small chance?</p>
<p>Are there some uncertainties in your life that you can live with? How do you do this? Can you do the same thing in situations where you have difficulty tolerating uncertainty?</p>	<p>Talk to the people you know. Ask how they cope with the uncertainty and unpredictability of life? Could you do the same thing they do in situations where you have difficulty tolerating uncertainty?</p>

Accepting Uncertainty

Be Aware

What do you notice yourself doing when you are needing certainty?

Don't Respond

What can you tell yourself to help you not respond to your need for certainty?

Let Go

What can you tell yourself to help you let go of your need for certainty?

Be Present-Focused

What can you tell yourself to help you be more present focused?

Deal with a Wandering Mind

What can you tell yourself to help you when your mind wanders back to needing certainty?

Helpful Thinking Diary

My Worries

What am I worried about? List my worrisome thoughts	What am I predicting? How much do I believe it will happen (0-100%)?	What emotion(s) am I feeling? (Rate the intensity 0-100%)
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Helpful Thinking

What is the evidence <u>for</u> my prediction?	What is the evidence <u>against</u> my prediction?
What is the worst that could happen? And what could I do to cope?	What is the best that could happen?
What is the most likely thing that will happen?	
What are the consequences of worrying about this?	
What is a more helpful way to view the situation? What advice would I give to a friend feeling this way?	

Helpful Conclusion

A more balanced and helpful thought to replace my worry is:	
How much do I believe my prediction now (0-100%)	How intense are my emotions now (0-100%)

Annexure 7

Plagiarism Report

revised thesis

ORIGINALITY REPORT

13 %	9 %	4 %	8 %
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