Modifying Stress Management Information in a Program for Men with Substance Use Problems

by

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

Stress, if not managed effectively, can have a significantly negative impact on an individual’s physical and mental health. Substance abuse is one domain where those struggling could benefit from developing healthier stress management coping strategies. The placement agency services clients with addictions by offering a variety of CBT based sessions. The current thesis focused on updating a group session for stress management, incorporating best practice CBT techniques, to be presented in a more informative, interactive manner. Using worksheets, psychoeducation, and handouts, clients were provided CBT based stress management skills. The updated content was evaluated by staff that would be facilitating the group through a feedback questionnaire. The findings gathered from the facilitator feedback form suggest that the session met the agency’s expectations. Due to time constraints, the session was not implemented and therefore no client feedback could be provided. Strengths and limitations are discussed.
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Chapter I: Introduction

The World Health Organization reported that stress is rated second for most common health problems (as cited in Varvogli & Darviri, 2011). Stress has been defined as an emotional or physiological response to an event that is threatening or challenging to an individual (Sinha, 2001, as cited in Lazarus and Folkman, 1984). A significant amount of literature has found an association between stress and the motivation to abuse substances (Sinha, 2008). Substance abuse is defined as the unsafe use of psychoactive substances, including both alcohol and illicit drugs (WHO, 2017). Researchers have discovered that individuals who are exposed to stress, or distress related to withdrawal, are more likely to experience cravings for a preferred substance (Sinha, 2001). Psychological models view substance abuse as a way to cope with stress and reduce tension, as well as a way to self-medicate (Sinha, 2008). Many theories of substance abuse propose that stress provokes individuals to abuse drugs and/or alcohol and is thought to be an important risk factor in substance use and relapse (Sinha, 2001).

Marlatt (1985, as cited in Sinha, 2001) explains that people with ineffective coping skills are more likely to use substances. Many rehabilitation curriculums include ideas for coping, but it has been found that substance abusers have difficulty applying these coping skills in day-to-day life, which suggests that programs should focus on practical application (Sinha, 2001). Cognitive behavioural interventions have been developed to improve the coping skills of individuals struggling with addictions (Marlatt, 1985, as cited in Sinha, 2001). Today, cognitive-behavioural treatments have the largest amount of empirical research from studies and are well-known for evidence-based methods (Carroll & Kiluk, 2017). Cognitive behavioural therapy for substance abuse has been used to address behaviours associated with addictions and assists individuals with developing strategies to cope with substance abuse and maintain abstinence (Schwabe, Dickinson, & Wolf, 2011). Cognitive behavioural therapy involves finding alternative ways to cope, manage stress, set goals, avoid and cope with high-risk situations, and build motivation for abstinence (Schwabe et al., 2011). These strategies are used to assist with preventing relapse and improve interpersonal functioning (Schwabe et al., 2011). Cognitive behavioural therapy has been used successfully for many health-related issues, including stress (Varvogli & Darviri, 2011). In order to prevent relapse, it is essential that cognitive behavioural based stress management techniques are provided for individuals with substance use problems to learn how to effectively apply these strategies during the stressful situations in their lives.

The agency that this thesis is based on provides cognitive behavioural based group counselling for men 21 years and older with alcohol and/or drug addictions. The treatment is a 21-day program in a residential setting, that includes a structured, daily routine. Each group that the clients attend focuses on providing tools to prevent relapse and maintain abstinence. Facilitators of the treatment program have verbally identified concerns about the current stress management group session. It was highlighted that this session should be updated and revised to be more beneficial for the clients, allowing them to practice the skills related to managing stress.

Rationale

The goal of this thesis was to develop a manual including information, worksheets, handouts, a video, facilitator notes and a power point presentation to be delivered to men 21 years and older that are in the residential treatment program for addictions. The manual was
developed based on current research and by updating information from the original session content, and will be used by the program facilitator to implement during the treatment program. The treatment program currently has three group sessions with topics related to stress. As a result, information in these sessions overlaps significantly. Staff has asked for the overlapping information to be removed from the managing stress group, and replaced with new information as well as other activities. The staff requested that the session information be based on peer reviewed research as the original information was outdated and was not evidence based. It was also requested that a new video be added to replace a lengthy and outdated video, that had inappropriate content such as references to substance use and racial comments. A shorter video on the topic of stress management replaced the original video. Due to the shorter length of the new video, relevant worksheets were incorporated to further enhance learning. The goal is that the session contents will give facilitators the ability to provide individuals with cognitive behavioural based stress management techniques and opportunities to practice how to effectively apply these strategies during the stressful situations in their lives.

There are two components that are presented in the current thesis. The first component is the development of a manual for the facilitators on the topic of stress management, and the second component is the feedback form given to the facilitators to assess the overall group. All of the resources required for the stress management session are included in the manual to ensure that the group will be implemented in a similar manner by the facilitators. The feedback form was created for the facilitators to assess the manual and provide feedback on the content of the session, so that information can be adjusted where it is needed.

Thesis Overview

The remainder of this thesis includes a literature review in Chapter II which examines approaches to managing stress and how these strategies benefit individuals with substance use issues. The content in this literature review includes: the effects of stress on individuals who abuse substances, effective ways to manage stress, techniques and their benefits. Chapter III contains the method section and includes the participants, materials, methodology and the feedback form on the session content from facilitators. This section also includes the stress management session and the resources required for the discussions and activities. The results section can be found in Chapter IV and includes a summary of the evaluation feedback from the questionnaires filled out by the facilitators. Chapter V completes the thesis with the conclusion and discussion section, which describes the strengths and limitations of the study, as well as an overall summary and recommendations made for future research.
Chapter II: Literature Review

The Effects of Stress

Stress has been defined as an emotional or physiological response to an event that is interpreted as threatening or challenging (Sinha, 2001, as cited in Lazarus and Folkman, 1984). A situation that causes a stress induced response often produces an emotional reaction such as anxiety, fear, or excitement (Sinha, 2001). Sinha (2008) states that stress early on in life and lifelong stress both negatively affect the growth of the prefrontal cortex, a brain region that depends on growth and experience. This area of the brain is responsible for important functions such as behaviour and decision making (Sinha, 2008). Thus, stress also impacts one’s coping skills and ability, therefore producing emotional, physiological, and behavioural changes that overall compromise a person’s well-being (Amirkhan, Uriza, & Clark, 2015, as cited in Lazarus & Folkman, 1984). Repeated and continued stress can lead an individual to become vulnerable to many types of health disorders, including substance use disorder (Amirkhan et al., 2015, as cited in Hobfoll, 1989). Evidence gathered from studies show that stressful situations experienced early in life, along with prolonged stress, affect the dopamine pathways, which in turn affect the pleasure and pain region of the brain, causing individuals to self-administer substances (Sinha, 2008). Researchers have hypothesized that stress may impact the reinforcing effects of substances, as the reward circuits in the brain become sensitive to the reinforcing results of the substances, leading to the incentive to continue consuming the substance (Sinha, 2001). Consequences of physiological stress can include insomnia and over or undereating, while effects of emotional stress can cause negative interpersonal thoughts and potentially the loss of relationships (Sinha, 2008). Increased emotional stress levels are also associated with impulsivity and the failure to behave appropriately, such as using substances (Sinha, 2008, as cited in Cohen, Kessler, & Gordon, 1995). These emotional reactions are dependent on both the situation and accessible coping resources (Sinha, 2001).

An individual is driven to use available coping strategies when motivated by events that are seen as dangerous, threatening or challenging (Sinha, 2001). Individuals who experience high levels of stress are at risk for substance use issues, as they may experience challenges controlling emotions and behaviours, which is linked to problematic substance use (Sinha, 2008). Many theories of addiction hypothesize that stress is a major factor in motivating individuals to abuse substances. One such theory is the stress-coping model of addiction, which proposes that substances are used as a maladaptive coping strategy to both reduce negative conditions and increase positive conditions (Sinha, 2001). The most common substances abused by individuals (alcohol, cocaine, opiates, marijuana, nicotine and amphetamines) that stimulate the brain are also known to trigger stress (Sinha, 2001). In 2008, it was estimated that 155 to 250 million people, between the ages of 15-64, used substances like cannabis, cocaine, and opioids (WHO, 2017). The use of stimulants causes many health problems and are also known to cause significant social problems (WHO, 2017).

Risk Factors of Stress and Substance Abuse

Marlatt’s relapse prevention model explains that using ineffective coping strategies is a risk factor for substance abuse (Marlatt & Gordon, 1985, as cited in Sinha, 2001). Researchers
have proposed that one of the reasons individuals use substances is to improve mood and relieve stress (Sinha, 2001). Psychological models of addiction see substance abuse as a way to reduce tension, self-medicate, cope with stress, and to lessen the distress related to withdrawal (Sinha, 2008). These models suggest that the reinforcement from stress relief and mood improvement can increase the susceptibility for substance abuse (Sinha, 2001). Studies have found that stressful situations, such as arguments and unsolved problems, increased drug use compared to non-stressful events (Sinha, 2001). Risk factors for individuals who use substances long-term include violent crimes, unemployment, child abuse/neglect, poor relationships, and health issues such as heart disease and HIV/AIDS (Hawkins, Catalano, & Miller, 1992). Individuals whose substance of choice is alcohol, have also been found to increase the amount of drinks when provoked by a stressful occurrence, compared to non-alcohol drinkers (Miller et al., 1974, as cited in Sinha, 2001). These results suggest that individuals exposed to stress are more likely to increase the self-administration of drugs and alcohol (Sinha, 2001).

Cognitive Behavioural Therapy and Stress Management

Stress negatively impacts the internal mental state, for all human beings, not only for individuals struggling with addiction, however those struggling with addiction often respond by seeking their substance of choice (Varvogli & Darviri, 2011). The importance of teaching techniques to manage stress is essential, especially for individuals affected by substance abuse disorders (Varvogli & Darviri, 2011). Varvogli and Darviri state that stress management strategies can increase health by helping individuals develop and apply the coping technique to reduce the stress caused by life situations. These strategies are effective when added to an individual’s daily life and are practiced until they become an automatic response to stressful situations (Varvogli & Darviri, 2011).

Although there has been a demand for professionals to gain information about how to motivate individuals to understand and utilize both appropriate and effective coping skills, current research on the subject is inconsistent (Libin, 2017). Previous literature has found that coping with stress and applying problem solving skills are the two main areas of research on managing coping skills (Libin, 2017). Lazarus and Folkman's (1984, as cited in Libin, 2017) cognitive theory of stress defines coping as either problem or emotion focused. The authors describe problem-oriented coping as managing a stressful situation, whereas emotion-oriented coping is regulating emotional responses when a stressor occurs to resolve a situation that is found to be stressful. This model has been consistent with coping during stressful situations, however, emotional strategies are considered less effective compared to cognitive-behavioural strategies, which are seen as effective in coping with stress (Libin, 2017).

One positive coping strategy identified by Sinha (2001), consists of cognitive behavioural methods, including actions that aim to adjust managing stress. Cognitive behavioural therapy (CBT) was developed by incorporating both behaviour therapy and cognitive therapy (Varvogli & Darviri, 2011). It is an evidence based psychological treatment for both mental health disorders and health problems (Varvogli & Darviri, 2011). CBT uses cognitive restructuring, which proposes that replacing negative and irrational thoughts with realistic ones can prevent dysfunctional emotions and behaviours (Varvogli & Darviri, 2011). This is done by helping the individual recognize the maladaptive thought patterns, how to challenge them, and substituting them with positive thoughts (Varvogli & Darviri, 2011).
CBT for substance abuse addresses the behaviours that are associated with using substances and helps individuals develop coping strategies to reduce substance abuse issues (Schwabe, Dickinson, & Wolf, 2011). CBT involves finding alternative ways to cope, manage stress, set goals, avoid and cope with high-risk situations, and build motivation for abstinence (Schwabe et al., 2011). These strategies help to prevent relapse and improve interpersonal functioning (Schwabe et al., 2011). CBT has been used successfully for many health-related issues, including stress management (Varvogli & Darviri, 2011). A study done by Leda, Rosenheck, and Fontana (1991), (as cited in Moos, Moos, & Andrassy, 1999) showed that treatment concentrated on cognitive-behavioural intervention resulted in an increased success rate of clients returning to live independently in the community.

Litt, Kadden, Cooney, and Kabela (2003) completed a study to determine whether CBT or interactional group therapy resulted in a greater use of coping skills for individuals who abuse alcohol. The CBT group focused on developing coping skills for high-risk situations involving substance abuse, based on cognitive-behavioral methods. The therapists taught specific skills such as substance refusal, identifying triggers and high-risk situations, and how to cope with cravings. They also educated the participants on general skills including stress management, how to control anger, and assertive communication, by using group discussions and role-plays. The interactional therapy group concentrated on exploring interpersonal relationships and interactions to provide stronger social functioning. This group did not teach skills related to substance use but clients were encouraged to be open and connect with other participants by discussing issues they were experiencing with current relationships. These authors found that both types of treatment had positive results regarding the increasing use of coping skills, however, neither treatment was better than the other. Although this study states that CBT is an effective tool for teaching coping skills, the findings were focused only on individuals who used alcohol. As alcohol has similar effects on the brain as drugs, it is assumed that this type of therapy would also be effective for drug users.

A more recent study done by Liddle, Dakof, Turner, Henderson, and Greenbaum (2008) also compared cognitive behavioural therapy to multidimensional family therapy. The analysis focused on finding which treatment effectively decreased the use of drugs in adolescents. Both treatments showed promise of successfully decreasing drug abuse. This study showed that cognitive behavioural therapy was an effective treatment for substance use in an adolescent population. Although the current thesis manual is being created for adult substance users, the use of cognitive behavioural therapy in the above study demonstrated promising results for drug use.

Moos, Moos, and Andrassy (1999) completed a study focusing on the three most dominant treatments used in residential facilities for individuals with addiction. The three treatments included the psychosocial rehabilitation model, therapeutic community model, and the 12-step model, and were compared to residential facilities that did not follow a specific approach. The psychosocial rehabilitation model focused on developing skills to manage high-risk situations (Moos et al., 1999), which is similar to the treatment approach used at the placement agency. The therapeutic community model encouraged responsibility and the use of community as a means of therapy, while the 12-step model was based mainly on the principles from Alcoholics Anonymous. These three models have specific treatments in comparison to some residential programs that do not provide distinctive services. The study focused on participants with substance use issues, who attended one of 88 residential facilities that provided
one of the three types of treatment mentioned above, along with facilities that did not follow any treatment approach. One year after completing treatment, a follow-up form was given to participants to complete. The results found that having one of the three specific treatments was associated with better outcomes and higher rates of client participation within the residential treatments, compared to the residences not following a certain treatment. The authors state that these findings show that clients who participate in counselling and social interactions have an increased chance of completing treatment and improved chance of long-term abstinence.

Cognitive-behavioural treatments have been empirically supported however, the overall effectiveness of the intervention has not recently been systematically reviewed (Magill & Ray, 2009). A meta-analytic review done in 1999 by Irvin et al. (as cited in Magill & Ray, 2009) examined 26 experimental trials of substance abuse based on relapse prevention. This review proposed that cognitive-behavioural relapse prevention was more effective for alcohol users compared to drug users (Irvin et al., 1999, as cited in Magill & Ray, 2009).

A more recent meta-analysis completed by Magill and Ray (2009) offered an extensive look at cognitive behavioural therapy for individuals who abuse substances. These authors revised earlier work and added further research. The objectives included providing a comprehensive idea of the efficiency of cognitive behavioural therapy, clarified design characteristics that could alter the effect size, and explored client and treatment factors for future studies (Magill & Ray, 2009). The authors found that CBT for substance abusers showed a statistically significant positive effect in comparison to other interventions. Magill and Ray discovered that CBT combined with psychosocial treatments such as relapse prevention, was more effective than CBT on its own. However, CBT alone showed a reduction in using substances compared to the no-treatment condition (Magill & Ray, 2009). The findings of the meta-analysis displayed no difference in the success of individual or group cognitive behavioural therapy, although the group format is a more cost-efficient option for delivery (Magill & Ray, 2009). The authors also discovered that there was support showing shorter intervention periods being more beneficial. Overall, this research supports the effectiveness of cognitive behavioural therapy for both alcohol and drug abusers (Magill & Ray, 2009). It may be more successful and cost-effective when delivered in shorter format and in a group setting (Magill & Ray, 2009).

The cognitive-behavioural and relapse prevention models were developed as treatment to prevent relapse in individuals with an alcohol addiction (Chaney, O’Leary, & Marlatt, 1978, as cited in Marlatt & Donovan, 2005.). Since then, the relapse prevention model has expanded to incorporate multiple types of addiction, such as drugs (Carroll, 1996, as cited in Marlatt & Donovan, 2005). Relapse prevention is used in cognitive behavioural therapy by identifying high-risk situations that an individual may encounter and using coping strategies to prevent these events (Marlatt & Donovan, 2005). Marlatt and Donovan (2005) state that the overall goal of relapse prevention is to inform individuals and provide them with the appropriate skills needed, along with how to apply them to a variety of situations to avoid relapse.

Marlatt and Donovan state that an individual’s ability to use appropriate coping strategies during high-risk situations is the largest predictor of relapse. Coping can be defined as the response to specific situations. Coping skills are learned by practicing techniques and educating individuals to increase self-efficacy in remaining abstinent (Litt, Kadden, Kabela, & Cooney,
Cognitive avoidance coping consists of avoiding thoughts of stressors or accepting the stressor, while behavioural approach coping seeks support and problem solving (Marlatt & Donovan, 2005).

Self-efficacy is the level of confidence one experiences when in certain situations (Marlatt & Donovan, 2005). The higher the level of self-efficacy one has, the more likely there will be a positive treatment outcome (Marlatt & Donovan, 2005). A study on self-efficacy completed by Connors et al. (1996) (as cited in Marlatt & Donovan, 2005) found that there was a positive connection between self-efficacy and days of abstinence. Self-efficacy is an important factor in the success of preventing relapse, although further research is needed to increase the accuracy of measuring it (Marlatt & Donovan, 2005). The authors state that these two styles of coping result in reduced alcohol intake.

A study completed by Litt et al. (2003) showed coping skills and self-efficacy produced effective outcomes. Motivation is also a factor that in combination with coping skills and self-efficacy, increased the overall success of treatment (Litt et al., 2003). The authors found that recognizing the need for change enhances the use of coping skills and therefore the overall self-efficacy of an individual becomes heightened.

Cognitive behavioural treatments for substance abuse often include an educational element such as considering the psychological components of substance abuse, which offers the chance for the individual to recognize triggers and make appropriate choices in situations found to provoke substance seeking behaviour (Marlatt & Donovan, 2005). Individuals who have an alcohol or drug addiction often experience a multitude of stress (Marlatt & Donovan, 2005). The importance of learning what these stressors are, how to reduce them, and how to add more positive activities into daily life are essential to gaining back a balanced lifestyle of being substance free (Marlatt & Donovan, 2005). Cognitive behavioural approaches such as relaxation techniques, stress management, and time management exercises aim to reduce the chance of relapse (Marlatt & Donovan, 2005). Role playing using an assortment of possible scenarios allows individuals to apply appropriate coping skills for different situations (Marlatt & Donovan, 2005). They also state that identifying stressful situations and rehearsing strategies for possible events enhances self-efficacy and decreases the likelihood or relapse. Maintaining the goal of completing treatment is important for sustaining a balanced lifestyle, and relapse prevention motivates individuals to learn strategies to manage a substance-free routine (Marlatt & Donovan, 2005).

A major aspect of cognitive behavioural therapy involves completing worksheets to allow individuals to recognize and practice skills that are taught throughout the treatment, which in turn can be generalized and adapted to many different situations that have been troublesome in the past (Carroll & Kiluk, 2017). Research has found that completing worksheets as homework is associated with better treatment outcomes (Kazantzis, Whittington, & Dattilio, 2010, as cited in Carroll & Kiluk, 2017). While there is little evidence to support the use of worksheets in cognitive behavioural therapy for drug and alcohol addictions, there have been some studies that suggest completing worksheets reduces the amount of substance use (Carroll & Kiluk, 2017). Although there is need for more research in this area, the use of worksheets in cognitive behavioural therapy has been shown to play a significant role in the success of treatment (Carroll
A study completed by Rogowsky, Calhoun, and Tallal (2015), hypothesized whether preferred learning styles, such as visual learning and auditory learning, led to a better retention of information. These authors discovered that there were no significant findings that suggested a preferred learning style provided a better learning experience or retention of information, in comparison to being instructed with non-preferred learning styles. This thesis manual utilizes all types of learning styles, such as worksheets for hands-on learners, a video and a PowerPoint presentation for visual learners, as well as the facilitator teaching for auditory learners, to include the many types of participants that take part in the group session.

In a research study by Nabi, Torres, and Prestin (2017), the benefits of using media as a coping strategy was discussed. The authors discovered that media is a means to recharge from stress. In relation to the current thesis manual, a video on stress was incorporated into the stress management group, as an alternative to worksheets and discussion. The chosen video discusses the positive aspects of stress. Sinha (2008) states that often stress is automatically associated with being undesirable. However, there is such thing as positive stress. The author suggests that when an individual is experiencing a challenging situation that leads to achievement, a sense of success follows and the individual feels satisfied (Sinha, 2008). Learning about positive stress could be effective for clients in the residential treatment program, as it could be a new way of looking at stress. Individuals could learn how to incorporate this into stress management techniques by finding alternative activities that provide positive instead of negative stress.

Having effective strategies to cope with stressful situations is an important factor for individuals seeking treatment to end substance abuse. CBT has been shown in numerous studies to be successful in teaching and applying coping skills for a variety of populations and age ranges, especially for individuals with substance abuse problems. Incorporating multiple cognitive-behavioural components to the stress management group allows clients to have a range of information on the topic. Clients have the opportunity to complete worksheets that provide a different perspective on stress, as well as a video sharing the idea of positive stress, which is based on the CBT model. The group material is developed to produce group discussion and give clients the chance to share ideas on how to manage stress. Managing stress is an essential skill for those struggling with substance abuse and is therefore addressed in this thesis through a CBT based session.
Chapter III: Method

Participants

The stress management group is designed to be used in the residential treatment program with men aged 21 years and older. Each client is referred to the program by a counsellor from an addictions agency within Ontario. The referrals are then reviewed by an intake worker within the agency before being approved to enter treatment. This program is offered specifically to men who have an alcohol or drug addiction and whose functioning has been negatively impacted by their substance abuse. This manual is designed to be shared with clients by trained residential counsellors of the agency.

Materials

The existing stress management component of the residential treatment program was modified to update and expand the material, in order to make it more current and relevant. The previous manual was reviewed to decide which parts of the lesson would remain and what was to be added. Staff were consulted on the topic and gave feedback on what should be incorporated, as well they approved the worksheets that were added. Current literature was reviewed to ensure that relevant information was used in the PowerPoint presentation and for the worksheets. Much of the original manual was replaced with new material including four new worksheets, a new video, and new discussion questions, as well as the majority of the PowerPoint presentation. The existing handouts were maintained as they were considered relevant to the topic. General materials required for the group session include: flipchart paper for brainstorming exercises, markers, a computer and projector to show the PowerPoint presentation, a television for the positive stress video, and pens to fill out worksheets.

The manual, titled facilitator notes (Appendix A), contains information for the residential counsellor on stress management. These facilitator notes include the PowerPoint overview, worksheets, and handouts. The PowerPoint (Appendix B) is a visual presentation for clients to follow along while the facilitator teaches the lesson.

There are six managing stress worksheets included in the manual. The ‘Stressful Life Events’ worksheet (Appendix C), allows clients to recognize the amount of stress experienced in the past 18 months. The ‘Unpleasant Emotions’ worksheet (Appendix D) focuses on the recognition of the emotions experienced when under stress and possible ways to handle the emotions. The worksheet on ‘Basic Needs’ (Appendix E) puts into perspective the importance of self-care during stressful situations. The ‘Recognizing Stress’ worksheet (Appendix F) allows individuals to dissect the stress most commonly experienced in their lives, and create strategies to reduce, eliminate, or cope with the stress. The worksheet on ‘Support Systems’ allows clients to recognize the support that they have and how beneficial support systems are when going through stressful times. The final worksheet, “My Stress Reduction Plan” (Appendix H), gives clients the chance to write down changes they would like to make in their life to reduce stress.

The manual also includes three handouts on stress management. ‘Four Helpful Steps to Manage Stress’ (Appendix I), ‘How to Stop Unwanted Thoughts’ (Appendix J), and ‘Stress-Fighting Habits’ (Appendix K) are all handouts outlining ways to handle stress. The handouts are...
discussed with clients prior to distribution.

The original stress management group consisted of a video that discussed stress in a humorous manner but was lengthy and outdated. The new lesson includes a shorter video that examines perspectives on stress and is based on CBT. Following the video there is a discussion about how perception affects stress and how stress can be used positively.

**Design**

The managing stress group is designed to be implemented once during the three-week treatment program for two hours. Although shorter sessions have been found to be more effective, due to the structure and scheduling of this specific treatment program the two-hour session is the only time allotted to complete this stress management group. The lesson contains a variety of components designed to engage clients to participate in the discussions. The worksheets were created to initiate active thinking about stress in their lives and how it has affected them. Many of the exercises in the lesson allow for interactive discussion among clients and the facilitator.

The structure of the group session is 80 to 85 minutes of information using the PowerPoint presentation, while also including discussions and providing worksheets and handouts throughout the presentation. The final part of the lesson includes the video, followed by a discussion. Worksheets not completed due to time constraints will be finished by clients on their own time and they are encouraged to seek the help of a staff member if any concerns arise. The worksheets were designed to help clients understand the content and apply what was learned into a plan for managing stress.

**Measures**

An evaluation form (Appendix L) was designed to be given to the facilitators of program to determine if the adjustments made to the program include the appropriate material for treatment. The evaluation form allows for information to be modified and improved and therefore provides the treatment program staff with updated and more relevant content information for the group sessions.
Chapter IV: Results

Manual

A manual and PowerPoint presentation targeting stress management for men with substance abuse problems were developed by updating and modifying the agency’s current program material. The session that was developed incorporated CBT based stress management skills for individuals going through recovery for a drug/alcohol addiction. A PowerPoint presentation was developed to deliver the material to the clients, while facilitator notes were prepared for the staff members to refer to when conducting the group session. The manual includes discussion questions, a video, handouts, and worksheets for individuals to complete.

Evaluation Form

A feedback questionnaire was created for facilitators to evaluate the content of the group session, to determine if the information met the standards of the agency. The questionnaire included five components including feedback on the video, worksheets, handouts, PowerPoint presentation, and facilitators notes. The staff were required to fill in if each component did or did not meet the agency expectations, as well as inputting written feedback on each item. Three staff members provided feedback on the stress management content. Table 1 presents the data regarding the responses of the feedback form.
Table 1.
*Facilitator Evaluation Form*

<table>
<thead>
<tr>
<th>Component</th>
<th>Facilitator Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Video on Stress</td>
<td>100%</td>
</tr>
<tr>
<td>Worksheets on how To manage stress</td>
<td>100%</td>
</tr>
<tr>
<td>Handouts on Stress Management</td>
<td>100%</td>
</tr>
<tr>
<td>PowerPoint on Stress Management</td>
<td>100%</td>
</tr>
<tr>
<td>Facilitator Notes</td>
<td>100%</td>
</tr>
</tbody>
</table>

Overall, all the staff who participated in the evaluation (100%) agreed that the stress management content was appropriate and met the expectations of the agency. During the written feedback of the evaluation form, the staff gave many positive responses. The comments were as follows: “The activities were great”, “The worksheet additions considered all of the aspects of stress an individual can experience,” “The video has a great outlook on how stress is perceived,” and “The PowerPoint has a lot of relevant information.” As a whole, the feedback provided was constructive and positive, and the session met the expectations of the agency.
Chapter V: Discussion

The thesis project consists of a modified and updated stress management session for a men’s addiction treatment program. Stress is a major issue for individuals who use substances and are in the recovery process. The agency requested that the existing stress management component of the program be updated as content was dated and information overlapped with other sessions. The purpose of the present thesis was to redesign the stress management group, by updating the information, worksheets, handouts, a video, facilitator notes and a power point presentation to be delivered to clients of the program. In addition, it was important to incorporate best practice, CBT-based techniques into the session for clients, along with facilitators notes for the staff conducting the session. This project also included a feedback evaluation form that was given to staff to determine if the content of the manual was appropriate and allowed for any feedback to be given in hopes to improve the overall group session.

The session manual includes a PowerPoint presentation on stress management, worksheets that identify stressors and ways to help with stress, handouts with tips for stress, a video on the positive perspective of stress, and facilitator notes for staff members on each component mentioned. Overall the session manual is designed to provide stress management skills for individuals recovering from substance use.

Based on the results of the staff feedback evaluation forms, the stress management group content provided new ways to deliver the information, while also being an interesting way for the clients to learn new skills. By strengthening the content and delivery style of the group session, clients can continue to be educated in a learning environment that is engaging.

Strengths

The session manual was designed to be engaging for the clients, as well as easily used by the facilitator. The manual includes the necessary materials, worksheets, handouts, and discussions. One strength was that feedback was requested from the staff members of the treatment program. This allowed some of the staff to review the manual and comment on aspects that required improvement. A key asset of the manual is the facilitator notes that were created to assist the staff in explaining any content not understood by clients. A major strength of the manual is the relevant literature that allows for best practice techniques to be used in the group.

Limitations

A major limitation is that this group session only runs once during the treatment program. This could be challenging for the clients as there is a lot of information for just one group session and the skill may not be easily learned for all the individuals participating.

The overall language used in the manual could be a limitation for some clients, due to the different levels of education that individuals have. Although this could be problematic, the facilitators are there to clarify and assist in any way to help the client achieve their goals.

Another limit to the manual is that the session has not yet been implemented into the program. This means that there was no feedback from clients on this session, which would be beneficial to have so that alterations could be made to improve content.
Due to the agency creating their own group sessions, information was taken from sources without being cited. This was a limitation for the thesis, as the staff wanted some of the original content to still be included in the group material without having the original sources for proper citing.

An area of improvement could be creating an evaluation form for staff using a Likert scale of 1 to 5 to allow for more flexibility in rating the effectiveness of each session component. The original feedback form used for this thesis is a limitation due to only allowing for “yes” or “no” options and did not allow for a variation in results.

Multilevel Challenges

Client Level

When creating a manual for the CBT group, the education level of the clients was considered. This can be problematic due to individual differences, and therefore the different learning needs for each client. The manual was developed to be appropriate for the general client population, and the facilitator notes were created to assist the facilitator in explaining each aspect of the group for clients finding it difficult to follow the session.

Program Level

A challenge identified by the agency at a programming level was client participation. The treatment program groups incorporate worksheets and discussions that require participation. To meet this challenge, the manual for the stress management session was created to contain engaging content, such as a video, short and easy to do worksheets, and interesting discussion topics.

Agency Level

A challenging aspect at the agency level is inconsistency with staff. Although there are facilitator notes for the staff members to follow for each group, the implementation of the material varies. This is due to high turnover rates, lack of preparation for groups, and miscommunications among staff members. The updated manual incorporates easy steps for all facilitators to follow consistently, which should decrease the challenges mentioned above.

Societal Level

The main challenge for clients is the transition back into the community after completing the treatment program. Although they have learned many new skills throughout the program, applying these skills to real-life situations can be difficult. The agency makes every effort to ensure the clients have the supports in place to be successful when they leave the program.

Recommendations for Future Research

A recommendation for future research is to implement this session with the clients of the agency, as it has not yet been used due to time constraints. Conducting an evaluation with clients, to determine their engagement level in each component and to provide feedback, would assist the agency in making the appropriate modifications where necessary. Another recommendation would be to implement this session to individuals with different disorders, such as gambling addiction, to determine its value with different populations.
Contributions to the Field of Behavioural Psychology

This manual contributes to the field of behavioural psychology, due to its use of current research for the field of addictions and the benefits of using CBT as a treatment for substance use. The current research suggests that CBT is a helpful tool in aiding individuals experiencing stress as a result of substance use and the recovery process. Creating this manual, and using up-to-date information, allows for the agency to begin meeting the needs of the clients once implemented.
References


Managing Stress

Rationale
Stress can be a major factor in substance abuse, and a major risk for relapse. This makes learning to manage stress when changing substance use behaviour extremely important. Relaxation techniques are core skills for managing stress, but it’s equally important that clients also apply other skills (problem solving, communication, setting priorities) to deal with the situations that trigger stress.

Goals
- To learn about the nature of stress
- To identify personal sources of stress
- To consider strategies for managing and reducing stress
- To identify areas for change
- To practice a relaxation technique

Time
2 Hours

Process
1. Review session goals and rationale
2. Warm up
3. Provide information about stress
4. Discuss situations that trigger stress
5. Discuss strategies for reducing stress
6. Practice stress reduction strategy
7. Wrap up

Materials
Flip Chart and Markers
Video:
1. Video on Positive Stress
Worksheets:
1. Stressful Life Events
2. Unpleasant Emotions
3. Basic Needs
4. Recognizing Stress
5. Support Systems
6. My Stress Reduction Plan
Handouts:
1. Four Helpful Steps to Manage Stress
2. How to Stop Unwanted Thoughts
3. Stress-Fighting Habits
Managing Stress
Page 1 of 3

PROCESS

1. Review Session Goals and Rationale

2. Warm up
   ▪ Explain that the session will start with a brief relaxation exercise. Lead the group in a quick stretch to relax the neck and shoulders.

3. Provide information about the nature of stress
   ▪ Define Stress: an emotional or physiological response to an event that is seen as threatening or challenging
   ▪ Brainstorm exercise: How do you know when you are experiencing stress? Explore both physical and mental symptoms. Record on flipchart or blackboard.

4. Discuss situations that trigger stress
   ▪ Distribute Worksheet 1: Stressful Life Events, and explain the scale. Ask the group to circle the events that they have experienced during the past 18 months, and to add up their scores. (Bring a small calculator to pass around for those who want to use it for adding up).
   ▪ After everyone is done, ask people about their reactions to the worksheet. What are people’s reactions to their stress scores? If they added substance abuse to the list, where would they put it, how many stress points would they assign to it? What about now (when not using substances)?
   ▪ Discuss the unpleasant emotions that stress can trigger. It is important to remember that dealing with emotions does not mean we want to eliminate them, but to deal with them in a healthier way. Distribute Worksheet 2: Unpleasant Emotions.
   ▪ Discuss the importance of taking care of yourself and how stress can cause people to forget basic needs. When we are feeling stressed, we tend to take shortcuts when it comes to taking care of ourselves. We forget about sleep, a healthy diet, exercise, and other forms of self-care. When we neglect these basic needs, health and mental well-being decline, which adds more stress. Distribute Worksheet 3: Neglecting Basic Needs.

5. Discuss strategies for reducing stress
   ▪ Brainstorm exercise: How do you manage your stress? Record responses on flipchart or blackboard.
   ▪ Distribute Worksheet 4: Recognizing Stress.
   ▪ Go over some steps to managing stress. Distribute Hand Out 1: Four Helpful Steps to Manage Stress.
Discuss the benefits of having a support system during stressful times. Having a support system can reduce the feelings of stress and the negative symptoms that accompany it. Having support does not mean the problem will be fixed, but studies have shown that talking about our problems releases hormones that take away the symptoms of stress. Distribute Worksheet 5: Support Systems.

Now focus on using thought stopping and distraction. Distribute Handout 2: How to Stop Unwanted Thoughts, and discuss with the group. If there is time in the session, you can get the group to try this technique.

Emphasize the importance of a healthy lifestyle, using Handout 5: Stress-Fighting Habits to present some preliminary ideas. Ask the group for specific ideas about lifestyle issues. Many will have already made substantial changes to eating and sleep habits since they have entered treatment.

6. Video on Positive Stress
   - Discuss thoughts on the video. Go over the idea of perception on stress and ask “Is your perception of stress making your stress better or worse?”.
   - It is important to note that stress is not always bad. Stress can be motivating and help us problem solve. Changing the way we think about stress has been researched and shown to alleviate the negative symptoms that can be associated with it. We don’t have to get rid of stress, but we can manage it.

7. Practice stress reduction strategy
   - Distribute Worksheet 6: My Stress Reduction Plan. Ask the group to identify ideas for personal changes in each area.
   - When everyone has finished, facilitate a discussion about change. Invite people to share specific areas for change and their ideas. Ask: were there areas where people were unsure what changes to make? What about areas where changes have already been made – what benefits have people experienced?
   - Lead the group in a Progressive Muscle Relaxation Exercise. The exercise can be conducted sitting in chairs, or lying on floor mats, if available.

8. Wrap up
   - Ask the group to identify one thing in the session that they found helpful. Go around the circle.
FACILITATOR’S NOTES

PROCESS STEP 2: Warm up

- Ask clients to sit straight in a chair. Slowly bring head forward so that your chin rests on your chest. Slowly bring your head back up to the normal position. Slowly move your head to the right. Hold it then slowly bring it back to the normal position. Move head to left. Hold it, and then slowly bring it back to the normal position. Do this rotation five times – you will feel your muscles in shoulders and back of neck begin to relax.

PROCESS STEP 4: Discuss situations that trigger stress

- Use the Stressful Life Events scale as a way to build awareness of how stressful life can be, especially for people changing their substance use behaviour; this can help people to understand the importance of learning to manage stress.

PROCESS STEP 7: Practice stress reduction strategy

- Take time to lead the group through this exercise slowly and thoroughly. If there is not at least 20 minutes for this exercise, chose a relaxation technique that’s less complex and time consuming.
Appendix B

Managing Stress PowerPoint Presentation

Managing Stress

Goals

- Learn about the nature of stress
- Identify personal sources of stress
- Consider strategies for managing and reducing stress
- Identify areas for change
- Practice a relaxation technique
Stress

- has been defined as an emotional or physiological response to an event that is seen as threatening or challenging

Brainstorm Exercise

- How do you know when you are experiencing stress?

- Anger/Frustration
- Fatigue
- Anxiety
- Social Withdraw
- Over or Under Eating
- Headaches

- Substance Use
- Procrastination
- Difficulties Sleeping
- Decreased Sex Drive
- Muscle Tension
Stressful Life Events (Worksheet)

- Circle the events you have experienced during the last 18 months
- Add your scores (total all points circled)

Unpleasant Emotions

- Stress can trigger things such as anxiety, self-doubt, and anger
- Ignoring these feelings can intensify the original stressor
- Recognizing these emotions is important for managing stress
Unpleasant Emotions (Worksheet)

- List some unpleasant emotions you experience when stressed
- Think of some tendencies you have that make situations worse when you are experiencing unpleasant emotions
- List some effective ways that you have used in the past to handle these emotions
- Think of some new ways you could handle unpleasant emotions

Neglecting Basic Needs

- During periods of stress, it’s common for people to overlook basic needs
- Sleep, diet, and exercise are some common forms of self-care that are neglected
- Ignoring self-care can lead to the deterioration of health and mental well-being, which ultimately leads to more stress
Neglecting Basic Needs (worksheet)

- Circle which basic needs you tend to neglect during high periods of stress
- List the steps you can take to make sure you are taking care of yourself during stressful times

Brainstorm

How do you manage your stress?
Recognizing Stress (worksheet)

- List 5 factors in your life that cause you stress
- Rate the stressors from 1 to 5
- List how you would usually handle these stressors
- Think of appropriate strategies for each factor that could be used in order to reduce, eliminate, or cope with these stressors

Four Helpful Steps to Manage Stress

- **Awareness**
  - Be aware of what causes your stress

- **Relaxation**
  - Learn and practice relaxation techniques

- **Attitude**
  - Rebuild confidence and optimism

- **Action**
  - Change the things you can
Support Systems

- Having a healthy support system reduces the negative effects of stress
- Talking to someone about a stressful problem releases hormones in our brains that ease undesirable symptoms of stress

Support Systems (Worksheet)

- List the names of three people you can turn to for support during periods of stress
- How can you use these social supports to help relieve your stress?
How to Stop Unwanted Thoughts

- Thought-stopping
- Interrupt stressful thinking—“stop it”
- Use form of distraction—thought substitution

Stress-Fighting Habits

- Take breaks
- Stay optimistic
- Exercise
- Express feelings
- Keep free time free
- Take control
- Eat properly
- Don’t smoke
don’t use substances to handle stress
Positive Stress Video

https://www.ted.com/talks/kelly_mcgonigal
how_to_make_stress_your_friend

Is your perception of stress making your stress better or worse?

My Stress Reduction Plan
(Worksheet)

- Write one thing you’d like to work on changing in each area.

- If there’s nothing you want to change, write what’s working well for you in that area:
Appendix C

Stressful Life Events Worksheet

STRESSFUL LIFE EVENTS
(Holmes & Matsuda, 1974)

Instructions:
1. Circle the events you have experienced during the last 18 months.
2. Add up your score (total all points circled)

<table>
<thead>
<tr>
<th>Score</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>100</td>
<td>Death of a spouse</td>
</tr>
<tr>
<td>73</td>
<td>Divorce</td>
</tr>
<tr>
<td>65</td>
<td>Marital separation</td>
</tr>
<tr>
<td>63</td>
<td>Jail term</td>
</tr>
<tr>
<td>63</td>
<td>Death of a close family member</td>
</tr>
<tr>
<td>53</td>
<td>Personal injury or illness</td>
</tr>
<tr>
<td>50</td>
<td>Marriage</td>
</tr>
<tr>
<td>47</td>
<td>Fired at work</td>
</tr>
<tr>
<td>45</td>
<td>Marital reconciliation</td>
</tr>
<tr>
<td>45</td>
<td>Retirement</td>
</tr>
<tr>
<td>44</td>
<td>Change in health of a family member</td>
</tr>
<tr>
<td>40</td>
<td>Pregnancy</td>
</tr>
<tr>
<td>39</td>
<td>Sex difficulties</td>
</tr>
<tr>
<td>39</td>
<td>Gain of a new family member</td>
</tr>
<tr>
<td>39</td>
<td>Business readjustment</td>
</tr>
<tr>
<td>38</td>
<td>Change in financial state</td>
</tr>
<tr>
<td>37</td>
<td>Death of a close friend</td>
</tr>
<tr>
<td>36</td>
<td>Change to a different line of work</td>
</tr>
<tr>
<td>35</td>
<td>Change in number of arguments with spouse</td>
</tr>
<tr>
<td>31</td>
<td>A large mortgage of loan</td>
</tr>
<tr>
<td>30</td>
<td>Foreclosure of mortgage or loan</td>
</tr>
<tr>
<td>29</td>
<td>Change in responsibilities at work</td>
</tr>
<tr>
<td>29</td>
<td>Son or daughter leaving home</td>
</tr>
<tr>
<td>29</td>
<td>Trouble with in-laws</td>
</tr>
</tbody>
</table>
### Outstanding personal achievement

<table>
<thead>
<tr>
<th>Event</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outstanding personal achievement</td>
<td>28</td>
</tr>
<tr>
<td>Spouse begins or stops work</td>
<td>26</td>
</tr>
<tr>
<td>Begin or end school/college</td>
<td>26</td>
</tr>
<tr>
<td>Change in living conditions</td>
<td>25</td>
</tr>
<tr>
<td>Revision of personal habits</td>
<td>24</td>
</tr>
<tr>
<td>Trouble with boss</td>
<td>23</td>
</tr>
<tr>
<td>Change in work hours or conditions</td>
<td>20</td>
</tr>
<tr>
<td>Change in residence</td>
<td>20</td>
</tr>
<tr>
<td>Change in school/college</td>
<td>20</td>
</tr>
<tr>
<td>Change in recreation</td>
<td>19</td>
</tr>
<tr>
<td>Change in church activities</td>
<td>19</td>
</tr>
<tr>
<td>Change in social activities</td>
<td>18</td>
</tr>
<tr>
<td>A moderate loan or mortgage</td>
<td>17</td>
</tr>
<tr>
<td>Change in sleeping habits</td>
<td>16</td>
</tr>
<tr>
<td>Change in number of family get-togethers</td>
<td>15</td>
</tr>
<tr>
<td>Change in eating habits</td>
<td>15</td>
</tr>
<tr>
<td>Vacation</td>
<td>13</td>
</tr>
<tr>
<td>Christmas</td>
<td>12</td>
</tr>
<tr>
<td>Minor violations of the law</td>
<td>11</td>
</tr>
</tbody>
</table>

**TOTAL:**

**Interpretation:**

- The higher the number shown, the more stressful the event listed
- The greater number of stress points one accumulates, the greater the likelihood of becoming seriously ill
- Studies indicate that individuals who experience events totaling 300 or more during the past 18 months showed a much higher incidence of illness during the next 9 months than those with 200 points or less (49% vs. 9%).
Appendix D

Unpleasant Emotions Worksheet

Unpleasant Emotions

Stress can trigger many emotions such as anxiety, self-doubt, and anger. It is important to remember that emotional management isn’t about eliminating emotions, but about dealing with them in a healthy way.

What types of unpleasant emotions do you experience when stressed?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

When experiencing unpleasant emotions, do you have any tendencies that make the situation worse?

________________________________________________________________________

________________________________________________________________________

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________________________________________________________________________

List some effective ways that you have used in the past to handle these emotions.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

What are some new ways that you think would work for handling these situations?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
Appendix E

Basic Needs Worksheet

Basic needs

Stress can cause people to forget basic needs. When we are feeling stressed, we tend to take shortcuts when it comes to taking care of ourselves. We forget about sleep, a healthy diet, exercise, and other forms of self-care. When we neglect these basic needs, our health and mental well-being decline, which then adds more stress to our lives.

From the list below, which basic needs do you neglect during periods of stress?

<table>
<thead>
<tr>
<th>Sleep</th>
<th>Managing Addictions</th>
<th>Exercise</th>
<th>Healthy Diet</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Health</td>
<td>Social/Love Needs</td>
<td>Hygiene</td>
<td>Other</td>
</tr>
</tbody>
</table>

What steps can you take to make sure you are taking care of yourself during periods of stress?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
Recognizing Stress Worksheet

**Recognizing Stress**

List 5 factors in your life that cause you stress. Rate the stressors from 1 to 5 (1 being the most stressful factor and 5 being the least stressful). How would you usually handle these stressors? Is there an alternative way to handle the same stressful situation? Think of appropriate strategies for each factor that could be used in order to reduce, eliminate, or cope with these stressors.

<table>
<thead>
<tr>
<th>Stressors in your life</th>
<th>Rate 1 = most stressful 5 = least stressful</th>
<th>How would you usually handle the stressors?</th>
<th>What alternative way could you use to cope, reduce, or eliminate these stressors?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>
Using the space below, list some other stressful situations that you are currently dealing with in your life:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Which of these things are causing the most stress for you?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Are any of these stressors out of your control? (i.e someone else’s responsibility) If so, what are some things that you can do to manage the stress?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Do any of these things not need to be done?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
Appendix G

Support Systems Worksheet

Supports Systems

Having a support system can reduce the feelings of stress and the negative symptoms that accompany it. Having support does not mean the problem will be fixed, but studies have shown that talking about our problems releases hormones that take away the symptoms of stress.

List the names of three people you can turn to for support during stressful times.

<table>
<thead>
<tr>
<th>Name</th>
<th>How they can help</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

How can you use your social supports to help relieve your stress?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Appendix H

My Stress Reduction Plan Worksheet

**MY STRESS REDUCTION PLAN**
(AMHS-HPE, 2017)

Using the spaces below, write one thing you would like to work on changing in each area. If there’s nothing you want to change, write what’s working well for you in that area:

**MY ATTITUDE:** ____________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

**MY LIFESTYLE:** ____________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

**MY DIET:** _________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

**MY CREATIVITY:** __________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

**MY PHYSICAL ACTIVITY:** _________________________________________________
__________________________________________________________________________
__________________________________________________________________________

**MY WORK:** ______________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

**MY RELATIONSHIPS:** _____________________________________________________
__________________________________________________________________________
__________________________________________________________________________

**MY SPIRITUALITY:** _________________________________________________________
__________________________________________________________________________

**OTHER:** _________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
Appendix I

Four Helpful Steps to Manage Stress Handout

FOUR HELPFUL STEPS TO MANAGE STRESS

(AMHS-HPE, 2017)

1. AWARENESS

*Be aware of the things that make you feel stressed and of the way you feel when you are under stress.*

First you need to ‘tune in’ to your body and recognize your own signs of stress. People don’t always know when they feel stress. You may become so accustomed to feeling stressed that it just feels normal. Your body may be so habituated to stress that you don’t even know what it feels like to relax.

Once you can identify the stress signals in your body, you can start doing positive things to cope. If you want to remember what a relaxed body feels like, remember how it feels to pick up a sleeping child, or to stroke a sleeping cat or dog.

2. RELAXATION

*Learn relaxation techniques so you can learn to re-activate your relaxation response.*

Practice relaxation techniques every day. Give yourself time – with practice relaxation will become easier and more enjoyable. Make relaxation part of your self-care strategies.

Progressive muscle relaxation is a core technique. Here’s a simple way to use this technique:

- Sit quietly in a comfortable position.
- Close your eyes.
- Tense and then relax all of your muscles, progressing from your feet to your face.
- Keeping your muscles relaxed, breathe through your nose. As you breathe out, say the word "one" silently to yourself.
- Breathe in a relaxed position for 10 to 20 minutes. You may open your eyes to check the time, but don’t set an alarm. When finished, sit quietly for a few minutes with your eyes closed.
- Don’t dwell on disruptions, just maintain your state of relaxation and continue repeating the word "one."
- Don’t worry about achieving a deep level of relaxation. Keep a passive attitude and allow relaxation to occur at its own pace.

3. ATTITUDE

*Rebuild your confidence and optimism.*
Changing your outlook on life is the most reliable and effective way of reducing stress. Most stress comes from the way we perceive the world. Some events are innately stressful, but mostly it’s not events in themselves that cause our distress, but rather the views we take.

Creating a new understanding of a situation can make it less threatening or stressful. You can change your feelings by changing your thinking.

4. ACTION

*Change the things you can.*

You can reduce your stress level by changing your behaviour. It’s simple – the sooner you deal with a situation that’s causing stress, the less you have to worry about.

Don’t let procrastination and perfectionism keep you from looking after things that you can deal with. When you face a problem situation, use problem solving skills to figure out what you need to do. Remember: The sooner you deal with a stressful situation, the easier it will be to resolve it.
Appendix J

How to Stop Unwanted Thoughts Handout

HOW TO STOP UNWANTED THOUGHTS
(AMHS-HPE, 2017)

You know what it's like to listen to someone go on and on about a particular issue. Eventually you get irritated and think, "I wish he'd stop already!" In a way, this is what happens when you’re stuck with unwanted thoughts about a problem or situation. You might analyze it in great detail or worry incessantly.

The technique for dealing with this stressful monologue (in which you are both the talker and the listener) is called "Thought-Stopping." Just as you might say to a friend, "Can we talk about something else?" or even "Knock it off," you use a similar approach with yourself.

One way to interrupt the flow of stressful thinking is to 'yell' something sharp to yourself; you can do this silently, inside your head, or aloud if you are alone. Try saying words to yourself like, "Stop it!" "That's enough!" "Cut it out!" "Don't go there!" Practice for several days to get the full impact. After a while, you’ll find the phrase that works best for you.

Thought-stopping is only half the story. If you use the technique and then sit there in a vacuum, the unwanted thoughts will likely return.

The second step is to use some form of diversion or distraction. This is called "thought substitution". You purposely start thinking about something else in the past or future - pleasant activities for the weekend, a walk in the park on a beautiful day, a good conversation with someone.

Thought-stopping and thought substitution are especially useful if you are troubled at night by unwanted thoughts. During the night, distracting visualizing happy or peaceful images can be helpful.

During the day, you can keep unwanted thoughts from recurring by using some form of physical diversion. Pick up the phone and call a friend, grab a magazine, take a walk, have something to eat; do a crossword puzzle or focus your mind on something stimulating and challenging.

The amazing thing about thought-stopping and thought substitution is that, simple as they are, they're very effective. We can't stop thoughts from popping into our heads, but we certainly can choose how long to put up with them and how involved we want to get with them. You can change the way you feel by changing the way you think. Just knowing that is in itself very empowering. It's another reminder that we have more control than we think.
Appendix K

Stress-Fighting Habits Handout

STRESS-FIGHTING HABITS

(AMHS-HPE, 2017)

Practicing positive health habits is especially important when you are under stress. The healthier your body is, the better it can function in all areas including relaxation. An exhausted state makes it harder to bring on healing, strengthening, and relaxation.

Here’s a short list of healthy ideas for when you’re ‘stressed’:

- **Take breaks** – When under extra stress, take time out to go for a walk, listen to some gentle music, or soak in a warm bath. Create some healthy ‘down time’ for yourself. Get enough rest.
- **Stay optimistic** – Look for the positive element or the learning in each situation.
- **Exercise** – Set aside at least 20 to 30 minutes each day for a type of exercise you enjoy. Exercise doesn’t have to be fancy or strenuous. Regular cardiovascular exercise such as walking has been shown to be very helpful.
- **Express feelings** – Don’t bottle up emotions. Talk to someone you trust, write in a journal, cry if you feel like it.
- **Keep free time free** – Take a break from work or home worries. This allows you to tackle problems with a fresh mind.
- **Take control** – Plan your day by setting priorities. Don’t set unrealistic objectives for yourself. If you’re not good at keeping things realistic, get some feedback from a friend or counsellor.
- **Eat properly** – Hunger increases stress. Eat a healthy breakfast rather than just having a cup of coffee. Keep your intake of caffeine and sugar at a moderate level.
- **Don’t smoke** – Smoking increases tension and makes you less able to handle stress
- **Don’t use drugs or alcohol to handle stress** – You will only dig yourself into the same old hole!
Appendix L

Evaluation Form

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<th>Meets expectation Or Does not meet expectation</th>
<th>Suggestions for changes</th>
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<tr>
<td>Video on Stress</td>
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<td>Worksheets on how to manage stress</td>
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<td>Handouts on Stress Management</td>
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<td>PowerPoint on stress management</td>
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<td>Facilitator Notes</td>
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