Development of a Stress Management Manual for Reintegration of Male Offenders under Community Supervision

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The procedures in this staff-training manual are meant to be used by agency staff and residents as a part of the broader services they provide.
Dedication

To my grandparents’ Frank and Jacqui, my parents’, Nivea and Paul, my partner Eric and his family. The love and continuous support you have all showed me has been outstanding and this experience would not have been the same or possible without all of you.

Thank you and I love you all.
Abstract

Stress can be a commonplace experience for most people within their lives. Having the skills to manage stress can be vital in diminishing distress and lessening an individual's vulnerability towards the development of mental and physical health concerns. During my professional development at The agency, a residency for offenders who served federal sentences, the value of stress reduction and management is well recognized. Accessible resources, treatment, and/or support services, post-incarceration aids in the reduction of recidivism rates (Bayse et al., 1991). Equal opportunity and access to employment, family education, addressing communication and stress management skills, counseling services, therapy and treatment programs are all helpful in relapse prevention and reducing recidivism rates (Spohn et al., 2001). Moreover, acquiring this skill set assists this clientele in their reintegration into society. The aim of this thesis is to develop a manual to give elective and versatile stress management skills for offenders who are on parole within the community residing at The agency in Ottawa, Ontario. This manual is a compilation of empirically validated approaches to stress management and best practice and includes: assertiveness training, positive self-talk and progressive muscle relaxation. It is aspired that this manual be utilized within the the agency as a resource tool for both staff and clients alike. Modifications to this manual had been based on dynamic feedback. However, due to the scope of this project, this thesis is a focus of a manualized approach to stress reduction and not measure of its efficacy in practice. Future recommendations for a thesis within this study area would be the empirical analysis of the treatment manual in order to determine its effectiveness of reducing stress within male offenders under community supervision.
There are various individuals without whom this thesis would not have been composed, and to whom I am incredibly thankful.

I would like to thank all staff at The agency, for their encouragement, support and dedication throughout my placement. Their help and guidance have not gone unnoticed.

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Chapter I: Introduction

Psychological and physiological stress is better defined today than has been in the past (Thomason and Pond, 1995). Researchers Blanco and Robinett (2014) note that stress in today’s Canadian general population is on the rise which can have a ripple effect that places strain on not only individuals, but also their families, social networks and society at large. Stress is defined as the body’s way of respond to any kind of request or danger. When we feel threatened our bodies’ sympathetic nervous system replies by releasing cortisol into the bloodstream (Beasley, Thompson, and Davidson, 2003). High cortisol levels may interfere with our learning and memory, lower immune functioning (and ability to fight off infection), weight gain, increased cholesterol, as well as heart disease (Beasley, et. al., 2003). Beasley et al. (2003) state that chronic stress; posttraumatic stress disorder (PTSD) and elevated cortisol levels may increase the risk of mental illness and depression.

Posttraumatic stress disorder (PTSD) often develops in result to severe psychological shock or injury, and typically includes symptoms such as disturbances in sleep, intrusive and disturbing thoughts and distressing recollections of the event. Stress regularly emerges from an individual's perception or view of threatening situations or circumstances (Beasley, Thompson, & Davidson, 2003). Researchers assert that those who are aware and learn about the physiological impact of stress and how to adapt to it are better able to adapt in aversive situations.

The prevalence rate of stress is disproportionately higher in offender populations. For offenders, it is important that effective coping strategies are implemented and developed in order to manage stress within the rehabilitative process (Beasley, et. al., 2003). The prevalence rates for current diagnoses of posttraumatic stress disorder and panic disorder (included in the anxiety disorders category) revealed that over 40% of offenders met the criteria for a current diagnosis other than substance abuse or APD (Beaudette, 2014). Most individuals who are not servicing indeterminate sentences will require some form of transitional period towards their community reintegration and will eventually end up back in the community. (Andress, et. al., 2004).

There is developing evidence to suggest that male offenders under community supervision could benefit from learning different types of stress management strategies as a measure in order to improve their overall wellbeing (Ireland, 2002). All residents served by The agency are offenders on various levels of parole and community supervision. The purpose of this thesis project is to create a treatment manual in order to assist offenders in developing their own stress management skills, and by doing so, increase their abilities to successfully reintegrate back into society.

Within correctional institutions, individuals are faced with a wide range of social, economic, and personal stressors that can often pose as later obstacles for lower recidivism rates post release (Borzycki and Baldry, 2003). Several of these stressors are a result of the offenders past experiences whereas others are more directly associated with consequences from
incarceration and follow into the difficult transition back into society. For example, changes made in technology, devoid work schedules, dependent lifestyles, or even regimented routines can cause stress. This can be further deepened if individuals are challenged by skill deficits which make it difficult for them to successfully reintegrate within the community. Research has suggested that some of these variables include: poor interpersonal skills, poor cognitive or emotional functioning, low levels of education, illiteracy or innumeracy and a lack of planning and financial management skills (Borzycki and Baldry, 2003).

For some offenders the transition from incarceration to the community can be further anxiety provoking when conditions of parole are invoked. The offender’s time incarcerated may in itself have had several effects (Borzycki, 2005). They may have lost their livelihood, personal belongings, ability to maintain housing for themselves and family, they may have lost important personal relationships and incarceration may have done some damage to their social networks. As well they may have experiences mental health struggles or acquired self-defeating attitudes or habits (Borzycki, 2005).

There are several practical challenges that offenders must face during the time of their release, including but not limited to; personal losses, emotional losses, financial losses, physical losses, and dependency increases such as accessing services and supports for their very individualized specific needs. While literature on various stress management tools, research suggests that the three best practices for male offenders under community supervision are: Basic assertiveness training, positive self-talk and Progressive Muscle Relaxation (PMR) (Rausch, Gramling, and Auerbach, 2006). A cognitive–behavioral model of relaxation proposes several mechanisms by which PMR may reduce stress (Dolbier and Rush, 2012). Research supports PMR as an empirically validated clinical treatment to reduce negative stress responses (Dolbier and Rush, 2012). Through the use of these three techniques offenders will then be able to control their stress levels for a more positive reintegration into society.

Modality 1: Assertiveness Training

Basic assertiveness training involves teaching individuals to better advocate for their rights and needs in a socially appropriate manner. Part of this training teaches individuals how to react in an appropriate manner, emotion regulation skills, healthy communication and overall behavioural self-managements (Ireland, 2002). Within this modality three main styles of assertiveness are described: passive, aggressive, and passive-aggressive. It is important that individuals know the different between being passive, aggressive and appropriate assertiveness (Ireland, 2002). To be passive is to accept or allow what happens or what other individuals do without an active response or resistance to the situation. For example someone who is passive may be afraid to speak up, may speak softly, may avoid looking at people, may slouch and become withdrawn or may simply isolate themselves from the group. Whereas being aggressive consists of an individual being ready, easily triggered or likely to confront or attack even seemingly ambiguous exchanges. For example someone who is aggressive may speak loudly, may interrupt and talk over other, may intimidate other by using expressions and may try to control groups. Passive-aggressive behaviour is a combination characterized by indirect resistance to demands of other individuals, but also an avoidance of direct confrontation. For example, someone who is passive-aggressive may speak openly, may use proper conversational
tones, may participate in groups properly, and may show expressions (i.e., facial and bodily gestures), which match their messages trying to be portrayed. Assertiveness is a skill, which is regularly referred to within social and communication skills training. Being assertive is being able to stand up for your own as well as other people’s rights, using a calm and positive approach. Orme and Bar-On (2002) state that assertiveness can be used as a tool for maintaining and initiation socially supportive relationships, which in turn provide an overall increase in emotional well-being. The higher the level of stress felt in expressing positive feelings and assertiveness, the less frequency of engagement in these situations (performance dimension).

Modality 2: Positive Self-Talk

Positive self-talk is the process that allows one to discover optimism, joy and hope in any given situation. This does not mean that we need to ignore unpleasant situations in life; it simply suggests that we need to approach them in a more positive and productive way. In a study conducted by Kross, et al., (2014), it was suggested that positive self-talk is a beneficial means of reducing aversive stress. This process involves individuals being able to take their negative thoughts or stressors and changing them into positive ones. For example, if an individual was thinking to themselves “Nothing ever goes right” they could then turn that into positive thought by saying “I’m making progress.” Someone may think, “Why should I even try, it won’t work out anyways?” This could be seen as more positive by saying, “If I keep trying I’ll get there.” Kross et al., (2014) states that positive self-talk is not the same as self-deception; it is about being able to recognize the reality within situations. When we encounter negative thoughts, positive self-talk will attempt to bring the positive aspect of the negative in order to assist us to do better and keep moving forward with our lives (Kross et al., 2014).

Modality 3: Progressive Muscle Relaxation

Chronic stress results in a physiological response in the body. Progressive muscle relaxation (PMR) is a stress reduction method which involves activities aimed at reducing this response, through the reduction of muscle tension and mindfulness towards quieting the body’s response (Rausch, Gramling, and Auerbach, 2006). Dolbier and Rush (2012) state that PMR is a positive way in order to cope with stress, as it is a stress reduction intervention that typically consists of thoroughly relaxing and tensing different muscle groups from head to toe while taking time to focus on the sensations of relaxation and tension. By relaxing and tensing muscles we are able to alleviate and physical tension we may have in order to increase feelings of relaxation (Dolbier and Rush, 2012). Dolbier and Rush (2012) also state that by using the cognitive behavioural therapy technique of mentally focusing on instructions as well as the contract between relaxation and tension, we are able to sustain our attention on the task at hand. PMR leaves us little time to focus on the stressor. It has become a popular intervention because of its benefits, low cost, level of ease in teaching participants and effectiveness across a range of populations.

Overview

It has be hypothesized that these stress management strategies will lead to increased self-worth and self-awareness as well as decrease levels of stress and anxiety in male offenders under
community supervision (Dolbier and Rush, 2012). The aim of this thesis is to research, evaluate and present a manual of best practices in stress reduction in working with an offender population. It will include supporting empirical evidence as well as potential strengths and weaknesses of each stress management skill. The methodology section will outline the methods and procedures behind the creation of the manual including the developments, design, participants as well as the setting. The manual itself will explain in the results section. A review will also be included based on the major changes within the manual, based on any feedback obtained from staff at The agency. The final section will focus on the strengths and limitations of the manual, future recommendations, challenges to implementation and the manual’s contribution to the field of behavioural psychology.
Chapter II: Literature Review

This section will be a review of the pertinent research literature. First the general impact of stress will be discussed, followed by approaches to stress management. Next, we will discuss the unique psychosocial stressors for male offenders. Extensive research of these particular strategies will assist to establish a treatment manual in order to assist in stress management for male offenders under community supervision. Following this the research will be laid out in order to outline the three most appropriate and effective strategies to reduce stress. The effectiveness will be outlined for each of the three strategies. Moreover, the qualities and limitations of the applications of each strategy will then be reviewed at length.

The Effects of Stress

One’s perception, tolerance and threshold for distress vary across individuals, and can manifest in different ways. This gives the potential for a variety of reactions to the same stressor or situation (Sutin, Costa, Wethingston and Eaton, 2010). As indicated by Sutin, Costa, Wethington, and Eaton (2010), the way individuals comprehend unpleasant situations can affect their self-appraised wellbeing and mental distress. Sutin et al. (2010) distinguished defining moments and lessons educated as two courses in which people attempt to keep up coherence of the self. According to Wood, Wood, Wood and Desmarais (2008), they state that despite our individual choice of how to deal with stressful events we will all experience very similar stages of psychological reaction in a phase model: alarm reaction, resistance and the exhaustion phase. Within the alarm reaction phase one experiences an increased heart rate, blood flow, respiration, and the body enters into a of readiness and preparedness (Wood et al. 2008). If the stressor is not addressed, then one enters into the resistance phase. In this phase the body is attempting to cope by remaining in a state of readiness while decreasing arousal levels to allow the body to replenish. In this particular stage individuals can develop both psychological and physical health issues, which can then become heightened if the stressful situation is not addressed. If this persists, then one enters into the last stage of exhaustion (Paulhus and Nairne, 2008). The final stage of exhaustion is the most dangerous as this is when the body will begin to shut itself down, and an extreme example may cause disease or ever worse death (Wood et al. 2008). Due to offenders potentially having such high levels of stress and perhaps being in or coming close to the exhaustion phase it is important that they are given the right strategies and techniques in order to avoid coming close to this phase of even being in it.

There are different levels of stress. These include: acute stressors, short-term stressors, daily hassles as well as prolonged exposure to significant stress (PTSD). Acute short-term stress is the most common and comes from pressures and demands of the recent past as well as anticipated demands and pressure of the near future. Daily hassles are another may be the culprit of stress. These daily hassles, which can lead to the buildup of stress. Chronic stress occurs when an individual is not able to “see the light at the end of the tunnel”. It is the stress of constant demands and pressure with seemingly no resolve. This leads to individuals losing hope and giving up the search for solutions. This is the stress that erodes wellbeing through time. Keller et al. (2012) conducted a study examining level of stress, the perception of the influence of stress on health, and health and mortality outcomes. They hypothesized that the perception of stress can be equally consequential to a person’s health as the level of stress experienced; this may be due
to the reality that the perception of stress is unique to the individual experiencing it. It is possible for an individual to perceive the stress they are experiencing as more significant than it actually is. This can lead to a misconception of the effects on their actual health. Conversely an individual who is better able to appraise their higher levels of stress will have lower levels of perceived stress (Keller et al., 2012). Accordingly, this study provides evidence that the impact of a stressor may be moderated by how an individual appraises a given stressor.

Sheidow, Henry, Tolan, and Strachan (2014) explored the relationship between family functioning and exposure to stress over prolonged periods of time. Urban families often live in very stressful environments that involve poverty, criminal activity, and community violence on top of their regular life stressors, which increases vulnerability to developing mood and anxiety disorders in children and adolescents (Sheidow, Henry, Tolan, & Strachan, 2014). Sheidow and colleagues (2014) found that stronger family functioning had a mediating effect on the stress experienced from daily hassles, while poor family functioning played a role in the development of negative psychological consequences. The authors also established that youths from families that displayed stronger cohesion and structure with adaptive parenting practices demonstrated less internalized problems than youth from families with dysfunctional or strained relationships. This underscores one important reason for offenders to reconnect with family members, which is for them to receive support in reintegrating into their community.

While stress is a common occurrence, research has illustrated that male offenders under community supervision have many more daily hassles and stressors (Ireland, 2002). Examples of stressors for male offenders are as follows but not limited to: finding employment, reconnecting with family and friends; as well as abiding by all of the rules of the community residential facility and parole conditions (Gurley and Satcher, 2003). In general, male offenders as a population are perceived as having poor stress management skills. The majority of male offenders succumb to negative coping mechanisms such as smoking, drinking and drugs (substance abuse) which is a factor of other pre-existing life variables that are concurrent with incarceration rates (e.g. antisocial personality traits) (Gurley and Satcher, 2003).

For many male offenders it is not an easy transition back into society. Individuals must go from complete supervision to having to navigate through a community that they have been away from for years. They essentially have to begin all over and learn everything new, including rules of any Community Residential Facility (CFR) and parole conditions (Beaudette, 2014). Parole conditions are developed through a case-by-case basis and can be stressful. According to Correctional Services Canada (CSC) parole conditions may include but are not limited to; not to consume drugs, not to consume alcohol, avoid persons with criminal histories, reside at a specific place, follow treatment plans, take medications as prescribed, financial disclosure, respect curfew, seek/remain employed and telecommunication restrictions (Beaudette, 2014). Day parole offers offenders with the chance to participate in on-going community based activities. These offenders must reside at a correctional institutions (CCCs) or correctional residential programs (CRFs) (Beaudette, 2014). They are arranged day parole in order to prepare themselves for full parole as well as statutory release. Statutory release is when federally sentenced offenders must serve the final third of their sentence under community supervision and under conditions of release similar to those offenders on full parole (Beaudette, 2014).
Stress Within The Offender Population

When looking at discharge planning and reintegration services, programs exist but resources are limited (Gaetz and O’Grady, 2006). Gaetz and O’Grady (2006) found that offenders who are returning to the community with inadequate discharge planning as well as any form of transitional support are at a high risk for becoming homeless. When individuals become homeless, they have a higher chance of re-offending and are more likely to become involved in crime due to their poverty, substance abuse as well as economic survival skills (Gaetz and O’Grady, 2006). Gaetz and O’Grady (2006) suggest that transitions into disorganized communities where they lack social support may put offenders at risk for recidivism. Therefore, individuals involved in corrections or community agencies must ensure that offenders have proper access to appropriate discharge planning as well as transitional support back into the community (Gaetz and O’Grady, 2006). This will not only better assist the offenders to return to the community, but it will also decrease stress levels they may face upon release.

Many offenders are released from correctional facilities to unfamiliar cities, not returning into their home environment or original community. Many offenders return to homes that are shared with other individuals who engaged in criminal activity and may then lack community support and resources. According to Sutin, Costa, Wethington and Eaton, (2010) being able to properly identify stressors is one of the most important things you can do as a male offender under community supervision. Researchers indicate that once you can identify how you feel when you become stressed and any potential stressors you may face in everyday life you can use stress management strategies to overcome them in order to better your self-worth and self-awareness. Sutin et al. (2010) found that family life as well as education has an importance in reducing dysfunctional patterns within all families. Offenders who have taken the time to complete family/life education courses, designed ideally to assist with family functioning show lower rated of narcissism and they also have a desire for their families as a unit to be more cohesive in the future (Sutin, et al. 2010).

Deprivation of community contact while incarcerated may also contribute to offenders’ situations. For example, the use of technology may become a factor. Technology is an example of an ongoing change that could potentially overwhelm an individual that has been incarcerated for several years. Today, many more offenders are being released than in the past. Sutin, et al., (2010) state that computers and cellular technologies have increased the capacity of data processing, information sharing, and communications within and across individuals. The increasing societal dependence on the internet and computer-mediated communications may become stressful or overwhelming for someone who is not used to being so “connected”. Thus, technology plays a pivotal role for individuals who had been incarcerated.

Correctional programming are designed to assist to prepare offenders for re-entry into society, which can include education, mental health, substance abuse treatment, stress management as well as counselling and mentoring (Dandurand and Murdoch., 2007). Effective institutional programs usually have a focus on several different dynamic risk factors as well as offenders’ challenges and or needs that require attention in order to best prepare the offender for their release as well as successful integration back into society (Dandurand, and Murdoch., 2007) They state that offenders’ parole and other conditional release decisions are most times
based on whether or not the offender has taken the time to participate in any institutional programs designed to specifically address their criminogenic needs or other challenges. In addition, not all correctional programs are offered at the same time, which can make it difficult to ensure that an individual has completed their programs in this regard. Research has demonstrated that treatment and social reintegration fields’ support interventions should be linked with institutional services along with community-based services in order for the interventions received during incarceration to be continued throughout any high-stress transitions such as reintegration (Dandurand, and Murdoch., 2007). There has been recognition that preparation for reintegration of offenders should commence before their release, and after their release, interventions should support their immediate transition from prison back into the community in order to reinforce the improvements they have made (Dandurand, and Murdoch., 2007).

The difficulty that offenders may encounter in an attempt to cope with the stress of imprisonment can impact on the development of physiological and/or psychological problems (Coates and Ellis, 2000). They found that the strain of incarceration produces an accelerated deterioration in both the physical and mental health status. The lack of a supportive social network can adversely affect offenders because social support from significant others is one of the key factors that can serve to buffer the effects of continuous stress (Coates and Ellis, 2000). Overall, older offenders are just more likely to be stressed than younger offenders. However, it was noted that aging offenders and younger offenders differ in what is considered stressful (Coates and Ellis, 2000). In terms of personal stressors, aging offenders are somewhat greater affected by family issues and their physical health than younger offenders (Coates and Ellis, 2000). Aging offenders are less stressed about mental health issues than younger offenders. Aging offenders are significantly less stressed about all of the institutional stressors than younger offenders. In particular, they are less stressed about a drug and/or alcohol problem, school/work issues and financial problems (Coates and Ellis, 2000). While this may be reflective of the general population at large, it is important to consider that age cohorts can also affect one's degree of stress.

Overseeing stress adaptively is an imperative segment in monitoring a healthy lifestyle. Research results from Gurley and Satcher (2003), and King and DeLongis (2014) propose a need to better use more versatile stress management skills. Wood et al. (2008) examined the possibility of stress management skills as they can change maladaptive responses to stress. Antai-Otong (2001) indicates that stress management skills as an approach when an upsetting occasion is seen as overwhelming. Stress management skills concentrate on balancing the feelings created from stress, permitting individuals’ to assess the unpleasant situation as less undermining or stressful. (Antai-Otong, 2001). Some stress management skills that can lessen stress include assertiveness training, positive self-talk as well as Progressive Muscle Relaxation (PRM).

**Assertiveness Training**

Ireland (2002) conducted a study in order to address how assertiveness relates to bullying behaviour among adult offenders. According to Ireland (2002) in an institutional environment, there are four distinct categories in which offenders have been identified on the basis of their
involvement in behaviours indicative of bullying. First, there are pure bullies, who solely reported behaviours indicative of bullying others (Ireland, 2002). Second, there are pure victims, who solely reported behaviours indicative of being bullied (Ireland, 2002). The third type was bully/victims who reported behaviours indicative of bullying others and of being bullied (Ireland, 2002). Finally, not involved are those who reported no behaviours indicative of being bullied or bullying others (Ireland, 2002).

Assertiveness among offenders was comprised of three components, which includes: social assertiveness, argumentative and finally combativeness. It also includes individuals’ willingness to interact with others. Social assertiveness is characterized by such behaviours as asking an individual to do something and starting a conversation with a stranger (Ireland, 2002). With regards to argumentative and combativeness, individuals appeared to be responding in a volatile way to specific social situations that includes an angry or defensive reaction (Ireland, 2002). Unfortunately, it was outside the scope of this research study to include passive aggressive behaviours. Sarkova et al. (2013) state that there is an association between distress and performance of assertive behaviour subscales as well as psychological overall well-being. The psychological well-being of offenders is perhaps an under studied topic. The aim of their study was to explore the associations of two dimensions of assertiveness with psychological well-being and self-esteem. As Sarkova et al. (2013) expected there were strong correlations between these dimensions. The greater the anxiety felt in articulating positive feelings and assertiveness, the less frequent individuals would engage in these situations. They also found a significant associated between anxiety, self-esteem and self-control. The study also confirmed a connection between positive interpersonal relationship and self-control.

Ireland (2002) found the first tendency of assertive behaviour was to be socially assertive as well as showing a lack of concern about displaying their emotions to others. The second tendency was to be quite argumentative and emotionally reactive (Ireland, 2002). The third tendency was to express willingness to converse with other individuals and to advocate personal opinions (Ireland, 2002). Ireland (2002) indicated that it is important for assertiveness training to be implemented to address appropriateness for assertive behaviour. Being assertive (or attempting to do so) during an incident in which there is a risk of potential injury may not be appropriate. Ireland (2002) stated that assertiveness training provided for offenders should not only address how to be assertive prior to the incident but also how to be assertive following the incident. Assertiveness training could focus on discouraging offenders from retaliating in a negative way and could be a productive method of preventing negative outcomes.

Offenders diagnosed with several different concurrent mental health disorders such as antisocial personality disorder (psychopathy), narcissism may experience social isolation and are at risk for substance abuse disorder (Dandur and Murdoch, 2007). As well these offenders may encounter particular difficulties expressing themselves appropriately which is the main characteristic of assertiveness training. A unique challenge faced by these offenders upon release is that they require the development of continuing care in order to address the risks, needs and vulnerabilities (Dandur and Murdoch, 2007). Research has identified that continuity of care is an essential component of effective treatment, specifically working alongside individuals to monitor and decrease their levels of stress (Dandur and Murdoch, 2007). Considerations in working with this population should include tailored interventions through using cognitive behavioural
therapy. Mental health professionals have found research to support the core components of interventions designed to assist these offenders in order to be successfully reintegrated into society (Dandur and Murdoch, 2007). These core components include but are not limited to; providing structure for their daily lives, integrating treatment plans and case management, establishing the difference between treatment staff and the justice system as well as managing any impulses (Dabdur and Murdoch, 2007).

The study completed by Sarkova et al., (2013) has several strengths, of which the most important is the use of two factors of psychological well-being and two factors of self-esteem in combination with four subscales and two dimensions of assertiveness. This enables a deeper understanding of the associations. In terms of limitations, the cross-sectional design of our study restricts our findings. A longitudinal study is necessary for a better understanding of the mentioned variables and might help us to contribute to the unraveling of this pathway.

**Positive Self-Talk**

Literature has shown that offenders exhibit increased levels of stress compared to the general population, coinciding with decreased levels of self-esteem. These finding suggest that programs and resources need to be created in order to improve offenders’ self-esteem (Ireland, 2002). Self-talk is most times associated with negative thoughts or events. Turning self-talk into self-reinforcing self-talk.

Whereas as positive self-talk individuals are able to focus on positive thoughts or events. There are several factors that can contribute to negative reactions for offenders. Ireland (2002) suggests that certain features of both institutions and a residencies environment can have negative impacts and affect individuals’ adjustments back into society. According to Ireland (2002) these negative impacts may include; distrust of authoritarian environments, lack of control over their future, isolation from family and friends fear of the unknown and shame. Interpersonal networks are disrupted by incarceration and in turn will then affect social supports. When offenders return to the community, they may often be stigmatized. One’s community tend to be welcoming but cautious, suspicious and frequently fearful. This may cause individuals to have to move to a different environment in order to start their lives over. Also, offenders may have restricted public social interaction because of police surveillance.

Beck and Travis (2004) completed a study and found evidence that being registered, as a sex offender is associated with a significant decrease in crime. This is in line with predictions from a simple model of criminal behavior in which providing information on offenders to local authorities increases monitoring and the expected punishment for recidivism (Beck and Travis, 2004). Moreover, they found a drop in the overall frequency of reported sex offenses associated with registration is due primarily to reductions in attacks against “local” victims who are known to an offender (i.e., a family member, friend, or acquaintance) (Beck and Travis, 2004). They also found that the implementation of a notification law is associated with a reduction in the overall frequency of sex offenses. One potential explanation for this effect is that notification raises the punishment for re-offending.

According to Stewart and Rowe (2015) self-control is often measured by impulsivity, temper, limited goal setting, egocentrism and gratification and then linked with criminality.
Impulsivity, which most times results from a deficiency within self-regulation, is often used in order to clarify a variety of antisocial tendencies, as well as a wide range of psychological disorders. According to Correctional Services Canada (CSC) “Problems of Self-regulation among adult offenders” approximately 80 percent of federal offenders are assessed prior to intake and have at least one problem related to self-regulation such as; impulsivity, poor use of problem solving and peer conflict resolution (Stewart and Rowe, 2015). According to CSC (2015) it is important to directly train individuals in the cognitive and coping skills that they have not previously developed. Meta-cognitive strategies for slowing down our cognitive processes as well as training the development of skills in order to achieve goals are important (Palmier-Claus, Dunn, Morrison, and Lewis, 2011). Morin (2005) argues that when an individual engages in self-talk, they can then become self-aware. Self-talk can assist individuals to identify both physical and mental health. Morin (2005) also argues that self-talk has the potential to generate distance within oneself, meaning that self-talk can create a repetition of self-information which may then lead to distance within the self.

Self-talk is considered a unique human phenomenon consisting of individuals having an internal monologue that is engaged in daily (Kross et al. 2014). Current research demonstrates that small shifts in language that individuals use to refer to themselves as they engage in self-talk consequently influences their ability to regulate their own thoughts, behaviours and feelings under stress (Kross et al., 2014). Ataria (2016) states that when talking to oneself, whether it is silently or aloud, individuals need to be aware of both their talking side and listening side. Throughout our daily lives we feel that self-talk is not either separated or detached from our listening. Ataria (2016) defines self-talk as the object (me) whereas the listening side as the subject (I). It can also be argued that with the experience of seeing oneself and hearing oneself engaged in conversation with oneself (positive self-talk).

Self-talk is primarily known an as internalizing rather than externalizing phenomenon as it is unclear how individuals will perceive the appropriateness of their self-talk (Brinthaupt, Benson, Kang, Moore, 2015). Individuals perceptions of self-talk and its appropriateness will differ depending on whether the individual has taken into consideration the frequency of their self-talk, or its effective content, for example positive or negative (Brinthaupt, Benson, Kang, Moore, 2015). Research shows that the extent to which self-talk is seen as socially desirable or undesirable is unclear. Brinthaupt et al. (2015) states that self-talk frequency may be seen as partially negative among respondents. An implication of using self-talk is that individuals as socially desirable may view certain versions of self-talk. More positive or affectively neutral self-talk, such as positive self-talk, self-statements and self-managing should be less strongly correlated to those negative perceptions (Brinthaupt et al., 2015).

Although positive self-talk has its advantages, it also has its disadvantages. Some individuals may take every fearful or negative thought in their head as the “ultimate truth” (Kross et al., 2014). They may not be aware that these are only viewpoints of the fearful mind. Positive self-talk is a very difficult strategy to use in the beginning, but once you become familiar with it and uses it within your daily life it becomes habitual (Brinthaupt et al. 2015). This is essentially important for offenders reintegrating into the community. Recognizing that the current way of thinking might be self-defeating, for example it does not make you feel good or help you get what you want or need will motivate you to look at things from a different
perspective (Brinthaupt et al., 2015). Individuals can conquer their negative self-talk today by challenging themselves with questions every time they catch themselves thinking something negative (Kross et al., 2014).

**Progressive Muscle Relaxation**

An empirically validated strategy for managing stress is through the use of progressive muscle relaxation (PMR) (Dolbier and Rush, 2012). PMR is a stress reduction intervention that consists of systematically relaxing and tensing various muscle groups throughout the body with a focus on any contrasting sensations of relaxation and tension (Dolbier and Rush, 2012). This purposeful sense of tensing and relaxing muscle groups in a guided systematic manner eases physical tension and increases relaxation. The use of guided mental focus is known as a cognitive technique which sustains attention on the specific task at hand, rather than leaving any space for the individual to focus on the stressor (Dolbier and Rush, 2012).

Rausch, Gramling and Auerbach (2006) completed a study in order to investigate the positive effects of PMR on stress. Corrections offenders were taught and then asked to practice PMR for 20 minutes. This also entailed viewing a progression of inwardly loaded pictures on slides before practicing PMR for an extra 10 minutes. Slides portrayed human injury and the outcome of injury, as a means of invoking stress. At every stage the members filled out self-report surveys, including the STAI, Cognitive Anxiety Scale, Smith Somatic Stress Side effects Scale-State, and the Demographic Questionnaire. Rausch et al. (2006) found that PMR was viable in diminishing individuals stress levels. These measures used were self-report measures, which could lead to a key design flaw: if participants can determine the desired responses, as all items rate the severity of the concepts (eg. Impairment, symptoms and ADHD) in one direction. The means that a higher score for all items will indicate more severe problems, which permits users to ‘fake good’ and the giving of socially desirable answers is a common concern for any experimental research. This is especially important when used with those individuals in Corrections, as improvement in therapy can impact their correctional progress report and impact their release timelines.

Although the literature indicates that building offenders employment and stress management skills aids in the reduction of recidivism, it has been suggested that offenders may lack the necessary self-management and control to benefit from such interventions (Rausch et. al., 2006) Given this, it is necessary to incorporate strategies to enhance offenders abilities in these areas. Fortunately, PMR strategies exist to help promote self-management, self-control and including goal setting, problem solving, and behavioural contracting. Furthermore, PMR has consistently demonstrated efficacy in developing clients’ motivation toward change (Wallace, 2007). Therefore, these interventions will serve as a means to encourage offenders to self-manage their behaviour and develop their motivation to live stress reduced lives.

Dolbier and Rush (2012) found similar effective results. They explored the use of Abbreviated Progressive Muscle Relaxation (APMR). The participants in the study were asked to partake in one session of APMR approximately 20-minutes long. Following the 20-minute session, individuals were then given several different stress detection tests. Results from this study found that individuals who use APMR reached increased levels of relaxation, and in turn experienced lower effects of stress (Dolbier and Rush, 2012).
Research has demonstrated that PMR has been empirically validated as a clinical treatment for reducing negative stress responses (Rausch, Gramling and Auerbach (2006). According to Rausch et al. (2006) traditional PMR is known on average to last anywhere from 20-30 sessions. Cost-effectiveness as well as time restrictions have contributed to its popularity. The instruction is also accessible to a wide variety of mental health practitioners, as learning this strategy is relatively less laborious compared to other clinical modalities. In addition, it has proven effectiveness across a range of different populations. As it is cost-effective and easily accessible it is effective for those like former offenders who have demanding lifestyle, and limited time and resources.

Although PMR has many benefits, it also has some limitations that need to be addressed when working with offenders (Wallace, 2007). Individuals may lack the perspective to properly understand the nature of their stressors. Their ability to help themselves will only be as good as their ability to be objective and clear about the cause of their stress. Even if individuals are able to be objective and accurate about the nature of the stressor, they are still faced with the challenge of figuring out how to solve it. This is where stress management skills can be beneficial. Wallace (2007) suggests that creating useful PMR plans requires accurate knowledge about how to implement the skill of PMR. Moreover, individuals may be limited in their ability to follow-through and stay with their defined plan. PMR requires practice and dedication to maximize its effectiveness. Creating and maintaining the motivation necessary to stick to a PMR plan can be a very difficult thing to accomplish. Not everyone is able to motivate and discipline themselves sufficiently (Wallace, 2007).

Mindfulness is the practice of purposefully attending to the moment without judgement (Wallace, 2007). It is a method of perceiving stress in a less invasive way, by focusing minute to minute (particularly to one’s breath). Mindfulness makes a space, a slight pause in which you can respond considerately to the situation, rather than impulsively react (Wallace, 2007). Wallace (2007) states that mindfulness based stress reduction is an empirically supported psycho-educational group. Research has demonstrated improved physical, psychological, and behavioural outcomes (Wallace, 2007). This is for those who wish to better deal with stress, maintain or increase their health and wellbeing (Wallace, 2007). Progressive muscle relaxation is one method of mindfulness.

The Importance of Responsivity in Treating Offenders

The impact of stress can be detrimental and lead to serious physical and psychological well being issues if left unresolved (Lindsay et al., 2008 and Wood et al., 2008). It is vital for individuals’ to be aware of their stressors and their capacity to effectively manage. Apparent stress can have an unsafe impact on an individuals’ mental and physical wellbeing (Keller et al., 2012; Sutin et al., 2010). This is of specific significance in light of King and DeLongis’ (2014) and Sheidow et al. (2014) which shows that stress can have unsafe impacts.

Despite the obvious importance of monitoring and measuring progress during treatment, this step are often overlooked or disregarded. It is important for staff working with these individuals to measure the knowledge of the program content, their skill acquisition, the offender’s confidence, and their ability to transfer and generalize content, their insight as well as
their participation/performance (Kennedy, 2015). The true effects of responsivity as well as other motivational factors for treatment will only be determined through examining recidivism rates over extended periods of time (Kennedy, 2015). Kennedy (2015) states that if offenders take the time to actively participate in stress management skills, there will be lowered recidivism rates compared those who do not. This means that motivational responsivity variables beyond treatment will demonstrate meaning to the individual (Kennedy, 2015).

The standard of responsivity incorporates the suitable coordinating of offenders to programs and staff, and the recognizable variables that may intervene the adequacy of treatment administrations has been undervalued (Kennedy, 2015). Individuals are not all indistinguishable, nor are all staff, settings, or treatment programs. The coordinating of offenders to treatment, staff to offenders, and advocates to the treatment intervention that best match their abilities. This can enhance the adequacy of restorative intercession (Kennedy, 2015). Responsivity should therefore be an important consideration in risk management and risk reduction. If we fail to appropriately assess and consider responsivity factors we are not only undermining any progress that the individual has mad but we are also limiting treatment resources (Kennedy, 2015).

Kennedy (2015) states that the best practices concerning responsivity begin with great appraisal. Knowing offenders degree of motivation, cognitive capacity, personality characteristics, and development is important to positive progress. Following any mental health assessments, a good stress management skill considers components identified with the treatment settings, the treatment program alternatives and staff's attributes (Kennedy, 2015). Understanding the abilities and interests of the individuals should likewise turn out to be a piece of the selection process for proper stress management skills.

Summary

Research findings from Gurley and Satcher (2003) and King and DeLongis (2014) recommend a need to better use versatile stress management techniques. Literature displays that assertiveness training (Ireland, 2002) and positive self-talk (Kross, et al. 2014) are both effective strategies for stress reduction and management. However there are limitations to using both of these strategies as they apply within the offender population. PMR was chosen as a final stress management skill for its efficiency but also promoting self-actualization. PMR is easy to learn as well as implement and is effective in adaptively reducing stress, which has been noted by staff as a common problem of individuals at The agency.

The ability to adapt to transition and daily stressors is an invaluable skill for offenders. In utilizing the research for this literature review, a manual will be developed in order to provide male offenders with an educational source about stress and how to manage. The manual will include all the information necessary for the individuals to properly and implement strategies. The agency in Ottawa has several community resources as well as referral agencies for both offenders and non-offenders. However the residents at The agency presently have no stress management resource available to use on their own time and independently as their needs and schedules change. This thesis project is aimed to fulfill that gap through creating the manual which will promote this treatment manual will be written for both the offenders as well as the community service providers at The agency. A proper evaluation of the treatment manual for its
effectiveness is beyond the scope for the current study. This literature review also established that offenders struggle to cope adaptively (Gurley and Satcher, 2003). This is of particular importance in light of King and DeLongis’ (2014) and Sheidow and colleagues (2014) results, which indicate that stress, can have harmful effects.
Chapter III: Method

Informed Consent

This project did not include the use of human participants, Applied Behavioural Analysis or counselling approach. Therefore, no informed consent or limits to confidentiality procedures was necessary. In addition, this project is consistent with previously established policies concerning offenders and confidentiality of both The agency (HOH) and Correctional Services Canada (CSC).

Design

As a part of an applied thesis within the Bachelor Behavioural Psychology Honours Degree, the manual was created over a 14-week placement by the author and will be completed during the final winter semester at St. Lawrence College in Kingston. The manual is expected to give individuals who are reintegrating into society accessible stress management strategies that may expand their understanding into the causes and outcomes of stress and the significance of versatile adapting systems.

In addition to the information obtained from the literature review, supplementary sources of information will be referred to during the development of the manual. The agency agency staff provided support for the creation of the manual in order to assist with successful reintegration of offenders with stress management. The support from staff included ongoing feedback on the manual for potential ideas during its development after placement completion. Agency staff as well as the placement student that a stress management manual might be a very valuable resource due to the taxing workload faced by staff members as well determined it.

Ideally, the manual should be delivered in an office setting, or an equivalent location, that provides a quiet workspace to complete skill-building exercises. The manual is delivered primarily through oral instruction and education; some exercises, such as interview skills, may require the facilitator to demonstrate the appropriate response. Participants are given the opportunity to rehearse the skill when appropriate, and the facilitator when necessary provides verbal feedback. The facilitator and the participant will also need access to a pen or pencil to complete worksheets, and may require the use of a photocopier, which is located in any locked office at the agency, which all staff have access to in order to assist individuals.

Furthermore, the placement student used modified community and publicly accessible information and resources for the creation of the manual. A lot of the information and resources obtained was received from agency staff, as they are very familiar with the specific population and where to collect accurate information.

Supporting Information

In addition to an extensive literature review, several sources were consulted in preparation for the manuals development. Input was obtained from agency staff, including two fully time staff, and three part time staff. In general, staff confirmed that a manual such as this was warranted given the lack of standardization when supervising acquisitive offenders. staff included suggestions such as job search strategies, resume preparation, interview skills and
conduct, budgeting, banking, credit and debt education, goal setting, and motivational
development. Staff also emphasized the need for a practical means of implementation that would
be manageable during regular supervision.

Collectively, the input obtained from the literature review and personal communications
were used to guide the development of the manual. It should be noted that all staff contacted by
the author were informed that information was being compiled as part of the development of an
applied thesis, and that all materials gathered were publically available. In addition, the majority
of materials utilized within the manual were modified in some way by the author.

Setting

The setting in which the manual might be utilized will decided by the client. Generally, a
quiet, peaceful and agreeable setting is optimal. For example, an individual’s room or one of the
private rooms in the agency workplaces may be preferable. An advantage of the stress
management strategies illustrated in this manual is that they might be utilized as a part of an
assortment of circumstances and settings. The manual is to be used exclusively by the
individuals themselves, although they may need to speak to staff members for clarification with
some exercises. The manual will be used strictly on the agency property as a resource for
residents and staff.

Procedure and Materials

The manual (Appendix A) consists of six main sections. Section I is the Introduction,
which introduces stress and gives a general overview. Section II is entitled Basic Assertiveness
Training, Section III is entitled Positive Self-Talk, and Section IV is entitled Progressive Muscle
Relaxation all of which were developed by the author as part of this thesis. Section V How It All
Works Together: A Summary was created in order to to the offenders’ to make connections and see
how the three techniques are linked together and can be used daily in order to reduce stress.
Finally, Section VI Navigation through Organizational and Community Supports was created as
a resource tool for the offenders for them to be aware of the local supports that they have outside
the agency where they can seek assistance if necessary.

Further, each module is designed to teach skills in the above noted areas using several
brief examples as well as skill-building exercises. It should also be noted that the exercises
contained within each module are ordered in a way that allows for a logical procession from one
skill to the next. However, this order may be manipulated, and certain curricula can be omitted
based on the needs of the offender. The manual also includes any necessary handouts or
templates needed to complete the skill-building exercises. The following are brief descriptions
outlining the content included in each treatment module:

Section I: What is stress? A General Overview. This first section of the manual will look
at the basic underpinnings of stress: what it is; how it operates; and what the positive and
negative effects. Section I will have a strong focus on teaching the individual using the manual
the basics about stress. This section should take approximately 5 to 10 minutes to read depending
on the reader’s ability, it may take up to fifteen minutes to read.
Section II: Basic assertiveness training. The second section of the manual will focus on explaining instructions and references about basic assertiveness training as a best practice to deal with their stress. It will provide the individuals’ with examples as well as worksheets that the placement student created will be laid out clearly for the user to practice. This section should take the reader approximately 10 to 15 minutes to review (depending on the reader’s comprehension it may take longer). The reader will also have the choice to work through the exercises at their own discretion.

Section III: Positive Self-talk. The third section of the manual will offer the users with explanations and instructions on how to properly and effectively utilize positive self-talk. Examples will be given of both positive and negative self-talk and users will be able to use work sheets in order to practice this strategy of stress management. This section should take the reader approximately 10 to 15 minutes to review. The reader will be given the choice to work through the exercises at their own discretion. Cognitive Behavioural Therapy (CBT) will be used in order to assist the individuals to manage their problems by changing the ways in which they think and behave.

Section IV – Progressive Muscle Relaxation (PMR). The fourth section of the manual will cover PMR in a step-by-step way in order to provide assistance to guide the users through each step of this specific technique. Examples will be provided, as will work sheets for the users to track and record their experiences. Due to PMR being a more difficult and more structured technique than the previous parts listed in sections I, II, and III, section IV will take the user more time to complete effectively. This section should take the reader approximately 15 to 20 minutes to read through depending on the reader’s comprehension level.

Section V – How it all works together; A Summary. The fifth section of the manual will contain information on all of the benefits of using stress management techniques. It will incorporate examples from everyday life situations as well as different strategies to deal with any stress. This section should take the reader approximately 5 to 10 minutes to review. This section will be a basic summary of the information obtained through the manual.

Section VI – Navigation through Organizational and Community Supports The sixth and final section of the manual will contain relevant and up-to-date information regarding organizational and community supports in the Ottawa and surrounding areas. This information is given in order to assist them to set up a healthy environment upon release. Contact information for resources within the community can be located under this section of the manual.

Participants

To assess the effectiveness of stress management strategies for male offenders who are under community supervision, the treatment manual will be created as an accumulating source of the best practices of stress management according to relevant literature. No human participants will contribute to the creation of the manual and will not be participate in the selected stress management strategies. All things considered, this treatment manual will be created in order for male offenders under community supervision who would benefit from the stress management strategies compiled within the manual. The manual will be limited to male offenders as The
agency is strictly a halfway house for male offenders, as are majority of the halfway houses in the Ottawa area. Although this research will only look at male offenders, research shows that there would be minimal alternate considerations, when creating a stress management manual for female offenders (Dandur, and Murdoch, 2007). The stress management techniques used throughout the manual being created for male offenders could also be used with female offenders. In addition, while this manual services those in the Ottawa area, the strategies can be generalized for those in other Canadian cities.
Chapter IV: Results

Final Product

The final product of the applied thesis can be found in Appendix A.

Feedback and Alterations

The agency staff studied the stress management manual in order to obtain staff feedback on the manuals thoroughness, content, formatting styles as well as the appropriateness for both the agency and the residents. The feedback received from two full time staff as well as three part time staff. In general, the feedback was positive. The readability was thought to be at an appropriate level for the residents to understand, based on the fact that all residents are fluent in English. The content within the manual was approved for both the agency as well as its client population. This approval was based on each techniques ability to be utilized individually by the residents while still following all agency rules and policies. The manual overall was determined to be acceptable and usable within the agency. The techniques were practical, and also addressed a common need for the population within the agency.

However, agency staff also identified the following concerns with the manual. There were some changes made to the draft earlier on based on agency recommendations and concerns and some further research. By laying out the “examples of types of signs you may be stressed” into 4 specific categories this avoided any confusion and assisted to improve the readability by keeping the signs laid out in the same format as other sections of the manual. Within some sections more details were added in order to better explain and illustrate the different techniques. Additions information about self-care was added to the “tying it all together” portion of the manual.

Activities were added to exercise 2.2 in order to assist to illustrate different ways to complete the same tasks. A staff member suggested that for future use the manual should include videos in order to assist with supplementary resources for residents to use. Video links were not added to any sections of the manual due to copyrights. Some minor formatting revisions were suggested and subsequently used in order to assist to improve readability and accessibility of the manual. The manual also acts as a valuable resource for clients, as the manual summarizes key information, and provides a directory of community resources that will allow clients to seek additional guidance if needed.

In addition to feedback from agency staff, several components of the manual were read over by the author in order to assess comprehension of the material, and to determine the appropriateness of the reading level. It was noted that the material was well written and easy to understand at the reading level it had been written at. With regards to content, the author indicated that the material had the potential to be helpful and beneficial, and that the design was appreciated and layout of the skill-building exercises we well played out. Based on this feedback, it was determined that the literacy requirements of the manual were suitable, and that the contents were meaningful for this specific population.
Overview

Managing offender stress was recognized as an imperative requirement by the staff at The agency. Predictable with this need, the motivation behind this thesis was to bring forward the information to educate and provide alternative and adaptive stress management techniques to those individuals’ residing at The agency on parole within the community. These specific techniques were selected based on empirical research and evidence, which supports their use in reducing stress.

Based on the above research, the techniques used were assertiveness training, positive self-talk and progressive muscle relaxation (PMR). These skill areas were chosen based on past literature and research, which indicated that stress and instability are key determinants of acquisitive reoffending (Dolbier and Rush, 2012). In additions, specific skills were targeted for intervention based on their efficacy in promotion successful client outcomes for stress management skills, as evidence in the empirical literature. Finally, the three techniques for enhancing stress management were chosen back on their demonstrated ability to be effective with several client populations, including specifically offenders.

These three techniques were compiled into a stress management manual to be used by the resident’s with hopes to increase or at least improve their stress management coping skills. The final version of the manual will be given to the staff at The agency to be used for residents’. The manual is designed for personal use, but may also be recommended to residents’ by staff. The intended audience for this is male offenders who are either on day parole or statutory release residing at The agency. The strategies used in the manual were adapted for use by the residents by using basic step-by-step instructions; therefore, making it easy to understand and encouraging their participation in the exercises.

At the time of this thesis, two important gaps were identified in the community supervision of acquisitive offenders. First, a lack of standardized supervision procedures made it difficult for agency staff to effectively monitor these offenders in the community. Second, there was no programming that addressed all of the above noted need areas concurrently. Therefore, the goal of this thesis was to address both of these shortcomings by developing a stress management manual. It was determined that a manual, meant to guide the supervision of offenders, would provide an effective means of reaching this goal. It was assumed that the manual would aid agency staff in their supervision practices, and result in improved outcomes for acquisitive offenders in the community.

Strengths

The techniques used within the manual included assertiveness training (Ireland, 2002), positive self-talk (Kross et. al., 2014)), and PMR (Dolbier and Rush, 2015). Assertiveness training was included within the manual due to its ability to challenge ones thinking. Assertiveness training is beneficial for individuals within this population because almost always they are negative thoughts playing through their heads. Assertiveness training links nicely into positive self-talk due to the fact that they both focus on the positive outcome of situations. By being able to realize any negative thoughts of emotions that may be occurring by using
assertiveness training, in turn positive self-talk then becomes an easy technique to use alongside. Whereas, PMR is a little bit more difficult to use as a tool at first, but once it has been practiced enough it is an extremely useful tool to reduce stress.

A main strength of the manual was that the techniques used are constructed using empirical evidence, which supports their effectiveness in reducing stress. This strength enhanced the creation of the manual due to there being a collaborative effort from both the placement student as well as agency staff. This was beneficial for the manual creation as agency staff is familiar with the population and able to lend insight.

The ultimate goal of the implementation of the manual is to increase successful stress management coping techniques within offenders under community supervision, thus increasing public safety. This supports the priorities at both Correctional Services Canada and The agency in order to increase successful rehabilitation. The manual was also created in order to benefit its implementation through existing resources, by doing so without generating a need for any further funding for The agency. It serves to act as a comprehensive resource to assist to identify the procedures for creating a stress free environment for offenders under community supervision.

Limitations

Although the manual has the potential to be very valuable, there are several limitations that must be considered. For example, because of time constraints, no formal method of data collection was used. Instead, informal interviews were conducted to gather information from agency staff on acquisitive offenders and current supervision practices within the community. Therefore, the manual was partially developed using subjective data, which may impact its overall validity. However, input from staff was supplemented with empirical findings from the literature, which serves to incorporate some degree of objectivity into the final products.

One major limitation during the creation of this manual was that the specific strategies used have not been fully empirically evaluated within the target population. Other implications surrounding the feasibility of implementing of successful use of the manual include; staff assistance, and availability of the resource. This includes the need for durable staff supports, which could potentially be overcome through staff training sessions regarding the positive outcome for not only the offenders but also staff through the use of the stress management manual.

Another major limitation is that no empirical method of evaluation was developed for use with the manual. Therefore, the hypotheses proposed by this thesis could not be tested directly, as there was no opportunity to determine the usefulness of the manual for staff, nor the manual’s efficacy in improving offenders stress management skills. Because of this, it was not possible to determine the effectiveness of the manual’s impact on offender behaviours.

Another limitation was the lack on involvement from residents’ in the house. This made the manual creation difficult due to the fact that it was developed based on literature of stress management techniques after both the placement student and staff identified stress management as a necessary need within the client population. By seeking feedback from staff who work with the residents’ on a daily basis it was helpful to convey the techniques in a way that can be
understood by the residents’ even though they were not included in the creation process. Although the manual was created from empirical evidence, there are also many other widely known techniques that are beneficial when working with this specific population in order to reduce stress. The manual currently requires its users to be fluent in English as there is currently no other language version of the manual available presently.

Multilevel Challenges to Service Implementation

**Client Level.** It can be very challenging to work with clients who lack motivation. It is important to emphasize to them the benefits of taking initiative and completing tasks on their own without assistance from caseworkers in order to achieve their short and long-term goals. However, many individuals who have been incarcerated are accustomed to a structured lifestyle, which as mentioned, fosters a level of dependency on others in their environment.

**Program Level.** Trying to assist individuals to understand the importance of following their specified conditions as well as the benefits that could be derived from it can be difficult. Another challenge within the program level is fading yourself out and having the agency staff members maintain the jobs that you may have been completing. This is often challenging due to staff workload, which is already quite burdensome in this environment. This is why it is imperative that the timeframe for completing the program be realistic and feasible.

**Organizational Level.** Within a service such as a halfway house, it is common for the residents to have more than one concern/issue that will need to be addressed. It is ideal to have a multidisciplinary team to provide the best clinical treatment possible. Within a service that is staffed 24 hours a day 7 days a week, the residents’ will be seeing various people in order to assist them to overcome obstacles that they may face. This can be very difficult when trying to share information between staff members during shift changes as things can be overlooked or information may be coming from various sources. Therefore, it is crucial that the agency has a team the communicated effectively with each other in order to share the information accurately and confidently, in order to avoid duplications of work or any misunderstandings.

**Societal Level.** Skills training also have the capacity to make an impact at a societal level. For example, it is a goal of most programs to teach skills in a way that they will generalize beyond the training environment. This aids clients in their everyday functioning, and helps them cope with a variety of situations and events. However, it is not guaranteed that this generalization will occur, and clients may continue to demonstrate difficulty-implementing skills in their everyday lives. Because of this, facilitators are encouraged to follow up with clients after using the manual to address any contextual challenges to skill implementation that may arise outside of the training environment. Another major concern at the societal level is incidences of stigma and bias directed at offenders from other members of society. Regardless of any skills training offenders have participated in, some people are unlikely to accept offenders as contributing and productive members of the community, and may have preconceived ideations about how offenders should be treated. This may result in offenders being rejected for certain opportunities, such as employment, regardless of personal skills or qualifications. Given this, the current manual includes several strategies to help clients address and overcome the challenges they may face as a result of their previous criminal histories.
Contribution to the Field of Behavioural Psychology

This thesis specifically contributes to the field of Behavioural Psychology by delivering a useful resource of empirical evidence which validates the techniques used designed to assist to decrease stress and increase individuals’ stress management and coping skills. This is important, as it will assist with a positive community reintegration for offenders. It gives the residents at the agency the chance to aspire toward their own personal goals. At times, mental health conditions and maladaptive behaviors can create barriers to reaching those goals. The manual contributes to the trend within the behavioural psychology field that will allow these individuals to use stress management techniques to better manage themselves, promoting their independence. By increasing offenders’ abilities to be autonomous in their correctional plans and activities of daily living, it is aspired that this will then in increase their chance of successful rehabilitation into the community.

With the field of behavioural psychology having a primary focus on behavioural changes, and increasing our abilities to maintain productive and rewarding lives, this manual proves the application of behavioural psychology amongst the population of offenders under community supervision. The manual has a strict focus on increasing the adaptability of offenders under community supervision using a stress management manual using behavioural psychology concepts in order to endorse meaningful gains among this population.

Recommendations for Future Research

As noted previously, the hypotheses proposed in this thesis could not be tested because of logistical constraints. In order to overcome this limitation, it is recommended that the manual be implemented in a pilot program. The program should adhere to the procedural guidelines for implementation; however, the program should also include a means of evaluating the manual’s efficacy for staff and offenders. This might include obtaining formal feedback from staff, utilizing measures to assess offenders’ skills pre-post, and collecting recidivism data. Implementing the manual would allow testing of the hypotheses proposed in this thesis, and would help establish the manual’s validity and its effectiveness. It is also recommended that changes be made to the manual’s curriculum based on the results obtained from the proposed pilot program, as this would serve to improve the overall content of the manual, and encourage generalization across facilitators and participants.

There are some other areas identified which need to be addressed within future research of this population. The first recommendation would be the use resident’s in the creation and development of the manual. Moreover, future projects should utilize progress measures and assess the efficacy of the manual created. A second recommendation is the expansion of the literature contained within the manual in order to promote further exploration of different methods which can assist to meet the responsively needs of the offender population. Any new research could also be expanded to adapt and create several manuals for the implementation of specific stress management techniques adapted for offenders with a mental health diagnosis. The current completed stress management manual can be used as a first step, and it is recommended that future research should continue to expand on the manual as our knowledge about the
population and subject increases. In the future it may be helpful to create a personal video of the PMR in order to better assist individuals to truly understand how to complete it properly.

References


**Appendix A: Stress Management User’s Manual**

Prepared for: Dr. Melissa Bolton
Prepared by: Leah M. Reid
Institution: St. Lawrence College, Kingston ON.

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Section: Introduction & Stress

Introduction
This manual has been designed to be used by residents of The agency. Staff at The agency may have recommended this manual to you, or you may just want to look at some helpful strategies for dealing with any stress. The techniques that will be discussed in this manual are not just for when you are stressed at any given moment; they can also be used for relaxation on a daily basis.

We all feel stressed at times, and this manual was designed to help you learn about stress and ways to reduce your stress by using positive techniques. This manual will discuss what stress is, how it can and will affect us, and some coping techniques in order to reduce any potential stress we may face. The manual will explore three separate stress-reducing techniques: Assertiveness Training, Positive Self-Talk, and Progressive Muscle Relaxation. Feel free to skip any of these sections if you have already tried them before or choose based on what you may find interesting, some techniques work better for some than others.

When completing these techniques it is very important that you feel comfortable. Feel free to change any of the techniques or instructions to what best suits you in order to complete techniques and/or reduce your stress to the best of your ability. You do not have to complete all of the techniques outlined in this manual; however, you are encouraged to read through each one and consider trying each technique before moving on. If you do choose to complete all the sections you do not have to complete them in any particular order or all at once. You may decide to come back to this manual at a later time in order to complete different sections.

It is important for you to remember that this manual and the ideas discussed within it may be very personal to you and it is advised that you take proper steps to keep it in a safe place so others do not invade your personal thoughts/feelings.

What is Stress?

Stress is a reactions we feel when we face any challenging or threatening events or situations. These events and situations are also known as stressors and can come in many different shapes and forms. Stressors can be thoughts that bother us, daily hassles, daily things that happen that upset significant life events or us. Not all stress is bad for us; sometimes stress can have positive effects. Stress can sometimes give us a boost of energy that can help to maintain our alertness and/or motivation.

Examples of common daily stressors

<table>
<thead>
<tr>
<th>Thoughts</th>
<th>Daily things that may bother you</th>
</tr>
</thead>
</table>

Feeling down or empty  Loud noises
Constant worrying  Being in crowded situations (Buses, work, etc)
Feeling overwhelmed  Family (tasks, relationships, re-connecting)

Daily Hassles

- Having to wait in long lines.
- Missing the bus/being late for work/a meeting
- Briefly losing something important (e.g. keys)
- Feeling like you have lost control

Sources of Stress

Stress can be experienced from four different sources.

<table>
<thead>
<tr>
<th>Our Environment</th>
<th>Social Stressors</th>
<th>Physiological</th>
</tr>
</thead>
<tbody>
<tr>
<td>Our environment can be overloaded with intense and competing demands to adjust to. An example of an environmental stressor could include weather, noise, and crowding.</td>
<td>We may experience multiple stressors arising from the demands of our different social roles that we have, such as spouse, employee, or parent. Some examples of different social stressors include, financial problems, job interviews, disagreements, loss of a loved one, divorce or co-parenting, and even demands of your time and attention.</td>
<td>Circumstances and situations that affect our body can be experienced as physiological stressors. Examples of physiological stressors include illness,</td>
</tr>
</tbody>
</table>
Effects of Stress & How it works

Physical Affects
We all experience stress and we are all responsible for managing our stress when we face many difficult things in life on a daily basis. We are all affected differently and the way we manage stress may be different from how others may manage it. However, we all go through the same phases when dealing with the physical effects of long-term stress. These phases include the alarm reaction, resistance, and exhaustion phases. A description of each of these phases is given here.

Alarm Reaction Phase
- Increased heart rate
- Increased breathing
- Increased blood flow

In this phase, our body is constantly on guard and ready. This cannot be maintained for large amounts of time. If this stress reaction continues too long, the body will shift to the resistance phase.

Exhaustion Phase
- The body begins to shut down
- Increased risk of serious illness/death
- Dangerous lack of energy

In this phase, our body begins to shut down due to a lack of energy. The risk of illness and death is higher because the immune system is less likely to successfully fight off colds or the flu.

Resistance Phase
- Lower levels of arousal
- Lower immune system response
- Increased likelihood of illness

In this phase, our body is trying to repair itself to recover while staying alert at the same time. If this lasts for a long time, one’s immune system will respond more slowly when trying to combat illnesses.

Our Thoughts
Our brains interpret and perceive situations as stressful, difficult and painful or pleasant. Some things we face in life are stress provoking, but in the end it is our thoughts that determine whether they become a problem for us.
Similar to physical effects, your experience of stress is simply your own. It is different than others and there are also many effects stress can have on your mental health. These effects can be seen in emotional, behavioural and mental signs. These signs can be very different for each person in terms of length and severity. Similar to physical effects, if you do not adjust to these problems in healthy ways or if they last too long, it can lead to more serious problems.

Examples of types of signs you may be stressed

<table>
<thead>
<tr>
<th>Emotional Signs</th>
<th>Behavioural Signs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feeling anxious</td>
<td>Sleeping difficulties</td>
</tr>
<tr>
<td>Sadness</td>
<td>Keeping away from specific individuals</td>
</tr>
<tr>
<td>Feeling overwhelmed</td>
<td>Temptations of substance abuse</td>
</tr>
<tr>
<td>Feeling irritable</td>
<td>Changing bad habits</td>
</tr>
<tr>
<td>Feeling drained</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mental Signs</th>
<th>Physical Signs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of concentration</td>
<td>Increases in breathing rates</td>
</tr>
<tr>
<td>Poor judgment</td>
<td>Sweats</td>
</tr>
<tr>
<td>Thinking about everything negatively</td>
<td>Muscle tension</td>
</tr>
<tr>
<td>Trouble with memory</td>
<td>Dizziness or vomiting</td>
</tr>
</tbody>
</table>

Exercise 1.1: How to identify Stressors

In the spaces provided, try to identify as many stressors as you can that affect you on a daily basis. (e.g. taking on several family roles, crowding on the bus, problems sleeping, finding a job etc.)

1.____________________________________________________________________

2.____________________________________________________________________

3.____________________________________________________________________
How our Thoughts Impact Stress

How we think about events in our life plays a part in shaping the number and strength of the signs of stress (mentioned previously within this manual) that we will experience. This is called Stress Perception. Stress perception is how we judge the stressors we experience. Two people may perceive the exact same situations in very different ways, which is an example of different perceptions of stress. This would likely cause those two people, who experienced the same event, to experience very different signs of stress.

Exercise 1.2: Rating Stressors

Think back to when you experienced the stressors you wrote on the previous page. In the spaces below rate how stressful you think each stressor was to you on a scale of 1 (barely stressful) to 5 (extremely stressful). This will give you an idea about which areas cause you the most stress. (e.g. Long waits at the doctor's office - 3, crowding on the bus - 2, problems sleeping - 5, etc.)

1.____________________________________________________________________

2.____________________________________________________________________

3.____________________________________________________________________

4.____________________________________________________________________

5.____________________________________________________________________

6.____________________________________________________________________

Section II: Basic Assertiveness Training
What is Assertiveness Training?

Assertiveness training is a form of behavior therapy designed to assist individuals to stand up for themselves—to empower themselves, in more contemporary terms. Assertiveness is a response that seeks to maintain an appropriate balance between passivity and aggression. Assertive responses promote fairness and equality in human interactions, based on a positive sense of respect for self and others.

The purpose of assertiveness training is to teach individuals appropriate strategies for identifying and acting on their goals, needs, and opinions while remaining respectful of others. Assertiveness training is tailored to the needs of specific participants as well as the situations they may find particularly challenging. By learning to communicate in a clear and honest way will most times improve relationships within one’s life. Specific areas that assertiveness training can be utilized include realistic goal-setting, conflict resolution, as well as stress management.

Types of Assertiveness

In order to get what you want, you have to be able to tell other people what you want in a way that will assist them to want to listen to you. How you approach something, or you style of communication is very important. Let’s take a look at the three most common styles of communication and see which one is best.

Passive (non-assertive)

You are being passive when you:
- Don’t let other know what you are thinking or what you want
- Let others decide what is best for you
- Don’t stand up for what you think is best for you

When you are passive you are:
- Mumbling
- Slumped down in your chair
- Looking at the floor or your feet
- Not making eye contact

When you are passive, other people may see you as:
- A push over
- Little to nothing
- Not able to make your own decisions
- Childish (always needing help)

Aggressive

You are being aggressive when you:
- Are pushy towards others
- Put down other people
- Talk while other people are talking
Don’t listen or respect others and their ideas

When you are aggressive you are:
- Talking to loudly or even shouting at people
- Standing too close to people
- Coming off as though you may want to fight

When you are aggressive, other people may see you as:
- A troublemaker
- Immature, childish, insecure

**Passive-Aggressive (Assertive)**

You are being assertive when you:
- Listen to others
- Respect other peoples ideas
- Stand up for what is best for you
- Express your ideas and feelings open and honestly

When you are assertive you are:
- Looking people in the eyes
- Speaking clearly
- Listening with interest and intent
- Standing tall and not slouching

When you are being assertive, other people may see you as:
- An adult
- Honest and respectful
- Independent
- About to make your own decisions

**Tips & Tricks for being Assertive**
Eye contact: Be sure the person is more interesting than what is on the floor in front of you. Look at the person most of the time. But, do not stare at people 100 percent of the time you are talking to them.

Time: When you are expressing negative feelings or making a request of someone, this is especially important. Seven days later may be too long, so don’t wait. Although, doing it right on the spot in front of people may not be the right time to do it. Do it as soon as there is a time for both parties to resolve their issues alone.

Posture: Try to face the person whom you are talking to. Stand or sit up tall. But, don’t be a stiff board.

Contents: What a person says is one of the most important parts of the assertive message. Depending on what you want to accomplish in a conversation will depend on the content, which will make it very situational.

Keep a safe distance/physical contact: If you smell or feel the other person’s breath, you are most likely too close. Keep a comfortable distance.

Voice (Tone, inflection & volume): When you are making an assertive message, you want to be heard by the other person. In order to be heard you have to pay attention to the tone of your voice (happy, whiny), the inflection of our voice (emphasis on syllables), and volume of your voice (whisper to yell).

Gestures: Use hand gestures to add to what you are saying, but remember that you are not conducting an orchestra, so don’t get carried away.

Facial Expressions: Your face should match your emotions and what you are saying. Don’t laugh when you are upset and don’t have a frown when you are happy. A relaxed, pleasant face is best when you are happy. A relaxed, serious face is best when you are upset.

Keep your ears open (listening): An important part of assertiveness. If you are making statements that express your feelings without infringing on the rights of others, you need to give the other person a chance to respond.

Exercise 2.1: Assertiveness Checklist

The checklist below can be used at any time and during any conversations. It is important to use this tool after you have had a serious or important conversation with someone to be sure that you were assertive. After having a serious conversation, take 5 minutes and go through the checklist to be sure that you completed all the steps. If there were steps that you missed or felt you did not complete fully take not and remember them for the next conversation you may have. It may also be beneficial to take the time to rehearse what you could have said in order to prepare yourself for the future.
1. Face other person?
2. Look the other people in the eyes?
3. Use good voice tone?
4. Use good facial expression?
5. Use good body posture?
6. Use good listening skills?
7. Ask for what he or she wants?
8. State reasons?
9. Say thanks or suggest compromise?
10. Say thanks or ask for a different solution?
11. Say thanks or ask for time?

**Exercise 2.2: Self-Reflection**

**Activity A:**

Walk up to a mirror in your usual, natural walk. Then stop and look at them. Determine if you are standing straight – with an air of self-confidence – or if your body is drooping, your shoulders slumping, and your head down. Study your face for a moment. Is it relaxed, smiling, cheerful – or is it taut, haggard, and unfriendly?

*Do this exercise a few times until you feel comfortable with the way that you are presenting yourself. It may be helpful to take notes and try this exercise on several different occasions.*

*This exercise is helpful because you can do it anywhere. You can practice this skill in the comfort of your own home or even out in public.*

**Activity B:**
Visualize yourself in a situation where you were successfully using assertiveness techniques and answer the following questions.

1. How did you feel?

2. What would you do differently?

3. How could you use those skills in different situations?

4. Would you consider yourself assertive on a daily basis?

5. After thinking about this specific situation, do you think being assertive in the future will be easier or is it still something you need to work towards?

Section III: Positive Self-Talk
What is Self-Talk?

Self-talk are thoughts or comments people say to them out loud and/or in their head on a daily basis. As humans we all use self-talk, and a lot of the time we aren’t even aware we are doing it. There is both positive and negative ways that self-talk can affect how a person feels and reacts to our stressors. If a person makes positive comments about themselves, it can be very helpful. On the other hand, many negative comments can make a person feel worse and have more stress. Here are some of the different effects that positive- and negative-self talk often have.

<table>
<thead>
<tr>
<th>Positive Self-Talk</th>
<th>Negative Self-Talk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Can increase motivation</td>
<td>Can increase anxiety</td>
</tr>
<tr>
<td>Can increase confidence</td>
<td>Can bring on feelings of a loss of control</td>
</tr>
<tr>
<td>Can help a person stay calm</td>
<td>Decrease confidence</td>
</tr>
<tr>
<td>Can provide encouragement</td>
<td></td>
</tr>
</tbody>
</table>

**Examples of Positive Self-Talk**

- “I can do this”
- “This isn’t impossible”
- “I am good at my job”

**Examples of Negative Self-Talk**

- “No way will I be able to do this”
- “I’m taking on too much, I can’t handle it”
- “I don’t know what I’m going to do”

Thought Stopping

Negative and frightening thoughts tend to lead to negative or frightening emotions. If the thoughts can be controlled, overall stress levels will be significantly reduced. Thought stopping involves lots of concentration on the unwanted thoughts and, after a short period of time, suddenly stopping and emptying the mind of all thoughts. Sometimes the command “stop” or a loud noise of any kind is generally what is used to interrupt any unpleasant thoughts.

**Simple instructions for thought stopping:**

1. Create a list of any potential stressful thoughts to help you assess which reoccurring thoughts are most intrusive and potentially painful.

2. If you are struggling to recall some thoughts, see the list below for questions you can ask to help yourself.

3. Thought stopping required a lot of motivation; therefore you need to decide if you want to eliminate any stressful thoughts you have listed.
4. Select a thought in which you feel strongly committed to extinguishing.

**Imagine that thought...**

Close your eyes, and bring into your imagination a situation in which the stressful thought you chose above is likely to occur. Try to include both your usual and stressful thinking. This way, you can try to interrupt the stressful thought while allowing a continuing flow of healthy thinking at the same time. In place of the stressful thought, try to come up with some positive, assertive statements that are appropriate for the given situation.

Example: If you are afraid of heights, you may say to yourself “WOW! The view from up here is incredible!” This develops an alternative statement to continually repeat to yourself, since the same response may lose its power through repetition.

**List of questions to ask yourself**

- Do I worry about being on time?
- Do I think again and again about your failures?
- Do I worry about getting trapped in crowds, on bridges, elevators, and so on?
- Do I go back and think about a task I have already completed, wondering how I could have done it better?
- Do I question myself or have doubts about a lot of things that I do?
- Do I worry about money a lot?
- Do I frequently think things will not get better and may, in fact get worse?
- Does a negative feature of my appearance preoccupy me at times?
- Do I ever have a strong focus on details?

**20 Stress Busters**

1. Treat yourself to new and good things.
2. Be organized and set priorities.
3. Start your day off with breakfast.
4. Take a mindful walk when you begin to feel stressed.
5. Resist the urge to judge or criticize.
6. Give yourself praise and positive vibes.
7. Optimize your health with good sleep and nutrition.
8. Be assertive and learn to express your needs and differences, to make request, and to say “no” constructively.
9. Don’t be afraid to ask questions or to ask for help.
10. Show kindness and consideration.
11. Be an open door for someone.
12. If at all possible, reduce noise levels in your environment.
13. Instead of drinking coffee all day, switch to tea or juice.
8. Exercise regularly.

9. Avoid people who are stress carriers.

10. Practice mindfulness; learn to live in the moment.

11. Try to find the light in a difficult situation

18. Don’t be perfect. Don’t feel like you must do everything for everyone.

19. Develop a good support network.

20. Develop a variety of resources for gratification within your life. Whether it is family, friends, interests, or mini vacations.

**Exercise 3.1: Making it Happen**

A little voice in our head gives us messages. Sometimes the messages say that we are clever and doing well. At other times they say that we are ‘stupid’ or that we can’t do anything.

Write down how you feel when the messages are negative as well as how you feel when they are positive. The first has been done as an example.

You can also add some other situations to the list.

<table>
<thead>
<tr>
<th>Situations</th>
<th>Negative Self-Talk</th>
<th>Positive Self-Talk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Speaking to someone new</td>
<td>I’m a boring person, they won’t want to talk to me.</td>
<td>I’m interesting and maybe I’ll make an impression.</td>
</tr>
<tr>
<td>someone you don’t know</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Feelings</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. trying a new problem</td>
<td>I might make a mistake</td>
<td>The more I try new things the better I’ll get</td>
</tr>
<tr>
<td><strong>Feelings</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Giving an opinion</td>
<td>People might laugh/think I’m stupid</td>
<td>They may think I’m smart and take my ideas into consideration</td>
</tr>
<tr>
<td><strong>Feelings</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Talking to someone of</td>
<td>I might make a fool of myself</td>
<td>I might do a good job, and they may be proud of me.</td>
</tr>
<tr>
<td>authority</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Feelings</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Asking someone to borrow</td>
<td>What is they say no?</td>
<td>Maybe they will say yes and I’ll feel more</td>
</tr>
<tr>
<td>something</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
comfortable

**Feelings**

5. Asking your boss for more shifts at work

<table>
<thead>
<tr>
<th>Negative Self-talk</th>
<th>Positive Self-Talk</th>
</tr>
</thead>
<tbody>
<tr>
<td>They may think I’m trying to suck up, maybe I made a mistake</td>
<td>They’ll appreciate my efforts and give me more shifts</td>
</tr>
</tbody>
</table>

**Other situations**

<table>
<thead>
<tr>
<th>Situation</th>
<th>Negative Self-talk</th>
<th>Positive Self-Talk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feelings</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feelings</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feelings</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feelings</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feelings</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Exercise 3.2 Your Odds Are Better Than You Think**

A lot of individuals don’t try new things because they may be scared of the outcomes.

**What would be the worst thing that could happen if you didn’t do as well as you would like at:**

A job interview?
Reading aloud?

_________________________________________

Using the computer?

_________________________________________

Trying to reconnect with family?

_________________________________________

Introducing yourself to someone new?

_________________________________________

Learning a new skill?

_________________________________________

**List some additional activities you could try and give the worst and best things that could happen.**

<table>
<thead>
<tr>
<th>I should try</th>
<th>The worst that could happen</th>
<th>The best that could happen</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

*The messages we give ourselves are called ‘self-talk’. Give four examples of negative*
self-talk that could make you feel frightened of trying something new.

a. ______________________________________________________________
   ______________________________________________________________

b. ______________________________________________________________
   ______________________________________________________________

c. ______________________________________________________________
   ______________________________________________________________

d. ______________________________________________________________
   ______________________________________________________________

Now give the positive self-talk that should replace these negative messages.

a. ______________________________________________________________
   ______________________________________________________________

b. ______________________________________________________________
   ______________________________________________________________

c. ______________________________________________________________
   ______________________________________________________________

d. ______________________________________________________________
   ______________________________________________________________

Part IV: Progressive Muscle Relaxation
What is Progressive Muscle Relaxation?

Progressive muscle relaxation (PMR) is an exercise that is used to reduce stress and anxiety within the body by having you slowly tense and then relax different muscle groups. This exercise can provide immediate feelings of relaxation, but it is most effective if you use it frequently. With experience, you can and will become more aware when you are experiencing tension and you will then have the skills to assist you to relax. During these exercises each muscle should become tensed, but not to the point where you feel any discomfort or strain. If you incur any injuries or pain, skip those affected areas. Be sure to pay special attention to the feelings of releasing tensions in each muscle and the resulting feelings of relaxation. So, let’s begin.

Exercise 4.1: Progressive Muscle Relaxation

- Sit back and/or lay down in a comfortable position. If you are comfortable doing so, shut your eyes.
- To begin, take a deep breath and try to notice the feeling of the air filling your lungs. Hold your breath for a few seconds.
- Slowly breathe out and let any tensions leave your body.
- Take another deep breath and hold it in.
- Again, slowly breathe out.
- Even slower this time, take another breath. Fill your lungs and hold the air.
- Slowly release the breath and imagine the feeling of tensions leaving your body.
- Now, more your attention to your feet. To begin, tense your feet by curl your toes towards the arch of your foot. Hold the tension and notice what it feels like. (5 seconds)
- Release the tension in your foot. Notice the feelings of relaxation.
- Next bring to focus to your lower legs. Tense the muscles in your calves hold them tightly and pay attention to the feeling of tension. (5 seconds)
- Release the tension from your lower legs. Notice the feelings of relaxation.
- REMEMBER to continue to take deep breaths.
- Next, bring the focus to your upper legs and pelvis. You can do this my tightly squeezing your thighs together. Be sure you feel tenseness without going to the point of pain. (5 seconds)
- Release the tension from your upper legs and pelvis. Notice the feeling of relaxation.
- Next, bring the focus to your stomach. You can do this by slightly sucking in your stomach while taking deep breaths. (5 seconds)
- Release the tension from your stomach. Notice the feeling of relaxation.
- Bring the focus to your chest now. You can do this by tightening up your chest while taking a deep breath. (5 seconds)
- Release the tension from your chest. Notice the feeling of relaxation.
- Now bring the focus to your neck and shoulders. You can do this by raising your shoulders up to touch your ears. (5 seconds)
- Release the tension from your neck and shoulders. Notice the feeling of relaxation.
- Finally, bring your focus to your mouth, eyes and forehead. You can do this by
closing your eyes tightly shut, opening your mouth wide enough to stretch, and raising your eyebrows up as far as you can. (10 seconds).

Release the tension from your mouth, eyes and forehead. Notice the feeling of relaxation.

Take a moment to come back around and sense the different feelings you may be experiencing, both positive and negative.

**Note:**

Always remember to practice PMR often, whether you may be feeling stressed out or not. This will help to make it easier to use and more effective when stressful situation arise quickly. Thought it may feel a bit tedious and silly at first, ultimately you will be able to gain a skill that you will probably use on a daily basis and will become an important part of managing your stress in your everyday life.

**Exercise 4.2: Overview of Progressive Muscle Relaxation.**

*Why should we use Progressive Muscle Relaxation (PMR)?*

When people feel anxious or frightened, they get stirred up inside. For example, you may begin to sweat or get fidgety. Your heart might race, and your breathing may get faster. People may also experience muscle tension. This tension will, in turn, lead you to become more anxious.

**GOAL**

The goal of PMR is to help you become more aware of this tension when it happens so you can reduce it as fast as possible.

**How?**

By tensing your muscles and relaxing them you will begin to notice how different it feels when you start feeling more stressed.

**Before you begin…**

- Make sure you are in a quiet place.
- Turn down the lights but do not turn them off.
- Sit upright in a comfortable chair.

A Review from the previous exercise
Each set of muscles should be tensed twice.

Tighten up your muscles at 50% -- don’t strain.

Don’t tighten up any muscles where you have pain.

Keep your muscles tight tensing your for 10 seconds.

Relax your muscles for 30 seconds after tensing them twice.

**Relaxing quickly**

Mini-relaxation exercises can help to reduce stress and tension immediately. These mini exercises can be done with either your eyes open or closed whatever you prefer. You can do them anywhere, anytime, and no one will even know that you are doing them. Some good example of when to use the mini-relaxation exercises is when you are stuck in traffic on the bus, put on hold during a phone call, waiting for a specific phone call, standing in line, or even when you are in pain.

These mini exercises are most beneficial for individuals who elicit the relation response on a regular basis. However, they can make anyone feel refreshed, and better able to concentrate on the tasks in front of them for that day.

**Example mini-relaxation exercises:**

1. After each time you inhale, pause for a few seconds. After each time you exhale, pause again for a few seconds. Do this for several breaths or until you feel relaxed.
2. Count very slowly to yourself from 1-10, one number for each breath you take. With the first breath you say “one” to yourself, the next breath you would say “two”, etc. until you reach ten. If you are starting to feel light headed or dizzy be sure to slow down the counting and if possible sit down. Once you hit ten, see how you are feeling. Hopefully by this point you are feeling better, but if not, try the exercise again!

**Relax on the Job**

One of the most common questions related to stress at work is “What can I do to de-stress during a busy day at work?” Luckily there is something you can do for yourself when you need to release any stress or tension you may be experiencing at work.
<table>
<thead>
<tr>
<th>Exercises for your feet and legs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alternate curling and stretching your toes. Repeat 3 times then relax.</td>
</tr>
<tr>
<td>Alternate bending and stretching your whole foot and ankle. Repeat 3 times then relax.</td>
</tr>
<tr>
<td>Rotate ankles to the right, and then to the left. Complete this 3 times then relax.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Exercises for your head and neck</th>
</tr>
</thead>
<tbody>
<tr>
<td>Look as far as you can over your right shoulder, hold for 3 seconds.</td>
</tr>
<tr>
<td>Look as far as you can over your left shoulder, hold for 3 seconds.</td>
</tr>
<tr>
<td>Drop your right ear to your right shoulder, hold for 3 seconds.</td>
</tr>
<tr>
<td>Drop your left ear to your left shoulder, hold for 3 seconds.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Exercises for your arms and hands</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extend your arms in front of you and,</td>
</tr>
<tr>
<td>Move your hands up and down bending from the wrist, repeat 3 times.</td>
</tr>
<tr>
<td>Rotate your wrists 3 times, first to the right then to the left. Relax and repeat 3 times.</td>
</tr>
<tr>
<td>Alternate stretching your fingers, then make a fist. Repeat 3 times.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Exercises for your shoulders</th>
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</thead>
<tbody>
<tr>
<td>Raise your right shoulder up towards your ear and release. Repeat 3 times.</td>
</tr>
<tr>
<td>Raise your left shoulder up towards your ear and release. Repeat 3 times.</td>
</tr>
<tr>
<td>Bring both shoulders up towards your ears, tense, then drop your shoulders down as you exhale.</td>
</tr>
</tbody>
</table>
Part V: How it all ties together.

Stress Management

What is Stress Management?

Stress management is the steps and activities that you can take to make things easier on you when you experience different difficult things or situations. We all face difficult things in life, but some people face these more often on a daily basis than others. While none of us can fully control what happens to us or when, we are in control of how we react to these difficult things or situations. This is exactly where stress management can help you and almost anyone else. Stress management works best when it is combined into your daily life – that way it becomes a routine. Any changes take time to learn and practice to have the best effects. This idea makes it important for stress management to be easy to learn and do throughout the day.

By developing healthy stress management strategies, you yourself can learn to better spot what makes you stressed and how you can develop coping techniques to help manage your stress.

Reducing Stress

Self-Care

Self-care is something that you do in order to improve your physical and/or mental health. Below are several common activities that you might do at different within your day that can assist you to manage your stress in a healthy way.

- **Exercise**: there are many known benefits to exercising. Exercise can also help improve our cardiovascular system and help reduce the likelihood of physical diseases like diabetes. Exercising at least 2 – 3 times a week for 30 minutes can show great improvements for most people. Exercising regularly may also have a similar effect on mood as an antidepressant medication.

- **Healthy Eating**: similar to exercise, eating healthy can have several well-known benefits to your life. Healthy eating helps a body create more energy, which can fuel you when trying to manage stress. Caffeine can be used as a source of energy as well; however, too much caffeine can result in a person “crashing.” It should be noted that caffeine affects people in different ways. It is important to be aware of how much we ingest.

- **Sleeping**: for many people, trying to get the right amount of sleep is very difficult. If a person gets the right amount of sleep, they will be well-rested and better able to deal with stress. Sleeping too little can cause a person to feel exhausted. You may have not known this, but sleeping too much can also cause you to feel tired. It is recommended that people get 8 hours of sleep, however, each person is different and they need to aim for the right amount of sleep that works for them.

- **Leisure Activities**: It is encouraged for you to take breaks and do things that are enjoyable. Activities that people find enjoyable like relaxing, watching TV, going for a walk, etc. Taking breaks helps recharge a person’s “batteries.” It is
important to take time to yourself to escape the constant pressure of trying to balance stress management and responsibilities.

**Social Relationships**: a strong support group of family and friends is important to give a person a place to turn for help when needed. Family and friends provide a place for someone to vent, gain advice, and can be trustworthy confidants. It is really important to build positive relationships with friends and family.

**Questions to consider when assessing for stress**

- How do you decide when you are stressed?
- Where do you feel stress within your body?
- Do you notice anything specific about your body, feelings or thoughts when things get difficult?
- How are you currently coping with stress?
- What are some ways in which you react negatively or proactively to stressful situations?
- How does your behaviour change when you are stressed?
Section VI: Navigation Through Community Supports

Community Supports & Contact Information

Mental Health/Addictions Crisis Contact Information

<table>
<thead>
<tr>
<th>Service</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crisis Line</td>
<td>1-613-722-6914</td>
</tr>
<tr>
<td>Mental Health Crisis Line</td>
<td>1-866-966-0991</td>
</tr>
<tr>
<td>Addictions Services of Eastern Ontario</td>
<td>1-800-727-1937</td>
</tr>
<tr>
<td>Al-Anon</td>
<td>1-613-933-8441</td>
</tr>
<tr>
<td>Narcotics Anonymous &amp; Alcoholics Anonymous</td>
<td>1-613-938-1984 OR 1-613-330-9750</td>
</tr>
<tr>
<td>Drug and Alcohol Line</td>
<td>1-800-565-8603</td>
</tr>
<tr>
<td>Distress Center Ottawa</td>
<td>1-613-238-3311</td>
</tr>
<tr>
<td>Mental Health Crisis Line (24/7)</td>
<td>1-613-724-6914</td>
</tr>
<tr>
<td>Rideauwood Addiction and Family Services</td>
<td>1-613-724-4881</td>
</tr>
<tr>
<td>Drug, Alcohol and Mental Health Information Line</td>
<td>1-800-463-6273</td>
</tr>
</tbody>
</table>

Community Resources

<table>
<thead>
<tr>
<th>Organization</th>
<th>Address/Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>John Howard Society</td>
<td>161 Elgin Street #1-613-231-4034 1239 Summerville Ave #1-613-680-1072</td>
</tr>
<tr>
<td>First Nations and Inuit Hope for Wellness Helpline</td>
<td>1-855-242-3310</td>
</tr>
<tr>
<td>Ottawa Parole Office</td>
<td>249 Slater Street # 1-613-996-7011 Fax # 613-954-1687</td>
</tr>
<tr>
<td>Apple Tree Medical Center</td>
<td>368 Slater Street # 1-613-482-0118 240 Sparks Street # 1-613-482-0118</td>
</tr>
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