Assessment of the Effect of a Stress and Lifestyle Management Workshop on Clients with Chronic Mental Illness

by

Emily Todd

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

This thesis is dedicated to my wonderful husband Graeme whose unconditional love, endless patience, and unwavering support carried me throughout this process. From the bottom of my heart, thank you for all that you do.
ABSTRACT

Research has determined that people living with mental illness are more susceptible to the negative effects of stress, including increased psychiatric symptoms and poor physical health (Clum, 1976; Jones et al., 2004.). This study was designed to explore and evaluate the effect of a stress and lifestyle management workshop on participants’ perceived level of stress and psychological well-being. A workshop, complete with facilitator’s manual and participants’ workbook, was developed as a way to teach effective stress management and coping skills to clients living with mental illness who were experiencing distress in their lives. Seven clients attended the workshop sessions. Five of these clients acted as the participants for this study and were asked to fill out assessments aimed at measuring their level of stress and level of psychological well-being prior to attending the first session of the workshop, at the final session of the workshop, and seven weeks after the final session of the workshop. Results showed that there was a significant effect on participants’ level of well-being in comparisons between pre-workshop and post-workshop conditions and between pre-workshop and follow-up conditions. This indicated that the workshop had the intended effect of increasing mental well-being, but had much less of an effect of perceived stress level. The current study and its results provide evidence for the usefulness of similar workshops that can be more broadly applied to a variety of mental illnesses with the goal of increasing mental well-being. Results also emphasizes the need for this type of workshop to be used in conjunction with more specific and tailored individual or group counselling to help decrease client stress levels.
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CHAPTER I: Introduction

Mental illness is not a new phenomenon. Records dating back to ancient times mention people said to be mad or possessed who were more than likely living with mental illness (Davidson, Blankstein, Flett, & Neale, 2008). Our acceptance and understanding of mental illness has greatly improved since the times of trepanning and exorcism. Over the past several hundred years, our approach to treating mental illness has shifted from isolating and confining mentally ill individuals, to integrating and supporting those living with mental illness (Davidson et al., 2008).

A variety of programs and supports have been developed to educate, increase wellbeing, and aid in the development of coping strategies to address thought patterns and behavioural aspects of mental illnesses. A number of evidence-based programs and supports have been developed to help people living with severe mental illness. These programs include the Systems Training Emotional Predictability Problem Solving (Harvey, Black, & Blum, 2010) group program and Dialectic Behaviour Therapy (Shearin & Linehan, 1992) for those living with borderline personality disorder, the Bipolar Education and Skills Training (Hajner, Nix & Terrill-Torrez, 2007) program for people living with bipolar disorder, and cognitive behaviour therapy (Knapp & Beck, 2008) for those living with major depression or anxiety. While these programs provide a tailored approach to understanding and living with a specific mental illness and life circumstance, there are far fewer programs utilized that focus primarily on stress and lifestyle management to improve everyday functioning and well-being in those living with mental illness. To address this, the purpose of this study was to design, implement, and evaluate a stress and lifestyle management workshop that was offered to clients of an adult mental health agency with the goal to reduce stress and increase psychological well-being in participants.

The present study provides a general overview of stress, how the appraisal of stressors contributes to the experience of stress, and a description of the fight or flight response in humans. A review of the literature then illustrates the negative effects that stress may have on people living with mental illness before exploring empirically supported intervention strategies for stress including mindfulness techniques and cognitive behaviour therapy (CBT). The study is then described in two sections. Section one of the method describes the development of the workshop including the facilitator manual and the participant workbook. Section two of the method describes in detail the workshop participants, and the assessments and procedures used to collect pre, post and follow-up data gathered from participants of the workshop to evaluate the effectiveness of the workshop at reducing participant stress level and improving psychological well-being. Results of the scored assessments are then described and analyzed using ANOVA and paired t-tests. The study is then discussed taking into considerations areas of strengths and limitations, the multilevel challenges of the project, and suggestion for areas for future research.
CHAPTER II: Literature Review

Stress

Dr. Hans Selye was the first person to elucidate the concept of stress and coin the now commonly used term “stress” (Davidson et al., 2008). Dr. Selye viewed stress as a “nonspecific response of the body to any demand for change,” and he was a promoter of the view that stress plays a role in all diseases (Davidson et al., 2008, pp.221). In 1949, at a conference held to formally recognize the link between stress and chronic disease, health care practitioners gave stress one of its earliest formal definitions: “A force which induces distress or strain upon both the emotional and physical makeup” (Karren, Smith, Hafen, & Jenkins, 2010. pp. 29). Since that time, our understanding of stress has grown and research has shown that that stress can be both good (eustress) and bad (distress) and may originate from the physical environment, our thoughts and the way we perceive life situations, and our interpersonal relationships or lack thereof.

Events and circumstances in our lives that cause stress are called stressors (Larson & Buss, 2008). Stressors may stem from major life events such as the death of a loved one, major personal injury or illness, or change in living conditions. Daily hassles such as getting stuck in traffic, having an unfulfilling work environment, or having to worry over money may also be considered stressors. All stressors, whether stemming from major life events or daily hassles, appear to have common attributes; they produce a state of feeling overwhelmed, the produce inner conflict, and they often feel uncontrollable and outside ones own influence.

Appraisal and the Fight or Flight Response

People vary widely in the way in which they handle life stressors (Larson & Buss, 2008). A stressor that may not hinder or bother one individual may be perceived as detrimental to another. The differences in how people respond to stressors exist because stress is a subjective reaction. According to psychologist Richard Lazarus, as cited by Larson and Buss (2008), in order for stress to be brought to the forefront for a person, two cognitive events must occur. The first of these events is called primary appraisal. During primary appraisal, an individual evaluates the stressor to decipher whether it will be a threat to personal goals. During the second cognitive event, secondary appraisal, the individual evaluates whether they have the resources to cope with the stressor. If the individual appraises the situation as a threat to goals, or if they feel they do not have the resources and strategies to cope with the stressor, stress is evoked. Alternately, if the stressor is appraised as not a threat to one’s goals, or if the person feels they have the required resources to cope, the stressor is generally well managed.

According to figures from the Stress in America study conducted by the American Psychological Association, a large number of adults report that their stress is increasing rather than decreasing with 39% of those surveyed saying that their stress has increased over the past year, and 44% saying that their stress has increased over the past 5 years (2012). These percentages are cause for concern given the fact that chronic stress has
been shown to predispose even healthy, illness-free individuals to a host of physical and psychological problems (Karren et al., 2010; Viamontes & Nemeroff, 2010; Clum, 1976). When faced with a stressor, the human body typically responds with a pattern of emotional and physiological reactions called the fight or flight response (Larson & Buss, 2008). This physiological response stems from the sympathetic nervous system and prepares one for action (Larson & Buss, 2008). The fight or flight response is generally brief and passes once the stressor is evaluated as no longer being a threat, but the fight or flight response can also be the first step in a chain of events that Hans Selye termed general adaption syndrome (GAS) (Larson & Buss, 2008; Davidson et al., 2008).

Selye proposed the GAS stage model as a way to describe the biological response to persistent and unrelenting stress (Davidson et al., 2008). The first stage, the alarm reaction, is expressed as the fight or flight response where the body prepares to challenge the threat through a series of reactions including an increase in heart rate, accelerated breathing, and the release of stress hormones by the adrenal cortex (Larson & Buss, 2008; Davidson et al., 2008). Selye hypothesized that if the stressor continued, the body would begin to enter the resistance stage. In the resistance stage, the immediate fight or flight response has subsided and the body continues using its resources and available coping mechanisms at a rate far above the average (Larson & Buss, 2008; Davidson et al., 2008). If the stressor persists or the person is unable to continue to respond effectively, Selye suggested that the body would eventually depletes itself of energy and the person would enter the third stage of the model (Larson & Buss, 2008; Davidson et al., 2008). This is the exhaustion stage where the body’s physiological and psychological resources are depleted, and the person then becomes more susceptible to illness and disease (Larson & Buss, 2008; Davidson et al., 2008).

Although Selye’s GAS stage model is still widely accepted today, it has received criticism for being an incomplete model. Selye observed the parameters of stress in his research with rats by examining the release of ACTH, a hormone released from the anterior pituitary gland in the brain. However, he neglected to measure neural mediated responses after identifying both neural and endocrine responses patterns as significant in his development of the GAS model (Pacák & Palkovits, 2001). Additionally, Selye proposed that during the various stages of the GAS model, the intensity of the stress response may fluctuate, but the neural and endocrine response patterns that characterize the alarm stage would be the same as those characterizing the other stages of the model. In other words, GAS could vary in intensity, but the stressor itself could not define the variance. Researchers have replicated Selye’s studies, with the inclusion of a procedure to measure neural responses, and disputed this fact with evidence suggesting that neuroendocrine responses to different stressors had very specific signatures or pathways in the brain, regardless of stressor intensity. This provides evidence that specific stressors may elicit specific responses (Pacák & Palkovits, 2001) as well as highlights the one-dimensional aspects of the GAD model that have yet to be fully empirically supported.
Stress and Mental Illness

Some people, including those living with mental illness, appear to be even more susceptible to the negative effects of stress. A study done by Clum (1976) demonstrates how stress can exacerbate symptoms of mental illness. Clum (1976) hypothesized that the amount of stress experienced by psychiatric patients in the year prior to assessment could be positively correlated with the level of symptomology. Patients being admitted to a psychiatric hospital were asked to complete two assessments which measured the amount of stress by life changes and the level of psychiatric symptomology, one before being admitted to the hospital and one a year later. The same two assessments were given to the participant’s spouse or close family member following the same time frame. Results from the patient assessments showed that increased stress was strongly associated with increased psychiatric symptomology. However, results of scored family member assessments revealed that family scores were often much lower than the patients, indicating that family members perceived the patients symptomology and life changes following hospitalization as less severe. Clum (1976) suggested that this difference existed because the patients rating of his symptomology was biased and likely to be exaggerated. However, it could also be interpreted that the differences between the patient and family assessments were due to patient symptomology, such as suicidal thoughts brought on by depression, being subjective and personal rather than objective and observable, and therefore less apparent to family members.

Another study done by Walker, et al. (1992) demonstrated that severe childhood sexual abuse, an extreme physical and psychological stressor, appeared to predispose participants to the development of psychiatric illnesses later in life. Researchers interviewed a group of 100 women seeking medical treatment for unexplained chronic pelvic pain to determine if the women had a history of sexual abuse and to administer the Diagnostic Interview Schedule (DIS) to establish psychiatric diagnosis, if any. Results from this study indicated that those women who had experienced severe sexual abuse were significantly more likely to have a mental illness as determined by the DIS, as well as other medically unexplained physical symptoms. However, the researchers caution that generalizing these findings may be premature as the sample was originally chosen to test a hypothesis other than the one that produced these results.

People with mental illness also appear to experience poorer physical health than the general population, especially in regard to diabetes, pulmonary disease, obesity, HIV, and cardiovascular and gastrointestinal disorders. In a study done by Jones et al. (2003), a sample of 176 mental health patients gave permission to the researchers to access their medical claim forms to determine prevalence, severity, and co-occurrence of physical illness in those with psychiatric illness. The participants had all been given a diagnosis of schizophrenia, major depressive disorder, or bipolar disorder. Upon examination, it was found that 75% of the sample had at least one comorbid chronic health condition, with nearly 50% having two or more. Pulmonary illness was found to be the most prevalent comorbid physical illness.
Stress may also contribute to worsening physical health of those living with mental illness (Karren et al., 2010; Viamontes & Nemeroff, 2010; Walker et al., 1992). In the study by Walker et al. (1992), the participants recruited for the study were taken from a sample of patients seeking treatment for medically unexplained chronic pelvic pain. In comparison to a group seeking treatment for other non-painful gynaecological conditions, many of those with chronic pelvic pain were found to have experienced severe sexual abuse in the past suggesting an association between high levels of stress contributing to the chronic pelvic pain.

Studies such as that done by Locke et al. (1984) demonstrate the strong connection between mind and body by suggesting that exposure to stress can predispose healthy individuals to increased psychiatric symptoms, which may then lead to further physical complications such as pain and illness. Locke et al. (1984) hypothesized that stress on its own would not be enough to impair immune function, but that those with less capacity to effectively adapt to life changes because of psychiatric symptomology would show impairments in immune function. The study examined whether the magnitude of stress, the intensity of psychiatric symptoms experienced, or a combination of both affected natural killer cell activity in the bodies of healthy undergraduate students. Natural killer cells are cells that work as part of the body’s immune system that have the ability to kill virus infected cells and tumour cells (Locke et al., 1984; Viamontes & Nemeroff, 2010). Students who denied using immunosuppressive medications and who were free of infectious disease were selected as participants and grouped based on the amount of life stress they had experienced prior to the study (Locke et al., 1984). Participants were seen on two separate occasions two weeks apart and were asked to fill out a standard 43-item life event inventory aimed at measuring life change, and the Hopkins Symptom Checklist to determine occurrence of somatic, cognitive, affective, and other behavioural symptoms. Additionally, at the second meeting, a blood sample was taken from participants to measure natural killer cell activity. Results from the measures and blood samples showed that the amount of stress experienced was related to psychiatric symptoms and that as scores on scales measuring depression, anxiety, obsessive compulsiveness, and interpersonal sensitivity increased, natural killer cell activity decreased, leaving the participants more susceptible to physical illness. The researchers noted that not all participants who had experienced a high level of stress experienced increased psychiatric symptomology and that it appeared to be the way these participants coped with the stress that acted as a buffer to its negative effects (Locke et al., 1984). However, conclusions drawn from this study may be premature as the research was a correlational study, and no experimental manipulation took place to determine cause and effect.

**Stress and Coping Ability**

Research has demonstrated that the way in which one copes can moderate the negative effect chronic stress can have on an individual. Because mental illnesses such as major depressive disorder can magnify psychosocial stress (Viamontes & Nemeroff, 2010), programs to increase the ability to effectively cope with stress are often utilized to ensure psychological well being in those people living with chronic mental illnesses.
Carlson, Ursuliak, Goodey, Angen, and Speca (2000) assessed a mindfulness meditation-based stress reduction program used to decrease levels of mood disturbances and symptoms of stress in individuals who had recently received a cancer diagnosis and who reported significant depression and anxiety symptoms. The program consisted of three components: theory and education related to mindfulness, relaxation, meditation, yoga, and mind body connections; practice of yoga, relaxation, and meditation during meetings and at home; and group therapy aimed at problem solving and supportive interactions between group members, and day-to-day application of mindfulness techniques taught in session. Participants were also given a workbook containing information from each week’s session, and an audiotape with a guided body scan and relaxation script for home use. The participants were interviewed before participating in the program, upon completion of the program, and 6 months after completing the program. The researchers used the Profile of Mood States (POMS) and the Symptoms of Stress inventory (SOSI) during each interview to measure participant’s mood states and symptoms of stress. Results from the interviews and assessments indicated that the program was effective at decreasing mood disturbances such as depression and anxiety symptoms, as well as symptoms of stress. This improvement was maintained at 6-month follow-up, and the researchers noted that the greatest improvements were seen on subscales measuring depression, anxiety, and anger (Carlson et al., 2000).

A review of the current literature compiled by Walsh (2011) further emphasized the usefulness of mind-body therapies techniques in fostering well-being and increasing coping ability. Progressive muscle relaxation is a mind-body therapy that is widely used for the treatment of anxiety disorders and insomnia. It involves systematically clenching and releasing major muscle groups to identify and release muscle tension while learning to regulate muscle tensions (Walsh, 2011). According to Hofmann, Sawyer, Witt and Oh (2010; as cited by Walsh, 2011), a meta-analysis of mindfulness-based therapies found large effect sizes for the use of progressive muscle relaxation to cope with symptoms of depression and anxiety, and therapeutic gains were retained at follow-up. Further findings from research presented by McCallie, Blum, and Hood (2006) suggest that learning to produce the relaxation response through progressive muscle relaxation can also lead to broad health benefits such as reduced pain, restored sleep, and an increase in energy. Additionally, progressive muscle relaxation has been found to increase motivation and productivity, as well as improve problem solving and decision making skills (Walsh, 2011).

In addition to mind-body therapies, Walsh (2011) reviews the importance of lifestyle management techniques such as exercise and nutrition to foster psychological well-being and protect against the effects of stress. Reviews of both cross-sectional and prospective studies have demonstrated that exercise can reduce the risk of depression as well as protect against cognitive decline. Furthermore, therapeutic benefits of exercise have been observed in clients experiencing symptoms of depression and anxiety as well as people experiencing chronic pain. Engaging in regular exercise also appears to alleviate some symptoms associated with schizophrenia (Walsh, 2011). Research suggests that these improvements and benefits are due not only to the endorphins the body releases during exercise, but also the changes in serotonin levels in the brain. It is
also suggested that exercise may benefit individual self-esteem and provide distraction from or interruption of negative thoughts as well as aid in the breakdown of muscle tension accumulated due to stress (Walsh, 2011).

An equally important counterpart to exercise in effectively coping with stress and increasing psychological well-being is nutrition (Walsh, 2011). Multiple studies conducted with both animal and human subjects have found that pescovegetarian and Mediterranean type diets (those that limit red meat and animal fats and are high in lean proteins, fruits, and vegetables) may prevent or improve psychopathologies across the subject’s lifespan. Additionally, consumption of such diets may enhance cognitive function as well as improve the outcome of affective and schizophrenic disorders in adults.

Despite the highlighted benefits of mindfulness techniques, such as progressive muscle relaxation, and healthy lifestyle changes, such as increased exercise and proper nutrition, Walsh (2011) cautions that there are often barriers to their successful implementation with clients. Because such techniques and changes often require considerable effort for a sustained period of time, some clients may lack the motivation or physical capabilities to successfully implement them. Additionally, it is noted that client success may be mediated by other causal lifestyle factors such as substance use or poor social support (Walsh, 2011).

Cognitive behavioural interventions have also been used to manage stress successfully in individuals with mental illness. In a study done by Lergesner and Caltabiano (2012), a cognitive behavioural therapy (CBT) based program that addressed stress management was implemented with a group of nine clients living with mental illness receiving outpatient case management services from a mental health agency. It was hypothesized that the CBT intervention would decrease levels of stress while improving levels of functioning in participants by teaching self-management skills that increased coping ability. The program consisted of eight 2-hour sessions and provided CBT psychoeducation, taught about the relationship between thoughts and feelings, identified how to recognize and challenge negative automatic thoughts, and explained coping and lifestyle management techniques to improve health and well-being. Program outcomes were measured prior to participation in program, upon completion of program, and at 6-month follow-up using the clinician administered Health of the Nations Outcomes Scale (HoNOS) and the self-report Mental Health Inventory (MHI). The hypothesis was supported as participants showed both lower levels of anxiety and a reduction in behavioural problems indicating improved levels of functioning and coping ability. These gains were observed at follow-up as well; however, it was noted by the researchers that, while there were improvements across most scales measured, the improvements did not reach statistical significance at follow-up (Lergesner & Caltabiano, 2012).

Cognitive behavioural interventions may be effective not only in the management of stress, but also in the treatment and management of symptoms of a variety of mental illnesses (Hofmann, Asnaani, Vonk, Sawyer & Fang, 2012). In a meta-analysis reviewing
the efficacy of CBT, researchers reviewed 106 meta-analysis published after the year 2000 that examined CBT interventions for a range of illnesses including psychotic disorders, depression, bipolar disorder, anxiety disorders, and general stress. Results of the meta-analysis indicated that CBT interventions had a beneficial effect on positive symptoms of schizophrenia such as delusions or hallucinations, as well as a positive effect on secondary outcomes such as general functioning and mood. However, CBT appeared to have very little effect on hospital admission or relapse when compared to interventions such as early family intervention services. For depression, CBT interventions were found to be more effective that control conditions such as no treatment or waitlist. In comparison to other active treatments such as problem solving and interpersonal psychotherapy, CBT interventions provided varied results, but did appear to be superior in comparison to relaxation techniques at post treatment. In the treatment of bipolar disorder, CBT interventions appeared to have an effect on overall functioning, but this effect appeared to diminish slightly at follow-up. For the treatment of anxiety disorders, CBT interventions had a large effect at post-treatment when compared to control condition. Additionally, improvement of gains was observed at follow-up. Furthermore, the use of self guided CBT interventions showed promise in providing immediate anxiety symptom relief when compared to a no treatment condition; however, the long-term maintenance with this approach is one that is unclear and requires more longitudinal research. In the management of general stress, results from the meta-analyses indicate that CBT interventions were more effective in managing symptoms of stress than other organization focused therapies. Additionally, the researchers’ review of the meta-analyses on CBT interventions for stress management revealed that multiple component interventions that combined CBT with other behavioural and support training appeared to have a larger and higher effect size than the use of CBT alone (Hofmann et al., 2012).

**Relationship between the Current Study and the Research Literature**

Overall, the literature suggests that those people living with chronic mental illness are at an increased risk for developing physical illness or disease, as well as increased psychiatric symptomology as a result of stress. Fortunately, it is has been noted that the way in which one copes with stress can moderate the negative physiological and psychological effects stress may have on an individual. The current study’s aim is to design, implement, and evaluate a stress and lifestyle management workshop offered to clients of an adult mental health agency with the goal to reduce stress and increase psychological well-being in participants. It is hypothesized that by focusing on increasing participants’ coping skills through workshop sessions utilizing a combination of CBT and mindfulness-based techniques, the participants’ perceived stress level would decrease, and their level of psychological well-being would increase.
CHAPTER III: Methodology

Section One: Workshop Development

A five-session stress and lifestyle management workshop, complete with an accompanying facilitator manual and participant workbook, was developed for use with adult clients living with a mental illness. The workshop was created by coupling CBT and mindfulness based coping strategies with stress psychoeducation and lifestyle management techniques. The workshop information was organized in two parts – the facilitator manual (Appendix A) that included a detailed outline of the content of sessions, and the participant workbook (Appendix B) that included a briefer outline of session content, along with worksheets and homework assignments.

The workshop sessions were offered once a week for five weeks with sessions lasting one hour in length. Sessions covered topics pertaining to lifestyle management including nutrition, exercise, and sleep hygiene, as well as mind-body therapies such as progressive muscle relaxation. The workshop also utilized CBT approaches and homework assignments geared towards increasing participant’s ability to effectively manage stress. The sessions were as follows:

Session 1 – Stress Psychoeducation
Session 2 – Physical Symptoms of Stress and Body Scanning
Session 3 – Stress Buffers
Session 4 – Modifying Negative Automatic Thoughts
Session 5 – Optimism and Problem Solving

Section Two: The Present Study

Participants. Seven clients of the agency currently living with a diagnosed mental illness attended the workshop; however, only five of these clients acted as the participants of this study. The remaining two clients cited poor health and uneasiness in filling out assessments as reasons for not acting as participants. Participants were recruited through recommendation of the caseworkers, as well as recruitment posters displayed in the agency’s satellite office location. To be eligible to participate, participants needed to be living with a diagnosed mental illness, be 18 years or older, be free from experiencing a psychotic episode, and be able to speak and comprehend English. The five participants of this study were female and fell between the ages of 55 and 63 years with the mean age being 59.8 years. All lived independently in the community and received case management services at the agency where the workshop was offered. Participant diagnoses were not disclosed to the researcher in all cases, but those participants who shared diagnosis information with the researcher cited depression and anxiety symptoms as chief complaints. The remaining two clients who attended workshop sessions were
male and female and were approximately 10-15 years younger than the mean participant age. Both clients cited anxiety symptoms as reasons for attending the workshop.

**Design.** The project was a one-group repeated measures (pre-test, post-test, follow-up) design. The dependent variables being measured were perceived stress and mental well being, with the independent variable being the implementation of the stress and lifestyle management workshop. Participants were assessed using two measures both prior to participating in the workshop and upon completing the final session of the workshop. Additionally, a follow up assessment was administered 4-6 weeks after the final session of the workshop.

**Setting and Apparatus.** Pre, post, and follow up assessments took place at the agency under the supervision of the participant’s caseworker, the workshop facilitator, or both. Workshop sessions took place in the placement agency’s conference room. Materials needed for the workshop were copies of the facilitator manual, and copies of the participant workbook containing exercises, a summary of each session, and homework assignments.

**Measures.**

*Perceived Stress Scale (PSS).* This measure (Appendix C) was used to assess the perception of life situations as stressful, followed by the “The Warwick-Edinburgh Mental Well-being Scale” (WEMWBS; Appendix D) to assess mental well-being and psychological functioning. The PSS is a scale developed by Cohen, Kamarck, and Mermelstein (1983). The scale consists of 10 items and is designed to measure the degree to which individuals perceive that the demands of life surpass their ability to cope. Responses are recorded on a 5-point Likert-type scale, ranging from 0 (never) to 4 (very often). Scores of the PSS range from 0 indicating much lower than average stress, to 21 and over indicating much higher than average stress; the maximum score that can be obtained is 30.

*Warwick-Edinburgh Mental Well-being Scale (WEMWBS).* This is a scale developed by researchers at the University of Warwick and the University of Edinburgh (Tennant et al., 2007). It consists of 14 positively worded statements aimed at assessing mental well-being and psychological functioning. The participant’s responses are recorded on a 5-point Likert-type scale, ranging from none of the time to all of the time. Scores of the WEMWBS range from a minimum score of 14 indicating very poor mental well-being, to a maximum score of 70 indicating above average mental well-being. Permission has been obtained to use each of these scales.

**Procedures.** Prior to the administration of assessments and the first session of the workshop, clients who had shown an interest in being a participant were asked to review a consent form (Appendix E) detailing the goals and nature of the project, the potential risks and benefits, and their right to anonymity as a participant. Participants were also informed of their right to stop at any time for any reason without incurring cost or penalty, and that if they were to withdraw their participation, all data gathered pertaining to them would be destroyed. At the time of the first session of the workshop, the workshop facilitator again described the content of the consent form and allowed time for
questions to ensure understanding. Following this, participants were asked to meet briefly with the workshop facilitator or their caseworker to fill out the WEMWBS and PSS measures. Upon completion of the assessments, participants were given a schedule outlining the dates and times of the sessions.

Clients attended workshop sessions for one hour weekly for five weeks. Following the completion of the final session of the workshop, participants were again asked to fill out the WEMWBS and PSS measures to determine if there had been any change in their perceived stress level and mental well-being. Four to six weeks after the final workshop session, participants scheduled a final meeting with the workshop facilitator or their caseworker to fill out the WEMWBS and PSS measures, as well as answer a satisfaction and feedback survey (Appendix F).
CHAPTER IV: Results

Participants were asked to complete the WEMWBS and PSS measures prior to their participation in the workshop series, immediately after completing the workshop series, and approximately seven weeks after completing the workshop. A table (Appendix G) presents each participant’s individual raw score for pre, post, and follow-up WEMWBS and PSS assessments. Although there were seven participants who attended workshop sessions, only five completed the pre, post, and follow-up WEMWBS and PSS assessments. One of the participants felt the questions on the WEMWBS assessment to be of a personal nature, and the other participant dropped out of the workshop after session 3 citing poor health.

WEMWBS. Participant scores on the WEMWBS prior to workshop involvement ranged between 24 and 48 with the average score being 34.2. Table 1 presents participant WEMWBS mean, median and standard deviation scores as well as the range of scores for pre, post, and follow-up data. According to the creators of the WEMWBS, the average population mean score on the assessment is 51. Although comparisons between the mean population scores and the mean pre-workshop scores cannot be considered conclusive because of the differing participant samples, it can be interpreted that the majority of participants from this study experienced lower than average scores of psychological well-being prior to workshop involvement, compared to a general population sample.

Table 1
Participant Mean, Median, Standard Deviation, and Range for Pre, Post, and Follow-up WEMWBS Scores

<table>
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<tr>
<th></th>
<th>Pre Score on WEMWBS</th>
<th>Post Score on WEMWBS</th>
<th>Follow up Score on WEMWBS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean Scores</td>
<td>34.2</td>
<td>44.2</td>
<td>41</td>
</tr>
<tr>
<td>Median</td>
<td>33</td>
<td>42</td>
<td>40</td>
</tr>
<tr>
<td>Standard Deviation</td>
<td>8.9</td>
<td>7.4</td>
<td>10.7</td>
</tr>
<tr>
<td>Range</td>
<td>24 - 48</td>
<td>36 - 56</td>
<td>30 - 57</td>
</tr>
</tbody>
</table>

Examining post-workshop data for the WEMWBS revealed that, following workshop completion, all of the participants’ scores had increased, indicating an increase in perceived well-being. Participants’ post-workshop scores on the WEMWBS fell between 36 and 56 with the average score being 44.2. Comparing these scores to the norms reported by the creators of the scale, it can be interpreted that participants’ level of well-being was much closer to the average populations mean score upon workshop completion. Participant mean scores for the WEMWBS at pre-workshop, post-workshop, and follow-up are displayed in Figure 1.
Comparing the post-workshop data with follow-up data for the WEMWBS revealed that although participants’ follow-up well-being scores were higher than their pre-workshop scores, they still in most cases fell below scores reported post-workshop. Participants’ follow-up scores on the WEMWBS fell between 30 and 57 with the average score being 41.

It was hypothesized that, by increasing participants’ coping skills through the workshop sessions, participants perceived stress level would decrease, and their level of psychological well-being would increase. These hypotheses were tested using a one-way within-subjects ANOVA to compare the effect of attending the stress and lifestyle management workshop on participants’ mental well-being and stress level in pre-workshop, post-workshop, and follow-up conditions.

In examining the ANOVA results for mental well-being, it was found that there was a significant effect of workshop attendance on mental well-being, F(2,4)=18.45, p = .001. Three paired t-tests were used to make post-hoc comparisons between the three conditions. A first paired sample t-test indicated that there was a significant difference in the scores for pre-workshop (M=34.2, SD=8.90) and post-workshop (M=44.2, SD = 7.36) conditions; t(4) = -11.952, p = .0002. A second paired samples t-test indicated that there was also a significant difference in the scores for pre-workshop (M = 34.2, SD = 8.90) and follow-up (M = 41.0, SD = 10.70) conditions; t(4) = 4.108 , p = 0.015. A third paired samples t-test indicated that there was a no significant difference in the scores for post-workshop (M = 44.2, SD = 7.36) and follow-up (M = 41.0, SD = 10.70) conditions; t(4) = 1.425 , p = 0.227.

These results suggest that participating in a stress and lifestyle management workshop can have a pronounced effect on mental well-being. More specifically, the data
suggest that when people living with mental illness attend a workshop of this kind, they report greater mental well-being upon completion of the workshop. Additionally, many of these gains in mental well-being appear to remain for up to six weeks following the completion of the workshop. Although reported levels of well-being at follow-up appear to remain higher than pre-workshop levels, well-being in post and follow-up conditions didn’t differ significantly, indicating that gains made in well-being levels stayed relatively stable between workshop completion and follow-up.

**PSS.** Participants’ scores on the PSS prior to participation in the workshop ranged between 16 and 32 with the average score being 25.4. Although there are no cut off points for the PSS, normative scores for the PSS indicate that the average score within the general population is approximately 13. With this in mind, it can be interpreted that most participants in the current study were experiencing a level of stress considered higher than normal prior to workshop involvement.

**Table 2**  
*Participant Mean, Median, Standard Deviation, and Range for Pre, Post, and Follow-up PSS Scores*

<table>
<thead>
<tr>
<th></th>
<th>Pre Score on PSS</th>
<th>Post Score on PSS</th>
<th>Follow up Score PSS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Mean Scores</strong></td>
<td>25.4</td>
<td>19.4</td>
<td>22.8</td>
</tr>
<tr>
<td><strong>Median</strong></td>
<td>26</td>
<td>19</td>
<td>23</td>
</tr>
<tr>
<td><strong>Standard Deviation</strong></td>
<td>5.8</td>
<td>4.6</td>
<td>6.5</td>
</tr>
<tr>
<td><strong>Range</strong></td>
<td>16 - 32</td>
<td>14 - 25</td>
<td>15 - 31</td>
</tr>
</tbody>
</table>

Examining post-workshop scores on the PSS revealed that, following workshop completion, participants’ scores had, in all but one instance, decreased. This indicated a decrease in perceived stress level. Participants’ post-workshop scores ranged between 14 and 25 with the average score being 19.4. Although participants’ scores indicated that perceived stress level had decreased in most cases, when comparing these scores to the general populations average score of 13, it is clear that participants were still experiencing a higher than normal level of stress.

Comparing the post-workshop data with follow-up data for the PSS revealed that participant’s scores, in all cases but one, had increased at follow-up, indicating that in most cases, participants’ perceived stress level had increased since their participation in the workshop. Pre, post, and follow-up workshop participant mean scores for the PSS are shown visually in Figure 2.
In examining the ANOVA results for perceived stress level, it was found that there was not a significant effect of workshop attendance on perceived stress, $F(2,4)=2.55$, $p = 0.14$. These results suggest that participating in a stress and lifestyle management workshop does not have the desired effect of decreasing perceived stress levels for clients who are mentally ill.

Individual pre, post, and follow-up scores for participants on the WEMWBS and the PSS measures are shown visually in Figure 3 using a scatter plot. The plotted data indicate that at pre-workshop, there was a very strong relationship between psychological well-being and perceived stress ($R^2=0.938$) as can be seen by the steeper trend line. This strong relationship indicated that as stress went up, well-being went down. However, at post-workshop, stress scores had decreased in most cases, but well-being had increased at a higher rate. Therefore, the relationship wasn’t as strong ($R^2=0.268$). Examining the remaining plotted data indicates that at the time of follow-up, there was a stronger relationship between psychological well-being and perceived stress ($R^2=0.477$) than at post-workshop, as can be seen by the steeper trend line. This relationship is due to the fact that some participants saw an increase in their well-being scores at follow-up, while some participants saw a slight decrease. Likewise, perceived stress scores at follow-up were varied, with most participants showing a slight increase in their perceived stress. In examining the data, it appears as though participants may have been feeling less stressed than prior to their participation in the workshop, but reported more of an increase in their level of well-being upon completion of the workshop and at follow-up.

*Figure 2. Pre, post, and follow-up mean scores for perceived stress level. PSS = Perceived Stress Scale.*
Participant Satisfaction and Feedback. Results from the participant satisfaction and feedback survey emphasized strengths and weaknesses of the workshop, as well as highlighted areas in which the workshop could be modified. Participants reiterated the need for longer sessions to discuss content of sessions and ensure proper understanding of taught material, as well as simpler language in the participant workbook. Table 3 presents summarized results from the satisfaction and feedback survey. A more detailed table (Appendix H) presents these results for each participant.

Figure 3. Scatterplot of pre, post, and follow-up participant scores for perceived stress level and perceived level of well-being.
**Table 3**  
*Summarized Results from Participant Satisfaction and Feedback Survey*

<table>
<thead>
<tr>
<th>Survey Questions</th>
<th>Summarized Participant Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>What aspects of the workshop were most valuable to you?</strong></td>
<td>- Progressive muscle relaxation</td>
</tr>
<tr>
<td></td>
<td>- Problem solving and brainstorming</td>
</tr>
<tr>
<td></td>
<td>- Talking out stressors in a group</td>
</tr>
<tr>
<td><strong>What aspects of the workshop were least valuable to you?</strong></td>
<td>- Sessions were too short</td>
</tr>
<tr>
<td></td>
<td>- Wording confusing at times</td>
</tr>
<tr>
<td><strong>Have you been able to apply stress management techniques in your day-to-day life?</strong></td>
<td>- Deep muscle relaxation</td>
</tr>
<tr>
<td></td>
<td>- Sleep hygiene techniques</td>
</tr>
<tr>
<td></td>
<td>- Problem solving techniques</td>
</tr>
<tr>
<td><strong>Would you recommend this workshop to others?</strong></td>
<td>- Yes, with revisions</td>
</tr>
<tr>
<td><strong>Any suggestions as to how the workshop could be improved?</strong></td>
<td>- More time spent per session</td>
</tr>
<tr>
<td></td>
<td>- More time for discussion</td>
</tr>
<tr>
<td></td>
<td>- Revisions made to wording in workbook</td>
</tr>
</tbody>
</table>
CHAPTER V: Discussion

Overview

This study was designed to explore and evaluate the effect of a stress and lifestyle management workshop on participants’ perceived level of stress and psychological well-being. The workshop was developed as a way to teach effective stress management and coping skills to clients living with mental illness who were experiencing distress in their lives. Seven clients agreed to attend the workshop, but only five clients acted as the participants for this study. These five participants were asked to fill out assessments aimed at measuring their level of stress and level of psychological well-being prior to attending the first session of the workshop. The workshop ran for five weeks at the agency, with sessions lasting one hour in length. At the 5th and final session, participants were again asked to fill out the assessments as post-workshop measures to determine if the workshop had an effect. Additionally, follow-up data was collected approximately seven weeks after the final workshop session.

Data from the pre-workshop, post-workshop, and follow-up measures only partially supported the project hypothesis that participants’ perceived stress level would decrease, and their level of psychological well-being would increase by attending a workshop series that provided education about and taught stress management and coping skills techniques. While results showed that there was a significant effect on participants’ level of well-being in comparisons between pre-workshop and post-workshop conditions and pre-workshop and follow-up conditions, the same could not be said for their level of perceived stress. It is worth noting that the relationship between decreased stress and increased well-being was strongest at pre-workshop assessment. While participants’ post-workshop and follow-up well-being scores were much closer to that of the average populations, their post-workshop and follow-up stress scores, in most cases, were still much higher than that of the average population. This indicates that the workshop had the intended effect of increasing mental well-being, but had much less of an effect on perceived stress level.

As highlighted in the review of literature, those living with mental illness perceive stress differently or, because of decreased functioning as a result of their illness, experience more day-to-day stress than the general population (Clum, 1976; Viamontes & Nemeroff, 2010). Therefore, it may be the case that those living with mental illness never reach a normative level of stress, as their stress levels are inherently high. Additionally, it is noted that stress is a personal and subjective reaction and that under extended exposure to stress, individuals may enter the exhaustion stage of the GAS stage model (Larson & Buss, 2008). If this were the case, then it could be that teaching stress management and coping skills may not be enough to offset the level of stress experienced by those living with mental illness. However, practicing and learning stress management and coping skills may be enough to increase their level of well-being.

It is also possible that differences in the measures used to determine perceived level of psychological well-being and perceived level of stress contributed to this outcome. For example, the PSS asks respondents to reflect on the last month to fill out the measure, whereas the WEMWBS asks respondents to reflect on the past two weeks.
Additionally, the PSS gathers its data through having respondents answer a series of questions, whereas the WEMWBS poses several statements that respondents are asked to relate their experience to and rate accordingly. Therefore, some participants may have had more difficulty in reflecting on a longer period of time and answering the detailed questions accordingly on the PSS. Because of this, it is possible that the use of different measures such as the Symptoms of Stress Inventory (Carlson et al., 2000) may yield different results in future implementation of the workshop.

**Strengths and Limitations**

This study had some strengths worth emphasizing. Although the workshop did not have the desired effect of reducing perceived stress levels, it did have the desired effect of significantly increasing well-being levels in participants even seven weeks after the conclusion of the workshop. Additionally, as highlighted in the results from the participant satisfaction and feedback survey, there were several lifestyle management and coping techniques that participants found to be useful in applying in their day-to-day lives. These techniques included progressive muscle relaxation, brainstorming, step-by-step problem-solving, and sleep hygiene practices.

This study also had several limitations worth mentioning. As previously noted, although the workshop had the desired effect of increasing the participants’ well-being, it did not have the desired effect of decreasing their perceived stress level. Additionally, the workshop was offered to clients just before and leading up to the Christmas holiday. Several participants mentioned during sessions that this season was particularly difficult for them for personal reasons, so this may have affected the level of stress experienced during that time.

Another limitation worth mentioning is the use of self-reported measures to collect data from participants. Self-reported measures come with both strengths and challenges. One of the main strengths of self-reported measures is that they are generally short and easy to administer. In addition, they allow participants to draw from their own experiences rather than relying on experimental observation. Conversely, they may also cause problems as participants may answer questions in a way they think will strengthen the researcher’s results. This is even more apt to happen when participants are aware of the purpose of the study, which was the case for all project participants. Therefore, it may have been the case that participants thought that the main aim of the study was to increase well-being (but not level of stress itself) and adjusted their responses accordingly.

Furthermore, the assessments were administered as part of an interview by the researcher who, in most cases, had established a helping relationship with the participants before the time of the interview. That being the case, participants could have completed assessments in a way that they may have seen as pleasing to the researcher.

Additionally, feedback compiled from the satisfaction and feedback survey given to participants following the final session of the workshop highlighted the need for simpler language within the participant workbook, and longer workshop sessions to give time to fully discuss and understand workshop content. Perhaps because the sessions were limited to one hour, participants were not given the time they needed to fully
understand the material to effectively be able to apply taught strategies to their own circumstances which may have affected the results of this study. This is something that could be addressed in future research.

Finally, the project neglected to take into consideration factors such as age, gender, physical and mental health, and level of social support from friends, families, and other sources – which could all be factors that affect an individual’s stress level and psychological well-being.

**Multilevel Challenges**

Along with this study’s design limitations, there were also several limitations from a multilevel perspective worth mentioning. For instance, on a societal level, many clients living with serious mental illness face stigma and are often made to feel guilty or ashamed of their illness (Arboleda-Flórez & Stuart, 2012). This stigma may lead the client to feelings of inadequacy or humiliation, which can act as a barrier to accessing services, including the stress and lifestyle management group offered as part of this study. It can also act as a barrier by making clients feel that they must isolate themselves to avoid the judgement of others. In this case, the experimenter was a student and had not had a chance to develop rapport with many of the clients. This could have kept some clients from attending the workshop for fear of judgements from the experimenter. This isolation and lack of social contact may actually work against a client’s recovery.

Stigma towards those living with mental illness does not only affect these individuals on a societal level, but also on a client level. Those clients living with more serious mental illness such as paranoid schizophrenia or borderline personality disorder, often feel more stigmatized because of the way their illnesses are portrayed in the media, or because of the poorly understood, and often misrepresented, symptomology of their illness (Akram, O’Brien, O’Neill, & Latham, 2009). This may lead these clients to be especially cautious when forming new helping relationships, which proved to be a challenge for the experimenter. Because of time constraints, building trust and rapport with these clients was especially difficult, and this lack of relationship may have affected the clients’ participation or attendance at workshop sessions.

In addition to the challenges stigma towards those with mental illness creates on the societal and client level, there are also challenges presented on the organization level. The workshop was offered to clients of an adult mental health agency in one of its rural satellite office locations. Clients with mental illness who are living in rural areas often face mobility and transportation issues, which can further limit their access to services and resources offered through mental health agencies. These factors made it difficult for some clients without transportation to attend the workshop, even though they had the desire to do so. This highlights a need for transportation resources that clients can utilize to access the services they need.
Implications for Behavioural Psychology Field

The current study and its results provide evidence for the usefulness of similar workshops that can be more broadly applied to a variety of mental illnesses with the goal of increasing mental well-being or quality of life. In reviewing the literature, it was highlighted that those living with mental illness often experience higher levels of stress (Viamontes & Nemeroff, 2010), which may decrease their level of psychological well-being. Although the workshop did not have a significant effect on the level of stress experienced by participants, it did have a significant effect on their level of psychological well-being. Therefore, utilizing a workshop of this kind may prove to be useful in conjunction with more specific and individually-customized individual or group counselling to help decrease client stress levels.

Recommendations for Future Research

Because the workshop was only offered to a small number of clients from a mental health agency, future researchers may consider replicating the study with a larger sample to provide results that could be more relevant and generalizable to the larger population. With a larger sample size, factors such as age and gender could also be examined to determine if there are more specific groups within the population that may benefit from participating in the workshop. Additionally, when implementing the workshop in the future, researchers should consider adding a control group to further examine the results.

Adding to this, others should consider implementing the workshop with different populations. For instance, those living with HIV and AIDS are significantly more susceptible to illness and disease compared to the general population (Ollner et al., 2009). Although the workshop had little effect on participant stress levels, it produced significant improvement in participants’ levels of well-being. Therefore, teaching lifestyle management and coping strategies to this population may help to buffer the negative impact stress by increasing well-being as it did in the current study. This in turn could act as a defence towards the population’s susceptibility to poor physical health.

Finally, it is recommended that researchers take participant feedback into account when implementing the workshop in the future. Participant feedback forms reiterated the need for simpler language in both the participant workbook and in the delivery of sessions. It was also suggested that sessions be scheduled for an hour and a half, instead of the originally scheduled hour, to allow time to discuss workshop content at more length to ensure understanding.
REFERENCES


Appendix A: Facilitator Manual

Stress and Lifestyle Management: Facilitators Guide to Workshop Sessions

Created and Written by: Emily Todd
In Consultation with Leeds Grenville Mental Health

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Workshop Considerations

Selection of Workshop Facilitator(s)

• The workshop facilitator should:
  o Hold a diploma or degree in psychology or behavioral sciences to ensure proper understanding of material.
  o Be trained in delivering cognitive behavioral therapy.

Selection of Workshop Participants

• The workshop participants should:
  o Be living with a diagnosed mental illness.
  o Be without acute symptoms or psychosis at time of involvement in workshop.
  o Be fluent in the English language to ensure understanding of material.

Workshop Materials

• Participant workbook (all sessions)
• Pens (all sessions)
• Chart paper and markers (all sessions)
• Gummy Bears (session 2)
• Rubber Band (session 2)
• Relaxation Script/CD (session 2)
• Short piece of rope (session 3)
• Wii game console with controller & nunchuks (session 3)
• Unhealthy recipes (session 3)
Session One: Stress Psychoeducation

• Introduction
  o Introduce facilitator and co-facilitator
    ▪ (Talk a little about the Behavioural Psychology program, previous placement experience and projects, and a little about my thesis and how the workshop and data gathered through measures will fit into my research.)
  
• To begin, I would like to talk a little about the purpose of the workshop, and the ground rules for sessions.
  o Purpose of workshop:
    ▪ To learn about stress and the impact that it has on our bodies and minds and to learn and practice coping strategies and lifestyle management techniques with the goal of improving your psychological well-being.
    ▪ Sessions will be mostly educational with some in session activities and occasional homework assignments.
  o Ground rules for sessions:
    ▪ Out of respect for other participants, what is shared during the group stays in the group.
    ▪ Listen actively and respect other participants when they are talking. Please avoid talking over others and listen with an open mind.
    ▪ Be aware of your own and other’s participation – step up and step back!
- Respect the limited time we have in session and keep comments brief and to the point. If you have questions or comments you would like to discuss at more length, I would be more than happy to talk individually after session.
  - Any other suggestions for ground rules?
- It is important that you commit to coming to sessions if you’d like to reap potential benefits, but it’s also important that you understand that you are free to leave at any time for any reason without repercussions.
- Group introductions/Icebreaker
  - If there was a Stress Fairy Godmother\(^1\) who could wave her magic wand and grant any wish regarding life stressors or coping style, what would your wish be?
    - (Ex – “I wish I could stop all the arguments at home” or “I wish I could stop worrying about money”)
- Definition of stress:
  - A nonspecific response of the body to any demand for change (Davidson, Blankstein, Flett, & Neale, 2008)
  - A force which induces distress or strain upon both the emotional and physical makeup (Karren, Smith, Hafen, & Jenkins, 2010)

\(^1\) Exercises on pages 3, 6, 7, 9-12, 14 modified and reproduced from Structured Exercises in Stress Management, Vol. 2-4, Nancy Loving Tubesing and Donald A Tubesing, Editors. © 1990 Whole Person Press, PO Box 3151, Duluth MN 55803.
• Events and circumstances in our lives that cause stress are called stressors. Stressors may stem from major life events such as the death of a loved one, major personal injury or illness, or change in living conditions as well as from daily hassles such as getting stuck in traffic, having an unfulfilling work environment, or having to worry over money (Larson & Buss, 2008).

• There are three basic types of stress: physical stress such as environmental pollution, injury, and constant noise; psychological stress which is triggered by the way we react to or perceive the threat; and psychosocial stress which stems from our relationships and conflicts with those around us, or from being isolated due to not enough social interactions (Karren et al., 2010).

• All stress, regardless of its type and whether stemming from major life events or daily hassles, appear to have common qualities they produce a state of feeling overwhelmed, they produce inner conflict, and they often feel uncontrollable and outside one’s own influence (Larson & Buss, 2008).
  - What are some common stressors in your life? (Brainstorm and write on large sheet of paper)

• Stress affects both our bodies and minds. In our bodies, the experience or anticipation of stress activates the sympathetic nervous system, which is a system in the body that mobilizes the body’s resources under stress. Imagine yourself as a caveman. You’ve been out hunting and gathering supplies all day and are heading back
to your home for the night. You turn a corner, and look up to realize there is a hungry, ferocious sabre tooth tiger 20 feet away! “

- How would you be feeling in your body?
- What would you do?

• The physical reactions we have to stress get us ready for that what is called the fight or flight response. The fight or flight response was a useful way for primitive people to respond to threats in their environment. In this day and age, it is unlikely that we’ll need to fight or flee, but unfortunately our bodies still respond to stress in this primitive way wrecking havoc on our bodies (Davidson et al., 2008).

• When the stress has subsided, the parasympathetic nervous system, another body system that counteracts the actions of the sympathetic nervous system, restores the person to a lower state of activation and the body begins to recover. When a person is exposed to prolonged or chronic stress - imagine the sabre tooth tiger being there all the time - the sympathetic nervous system remains continually activated and the body eventually becomes exhausted leaving the body more susceptible to a variety of illnesses and overall poorer physical health, feelings of depression and/or anxiety, and increased psychiatric symptoms (Larson & Buss, 2008; Davidson et al., 2008; Karren et al., 2010).

• The mechanism of the stress response is the same for everyone, but people vary widely in the physical and emotional responses they have to stress (Karren et al., 2010). For instance, using the sabre tooth tiger example, some people might think “Oh, YIKES!” and run.
Others might think “Yum! Dinner!” and fight the tiger. Learning to recognize your own stress response “warning signs” can help to alleviate the physical impact of stress before it becomes too much to manage.”

- Implement “Marauders” game to demonstrate the body’s physical and emotional responses to stressful events. Warn participants that this is a game of surprise, and remind them that they are free to sit out if they are uncomfortable. Choose one person to be the marauder, and have all other participants stand in a small circle facing one another with their eyes closed. Ask participants to note any body sensations or emotions they may feel while waiting for the marauder to “attack”. Instruct the marauder to slowly circle the group and chose one person to surprise “attack” by suddenly yelling “HA!” while placing their hands on the persons back. The startled person then becomes the new marauder until everyone has had a turn.

- If for some reason participants are uncomfortable with playing the game, have a participant or a co-facilitator sneak up on facilitator and talk about their own personal feelings during the game.
  - What physical signs of stress did you notice in your body while playing the game? (Brainstorm and write on large sheet of paper)
• What emotional responses did you feel while playing the game? (Brainstorm and write on a large sheet of paper)

• It’s important to note that not all stress is “bad” stress. Differences in the way we perceive a stressor can cause some stress to be good stress, also called eustress. While stress can be detrimental to your health, eustress can actually improve your health (Karren et al., 2010). For example, the stress you feel at the anticipation of the birth of a baby in the family might be considered eustress. Another example of eustress might be the thrill and joy experienced on a roller-coaster ride – although, not all people would feel this way. Some people might see riding the rollercoaster as distress and instead of being invigorated or excited by the ride, they may evaluate the situation as dangerous or frightening. Everyone experiences stress differently, but it is important to recognize the distress or “drainers” and eustress or “energizers” in your life.”

  o Give “Drainers and Energizers” worksheet in workbook as homework to help participants identify the negative stressors in their lives that may drain them, as well as the positive energizers that recharge them in the environments of home, work, and play.
Session Two – Physical Symptoms of Stress and Body Scanning

• Introduction
  o Welcome everyone back, introduce “Gummy Bear Icebreaker”
    ▪ For the “Gummy Bear Icebreaker”, everyone grabs a small handful of gummy bears and puts them on a napkin. Each color of gummy bear corresponds with a question that the person must answer. If a person ends up with several gummy bears of the same color, they may chose to answer with several different responses to the same question, or they can choose a color that they don’t have and switch their color corresponding question for another color’s question.
      • Green – Favorite way to pamper yourself.
      • Red – Biggest stressor in your life right now.
      • Orange – Someone you admire for the way they handle their own life stressors.
      • Yellow - Your least favorite symptom of stress
      • White – What you hope to accomplish in this workshop.

• Review of “Drainers and Energizers” homework. Participants are free to share. Questions can be asked to stimulate discussion.
  ▪ In what setting did most of your stress-producing drainers occur?
• In what setting did most of your positive-energizers occur?

• Reflect on the balance of drainers and energizers in your life. If they are not matched, what can be done to improve the balance?
  • Use a rubber band to demonstrate the balance needed between drainers and energizers. Too tight, and the rubber band becomes thin and may break – the same way that a person might become spread too thin or feel like they may break under the pressure of too many drainers. Too loose, and the rubber band becomes floppy, boring and without structure – the same way that a person might become bored and disinterested if they do not have enough energizers in their lives. The perfect amount of tension produces a rubber band capable of making music – the same way a balance of drainers and energizers in one’s life can produce harmony.

• As we previously touched on last week, differences in the way we perceive or recognize a stressor makes the experience of stress very individual and personal. In order for stress to be experienced by a person, two actions must happen. The first of these is called primary appraisal. During primary appraisal, an individual evaluates the stressor to figure out whether it will be a threat to their personal
goals. During the second action, secondary appraisal, the individual evaluates whether they have the resources or things they need to cope with the stressor. If the person sees the situation as a threat to goals, or if they feel they do not have the resources and skills to cope with the stressor, stress is created. On the other hand, if the stressor is seen as non-threatening to one’s goals, or if the person feels they have the resources and skills to cope, the stressor is generally well managed (Larson & Buss, 2008).

• Coping strategies don’t need to be complicated or require a lot of effort. Something as simple as a big loud sigh can release tension built up from stress and bring more oxygen to the body. Take 30 seconds to imagine for a moment that you’ve been under a lot of stress – perhaps think of a situation with one of the “drainers” you listed on your sheet. You can feel the tension throughout your body. You are still feeling some of the fight or flight responses and you feel like you’re in overdrive. You know from what you learned in your stress and lifestyle management group that the stress response can wreck havoc on your body, but you don’t know what to do to make yourself feel better! So, you take a deep breath and let out a biiiiiiiii exaggerated sigh “AAAAAAAAAAAAAAAAAAAAAHH!” (Have the group try the big sigh.)

  ▪ Did the sigh help? What changes did you notice in your body?

• We already know that stress can make our health worse by making us more prone to illness, chronic pain, and poorer physical health.
The “fight or flight” response in our bodies can leave us with a build-up of physical tension from when we are stressed. Many people who are under constant or chronic stress are not aware of the presence or location of the stress within their bodies because the tension has been there for so long that they simply get used to it. Relaxation techniques can effectively reduce physical tension and soreness in the body as a result of stress, but it is important to learn to recognize the physical locations in your body where stress builds up so that you know where to focus your tension reducing efforts (Karren et al., 2010).

- Invite participants to get comfortable in their chairs, and take 5 deep breaths. Remind participants to let their bodies relax and continue to breathe deeply while they turn their attention inside their bodies. Ask them to mentally scan the front of their bodies for tension, paying special attention to any areas of tightness or discomfort. Pause after prompting each body part to allow participants time to properly scan (Body scanning exercise modified and reproduced with permission from Structured Exercises in Stress Management, Vol.2-4).
  
  - Forehead to jaw
  - Neck and throat to chest
  - Arms
  - Hands
  - Fingers
  - Belly
- Hips
- Groin
- Thighs
- Shins
- Feet and toes

Once the front body scan has been done, invite participants to shade areas on body map sheet where they noticed tension. The more tension they noticed, the darker they should shade the area. Once everyone has shaded the front portion of their body map, do a body scan for the back of the body. Again, invite participants to get comfortable in their chairs, and take 5 deeps breaths. Remind participants to let their bodies relax and continue to breathe deeply while they turn their attention inside their bodies. Ask them to mentally scan the back of their bodies for tension, paying special attention to any areas of tightness or discomfort. Pause after prompting each body part to allow participants time to properly scan.

- Top of the scalp
- Base of the skull, to the back of the neck
- Across the tops of the shoulder and between the shoulder blades
- Down the upper arms
- Elbows
- Forearms
- Wrists
- Hands
- Waist and lower back
- Hips and butt
- Back of thighs and knees
- Calves
- Heels
- Bottom of feet

Once again, invite participants to shade areas on body map sheet where they noticed tension. The more tension they noticed, the darker they should shade the area.

Give CD with deep muscle relaxation script recording to participants as homework. Ask them to engage in deep muscle relaxation 4x over the week, and have them fill out another body map after the 4th time to compare and contrast at the next session.
Session Three – Stress Buffers

• Introduction
  o Welcome everyone back and introduce the purpose of the session.
    ▪ The purpose of today’s session is to go over how healthy lifestyle choices can help buffer the negative effects of stress.
  o Review deep muscle relaxation homework. Participants are free to discuss. Questions may be asked to stimulate discussion.
    ▪ Did you find your physical tension got better or worse the more you practiced?
    ▪ How did you feel immediately before vs. immediately after engaging in the progressive muscle relaxation?
    ▪ What was your state of mind like while engaging in the deep muscle relaxation?
    • Use a knot in rope to demonstrate the effort it takes to reverse physical tension that has accumulated as a result of stress.
    • It is possible to reverse the tension, but it takes awareness and effort. Simply yanking against the tension only tightens the knot.
• Stress can be better managed when we are careful to look after our physical health. We already know that stress can lead to illness and
disease when poorly managed – so by making sure our bodies are taken care of through getting exercise, proper nutrition, and enough sleep, we are arming ourselves to better resist the negative effects of stress. Our physical health becomes a “buffer” to stress.

- Low impact exercise, much the same as progressive muscle relaxation, helps to release accumulated physical tension as a result of stress, and may even act as a preventative measure to let go of physical tension before it becomes painful. The increased flow of oxygen and blood as a result of physical activity often times leads to increased energy level, and can provide a temporary distraction from stressors. Additionally, engaging in exercise releases endorphins - the body’s “feel good” chemicals - in the body that can lead to improved mood, and raises the body’s core temperature in a way that promotes sleep. (Walsh, 2011; Karren et al., 2010) Exercises don’t need to be complicated – just something deliberate that gets you up and moving. The more enjoyable the activity, the more likely you are to engage in it, so make sure you chose something that is fun for you!
  - Set up Wii boxing game on game console. Have people “face off” with one another. After everyone has had a 2-3 minute turn, direct participants back to their seats. If Wii game console is unavailable, choose 4 or 5 stretches or yoga poses and lead participants through them.

- Another important component to buffer the negative effects of stress is a healthy diet. Nearly everything that we do depends on a healthy physical body. Simply put, a proper and balanced diet keeps
the body functioning the way it should. When you are feeding your body the right “fuel”, you not only feel good about yourself, you are arming yourself against the negative effects of stress (Walsh, 2011; Karren et al., 2010). It may be difficult to eat well because often the foods we crave during periods of stress are high fat and highly processed.

- What foods do you crave when you are stressed?
  - Implement stress food make-over activity. Provide several recipe cards with typical “comfort foods” such as mac and cheese, cakes, baked goods, pizza, burgers, etc. In groups of 2, choose one recipe and give it a “health make-over” by suggesting healthier ingredient substitutes using the substitute handout in their workbook.

- A final component to combatting stress in your life in ensuring that you are getting enough sleep. During sleep, our bodies restore and repair themselves. Without adequate sleep, a person may experience feelings of depression, lapses in attention, inability to respond, slow thinking, impaired memory, irritability, and even erratic behavior. This may contribute to poorer management of life stressors (Karren et al., 2010).

- Do you feel that you are getting the right amount of sleep?
  - Have participants fill out the Epworth Sleepiness Scale (Johns, 1991) to determine if they are getting enough sleep.
What strategies do you use when you have a hard time sleeping?

- Ironically, stress often contributes to poor sleep; however, there are steps that can be taken to help improve sleep including sleep hygiene. Sleep hygiene is a term used for a series of strategies to help prepare both the person and the area for sleep. Here are some good sleep hygiene tips (Karren et al., 2010).
  - Do something relaxing and ritualistic before bed (ex. Have a warm glass of milk)
  - Put your worries and stressors aside. Start a worry journal or keep a note pad beside your bed to jot things down in. Then forget about it.
  - Get into a routine of waking up and going to bed at the same time everyday.
  - Avoid taking naps! Naps almost always disturb sleep patterns.
  - Make sure to expose yourself, if possible, to plenty of bright light early in the day.
  - Avoid caffeine after 2pm and limit alcohol after supper.
  - Warm up your body by exercising or taking a bath 4-6 hours before you go to bed.
  - Avoid going to bed too hungry or too full.
  - Use the bed for only sleep, relaxation, and sex. Don’t read, watch TV, work, or eat in bed.
  - Don’t force sleep. Try to go to bed only when you are drowsy. If you haven’t fallen asleep in 15-20 minutes, leave the
bedroom and go read something boring somewhere else until you feel drowsy.

- Make sure your bedroom is set up for sleep. Make sure curtains keep out light, avoid electronics in the bedroom (TV’s, computers, and cellphones), and make sure the temperature is neither too hot or too cold.
- Practice deep breathing or deep muscle relaxation before bed to relax the body.

- To review, it is important for us to make sure that our bodies are taken care of during periods of stress so we are better able to defend ourselves against illness, and so we are able to buffer the negative effects of stress. If you feel good, you’ll be in a better frame of mind to tackle life stressors.
  - Have participants choose 5 small steps that they can take to improve their activity level, eating habits, or sleeping patterns. Have participants write them down in session and ask them to post them somewhere where they will see them everyday. Encourage participants to commit to incorporating those steps for one week. Have them record any improvements they notice in the way they feel to share at next session.
Session Four – Modifying Negative Automatic Thoughts

• Introduction
  o Welcome everyone back, and review everyone’s 5 steps homework.
    ▪ How did it go? Did you find any of the steps easier to implement than others?
    ▪ Were there any barriers that you ran into in trying to make these 5 steps? Any ideas from the group in how to overcome those barriers?
    ▪ Do you notice any benefits in the way you feel?

• People often try to deal with stress using unhealthy coping strategies such as avoidance, overeating, substance use, procrastination, compulsive spending, distracting activities such as watching TV, or withdrawing from social activities. Although these coping strategies may help in the short term, they often cause MORE stress in the long term.
  o Can you identify an unhealthy coping strategy in the way you currently manage stress?
  o What purpose does the coping strategy serve for you?

• As previously touched on, differences in the way we perceive a stressor makes the experience of stress very subjective and personal. You may recall the concept of cognitive appraisal from sessions 2. Cognitive appraisal is essentially the process through which we interpret a stressor. The first event in cognitive appraisal is primary
appraisal. During primary appraisal, an individual evaluates the stressor to decipher whether it will be a threat to personal goals. During the second cognitive event, secondary appraisal, the individual evaluates whether they have the resources to cope with the stressor. If the individual appraises the situation as a threat to goals, or if they feel they do not have the resources and strategies to cope with the stressor, stress is evoked (Larson & Buss, 2008). In other words, the way one sees and thinks about a situation can be the cause of a negative psychological reaction, rather than the situation itself.

• Much of the effect of stress has to do with the way in which you respond to a stressor. The way in which you think about stress is highly influenced by your outlook or the thoughts you have about a situation. The body responds to what is happening in the brain, not to what is happening in the environment (Karren et al, 2010).

  o Example: On the way to an appointment last week, Jim got stuck in traffic and realized he was going to be late for my appointment. His cellphone had just died, so he had no way of calling the office to let them know he would be late. He could...
    ▪ A. Become stressed about the situation and feel tense, frustrated, or worried about the outcome of being late.
    ▪ B. He could take a deep breath, remind himself its not the end of the world and that he can reschedule if necessary, turn up the radio, and enjoy the time to himself.
• Many of the thoughts that we have each day are part of a stream of cognitive processing that is below the surface of our fully conscious minds; however, these thoughts can be recognized and understood if we turn our attention to them. These private and unspoken thoughts are called automatic thoughts. Sometimes, these automatic thoughts are a logical and accurate assessment or reflection of the situation. Other times, these automatic thoughts can be distorted and may contribute to the way we perceive a stressful situation. In other words, automatic thoughts can be negative or positive, and helpful or harmful. Learning to identify our own automatic thoughts when faced with a stressful situation helps to identify whether our automatic thoughts are helpful or harmful in our evaluation of the stressor. Additionally, there is a direct relationship between our thoughts and feelings – our beliefs affect our experiences. If our automatic thoughts are negative or unhelpful, it directly affects the way we feel. Therefore, the presence of strong emotions is usually a very good indication that negative automatic thoughts are occurring (Wright, Basco, & Thase, 2006).

  o Have participants fill out the first column of a thought record using stressful situations they may have encountered over the last month. Then, have them identify the automatic thoughts that went along with that situation and write them in the second column. Finally, have them fill out the feelings that accompanied the situation in the third column. If people are having a hard time differentiating between automatic thoughts
and feelings, do several examples as a group before moving on.

- You may notice while filling out your thought record that our automatic thoughts and our feelings about a stressful situation are generally on the same wavelength. This is because our thoughts influence our feelings – and ultimately how we behave in that situation (Karren et al., 2010). For example, imagine yourself in a situation where you are getting yourself a glass of water from the water cooler at the end of group session. Another group participant comes by and bumps into you, making you spill your glass of water all over the front of your shirt. How might you react? There are a couple of ways to think about this: You automatic thoughts may be something like “Man, that guy is such a jerk! He made me spill my water on purpose!” If you are thinking like that, how are you likely to feel? Angry—right? Now how about if you think, “Aww, bummer! He accidentally bumped into me. He does seem a bit unsteady on his feet today.” How would you feel then? Would you still feel angry? You might not be feeling much, other than a little wet from the spill!

- Now that you have learned to identify automatic thoughts, the focus shifts to learning ways to modify the negative automatic thoughts that may result from a stressful event. One way to do this is to attempt to replace the negative automatic thoughts with more rational thoughts. It is important to note that by generating rational alternatives, you are not trying to replace the negative thoughts with positive ones to gloss over the stressor or act like it doesn’t exist.
Instead, you are stepping outside your current framework of thinking to consider other adaptive and constructive responses that may frame the stressor in a more logical perspective (Wright et al., 2006).

- **Brainstorm** – List as many possible alternative responses as you can without considering whether they are practical or on target. Then, sort through the possibilities and see if any might be alternative ways to frame a stressful situation.

- **Learn from others** – Think of a character or someone you may know who handles stress really well. Now think of how the stressful situation might be assessed or handled by that person. What would they do differently?

- **Examine the evidence** – List all the evidence both for and against the validity of a negative automatic thought brought forth by a stressful event. Then, evaluate the evidence and work on changing the thought to be consistent with the evidence.

- **Decatastrophizing** – Catastrophic predictions about the future or outcome of a stressful situation are common. These predictions are often influenced by our negative automatic thoughts, but sometimes, unfortunately, the predictions are on target. Therefore, decatastrophizing doesn’t attempt to minimize the stressful situation. Instead, it is more of a “worst case scenario” plan to help you manage anticipated stressors.

- **Cognitive rehearsal** – Athletes often visualize the challenges of a competition situation to prepare their bodies and minds for
what’s ahead. We can use the same technique to prepare ourselves for a stressful situation. By thinking through potentially stressful circumstances in advance, we may be able to identify the negative automatic thoughts associated with that event. Once the negative automatic thoughts have been identified, they may be modified using techniques such as brainstorming and examining the evidence. Once you have identified a more adaptive and logical way to approach the situation, rehearse it in your mind so you are prepared to respond more effectively to the stressor if faced with it.

- Using some of the techniques above, have participants fill out the fourth column of the thought record with a more rational response towards the stressor and the emotions that accompany the more rational response in the fifth column.

- For homework, have participants fill out a thought record independently with stressful situations they may encounter throughout the week. Have them identify their own automatic thoughts about the situation, and encourage them to use the skills from this session to come up with some of their own rational responses towards the stress.
Session Five – Optimism and Problem-Solving

• Introduction
  o Welcome back, and review of thought record homework.
    ▪ How did everyone find the process of coming up with rational responses?
    ▪ Would anyone like to share one of the situations on their thought record, and describe how you came to a more rational response?

• I’d like to start the session by talking a little bit about the benefits of being optimistic and how keeping an optimism outlook can help combat stress. An optimistic outlook, especially during times of stress, can positively influence mood, performance, and even health (Karren et al., 2010). But first, what is optimism and who are optimists?
  o Optimism is defined as “hopefulness and confidence about the future or the successful outcome of something.”
  o Therefore, an optimist is someone who believes that good things, rather than bad, are going to happen to them. They experience day-to-day events in a more positive way and they expect positive outcomes. They take what action they can to change the course of events, taking their own reality into account, but doing everything that they possibly can with that reality.
• Optimists encounter the same hard knocks and stressors that other people do, but optimists look at the stressors and hard knocks as being temporary or an isolated occurrence. To be optimistic doesn’t mean that you need to be a ball of sunshine all the time – it means you need to be a problem solver.
  o Optimists deal with stressful situations by:
    ▪ Focusing directly on the problem without letting their negative automatic thoughts or emotions take over.
    ▪ They positively reinterpret or find a rational response to the situation. They may focus on what they could learn from the stressful event, what new truths about themselves they may discover, or take direct action by problem solving.
  
• Problem-solving and decision-making skills can be very effective in managing stress and encompass many of the techniques we used last session for developing more rational responses to stressors. Sometimes, the stress we feel is simply magnified by our negative automatic thoughts, and the only step that is required to manage the stressor is to develop a more rational response. Other times, the stress is a very real situation, and developing a rational response to the stress does nothing to reduce the demands placed on you. The goal of problem-solving and decision-making is to develop a plan to remove or lessen the stressor. Many people already have great problem-solving and decision-making skills, but these skills can be improved and refined over time. Like many other things, the more
you practice, the better you get. Problem-solving and decision-making may not come as easily when you are stressed, so it may help to follow a step-by-step process (Mayo Clinic, 2010)

- (Have participants follow along and fill in the problem-solving sheet in their workbook.)
  - Define the issue – be as clear and specific as you can.
    - Defining the issue is what you have practiced doing in the first column of your thought record.
  - Analyze the issue and gather relevant information – Ask yourself the “W” questions. (e.g. - What is contributing to this problem?, Who is involved?, When did it start?, Why is it happening?, etc.) Make sure to consult a variety of information sources.
  - Brainstorm – Think of possible solutions or ideas and write them down. Be creative and think outside the box.
    - This is a technique we talked about last week that could be used to generate more rational responses. This technique also works great for generating ways to lessen or remove the stressor.
  - Evaluate and plan – Look at each of the solutions you’ve brainstormed. Weigh the pros and cons of each solution or outcome, evaluate whether you have the resources for each or how you are going to get the resources you need, decipher whether the solution or outcome is realistic and what the
impact may be, and evaluate whether the solution or outcome will perhaps create more problems.

- This step of problem-solving uses the rational response technique of examining the evidence. However, instead of weighing evidence for and against the validity of a negative automatic thought, you are weighing the pros and cons of a solution to a stressor.

- Implement – This is where you develop an action plan and put it in place. At this point, it may be helpful to break down your plan of action into small steps so the plan is easier to manage - you don’t want to be causing yourself more stress! It may also be helpful to answer the “W” questions again. (e.g. – Who is going to do what?, What is needed for the plan to be implemented?, When will the plan be implemented?, etc.)

- This step is where you might use the rational response techniques of cognitive rehearsal to go through your plan of action in your mind. If your plan of action requires you to do something that may be difficult or uncomfortable for you – for instance, confronting a family member about their borrowing money from you – it may be helpful to rehearse all outcomes of the scenario in your mind so you are prepared and can approach the situation with more confidence.

- In this workshop, you’ve learned about the types of stress and how stress affects our bodies; you’ve learned how to physically relax your
body to combat stress, you’ve learned about healthy lifestyle choices and how they can help to combat stress, you’ve learned to identify and modify negative automatic thoughts, and you’ve learned about the importance of an optimistic attitude and how to problem solve to lessen the stress in your life. The information and techniques you’ve learned are meant to help you combat your stress, not complicate it further by giving you MORE to do. The last thing you want to do is make your stress worse by biting off more than you can manage. Striving too hard to reach your goal of reducing stress in your life may have stressful side effects. Keep practicing, keep hopeful, and move towards your goal at a pace that is comfortable to you.

- Read “What’s the Hurry?” parable from participant workbook.
- Have participants fill out the PSS and WEMWBS scales, and CELEBRATE!
References


Stress and Lifestyle Management: Participants Guide to Workshop Sessions

Photo used with permission from Feelin’ It Photography

Created and Written by: Emily Todd

In Consultation with Leeds Grenville Mental Health
Session One – Stress Psychoeducation

Purpose of workshop:

• To learn about stress and the impact that it has on our bodies and minds.
• To learn and practice coping strategies and lifestyle management techniques with the goal of improving your well-being.
• Sessions will be mostly educational with some in session activities and occasional homework assignments.

Ground rules for sessions:

• Out of respect for other participants, what is shared during the group stays in the group.
• Listen actively and respect other participants when they are talking. Please avoid talking over others and listen with an open mind.
• Be aware of your own and other’s participation – step up and step back!
• Respect the limited time we have in session and keep comments brief and to the point.
  o Any other suggestions for ground rules?

It is important that you commit to coming to sessions if you’d like to see the potential benefits, but it’s also important that you understand that you are free to leave at any time, for any reason, without repercussions.
Group Icebreaker Question:

If there were a Stress Fairy Godmother who could wave her magic wand and grant any wish regarding life stressors or coping style, what would your wish be? (Ex – “I wish I could stop all the arguments at home” or “I wish I could stop worrying about money”)

So, what IS stress??

“A nonspecific response of the body to any demand for change” i

“A force which induces distress or strain upon both the emotional and physical makeup” ii

“A physical, chemical, or emotional factor that causes bodily or mental tension and may be a factor in disease causation” iii

“A mentally or emotionally disruptive or upsetting condition occurring in response to adverse external influences and capable of affecting physical health, usually characterized by increased heart rate, a rise in blood pressure, muscular tension, irritability, and depression” iv

In other words, stress is what happens when an event or situation occurs that we don’t feel prepared to deal with.
Stressors and Different Types of Stress

Events and circumstances in our lives that cause stress are called stressors. Stressors may come from major life events such as the death of a loved one, personal injury or illness, or change in living conditions as well as from daily hassles such as getting stuck in traffic, having an unsupportive work environment, or having to worry over money.

There are three basic types of stress:

• **Physical stress**: Environmental pollution, injury, constant noise, etc.

• **Psychological stress**: Stress that is triggered by the way we react to or see a situation.

• **Psychosocial stress**: Stress that comes from our relationships and conflicts with those around us, or from being isolated due to not enough social interactions.

All stress, regardless of its type and whether its from major life events or daily hassles, appear to have things in common; they produce a state of feeling overwhelmed, they produce inner conflict, and they often feel uncontrollable and outside your own influence.

*What are some common stressors in your life?*
The Fight or Flight Response

Stress affects both our bodies and minds. In our bodies, stress activates the sympathetic nervous system. This is a complicated name for a system in our body that prepares the body for something stressful by putting together the body’s stress fighting resources to prepare you to either fight or flee the situation. ²

*Take a moment to imagine yourself as a caveman. You’ve been out hunting and gathering supplies all day and are heading back to your home for the night. You turn a corner, and look up to realize there is a hungry, ferocious sabre tooth tiger 20 feet away!* 

*How do you think you would you be feeling in your body?*

*What do you think you would do?*

The reactions we get in our body when faced with stress get us ready for that what is called the fight or flight response. The fight or flight response
was a useful way for cavemen to respond to threats in their environment. In this day and age, it is unlikely that we’ll need to fight or flee, but unfortunately our bodies still respond to stress in this primitive way wrecking havoc on our bodies.¹

When the stressor has gone away, the parasympathetic nervous system kicks in. The parasympathetic nervous system is just another fancy name for a body system that calms down the bodies stress fighting resources and returns you to a more normal state where you can begin to recover from the stress. When a person is exposed to constant or chronic stress - imagine the sabre tooth tiger being there all the time - the sympathetic nervous system, the one that gets you ready to fight or flee, remains constantly activated and the body eventually becomes exhausted leaving it open to a variety of illnesses and overall poorer health, feelings of depression and/or anxiety, and increased mental health symptoms.¹²⁵

The purpose of the stress response is the same for everyone, but people are very different in the physical and emotional responses they have to stress.² For instance, using the sabre tooth tiger example, some people might think “Oh, YIKES!” and run. Others might think “Yum! Dinner!” and fight the tiger. Learning to identify your own stress response “warning signs” can help to relieve the physical effect of stress before it becomes too much to manage.
Threat System

The ‘flight or flight’ response gets the body ready to fight or run away. Once a threat is detected your body responds automatically. All of the changes happen for good reasons, but may be experienced as uncomfortable when they happen in ‘safe’ situations.

- Thoughts racing helps us to evaluate threat quickly and make rapid decisions, can be hard to focus on anything but the feeling of danger
- Changes to vision tunnel vision, or vision becoming ‘sharper’
- Dry mouth
- Heart beats faster feeds more blood to the muscles and enhances ability to fight or run away
- Hands get cold blood vessels in the skin contract to force blood towards major muscle groups
- Muscles tense ready to fight or run away they may also shake or tremble
- Dizzy or lightheaded
- Breathing becomes quicker and shallower to take in more oxygen and make our body more able to fight or run away
- Adrenal glands release adrenaline adrenaline signals other organs to get ready
- Bladder urgency muscles in the bladder relax in response to stress
- Palms become sweaty the body sweats to keep cool, this makes it a more efficient machine

Used with permission from http://www.psychologytools.org
Marauders Game

The Marauders Game is meant to demonstrate the body’s physical and emotional responses to stressful events. This is a game of surprise, so if you scare easily or are uncomfortable playing the game, you are free to sit out and observe.

Instructions:
- Choose one person to be the marauder, and have all other people stand in a small circle facing one another with their eyes closed.
- Instruct the marauder to slowly circle the group and choose one person to surprise “attack” by suddenly yelling “HA!” while placing their hands on the person’s back.
- Those people in the circle keep their eyes closed and pay attention to any body sensations or emotions they may feel while waiting for the marauder to “attack”.
- The startled person then becomes the new marauder until everyone has had a turn.

What physical signs of stress did you notice in your body while playing the game?

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What emotional responses did you feel while playing the game?

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Drainers & Energizers

It’s important to note that not all stress is “bad” stress. Differences in the way we see or assess a stressor can cause some stress to be “good” stress, also called eustress. While stress can be very bad for your health, eustress, or “good” stress, can actually improve your health\(^2\). For example, the stress you feel while waiting for the birth of a baby in the family might be considered eustress. Another example of eustress might be the thrill and joy experienced on a roller-coaster ride – although, not all people would feel this way, would they? Some people might see riding the roller coaster as “bad” stress and instead of being invigorated or excited by the ride, they may see the ride as too dangerous or frightening. Everyone experiences stress differently, but it is important to recognize the bad stress or “drainers” and the good stress (eustress) or “energizers” in your life.

Homework

Please complete the “Drainers and Energizers” worksheets on the following pages. This will help you to identify negative stressors in your life that may drain you, as well as positive energizers that recharge you. Next week, the session’s topic will be “Physical Symptoms of Stress and Body Scanning”. See you next week! 😊
# Personal Drainers

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<th>AT HOME</th>
<th>AT WORK</th>
<th>AT PLAY</th>
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## Personal Energizers

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<td>CHALLENGE ME</td>
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<td>GIVE MEANING</td>
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<td>MAKE ME LAUGH</td>
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<tr>
<td>ENERGIZE ME</td>
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Session Two – Physical Symptoms of Stress

Welcome back! 😊

Group Icebreaker Instructions:

- Grab a handful of gummy bears
- Arrange your gummy bears into color groups (reds, oranges, greens, etc.)
- Each color of gummy bear corresponds with a question. If you end up with several gummy bears of the same color, you can choose to answer the color corresponding question with several different answers, OR you can choose a color that you don’t have (or have fewer of) and “switch” the corresponding question for another color’s corresponding question.

Gummy Bear Questions:

- **Green**: Favorite way to pamper yourself
- **Red**: Biggest stressor in your life right now
- **Orange**: Someone you admire for the way they handle their own life stressors
- **Yellow**: Your least favorite symptom of stress
- **White**: What you hope to accomplish in this workshop
Review of Homework:

Last week, you were asked you to complete the “Drainers and Energizers” worksheets to help you to identify negative stressors in your life that may drain you, as well as positive energizers that recharge you.

In what setting did most of your stress-producing drainers occur?

____________________________________________________________________________

In what setting did most of your positive-energizers occur?

____________________________________________________________________________

Reflect on the balance of drainers and energizers in your life. If they are not matched, what can be done to improve the balance?

____________________________________________________________________________

____________________________________________________________________________
Primary Appraisal and Secondary Appraisal

As we previously touched on last week, differences in the way we perceive or recognize a stressor makes the experience of stress very individual and personal. In order for stress to be experienced by a person, two actions must happen. The first of these is called primary appraisal. During primary appraisal, an individual evaluates the stressor to figure out whether it will be a threat to their personal goals. During the second action, secondary appraisal, the individual evaluates whether they have the resources or things they need to cope with the stressor. If the person sees the situation as a threat to goals, or if they feel they do not have the resources and skills to cope with the stressor, stress is created. On the other hand, if the stressor is seen as non-threatening to one’s goals, or if the person feels they have the resources and skills to cope, the stressor is generally well managed. 

It is important to balance the drainers and energizers in our lives. To demonstrate this, think of a rubber band. Too tight, and the rubber band becomes thin and may break – the same way that a person might become spread too thin or feel like they may break under the pressure of too many drainers. Too lose, and the rubber band becomes floppy, boring, and without structure – the same way that a person might become bored and disinterested if they do not have enough energizers in their lives. The perfect amount of tension produces a rubber band capable of making music – the same way a balance of drainers and energizers in our lives can produce harmony!
Sometimes, all you need is a good sigh...

Coping strategies don’t need to be complicated or require a lot of effort. Something as simple as a big loud sigh can release tension built up from stress and bring more oxygen to the body. Take 30 seconds to imagine for a moment that you’ve been under a lot of stress – perhaps think of a situation with one of the “drainers” you listed on your sheet. You can feel the tension throughout your body. You are still feeling some of the fight or flight responses and you feel like you’re in overdrive. You know from what you learned in your stress and lifestyle management group that the stress response can wreck havoc on your body, but you don’t know what to do to make yourself feel better! So, you take a deep breath and let out a biiiiiiiig exaggerated sigh... Try it!

“AAAAAAAAAAAAAAAAAAAAAAAAAH!”

*Did the sigh help? What changes did you notice in your body?*

________________________________________________________________________

________________________________________________________________________
Relaxation Training

We already know that stress can make our health worse by making us more prone to illness, chronic pain, and poorer physical health. The “fight or flight” response in our bodies can leave us with a build-up of physical tension from when we are stressed. Many people who are under constant or chronic stress are not aware of the presence or location of the stress within their bodies because the tension has been there for so long that they simply get used to it. Relaxation techniques can effectively reduce physical tension and soreness in the body as a result of stress, but it is important to learn to recognize the physical locations in your body where stress builds up so that you know where to focus your tension reducing efforts.²

Body Scanning

Body scanning is a useful tool to help you begin to recognize some of the areas of your body where physical tension may build as a result of stress. It is important to become aware of physical tension in our bodies so that we can take the required steps to reduce the harmful side effects of that tension.⁷
Instructions:

- This body scan will be done in 2 parts – front and back.
- Get comfortable in your seat, close your eyes, and take 5 deep breaths.
- Let your body relax into the chair, and continue to breathe deeply and from your tummy.
- You’ll be prompted to turn your attention to a specific body part by the facilitator followed by a 7-10 second pause.
- When prompted, turn your attention inside your body to that specific body part paying attention to any areas of tightness or discomfort.
- Keep track of any areas in your body where you feel physical tension.
- Once the body scan is done and you have been prompted through all the body parts, shade the area on your body map where you noticed tension. The more tension, the darker the shading.

<table>
<thead>
<tr>
<th>Front Body Scan</th>
<th>Back Body Scan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Forehead to jaw</td>
<td>Top of scalp</td>
</tr>
<tr>
<td>Neck and throat to chest</td>
<td>Base of skull, to back of neck</td>
</tr>
<tr>
<td>Arms</td>
<td>Shoulders and shoulder blades</td>
</tr>
<tr>
<td>Hands</td>
<td>Upper arms</td>
</tr>
<tr>
<td>Fingers</td>
<td>Elbows</td>
</tr>
<tr>
<td>Belly</td>
<td>Forearms</td>
</tr>
<tr>
<td>Hips</td>
<td>Wrists</td>
</tr>
<tr>
<td>Groin</td>
<td>Hands</td>
</tr>
<tr>
<td>Thighs</td>
<td>Waist and lower back</td>
</tr>
<tr>
<td>Shins</td>
<td>Hips and butt</td>
</tr>
<tr>
<td>Feet and toes</td>
<td>Back of thighs and knees</td>
</tr>
<tr>
<td></td>
<td>Calves</td>
</tr>
<tr>
<td></td>
<td>Heels and bottom of feet</td>
</tr>
</tbody>
</table>
Front Body Scan

Created by Emily Todd
Back Body Scan

Created by Emily Todd
Homework

Please engage in progressive muscle relaxation in the evening at least 4x over the coming week. This will help you to learn to produce the relaxation response in your body and will help release accumulated tension that you may have found during your body scan. After engaging in progressive muscle relaxation at least 4x, do a body scan and shade the areas, both front and back, where you notice tension like we did in session. Compare your body map done in session to the one you fill out after engaging in progressive muscle relaxation and come prepared to discuss at next session.

Next week, the session’s topic will be “Stress Buffers”.

See you then! 😊

Guidelines for Progressive Muscle Relaxation

1. Be aware of your physical limitations or any physical injury that may cause you pain. If you are unsure, talk with your doctor.
2. Find an area that is quiet, comfortable, and with minimal distractions.
3. Do not practice on a full stomach. Food digestion after meals can disrupt the relaxation process.
4. Assume a comfortable position. Your whole body, your head included, should be supported (e.g. lying in bed, reclining in a chair.)
5. Loosen any tight clothing and take off your shoes.
6. Give yourself permission to put aside your worries and stress for a short time. Allow this time to take care of yourself. 8
Session Three – Stress Buffers

Welcome back! 😊

Review of Homework:

Last week, you were asked to practice progressive muscle relaxation at least 4x over the week to learn to produce the relaxation response and to release accumulated tension you found during your body scan. You were also asked to fill out an additional front and back body scan sheet after practicing progressive muscle relaxation to compare the areas of tension.

Did you find that the physical tension got better or worse the more you practiced?

____________________________________________________________________

How did you feel immediately before vs. immediately after engaging in the progressive muscle relaxation?

____________________________________________________________________

What was your state of mind like while engaging in the deep muscle relaxation?

____________________________________________________________________
It is important that we take our time when attempting to release physical tension that accumulates because of stress. To demonstrate this, think of a very tangled knot in a rope. To untangle the knot, it will take time, awareness, patience, and effort. Simply yanking the knot will only make things more tight and tangled! The knot is a lot like the physical tension in our bodies. It took time for the physical tension to accumulate, and it will take time to release it. Don’t give up practicing! 😊 As we’ll learn today, progressive muscle relaxation can also be a valuable tool to help with falling asleep!

**Stress Buffers**

Stress can be better managed when we are careful to look after our physical health. We already know that stress can lead to illness and disease when poorly managed – so by making sure our bodies are taken care of through getting exercise, proper nutrition, and enough sleep, we are arming ourselves to better resist the negative effects of stress. Our physical health becomes a “buffer” to stress.

**Exercise**

Low impact exercise, much the same as progressive muscle relaxation, helps to release accumulated physical tension as a result of stress, and may even act as a preventative measure to let go of physical tension before it becomes painful. The increased flow of oxygen and blood as a result of physical activity often times leads to increased energy level, and can provide a temporary distraction from stressors. Additionally, engaging in exercise releases endorphins - the body’s “feel good” chemicals
- that can lead to improved mood, and raises the body’s core temperature in a way that promotes sleep \(^2\). Exercises don’t need to be complicated – just something deliberate that gets you up and moving. The more enjoyable the activity, the more likely you are to engage in it, so make sure you chose something that is fun for YOU!

**Nutrition**

Another important component to buffer the negative effects of stress is a healthy diet. Nearly everything that we do depends on a healthy physical body. Simply put, a proper and balanced diet keeps the body functioning the way it should. When you are feeding your body the right “fuel”, you not only feel good about yourself, you are arming yourself against the negative effects of stress \(^2\).

*What foods do you crave when you are stressed?*

__________________________________________________________________________

__________________________________________________________________________

Let’s get MOVING! 😊
Stress Food Makeover

It may be difficult to eat well during periods of stress because often the foods we crave are high fat and highly processed – but don’t fret! You don’t need to always swap the burger for a salad! There are plenty of healthy ingredient substitutes for cooking and baking! Simply swapping some unhealthy ingredients for healthy ones can increase a food’s health and nutritional value.

Instructions:

- Think of one of your favorite unhealthy recipe, or choose one of the recipes from the cards provided.
- Using the list of substitute ingredients below or your own ideas, give your recipe a “healthy makeover”.

Healthy Recipe Substitutions²
By Kate Morin

1. Black beans for flour: Swapping out flour for a can of black beans (drained and rinsed, of course) in brownies is a great way to cut out the gluten and fit in an extra dose of protein. Plus, they taste great.
2. Whole wheat flour for white flour: In virtually any baked good, replacing white flour with whole wheat can add a whole new dimension of nutrients, flavor, and texture. Because whole wheat includes the outer shell of the grain, it also provides an extra punch of fiber, which aids in digestion and can even lower the risk of diabetes and heart disease.
3. Unsweetened applesauce for sugar: Using applesauce in place of sugar can give the necessary sweetness without the extra calories and, well, sugar. While one cup of unsweetened applesauce contains only about 100 calories, a cup of sugar can pack in

² The article “80 Healthy Recipe Substitutions” was used with permission from Greatist.com. Original article can be found at http://greatist.com/health/healthy-recipe-substitutions/
more than 770 calories! This swap is perfect for oatmeal cookies.

4. **Unsweetened applesauce for oil or butter**: Don’t knock this one till you’ve tried it. The applesauce gives the right consistency and a hint of sweetness without all the fat of oil or butter. This works well in any sweet bread, like banana or zucchini, or in muffins — and even with pre-boxed mixes!

5. **Almond flour for wheat flour**: This gluten-free switch gives any baked good a dose of protein, omega-3s, and a delicious nutty flavor.

6. **Avocado puree for butter**: They’re both fats and have nearly the same consistency at room temperature. The creaminess and subtle flavor of the avocado lends itself well to the texture of fudge brownies and dark chocolate flavorings.

7. **Marshmallow Fluff for butter and sugar (in frosting)**: Replacing the fat and sugar in frosting with marshmallow achieves the perfect consistency with many fewer calories. While two tablespoons of marshmallow has just 40 calories and 6 grams of sugar (and no fat!), the same amount of conventional frosting can pack up to 100 calories, 14 grams of sugar, and 5 grams of fat. Need we go on?

8. **Natural peanut butter for reduced fat peanut butter**: While they may appear better than traditional Skippy or Jiff, reduced fat versions of peanut butter can actually have more sugar — and an extra-long list of artificial additives — than the classics. Natural peanut butter (preferably unsalted) provides the same sweetness without call the extra junk.

9. **Vanilla for sugar**: Cutting sugar in half and adding a teaspoon of vanilla as a replacement can give just as much flavor with significantly fewer calories. Assuming the recipe originally calls for one cup of sugar, that’s already almost 400 calories cut out!

10. **Mashed bananas for fats**: The creamy, thickening-power of mashed (ripe!) banana acts the same as avocado in terms of replacing fat in baking recipes. The consistency is ideal, and the bananas add nutrients like potassium, fiber, and vitamin B6.

11. **Meringue for frosting**: Made from just egg whites and sugar, meringue can be a great fat-free substitution for traditional frosting. Feel like going a step further? Take a torch to it. Lightly charring the edges of the meringue can add a nice caramelized flavor. (Not to mention a cool visual effect!)

12. **Graham crackers for cookies (in pie crusts)**: Who doesn’t love a fresh baked cookie-crust pie? Next time, refrain from the traditional sugar or Oreo cookie crust and grab the graham crackers. Reduced-fat graham crackers offer the same consistency and flavor with about half the calories of the conventional options.

13. **Evaporated skim milk for cream**: It’s the same consistency with a fraction of the fat. Evaporated milk tends to have a bit more sugar (only about 2 grams), but the major drop in fat content is well worth the switch.

14. **Stevia for sugar**: The natural sweetener stevia is lower in calories and up to 300 times sweeter than sugar. But watch the grocery bill — this fashionable sweetener can also cost up to 5 times as much as granulated sugar.

15. **Prunes for butter**: In brownies and other dark baked goods, minced baby prunes make for a perfect butter substitute while cutting more than half the calories and fat.

16. **Cacao Nibs for chocolate chips**: News flash: Those chocolate chips actually start out as cacao nibs — the roasted bits of cocoa beans that then get ground down and turned
in to chocolate. Opting for these unprocessed (or at least less processed) morsels cuts out the additives and added sugar in chocolate, while also delving out a healthy dose of antioxidants.

17. Brown rice for white rice: When white rice is processed, the “brown” bran layer gets stripped away, cutting out essential nutrients (like fiber). Opt for brown rice for a fuller nutritional profile.

18. Quinoa for couscous: While couscous is made from processed wheat flour, quinoa is a whole-grain superfood packed with protein and nutrients. Bonus points: They have almost the exact same texture.

19. Zucchini ribbons for pasta: Thin strips or ribbons of zucchini are a great stand in for carb-packed pastas. Plus, it’s one excuse to skip the boiling — simply sauté for a few minutes until soft.

20. Olive oil for butter: When cooking eggs, this simple switch is a great way to cut down on saturated fats while getting a healthy dose of essential omega-3 fatty acids.

21. Turnip mash for mashed potatoes: While one cup of mashed potatoes made with whole milk racks up about 180 calories (and that’s before the inevitable salt and butter), a cup of mashed turnip (which doesn’t need milk or butter to get that creamy consistency) has only 51 calories. Add some fresh herbs in place of the salt and it’s a much healthier stand-in for classic mash.

22. Grated steamed cauliflower for rice: Cut both calories and carbs with this simple switch. The texture is virtually the same, as is the taste.

23. Mashed cauliflower for mashed potatoes: Just like the turnip mash, mashed cauliflower has only a fraction of the calories of potatoes and it’s nearly impossible to taste the difference. Got picky eaters at the table? Try mixing half potato, half cauliflower.

24. Rolled oats for breadcrumbs: While breadcrumbs can pack extra sodium, using rolled oats seasoned with herbs is a great way to sneak another whole grain into any meal.

25. Prosciutto or pancetta for bacon: Bacon is often the go-to for that smoky flavor in savory dishes (and even in some sweet ones). But opting for a few slices of prosciutto or pancetta can help cut both calories and fat. While bacon has about 70 calories and 6 grams of fat for two slices, prosciutto has just 30 calories and 4 grams in an equally weighted sample.

26. Two egg whites for one whole egg: One egg yolk holds more than half the recommended daily cholesterol for the average adult. Trading out the yolk for a second white will cut out the cholesterol while doubling the protein. If making a dish that requires more eggs, keep one to two yolks for their rich vitamins A, E, D, and K content, but consider swapping out the rest.

27. White-meat, skinless poultry for dark-meat poultry: The biggest chicken debate to date: white meat vs. dark meat. And the white meat has it beat — lower in calories and fat, higher in protein and iron.

28. Egg Beaters for egg yolks: A solid substitution for many egg dishes (like omelets or frittatas) — and even for something more complicated, like Hollandaise sauce.

29. Bison for beef: Higher in B vitamins and lower in fat, bison is a great substitute for
the ol’ beefy standard. (When available, of course.)

30. **Ground Turkey for ground beef**: Ground turkey (or chicken) is a great substitute for ground beef to cut down on saturated fat and calories. Reminder: Because of the lower fat content, ground poultry often ends up drier than beef, but a few tablespoons of chicken stock can solve the problem in a snap!

31. **Coconut milk for cream**: Coconut milk is a great substitute for heavy cream in soups and stews. And don’t be turned off by the word “coconut” — it doesn’t taste like the sweetened shredded kind!

32. **Spaghetti squash for pasta**: Roasted and pulled apart with a fork, spaghetti squash is a great low-carb and lower-calorie substitute for pasta.

33. **Greek yogurt for sour cream**: Half the fat and calories, yet the taste and texture are virtually identical. Plus, nonfat Greek yogurt offers an extra dose of lean protein.

34. **Arugula, romaine, spinach, and/or kale for iceberg lettuce**: All greens are not created equal. Darker greens usually mean more nutrients like iron, vitamin C, and antioxidants. Sorry, iceberg’s just not cutting it anymore.

35. **Greek yogurt for mayo (in tuna/chicken salad)**: Add some herbs and a squeeze of lemon juice, and they’ll taste almost identical. Plus, this swap will save on calories and fat, and provide an extra dose of protein.

36. **Nutritional yeast for cheese**: The taste and texture are a little bit different, but the creamy gooiness is pretty comparable. Instead of topping that taco with cheddar, try a sprinkle of nutritional yeast for a cheesy flavoring with much less fat.

37. **Lettuce leaves for tortilla wraps**: It’s not a perfect swap, but forgoing the carbs for fresh lettuce is a fun (and easy) switch that can lighten up any wrap or taco dish.

38. **Nuts for croutons (in salads)**: Every salad needs that extra crunch. But rather than getting the extra carbs (and often fat and sodium) that come with croutons, try some lightly toasted slivered almonds, pecans, or walnuts.

39. **Whole wheat bread for white bread**: You’ve heard it all before, but it’s just that important! Whole-grain wheat beats out processed white with a complete nutrition profile and better flavor and texture.

40. **Frozen or Fresh Fruits for canned fruit**: Cut down on excess sugar and preservatives by choosing fresh or flash-frozen varieties.

41. **Cauliflower puree for egg yolks (in deviled eggs)**: For that devilish Southern favorite — deviled eggs — try replacing half the yolks in the filling with cauliflower puree. The taste remains the same, as does the texture, but without the extra dose of cholesterol.

42. **Quinoa for oatmeal**: Cooked with milk (cow, almond, hemp — whatever’s on hand) and some cinnamon, quinoa makes a perfect protein-packed hot breakfast.

43. **Edamame hummus for regular hummus**: While hummus might look innocent from the sidelines, it’s on our list of potential dangerfoods, packed with more than 50 calories in two tablespoons. That’s why switching to an edamame-based hummus can help reduce the danger (read: fat and calories) while still providing a delicious dip.

44. **Kale chips for potato chips**: Who would’ve guessed that a leafy green could make such delicious chips? When lightly tossed in olive oil and some seasoning (salt and pepper, paprika, or chili powder work well) and baked, these curly greens turn into a delightfully delicate crunchy snack with less fat than the classic fried potato chip.
45. **Popcorn for potato chips**: Lower in calories and fat, natural popcorn without pre-flavored seasonings is a great snack alternative to replace those oily, super-salty potato chips. Try made-at-home flavors by adding cinnamon, chili powder, or Parmesan.

46. **Banana ice cream for ice cream**: No milk, no cream, no sugar... but the same, delicious consistency. It’s simple: freeze bananas, then puree.

47. **Sweet potato fries for French fries**: Opting for sweet potatoes rather than the traditional white adds an extra dose of fiber, and vitamins A, C, and B6. Plus, it cuts out roughly 20 grams of carbohydrates per one-cup serving. Just don’t overdo it!

48. **Frozen Yogurt for Ice Cream**: Picking frozen yogurt over ice cream can help cut down fat content!

49. **Pureed fruit for syrup**: Both sweeten flapjacks or a nice whole-wheat waffle, but pureed fruit warmed on the stovetop with a bit of honey packs much less sugar than classic maple. Plus, it provides an extra dose of antioxidants and vitamins.

50. **Herbs or citrus juice for salt**: You heard it here first: Food doesn’t need to be salted to taste good! Fresh herbs and citrus juice can provide just as much flavor without the added risks of excess sodium intake.

51. **Garlic powder for salt**: Just like fresh herbs, garlic powder can provide a flavorful-punch without adding sodium. A word of warning, though: don’t mistake garlic powder for garlic salt.

52. **Homemade salad dressing for bottled dressing**: By making dressing from scratch at home, it’s easy to cut out the added sugar, sodium, and preservatives typically found in pre-made dressings. Try mixing vinegar or lemon juice and oil in a 2:1 ratio and flavoring with spices like rosemary, thyme, oregano, and pepper!

53. **Seltzer water with citrus slice instead of soda**: Instead of sugary sodas, opt for a glass of sparkling water with a few slices of citrus — grapefruit, lime, orange, and lemon all work well — for a little extra flavor.

54. **Skim milk for whole or 2% milk**: Fewer calories and fat with the same amount of protein makes this switch well worth it.

55. **Cinnamon for cream and sugar (in coffee)**: Cutting out the cream and sugar in favor of a sprinkle of cinnamon can cut up to 70 calories per cup. Plus, cinnamon can boost metabolism.

56. **Soda water for juice (as a mixer)**: Rum and coke. Cranberry and vodka. Sure, these sugary mixers take care of the inner sweet tooth. But try mixing liquor with soda water and a slice of fruit (or even just a splash of juice) and down goes the sugar (and calorie) count.

57. **Oven or pan-frying for deep frying**: Yes, those chicken tenders are deliciously greasy, but by foregoing the oil bath for just a misting of oil in a pan or oven, it’s easy to cut fat without sacrificing flavor.

58. **Steaming for boiling**: While both are great options for meats and veggies, steaming is king because it removes fewer nutrients from vegetables. While boiling can leech out some of the better nutrients (hence why water turns green after boiling broccoli) steaming keeps all that green goodness inside the veggies.
Sleep

A final component to combatting stress in your life in ensuring that you are getting enough sleep. During sleep, our bodies restore and repair themselves. Without adequate sleep, a person may experience feelings of depression, lapses in attention, inability to respond, slow thinking, impaired memory, irritability, and even erratic behavior. This may contribute to poorer management of life stressors.2

What strategies do you use when you have a hard time sleeping?

________________________________________

________________________________________

Epworth Sleepiness Scale

The Epworth Sleepiness Scale is a tool used to measure the degree of daytime sleepiness you may be experiencing. This can be helpful in determining in you are getting an adequate amount of sleep. Fill out the scale on the following page and tally your score to determine your rating.
Epworth Sleepiness Scale

Name: 

Date: 

Your age (Yr) ___________________________ Your sex: ☐ Male ☐ Female

How likely are you to doze off or fall asleep in the situations described below, in contrast to feeling just tired?

This refers to your usual way of life in recent times.

Even if you haven't done some of these things recently try to work out how they would have affected you.

Use the following scale to choose the most appropriate number for each situation:-

<table>
<thead>
<tr>
<th>Situation</th>
<th>Chance of dozing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sitting and reading</td>
<td></td>
</tr>
<tr>
<td>Watching TV</td>
<td></td>
</tr>
<tr>
<td>Sitting, inactive in a public place (e.g. a theatre or a meeting)</td>
<td></td>
</tr>
<tr>
<td>As a passenger in a car for an hour without a break</td>
<td></td>
</tr>
<tr>
<td>Lying down to rest in the afternoon when circumstances permit</td>
<td></td>
</tr>
<tr>
<td>Sitting and talking to someone</td>
<td></td>
</tr>
<tr>
<td>Sitting quietly after a lunch without alcohol</td>
<td></td>
</tr>
<tr>
<td>In a car, while stopped for a few minutes in the traffic</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
</tr>
</tbody>
</table>

Score:
- 0-10 Normal range
- 10-12 Borderline
- 12-24 Abnormal
Sleep Hygiene

Ironically, stress often contributes to poor sleep; however, there are steps that can be taken to help improve sleep including sleep hygiene. Sleep hygiene is a term used for a series of strategies to help prepare both the person and the area for sleep. Here are some good sleep hygiene tips:

- Do something relaxing and ritualistic before bed (ex. Have a warm glass of milk)
- Put your worries and stressors aside. Start a worry journal or keep a note pad beside your bed to jot things down in. Then forget about it.
- Get into a routine of waking up and going to bed at the same time everyday.
- Avoid taking naps! Naps almost always disturb sleep patterns.
- Make sure to expose yourself, if possible, to plenty of bright light early in the day.
- Avoid caffeine after 2pm and limit alcohol after supper.
- Warm up your body by exercising or taking a bath 4-6 hours before you go to bed.
- Avoid going to bed too hungry or too full.
- Use the bed for only sleep, relaxation, and sex. Don’t read, watch TV, work, or eat in bed.
- Don’t force sleep. Try to go to bed only when you are drowsy. If you haven’t fallen asleep in 15-20 minutes, leave the bedroom and go read something boring somewhere else until you feel drowsy.
- Make sure your bedroom is set up for sleep. Make sure curtains keep out light, avoid electronics in the bedroom (TV’s, computers, and cellphones), and make sure the temperature is neither too hot or too cold.
- Practice deep breathing or deep muscle relaxation before bed to relax the body.

**Homework**

Please choose 5 small steps that you can commit to trying for the week to improve your activity level, eating habits, or sleeping patterns. Write down your steps on the following page and post them somewhere where you will see them everyday. Commit to incorporating these steps into your life for one week, and make note of any improvements you notice in the way you feel. Next week, the session’s topic will be “Modifying Negative Automatic Thoughts”.

See you then! 😊
My Five Small Steps

1. _________________

2. _________________

3. _________________

4. _________________

5. _________________
Session Four – Modifying Negative Automatic Thoughts

Welcome back! 😊

Review of Homework:

Last week, you were asked to choose 5 small steps to incorporate in your week to improve your activity level, eating habits, or sleeping habits. You were also asked to make note of any improvements you noticed in the way you feel.

*How did implementing the 5 steps go? Did you find any of the steps easier to implement than others?*

________________________________________________________________________________________

*Were there any barriers that you ran into in trying to implement your 5 steps?*

________________________________________________________________________________________

*Do you notice any benefits in the way you feel? If so, what were they?*

________________________________________________________________________________________

Unhealthy Coping Strategies

People often try to deal with stress using unhealthy coping strategies such as avoiding the issue, overeating, substance use, procrastination,
compulsive spending, distracting activities such as watching TV, or withdrawing from social activities. Although these coping strategies may help in the short term, they often cause MORE stress in the long term.

*Can you identify an unhealthy coping strategy in the way you currently manage stress?*

___________________________________________________________________________

*What purpose does the coping strategy serve for you?*

___________________________________________________________________________

**Let’s recap…**

As previously touched on, differences in the way we perceive a stressor makes the experience of stress very subjective and personal. You may recall us talking about cognitive appraisal in sessions 2. Cognitive appraisal is essentially the process through which we interpret a stressor. Differences in the way we perceive or recognize a stressor makes the experience of stress very individual and personal. In order for stress to be experienced by a person, two actions must happen. The first of these is called primary appraisal. During primary appraisal, an individual evaluates the stressor to figure out whether it will be a threat to their personal goals. During the second action, secondary appraisal, the individual evaluates whether they have the resources or things they need to cope with the stressor. If the person sees the situation as a threat to goals, or if they feel they do not have the resources and skills to cope with the stressor, stress is
created. In other words, the way one sees and thinks about a situation can be the cause of a negative reaction, rather than the situation itself.

**Responding to Stress**

A lot of the outcome of stress has to do with the way in which you respond to a stressor. The way in which we think about a stressful situation is highly influenced by our outlook or the thoughts we have about a situation. The body responds to what is happening in the brain, not to what is happening in the environment.

*On the way to an appointment last week, Jim got stuck in traffic and realized he was going to be late for a dentist appointment. His cellphone had just died, so he had no way of calling the office to let them know he would be late. He could...*

**A.** Become stressed about the situation and feel tense, frustrated, or worried about the outcome of being late.

**B.** He could take a deep breath, remind himself it's not the end of the world and that he can reschedule if necessary, turn up the radio, and enjoy the time to himself.

**Automatic Thoughts**

How many of you talk to yourself in your head? Some of you may be thinking “Oh, that’s me! I do that all the time” or some of you may be thinking, “This girl is wacky! I never talk to myself!” Those are our automatic thoughts. Many of the thoughts that we have each day are part of a stream of brain activity that is below the surface of our fully conscious
minds; however, these thoughts can be recognized and understood if we turn our attention to them. These private and unspoken thoughts are called automatic thoughts. Sometimes, these automatic thoughts are a logical and accurate assessment or reflection of the stressful situation. Other times, these automatic thoughts can be distorted or inaccurate and may contribute to the way we perceive a stressful situation. In other words, our automatic thoughts can be negative or positive, and helpful or harmful.

Learning to identify our own automatic thoughts when faced with a stressful situation helps to identify whether our automatic thoughts are helpful or harmful in our evaluation of the stressor. Additionally, there is a direct relationship between our thoughts and feelings – our beliefs affect our experiences. If our automatic thoughts are negative or unhelpful, it directly affects the way we feel. Therefore, the presence of strong emotions – whether negative or positive - is usually a very good indication that negative automatic thoughts are occurring.\(^{11}\)

**Thought Records**

Thought records are an exercise used to help identify negative automatic thoughts, as well as the feelings that are produced by the thoughts, so that you are better able to modify and change those thoughts to something more positive and constructive. It is a way of helping us reframe our initial reactions to stressors in a more rational way so we can better manage stress.
Instructions:

- Using the thought record sheet on the last page of this session, fill out the first column of your thought record by recalling a stressful situation you may have encountered over the last month.
- Now, think back to that stressful situation. What were you thinking? What were your automatic thoughts about the situation? Fill these out in the second column.
- Finally, fill out the feelings that went along with that situation. Were you scared, angry, confused, sad? Think back and try to recall, and put your feelings in the third column.

Automatic Thoughts and Feelings

You may notice while filling out your thought record that our automatic thoughts and our feelings about a stressful situation are generally on the same wavelength. This is because our thoughts influence our feelings – and ultimately how we behave in that situation. For example, imagine yourself in a situation where you are getting yourself a glass of water from the water cooler at the end of this group session. Another group participant comes by and bumps into you, making you spill your glass of water all over the front of your shirt. How might you react? There are a couple of ways to think about this: You automatic thoughts may be something like “Man, that guy is such a jerk! He made me spill my water on purpose!” If you are thinking like that, how are you likely to feel? Angry—right? Now how about if you think, “Aww, bummer! He accidentally bumped into me. He
does seem a bit unsteady on his feet today.” How would you feel then? Would you still feel angry? You might not be feeling much, other than a little wet from the spill!

Modifying Negative Automatic Thoughts

Now that you have learned to identify automatic thoughts, the focus shifts to learning ways to modify the negative automatic thoughts that may result from a stressful event. One way to do this is to attempt to replace the negative automatic thoughts with more rational thoughts – sort of the like the water cooler example just used. It is important to note that by generating rational alternatives, you are not trying to replace the negative thoughts with positive ones to gloss over the stressor or act like it doesn’t exist. Instead, you are stepping outside your current framework of thinking to consider other adaptive and constructive responses that may frame the stressor in a more logical perspective.

- **Brainstorm** – List as many possible alternative responses as you can without considering whether they are practical or on target. Then, sort through the possibilities and see if any might be alternative ways to frame a stressful situation.
- **Learn from others** – Think of a character or someone you may know who handles stress really well. Now think of how the stressful situation might be assessed or handled by that person. What would they do differently?
Examine the evidence – List all the evidence both for and against the validity of a negative automatic thought brought forth by a stressful event. Then, evaluate the evidence and work on changing the thought to be consistent with the evidence.

Decatastrophizing – Catastrophic predictions about the future or outcome of a stressful situation are common. These predictions are often influenced by our negative automatic thoughts, but sometimes, unfortunately, the predictions are on target. Therefore, decatastrophizing doesn’t attempt to minimize the stressful situation. Instead, it is more of a “worst case scenario” plan to help you manage anticipated stressors.

Cognitive rehearsal – Athletes often visualize the challenges of a competition situation to prepare their bodies and minds for what’s ahead. We can use the same technique to prepare ourselves for a stressful situation. By thinking through potentially stressful circumstances in advance, we may be able to identify the negative automatic thoughts associated with that event. Once the negative automatic thoughts have been identified, they may be modified using techniques such as brainstorming and examining the evidence. Once you have identified a more adaptive and logical way to approach the situation, rehearse it in your mind so you are prepared to respond more effectively to the stressor if faced with it.
Instructions:

- Using some of the techniques above, try to fill out the fourth column of your thought record with a more rational response towards the stressor.
- Finally, fill out the fifth column with the emotions that might accompany the rational response.

Homework

Please try to complete a thought record independently this week with stressful situations that you may encounter. Identify your own automatic thoughts about the situation, and try to use the skills learned in this session to come up with some more rational responses to the stressors. If you are having trouble coming up with rational responses, don’t worry! We can brainstorm together next week. This is just practice to help you begin to recognize your negative automatic thoughts, and how they may effect the situation. Next week, the session’s topic is “Optimism and Problem-Solving”. See you next week! 😊
<table>
<thead>
<tr>
<th>a. Think of stressful situation you’ve encountered, and write it down in this column.</th>
<th>b. What were your automatic thoughts in that situation?</th>
<th>c. What were you feeling during that situation?</th>
<th>d. Do you think you could have responded in a better or more constructive way? How?</th>
<th>e. What might you be feeling if you had responded in this way?</th>
</tr>
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</table>
Session Five – Optimism and Problem-Solving

Welcome back! 😊

Review of Homework:

*How did you find the process of coming up with rational responses?*

*Would anyone like to share one of the situations on their thought record, and describe how you came to a more rational response?*

**Optimism**

Let’s talk a little bit about the benefits of being optimistic and how keeping an optimism outlook can help combat stress. An optimistic outlook, especially during times of stress, can positively influence mood, performance, and even health. But first, what is optimism and who are optimists?

**So, what IS optimism??**

“Hopefulness and confidence about the future or the successful outcome of something.”

Therefore, an optimist is someone who believes that good things, rather than bad, are going to happen to them. They experience day-to-day events in a more positive way and they expect positive outcomes. They take what action they can to change the course of events, taking their own reality into account, but doing everything that they possibly can with that reality.
Optimists encounter the same hard knocks and stressors that other people do, but optimists look at the stressors and hard knocks as being temporary or an isolated occurrence. To be optimistic doesn’t mean that you need to be a ball of sunshine all the time – it means you need to be a problem solver. ²

- Optimists deal with stressful situations by:
  - Focusing directly on the problem without letting their negative automatic thoughts or emotions take over.
  - They positively reinterpret or find a more logical response to the situation. They may focus on what they could learn from the stressful event, what new truths about themselves they may discover, or take direct action by problem solving.

**Problem-Solving**

Problem-solving and decision-making skills can be very effective in managing stress and include many of the techniques we used last session for developing more rational responses to stressors. Sometimes, the stress we feel is simply made worse by our negative automatic thoughts, and the only step that is required to manage the stressor is to develop a more rational response like we practiced last week. Other times, the stress is a very real situation, and developing a rational response to the stress does nothing to reduce the demands placed on you. The goal of problem-solving and decision-making is to develop a plan to remove or lessen the stressor. Many people already have great problem-solving and decision-making
skills, but these skills can be improved and developed over time. Like many other things, the more you practice, the better you get. Problem-solving and decision-making may not come as easily when you are stressed, so it may help to follow a step-by-step process.12

**Step-By-Step Problem-Solving Process**

- **Define the issue** – be as clear and specific as you can.
  - Defining the issue is what you have practiced doing in the first column of your thought record.

- **Analyze the issue and gather information** – Ask yourself the “W” questions. (e.g. - What is contributing to this problem?, Who is involved?, When did it start?, Why is it happening?, etc.) Make sure to consult a variety of information sources.

- **Brainstorm** – Think of possible solutions or ideas and write them down. Be creative and think outside the box.
  - This is a technique we talked about last week that could be used to generate more rational responses. This technique also works great for generating ways to lessen or remove the stressor.

- **Evaluate and plan** – Look at each of the solutions you’ve brainstormed. Weigh the pros and cons of each solution or outcome, figure out whether you have the resources for each or how you are going to get the resources you need, decide whether the solution or outcome is realistic and what the impact may be, and evaluate whether the solution or outcome will perhaps create more problems.
  - This step of problem-solving uses the rational response technique of examining the evidence. However, instead of weighing evidence
for and against the validity of a negative automatic thought, you are weighing the pros and cons of a solution to a stressor.

- **Implement** – This is where you develop an action plan and put it in place. At this point, it may be helpful to break down your plan of action into small steps so the plan is easier to manage - you don’t want to be causing yourself more stress! It may also be helpful to answer the “W” questions again. (e.g. – Who is going to do what?, What is needed for the plan?, When will the plan be out in place?, etc.)
  - This step is where you might use the rational response techniques of cognitive rehearsal to go through your plan of action in your mind. If your plan of action requires you to do something that may be difficult or uncomfortable for you – for instance, confronting a family member about their borrowing money from you – it may be helpful to rehearse all outcomes of the scenario in your mind so you are prepared and can approach the situation with more confidence.

**Wrapping Up! 😊**

In this workshop, you’ve learned about the types of stress and how stress affects our bodies; you’ve learned how to physically relax your body to combat stress, you’ve learned about healthy lifestyle choices and how they can help to combat stress, you’ve learned to identify and modify negative automatic thoughts, and you’ve learned about the importance of an optimistic attitude and how to problem solve to lessen the stress in your life. The information and techniques you’ve learned are meant to help you
combat your stress, not complicate it further by giving you MORE to do. The last thing you want to do is make your stress worse by biting off more than you can manage. Striving too hard to reach your goal of reducing stress in your life may have stressful side effects! Keep practicing, keep hopeful, and move towards your goal at a pace that is comfortable to you.

What’s the Hurry?

By: Billy Rose

There once was a fellow who, with his father, farmed a little piece of land. Several times a year, they’d load up the ox-cart with vegetables and drive to the nearest city.

Except for their names and the patch of ground, father and son had little in common. The old man believed in taking it easy… and the son was a go-getter type.

One morning, they loaded the cart, hitched up the ox and set out.

The young fellow figured that if they kept going all day and night, they’d get to the market by the next morning. He walked alongside the ox and kept prodding it with a stick.

“Take it easy,” said the old man. “You’ll last longer.”

“If we get to the market ahead of the others,” said his son, “we have a better chance of getting good prices.
The old man pulled his hat down over his eyes and went to sleep on the seat. Four miles and four hours down the road, they came to a little house.

“Here’s your uncles place,” said the father, waking up. “Let’s stop in and say hello.”

“We’ve lost an hour already,” complained the go-getter.

“Then a few minutes more won’t matter,” said the father. “My brother and I live so close, yet we see each other so seldom.”

The young man fidgeted while the two old gentlemen gossiped away an hour.

On the move again, the father took his turn leading the ox. By and by, the came to a fork in the road. The old man directed the ox to the right.

“The left is the shorter way,” said the boy.

“I know it,” said the old man, “but this way is prettier.”

“Have you no respect for time?” asked the impatient young man.

“I respect it very much,” said the old fellow. “That’s why I like to use it for looking at pretty things.”

The right hand path led through woodland and wild flowers. The young man was so busy watching the sun sink he didn’t notice how lovely the sunset was.

Twilight found them in what looked like one big garden.

“Let’s sleep here,” said the old man.

“This is the last trip I take with you,” snapped the son. “You’re more interested in flowers than in making money!”
“That’s the nicest thing you’ve said in a long time,” smiled the old fellow.

A minute later, he was asleep.

A little before sunrise, the young man shook his father awake. They hitched up and went on. A mile and an hour away, they came upon a farmer trying to pull his cart out of a ditch.

“Let’s give him a hand,” said the father.

“And lose more time!?” exploded the son.

“Relax,” said the old man. “You might be in a ditch sometime yourself.”

By the time the other cart was back on the road, it was almost eight o’clock. Suddenly a great flash of lightening split the sky. Then there was thunder. Beyond the hills, the sky grew dark.

“Looks like big rain in the city,” said the old man.

“If we had been on time, we’d be sold out by now,” grumbled the son.

“Take it easy,” said the old gentleman, “you’ll last longer.”

It wasn’t until late in the afternoon that they got to the top of the hill overlooking the town.

They looked down at it for a long time. Neither of them spoke.

Finally the young man who had been in such a hurry said, “I see what you mean, father.”

Thy turned their cart around and drove away from what had once been the city of Hiroshima.


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A final word...

I really want to thank you all for attending my workshop! I was thrilled at the turn out, and will genuinely miss seeing you all on Tuesday mornings. I hope that you are able to use some of the skills from this workshop in your lives to combat your stress. Remember to take things a step at a time, and try not to get discouraged. It takes hard work and a lot of patience to learn to effectively manage your stress, so don’t give up! Keep applying the skills that you’ve learned - I’ll be cheering all of you on! 😊

I also want you all know what wonderful teachers and supports you have been to me during my time at LGMH. It has been such a fantastic placement, and your support, encouragement, perspectives, and feedback have been so very valuable to me. THANK YOU!

Emily
References


Appendix C: Perceived Stress Scale

Perceived Stress Scale

The questions in this scale ask you about your feelings and thoughts during the last month. In each case, you will be asked to indicate by circling how often you felt or thought a certain way.

Date ____________________ Participant #__________________

0 = Never 1 = Almost Never 2 = Sometimes 3 = Fairly Often 4 = Very Often

1. In the last month, how often have you been upset because of something that happened unexpectedly? 0 1 2 3 4

2. In the last month, how often have you felt that you were unable to control the important things in your life? 0 1 2 3 4

3. In the last month, how often have you felt nervous and “stressed”? 0 1 2 3 4

4. In the last month, how often have you felt confident about your ability to handle your personal problems? 0 1 2 3 4

5. In the last month, how often have you felt that things were going your way? 0 1 2 3 4

6. In the last month, how often have you found that you could not cope with all the things that you had to do? 0 1 2 3 4
7. In the last month, how often have you been able to control irritations in your life?

8. In the last month, how often have you felt that you were on top of things?

9. In the last month, how often have you been angered because of things that were outside of your control?

10. In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?

Permission for use of this scale is not necessary when use is for academic research or educational purposes
### Appendix D: Warwick Edinburgh Mental Well-being Scale

**The Warwick-Edinburgh Mental Well-being Scale (WEMWBS)**

Below are some statements about feelings and thoughts. Please tick the box that best describes your experience of each over the last 2 weeks.

<table>
<thead>
<tr>
<th>STATEMENTS</th>
<th>None of the time</th>
<th>Rarely</th>
<th>Some of the time</th>
<th>Often</th>
<th>All of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>I've been feeling optimistic about the future</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I've been feeling useful</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I've been feeling relaxed</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I've been feeling interested in other people</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I've had energy to spare</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I've been dealing with problems well</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I've been thinking clearly</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I've been feeling good about myself</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I've been feeling close to other people</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I've been feeling confident</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I've been able to make up my own mind about things</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I've been feeling loved</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I've been interested in new things</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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</tr>
<tr>
<td>I've been feeling cheerful</td>
<td>1</td>
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Appendix E: Participant Consent Form

Project title: Assessment of the Effect of a Stress and Lifestyle Management Workshop on Clients with Chronic Mental Illness

Principal Investigator: Emily Todd
Name of supervisor: Dr. Susan Meyers
Name of Institution: St. Lawrence College
Name of partnering institution/agency: Leeds Grenville Mental Health

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

Why is this study being done?
This study is being done to explore the link between stress and psychological well being in people living with a form of mental illness. I am offering a stress and lifestyle management workshop that is meant to help you learn ways to effectively manage and cope with stressors in your life. I will be evaluating whether the workshop had an effect on your level of stress and psychological well being.

What will you need to do if you take part?
If you choose to take part in this study, you will be asked to take part in the workshop that will run for an hour once a week for 5 weeks. The sessions will be held on Tuesday mornings at 9:00 am in the Leeds Grenville Mental Health conference room. The workshop sessions will be run by me and a supervisor from the agency. Prior to the first session of the workshop, you will be asked to fill out two questionnaires that will measure your stress level and your level of mental/emotional well being. This will take you approximately 10 minutes and can be arranged at your convenience in person or over the phone. After you have attended all the workshop sessions, you will be again be asked to fill out the assessments. This will be done near the end of the final session in person. Additionally, a month after the final session of the workshop, you will be asked to fill out the assessments a final time and provide feedback about the workshop.
This will take approximately 20 minutes and can be arranged either in person or over the phone.

**What are the potential benefits of taking part?**
Benefits of taking part in this research study include learning several stress management techniques and tips for a healthy lifestyle. These learned skills and techniques may allow you to experience a better sense of well being and allow you to more effectively cope with life stressors.

**What are the potential benefits of this research study to others?**
Information from this study may be used to improve the workshop, as well as providing the agency with a framework for future stress and lifestyle management programming.

**What are the potential disadvantages or risks of taking part?**
Risks from taking part in this research study are minimal but may include feeling tired or bored when filling out assessments or during sessions, experiencing muscle fatigue or strain during deep muscle relaxation exercises, or feeling upset when reflecting on stressful situations.

**What happens if something goes wrong?**
Everybody is different and this workshop may not be right for everybody. If you find that you are reacting strongly to some of the exercises or questions on the assessments, you can speak with me, the workshop co-leader, or your caseworker.

**Will my information you collect from me in this project be kept private?**
We will make every attempt to keep any information that identifies you strictly confidential unless required by law. You will be assigned a code number to enter on the assessments. The completed assessments will be kept in a locked filing cabinet at the agency and destroyed after the report is written. The consent forms will be kept in a locked filing cabinet at St. Lawrence College for at least 10 years as required by law. Any information typed on the computer will be stored on a password protected USB drive. You will not be identified by name in any reports, publications, or presentations resulting from this project.

**Do you have to take part?**
Taking part is voluntary. It is up to you to decide whether or not to take part in this research project. If you do decide to take part, you will be asked to sign this consent form. If you do decide to take part in this research project, you are still free to withdraw at any time, without giving any reason, and without incurring any penalty, or negative effects.

**Contact for further information**
This project has been approved by the Research Ethics Board at St. Lawrence College. The project has been developed under the supervision of Pamela Smith and Greg Zufelt, my Agency Supervisors, and Dr. Susan Meyers, my College Supervisor, from St. Lawrence College. I really appreciate your cooperation and if you have any additional questions or concerns, feel free to ask me.
(emckibbon04@sl.on.ca). You can also contact my College Supervisor (smeyers@kos.net) or you may also contact the Research Ethics Board at reb@sl.on.ca.

**Consent**

If you agree to take part in this research project, please complete the following form and return it to me as soon as possible. A copy of this signed document will be given to you for your own records. An additional copy of your consent will be stored in a secure location at St. Lawrence College.

By signing this form, I agree that:

- The study has been explained to me.
- All my questions were answered.
- Possible harm and discomforts and possible benefits (if any) of this study have been explained to me.
- I understand that I have the right not to participate and the right to stop at any time.
- I am free now, and in the future, to ask any questions I have about the study.
- I have been told that my personal information will be kept confidential.
- I understand that no information that would identify me will be released or printed without asking me first.
- I understand that I will receive a signed copy of this consent form.

I hereby consent to take part.

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<tr>
<th>Participant Name</th>
<th>Signature of Participant</th>
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<table>
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<tr>
<th>Student Printed Name</th>
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Appendix F: Participant Feedback Survey

What aspects of the workshop were most valuable to you? Why?

________________________________________________________________________

________________________________________________________________________

What aspects of the workshop were least valuable to you? Why?

________________________________________________________________________

________________________________________________________________________

Have you been able to apply stress management techniques learnt at the workshop in your day-to-day life? Which ones?

________________________________________________________________________

________________________________________________________________________

Would you recommend this workshop to others?

________________________________________________________________________

________________________________________________________________________
Any suggestions as to how the workshop could be improved?
Appendix G: Participant Raw Scores for WEMWBS and PSS Measures

<table>
<thead>
<tr>
<th>Participant</th>
<th>Pre Score on WEMWBS</th>
<th>Post Score on WEMWBS</th>
<th>Follow-up Score on WEMWBS</th>
<th>Pre Score on PSS</th>
<th>Post Score on PSS</th>
<th>Follow-up Score on PSS</th>
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<td>26</td>
<td>23</td>
<td>15</td>
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<td>4</td>
<td>48</td>
<td>56</td>
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<td>16</td>
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<td>5</td>
<td>24</td>
<td>36</td>
<td>30</td>
<td>32</td>
<td>25</td>
<td>31</td>
</tr>
<tr>
<td>Mean Scores</td>
<td>34.2</td>
<td>44.2</td>
<td>41</td>
<td>25.4</td>
<td>19.4</td>
<td>22.8</td>
</tr>
<tr>
<td>Standard Deviation</td>
<td>8.9</td>
<td>7.4</td>
<td>10.7</td>
<td>5.8</td>
<td>4.6</td>
<td>6.5</td>
</tr>
</tbody>
</table>
## Appendix H: Feedback from Participant Survey

<table>
<thead>
<tr>
<th>Survey Questions</th>
<th>Participant Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. What aspects of the workshop were most valuable to you? Why?</td>
<td>“The progressive muscle relaxation was great and helped me to get a grip on my body</td>
</tr>
<tr>
<td></td>
<td>and relax”</td>
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<tr>
<td></td>
<td>“Talking out my stressors and having people help me brainstorm.”</td>
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<tr>
<td></td>
<td>“Learning ways to work through a problem or stressor to find a solution.”</td>
</tr>
<tr>
<td></td>
<td>“Talking out my problems and getting others views on them.”</td>
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<tr>
<td></td>
<td>“Each session was important and helpful. It was like a domino – All sessions built</td>
</tr>
<tr>
<td></td>
<td>on each other and supported the other.”</td>
</tr>
<tr>
<td>2. What aspects of the workshop were least valuable to you? Why?</td>
<td>“Nothing – Everything was helpful.”</td>
</tr>
<tr>
<td></td>
<td>“Time was too short. Wording at times was a bit baffling. Perhaps needs longer</td>
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<tr>
<td></td>
<td>sessions too for more discussion.”</td>
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<tr>
<td></td>
<td>“Not enough time to go into each ones stressors and problem solve. I like to analyze</td>
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<tr>
<td></td>
<td>everything and feel better when there is more time for discussion.”</td>
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<tr>
<td></td>
<td>“Nothing. They were all important and they were connected in a positive way.”</td>
</tr>
<tr>
<td>3. Have you been able to apply stress management techniques learnt at the</td>
<td>“Yes.”</td>
</tr>
<tr>
<td>workshop in your day-to-day life? Which ones?</td>
<td>“I'm trying. I know it will take time to learn and set in place everyday.”</td>
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<tr>
<td></td>
<td>“Deep muscle relaxation. And trying to reframe my problems so they aren’t so</td>
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<tr>
<td></td>
<td>stressful.”</td>
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<tr>
<td></td>
<td>“Yes. Sleep hygiene ideas – not reading in bed – and learning to define, analyze,</td>
</tr>
<tr>
<td></td>
<td>and solve the problem.”</td>
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<tr>
<td>4. Would you recommend this workshop to others?</td>
<td>“Yes, I think it was very helpful.”</td>
</tr>
<tr>
<td></td>
<td>“Yes”</td>
</tr>
<tr>
<td></td>
<td>“Yes, as long as the workshop was tweaked a bit.”</td>
</tr>
<tr>
<td></td>
<td>“Yes.”</td>
</tr>
<tr>
<td></td>
<td>“Yes.”</td>
</tr>
<tr>
<td>5. Any suggestions as to how the workshop could be improved?</td>
<td>“Only to spread it out a bit. Either more time per session, or more sessions.”</td>
</tr>
<tr>
<td></td>
<td>“The wording, and spending more time discussing it so we get more out of it.”</td>
</tr>
<tr>
<td></td>
<td>“Spending more time discussing stuff at each session.”</td>
</tr>
<tr>
<td></td>
<td>“No. I enjoyed the program. I found it to be a reality check. Thank you.”</td>
</tr>
</tbody>
</table>