

Train as a Stress Management Trainer

A Distance Learning Course

from

The Stress Management Institute

Distance Learning College & Stress Consultancy

Established 1995

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A Training Course in Stress Management Training

Introduction to the Training

Welcome to the training course that trains individuals as Stress Management Trainers. This training course is designed to train both beginners in the field and more experienced trainees to become competent trainers as rapidly as possible without sacrificing quality of work. To this end, the training is presented in the same eight session format that you can use with your own clients.

The training course is both a training package in Stress Management, which can be used immediately as it stands, and an assessed training course leading to the Diploma in Stress Management Training. The training is designed in such a way that trainees can speedily put it to use within their current work or in private practice.

Each session has as its core a CD/Download containing a lecture and a relaxation exercise, both of which you can use directly with your clients. Your work with clients is also guided by session plans. Each session includes two session plans with step-by-step guides to working with individual clients and with groups. There are research notes on various aspects of stress, treatment models, four related trainings and case studies.

Begin by reading through session one. The lectures are both for your information and for use with clients. The session plans are to guide your work with clients. The relaxation exercises are both for your information and training and for direct use with clients. The research notes give more in-depth information and the related therapies are for use with clients where appropriate. The case studies are for your information. The master copies at the back of each session and the CD/Download containing the same are for your use with clients and you may edit them with your own logo for this purpose.

We recommend that beginners should then undertake the course as though they were both client and trainer. Trainees should work through each of the sessions by practising the relaxation exercises, filling in the questionnaires, logs and stress management forms. This will, together with the study of the research notes, treatment models, related trainings, case studies, lecture scripts and relaxation scripts, give you a good understanding of the theory, skills and techniques of Stress Management Training, together with an insight into the experience of the client.

The individual work in the training emphasises the logs, questionnaires and Stress Management forms to be completed, while the group work emphasises discussion. However, it may suit your individual style as a trainer to use either more questionnaires and Stress Management forms in your group work, or more discussion in your individual work. This training is flexible and open to such changes if they will better suit your individual strengths.

Trainees on the Stress Management Training course have the choice whether or not to opt for assessment. The course is able to stand both independently as a training package and as an assessed training course. Trainees who complete the course may use the form 'Dip. Stress Management Training' after their names.

We very much hope that you enjoy the training course as many trainees have before you and that you find it of immense value, both personally and in your work.

Train as a Stress Management Trainer

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Session One

Stress Management Training

Session One

Lecture Script

(For direct use with Clients)

The Nature of Stress and Stress Management Training

This is a training course in the techniques of Stress Management. The Course is designed to teach you how to better manage the stresses in your life. It does not attempt to eliminate stress altogether, as we need a certain amount of stress in our lives in order to achieve our goals. Too much stress, however, can lead to illness or unnecessary restrictions on our lives. Today, more people suffer from stress than ever before. The pace of life is stressful in itself. We expect to manage the major life changes and crises, such as marriage, parenthood, unemployment, bereavement, overwork or ill health, without the network of support that previous generations relied upon. For some, stress may not be related to such specific events, but may have developed in early childhood as an anxiety response to difficult situations. This response may have been carried into adult life as the characteristic way of dealing with difficulties.

Stress affects us in many different ways. Some people develop stress related illnesses, such as asthma, hypertension, ulcers, irritable bowel syndrome and a host of others. Some suffer from free-floating anxiety, panic attacks, muscular tension and hyperventilation. Some people respond with obsessive or compulsive thoughts and behaviours, and many suffer from a variety of phobias, notably agoraphobia and social phobia. It is estimated that one in four people suffer from anxiety at some time in their lives and it is one of the most common symptoms treated by Doctors in the Western world.

So what exactly is stress? Our bodies react to stress in a similar way that they react to fear. We experience fear when we have cause to be concerned about our well-being or safety. We experience stress when we are in situations where we feel under threat but are not actually in any immediate danger. When we feel under threat in this way our bodies respond with the Fight or Flight Syndrome. This Syndrome, which prepares our bodies to fight or flee, involves a number of physical changes. Our heartbeat increases, our breathing becomes shallow, all of our senses work better, we may have a desire to defecate, our muscles tense to fight or flee, our hands and feet become colder and we begin to sweat to cool ourselves, as all of these changes make us hot.

This Fight or Flight Syndrome is our instinctive reaction to danger. This response, however, can be set off by many situations that are not really dangerous or life-threatening. But our bodies are reacting as if our lives were actually threatened, and the reaction to such a threat is a powerful one. When there is no enemy to fight or run from, the physical feelings created by the Fight or

Flight Syndrome have no release, and so we begin to build up stress. This stress will eventually find an outlet in chronic fatigue, anxiety and a variety of minor physical illnesses.

Stress Management Training works by breaking down the Fight or Flight Syndrome into three inter-related systems: Firstly; our thoughts. Secondly; the physical changes which take place in our bodies, and thirdly; the behaviour which results from these. When we experience stress our thoughts are of perceived danger. Such thinking creates the physical changes we associate with fear or panic. This, in turn, may result in behaviour which causes more stress, or in the avoidance of the stress-provoking situation. With training in Stress Management techniques, we can learn to create relaxed and positive habits of thought and we can learn techniques of physical relaxation. These two changes together will result in relaxed and appropriate behaviour enabling us to achieve our desired goals in life.

This Course achieves these results by a logical sequence of Training in the areas of muscular and mental relaxation, deep breathing and breath control techniques, discovering and challenging negative thinking patterns, positive thinking, the development of self-confidence and the elimination of unwanted behaviours.

Each Session of the Course includes an Information Giving and a Stress Management Relaxation exercise. The Information Giving describes the origins and expressions of the symptoms of stress, and explains how we can learn to control, or manage, these symptoms. Research shows that the greater the understanding that individuals have about stress, the better they are able to manage it effectively. The Stress Management exercise should be practised daily until the next Session.

Stress Management Training really can help you to change, but, like any other skill worth learning, it takes practise, hard work and commitment.

Stress Management Training

Session One

Working with Individual Clients

Individual Work - Session Plan One

With this Session you will need the following:

- Form S1.a - Personal Details Form
- Form S1.b - The Holmes and Rahe Scale/Trainer's Answer Sheet and/or Cooper's Scale (S1.b1)
- Form S1.c - Stress Assessment Questionnaire
- Form S1.d - Understanding Stress
- Daily Relaxation Log for Session 1
- CD/Download for Session One
- Trainer's Record Log

1. **Introductions**

- a. Introduce yourself and Stress Management Training.
- b. Find out what the Client sees as the 'problem'.

2. **Personal Details** (S1a). Fill in with the Client.

PURPOSE: For your own information and records.

3. Tell the Client there are eight Sessions in the Training. Each Session contains an Information Giving Exercise and a Stress Management Relaxation Exercise.

4. **Information Giving – Stress and Stress Management**

- a. Introduce the Information Giving.

- b. Either play the lecture for Session One or give the Lecture yourself, based on the lecture script.

5. The Holmes and Rahe Scale and/or Cooper Scale

Go through the Holmes and Rahe scale (S1.b) and or Cooper's scale with the Client.

Discuss the effects on them of any changes that have recently taken place in their lives. Add up their score. Look at your Trainer's Answer Sheet for the score and tell the Client the result. If a serious level of stress is indicated discuss this with the Client. If appropriate, discuss ways of reducing the risk of stress-related illness.

PURPOSE: To gather information about recent stressful events in the Client's life.

To get the Client to focus on possible causes of stress.

To assess the risk of stress-related illness and the possibilities of avoiding this.

6. Stress Assessment Questionnaire

Fill in the Stress Assessment Questionnaire (Form S1.c) with the Client.

PURPOSE: To give you a guide to the person and the problem you are treating.

To gain information which the Client may not otherwise give.

To 'normalise' stress symptoms for the Client.
People often feel much happier about their symptoms when they realise others suffer from similar difficulties.

7. RELAXATION EXERCISE - PASSIVE PROGRESSIVE RELAXATION

- a. If possible, the Client should be lying down for this Exercise. If this is impracticable, sitting in a chair with the head supported is permissible (low backed chairs can be placed against the wall for head support).

- b. Either play the CD/Download or talk through the Relaxation Exercise yourself. If you wish it is permissible to read from the Script.
- c. After the Exercise, give the Client plenty of time to come around and be very supportive.
- d. Tell the Client that they will need to practise this Exercise daily until the next Session. Remind them that at first, Relaxation can cause unusual feelings as they begin to let go of tension, but that these will soon pass if they persevere.
- e. Tell the Client to begin to use muscular relaxation as a coping skill in their daily lives in situations where they are feeling tense.

8. Contract

Make a Contract with the Client to meet at weekly or fortnightly intervals for the next seven Sessions.

9. Homework

- a. Give the Client Form S1.d - Understanding Stress to take away and read.
- b. Give the Client a Daily Relaxation Log to fill in before and after doing the Stress Management Relaxation exercise each day. Ask them to bring the completed Log to the next Session.

PURPOSE: To encourage the Client to practise.
For you to assess the effectiveness of the Training for this Client.

- c. Give the Client a CD/Download of Stress Management Exercise One .

10. Agree when to meet again.

11. After the Session

Fill in your Trainer's Record Log. You will need this Log for all Sessions.

PURPOSE: As a method of keeping Case Notes and of assessing the effectiveness of the training for this Client.

*Stress Management Training
Session One (Worksheet for Training use)
Personal Details Form*

S1.a

Name.....

Date of Birth.....

Address.....

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Telephone No.....

G.P.....

Medication.....

Referred by.....

Attendance	Date	Comments
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Session 1		
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Session 2		
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Session 3		
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Session 4		
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Session 5		
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Session 6		
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Session 7		
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Session 8		
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Stress Management Training S1.b
Session One (Worksheet for Training use)
Holmes and Rahe Social Readjustment Rating Scale

Name.....

LIFE EVENT	VALUE
Death of a Spouse	100
Divorce	73
Marital Separation	65
Prison Term	63
Death of a close family member	63
Personal injury or illness	53
Marriage	50
Sacked from work	47
Marital Reconciliation	45
Retirement	45
Change in family member's health	44
Pregnancy	40
Sex difficulties	39
Addition to family	39
Business Readjustment	39
Change in Financial Status	38
Death of a Close Friend	37
Change to a different type of work	36
Change in number of marital arguments	36
Mortgage or large loan	31
Foreclosure of mortgage or loan	30
Change in work responsibilities	29
Son or daughter leaving home	29
Trouble with in-laws	29
Outstanding personal achievement	28
Spouse begins or stops work	26
Starting or finishing education	26
Change in living conditions	25
Revision of personal habits	24
Trouble with the boss	23
Change in work hours or conditions	20
Change in residence	20
Change in educational establishment	20
Change in church activities	19
Change in social activities	18
Small mortgage or loan	17
Change in sleeping habits	16
Change in number of family gatherings	15
Change in eating habits	15
Holiday	13
Minor Breach of the law	11

TOTAL: _____

Session One

Holmes and Rahe Scale/Trainer's Answer Sheet

Scoring

Below 60:	The Client's life has been unusually free from stress recently.
60 - 80:	The Client has had a normal amount of stress recently. This score is average for the ordinary life style.
80 - 100:	The stress in the Client's life is a little high, maybe because of one recent event.
Over 100:	Pressures and stresses are piling up and the Client is under serious stress. They need to begin to look at ways to reduce stress.
Over 200:	This is a very high score and the Client is under serious stress, so much so that they could be at risk of developing a stress-related illness. Measures should be taken to reduce the stresses in their life.
Over 300:	A serious score, the Client is at risk of developing a stress-related illness. Urgent measures should be taken to reduce stress.

Session One

Coopers Life Stress inventory

Name.....

Cooper's Life Stress Inventory can help measure life change and susceptibility to stress related illness. Place a (X) in the 'Yes' column for each event which has taken place in the last two years. Then circle a number on the scale which describes how upsetting the event was to you, e.g. 10 for the death of a husband or wife.

Event	Yes	Scale
Bought house		1 2 3 4 5 6 7 8 9 10
Sold house		1 2 3 4 5 6 7 8 9 10
Moved house		1 2 3 4 5 6 7 8 9 10
Major house renovation		1 2 3 4 5 6 7 8 9 10
Separation from loved one		1 2 3 4 5 6 7 8 9 10
End of relationship		1 2 3 4 5 6 7 8 9 10
Got engaged		1 2 3 4 5 6 7 8 9 10
Got married		1 2 3 4 5 6 7 8 9 10
Marital problem		1 2 3 4 5 6 7 8 9 10
Awaiting divorce		1 2 3 4 5 6 7 8 9 10
Divorce		1 2 3 4 5 6 7 8 9 10
Child started school/nursery		1 2 3 4 5 6 7 8 9 10
Increased care for elderly or ill person		1 2 3 4 5 6 7 8 9 10
Problems with relatives		1 2 3 4 5 6 7 8 9 10
Problems with friends/neighbours		1 2 3 4 5 6 7 8 9 10
Pet-related problems		1 2 3 4 5 6 7 8 9 10
Work-related problems		1 2 3 4 5 6 7 8 9 10
Change in nature of work		1 2 3 4 5 6 7 8 9 10
Threat of redundancy		1 2 3 4 5 6 7 8 9 10
Changed job		1 2 3 4 5 6 7 8 9 10
Made redundant		1 2 3 4 5 6 7 8 9 10
Unemployed		1 2 3 4 5 6 7 8 9 10
Retired		1 2 3 4 5 6 7 8 9 10
Increased or new bank loan/mortgage		1 2 3 4 5 6 7 8 9 10
Financial difficulty		1 2 3 4 5 6 7 8 9 10

Continued.....

Insurance problem	1 2 3 4 5 6 7 8 9 10
Legal problem	1 2 3 4 5 6 7 8 9 10
Emotional or physical illness of close family or relative	1 2 3 4 5 6 7 8 9 10
Serious illness of close family or relative requiring hospitalisation	1 2 3 4 5 6 7 8 9 10
Surgical operation experienced by family member or relative	1 2 3 4 5 6 7 8 9 10
Death of a husband	1 2 3 4 5 6 7 8 9 10
Death of family member or relative	1 2 3 4 5 6 7 8 9 10
Death of a close friend	1 2 3 4 5 6 7 8 9 10
Emotional or physical illness of yourself	1 2 3 4 5 6 7 8 9 10
Serious illness requiring your own hospitalisation	1 2 3 4 5 6 7 8 9 10
Surgical operation on yourself	1 2 3 4 5 6 7 8 9 10
Pregnancy	1 2 3 4 5 6 7 8 9 10
Birth of a baby	1 2 3 4 5 6 7 8 9 10
Birth of a grandchild	1 2 3 4 5 6 7 8 9 10
Family member left home	1 2 3 4 5 6 7 8 9 10
Difficult relationship with children	1 2 3 4 5 6 7 8 9 10
Difficult relationship with parents	1 2 3 4 5 6 7 8 9 10

1 Low stress 50 High Stress 100

Stress Management Training

S1.c

Session One (Worksheet for Training use)

Stress Assessment Questionnaire

Name.....

How would you describe the problem?

How long have you had the problem?

How did the problem first start?

What does your Doctor say about the problem?

Have you had any treatment in the past?

Have you tried to overcome the problem in the past?

Have you had any success in overcoming the problem?

Do you suffer from any of the following:

Headaches	Diarrhoea
Blushing	Allergies
Dizziness	Tiredness
Heartburn	Faintness
Weak knees	Nightmares
Chest pains	Palpitations
Itching	Rash
Blurred vision	Uncontrollable eye movement
Light-headedness	Unreal feelings
Missed heartbeat	Muscular tension
Sleep disturbance	Excessive sweating
Breathlessness	Sexual difficulties
Difficulty swallowing	'Lump in the throat'
Anxiety	Panic attacks
Facial tics	Sensitivity to light and sound
Nausea	Shaking
Frightening thoughts	Hating yourself
Worrying	Talking too fast
Loneliness	Boredom
Disorganisation	Poor concentration
Poor memory	Irritability

Do you fear any of the following:

Future events	Choking
Collapsing	Fainting
Panic attacks	Being embarrassed
Losing control	Madness
Crowded places	Standing in queues
Driving	Being on a bus
Being on a train	Being in shops
Supermarkets	Leaving the house
Talking to people	Eating in front of people
People looking at you	Writing in front of people
Bridges	Tunnels
Being alone	Going to work
Social occasions	Cinemas, theatres
Waiting rooms	Medical examinations
Dogs	Birds

Do you suffer from unpleasant thoughts that you feel are beyond your control?

Do you feel compelled to do certain actions to control these thoughts?

Do you work outside the home?

Do you live alone or with family or friends?

Have your parents or brothers/sisters ever suffered from any psychological problems?

What are your hobbies/Social life?

Do you smoke? (and how many a day, for how many years, and in what circumstances)?

Do you drink alcohol? (and how much a week, for how many years and in what circumstances)?

Are you taking any medication?

How is your physical health?

What are your most serious symptoms? How do they affect your life at the present time?

Stress Management Training
Session One (Worksheet for Training use)
Understanding Stress

S1.d

Stress is a normal part of life. If we are in a threatening situation, we respond with the Fight or Flight Syndrome, which is an instinctual reaction to danger. All animals respond automatically when they feel under threat.

However, sometimes this response is triggered by a situation that is stressful, but not life-threatening. It can be set off by feelings, ideas, memories and expectations, and for many people stress can become a normal reaction to many life situations.

Fight or Flight

- The heartbeat increases to pump blood with greater speed, carrying oxygen and nutrients to cells and clearing away waste products.
- As the heartbeat increases the blood pressure rises.
- Adrenaline and other hormones are released into the blood.
- The liver releases stored sugar for more energy.
- The pupils dilate to let in more light.
- All the senses work more efficiently.
- Muscles tense for movement.
- Blood flow is constricted to hands and feet and they get cold
- The body sweats to cool itself.

In a situation which is not life-threatening, these physical changes may be experienced as extremely unpleasant, causing palpitations, pain in the muscles resulting from excessive tension, insomnia, breathlessness, numbness, tingling, dizziness, sickness, fainting, headaches, indigestion, diarrhoea, fatigue, chest pains, blurred vision, nausea and shaking, to name but a few possible symptoms. It is possible to change our response to many everyday events from Fight or Flight to Relaxation, which is the physical opposite to the Fight or Flight syndrome. Practise your first Stress Management Relaxation Exercise, and see how much better you feel.

Stress Management Training

Session One (Worksheet for Training use)

Daily Relaxation Log

Name.....

Fill in the Log every day, both before and after doing your Relaxation Exercise. Circle the number that shows how you felt during the day, and the number that shows how you felt after practising the Relaxation Exercise.

DAY	TODAY I FELT	AFTER RELAXING I FEEL
	CALM TENSE	CALM TENSE
1	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8
2	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8
3	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8
4	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8
5	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8
6	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8
7	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8

Week ending: / /

Stress Management Training

TRL

All Sessions (Worksheet for Training use)

Trainer's Record Log for Individual Clients

Client's Name:.....

Description of the Individual (All Sessions)

The Nature of the Problem (Session 1)

The Effects of the Problem (Session 1)

Past attempts to work on the Problem (Session 1)

Duration of the Problem (Session 1)

Contract (Session 1)

Holmes and Rahe Scale (Session 1)

Subjective Level of Stress (Session 2)

Subjective Measure of Change (Session 2)

Three things contributing most to stress at present (Session 2)

Coping with Stress - Score and Strengths and Weaknesses (Session 2)

Response to Therapeutic Information Giving (All Sessions)

Response to Muscular Relaxation Training (Sessions 1 and 2)

Personality Type (Session 3)

Breaths per Minute (Session 3)

Depression Questionnaire Score (Session 4)

Response to Deep Breathing and Breath Control (Sessions 3 and 5)

Response to 'Triggers' (Session 5)

Response to Autogenic Training (Session 6)

Response to Cognitive Techniques (Sessions 4, 6 and 7)

Response to Positive thinking (Session 7)

Lifestyle Changes (Session 8)

Any Changes in Subjective Level of Stress (Session 8)

Did the Client achieve the Subjective Measure of Change (Session 8)

Three things contributing most to stress now (Session 8)

Client's Evaluation of the Training (Session 8)

Results of the Daily Relaxation Log (All Sessions)

Results of the Breathing Log (Sessions 3 - 7)

Summary

Stress Management Training

Session One

Working with Groups

Groupwork - Session Plan One

With this Session you will need the following:

Form S1.b - The Holmes and Rahe Scale and/or Cooper's Scale (S1.B1)

Form S1.d - Understanding Stress

Daily Relaxation Log for Session 1

Copies of Stress Management Relaxation Exercise One on CD/Download.

Trainer's Record Sheet

1. Greetings and Introductions

- a. Welcome the group to Stress Management Training, tell them this is the first of eight sessions.
- b. Tell the group what time the Session will finish.
- c. Tell the group where the lavatory is and that they should go if they need to, without asking permission.
- d. Tell the group that after introductions they will be hearing a Lecture on 'The Nature of Stress and Stress Management', followed by a discussion. There will be a Stress Management Form to fill in, followed by a Stress Management Relaxation exercise on Passive Progressive Muscular Relaxation which they will practise in the Session. There will be a final discussion and they will be given some Forms and a tape to take home.
- e. Introduce yourself. Tell the group your name and one other thing about yourself. Ask the group to do the same, going around in a circle, indicate who should start.

2. Information Giving

- a. Introduce the Information Giving slot.
- b. Either play Session One of the CD/Download or give the Lecture yourself based on the Lecture Script.

3. Discussion

- a. Introduce a discussion about the Information Giving.
The following questions may be useful:

Has anyone come across the idea of the Fight or Flight Syndrome before?

Can you see how useful these physical changes would be if you were running from danger or fighting for your life?

Can anyone identify any of their own symptoms in terms of the Fight or Flight response?

Do you feel your own stress has been built up by a long term activation of this response?

- b. Ask the group to fill in the Holmes and Rahe Scale (Form S1.b). and/or Cooper's Scale
- c. Ask the group if they agree that the value of the scores matches the seriousness of the life events. Go round the group asking their scores. (Fill them in on your Trainer's Answer Sheet). Discuss the risk of stress related illness for group members, and the possibilities of avoiding illness.

4. Relaxation Exercise

- a. Ask the group to make themselves comfortable, if possible, they should lie down for this exercise.
- b. When the group is settled, either play the CD/Download for Session One or talk through the Relaxation Exercise yourself if you prefer. If you wish, it is permissible to read directly from the Script.
- c. When the Exercise is finished, smile at each person as they open their eyes, give them a little time to come around. Deep relaxation often involves some degree of regression, so try to keep your voice soft and your facial expression gentle.

5. Discussion and Close

- a. Get the group comfortable for a discussion.
- b. IF YOU HAVE TIME
Introduce a discussion about the relaxation exercise, the following questions may be useful to get things going:

Could you feel your muscles becoming heavy and relaxed?

Could you see your thoughts go by?

Could you see yourself at the top of a hill?

Could you manage to walk down the hill? Did you feel awkward?

Could you imagine a safe place at the bottom of the hill?

Has anyone done Relaxation training before?

Did anyone find it difficult to relax?

Did anyone go to sleep during the exercise?

Did anyone experience 'tingling' or other strange feelings?
- c. Tell the group that they should set aside half an hour every day to relax, using the tape. Tell the group that they should also begin to use muscular relaxation techniques as a coping skill in stressful situations in their daily lives.
- d. Give everyone a CD/Download with Relaxation Exercise One on.
- e. Give everyone a copy of Form S1.d - Understanding Stress, to take away and read.
- f. Give everyone a Daily Relaxation Log for Session One, ask them to fill it in daily, both before and after relaxing. Ask them to bring it back to the next Session. Tell the group that there will be a number of such Logs and that they should take responsibility for bringing all their Logs to every Session. Tell the group the date, time and place of the next Session.
- g. Say goodbye and close.

6 Fill in your Trainer's Record Sheet

Stress Management Training

Session One

Relaxation Exercise Script

(For direct use with Clients)

Passive Progressive Muscular Relaxation

This is a Stress Management Exercise in Passive Progressive Muscular Relaxation.....

You should be sitting or lying comfortably with your arms and legs uncrossed and your hands at rest.....

Allow your eyes to close.....

And first of all I want you to listen. Listen to the sounds. My voice is one of the sounds.....And if your attention wanders, that's all right, just bring it back gently to the sounds.....

And extend your awareness to your thoughts. Your thoughts are a bit like the sounds, in that they come and they go. You may be thinking in words, you may be thinking in pictures, you may be thinking in a mixture of the two.....and.....imagine you can see your thoughts passing by on a large screen, like the credits after a film, and just watch each thought go by, and do this now.....

And now let go of the images on the screen, and continue to be aware of your thoughts passing.....And so, you have your attention on the sounds and on your thoughts.....

And now extend your attention to your body. Your body is you, it's your way of being in the world, and just notice if any parts of your body are more relaxed than others, and notice if your body is holding any tension. And keep your attention inside your body. It may wander to your thoughts or to the sounds. That's all right, just bring it back gently to your body.....

And take a deep breath as you begin to relax. You can relax as much or as little as you want to.....And first of all, relax the muscles of your face. Imagine that a mask is slipping off and all the muscles of your face are relaxing.....and all the muscles just behind your face are relaxing.....and you're letting go of any smiles, any frowns you've been wearing, and you're letting go of any fixed expressions.....and you're relaxing your face until your face is communicating nothing very particular at all..... it's just being.....

And allow that relaxation to spread into your scalp.....and down into your neck.....And as each muscle relaxes you can feel that part of your body becoming just a little bit heavier than usual. So that you feel heavier and heavier and more and more relaxed.

And allow the relaxation to spread into your throat, relaxing that part of you that makes a sound out there in the world, let that part of you become silent and still for a while.....

And allow the relaxation to spread into your shoulders.....and down your arms and to your elbows, forearms, wrists and hands and fingers.....there is nothing that your hands have to do right now.....And your shoulders, arms and hands feel heavier and heavier and more and more relaxed.....

And allow the relaxation to spread down into your chest.....breathing easily and calmly now.....Relaxation spreading down into the muscles of your stomach and lower abdomen. Relaxation spreading all the way down your spine.....from your neck and upper back to your lower back and buttocks. Feeling heavier and heavier and more and more relaxed.....

And allow the relaxation to spread down into your thighs.....relaxation spreading into your knees and calves.....Feeling heavier and heavier and more and more relaxed.....and allow the relaxation to spread into your ankles and into the muscles of your feet. Feel your legs and feet becoming heavier and heavier and more and more relaxed.....

And there is nothing that any part of your body needs to do right now.....and you can leave your body resting from the top of your head to the tips of your toes.....and all the while you are resting your body is going deeper and deeper into relaxation.....and you are still aware of the sounds.....and still aware of your thoughts.....and aware of your body resting, and it doesn't matter whether you are resting lightly or deeply, because as you rest, two things are happening automatically, they happen to everyone.

And the first is that your mind and your body are busy in this rest releasing tension, that goes on automatically, you don't have to think about it.....so when you come up out of your rest, you will feel the absence of tension, and in it's place, calmness and relaxation.....

And the second thing that is happening automatically is that your mind and your body are learning to relax.....so as well as being able to rest now, you will be able to keep this relaxation with you.....because you are learning how to do it right now.....

And now imagine that you're standing on a hill, and let this hill be somewhere quite beautiful.....it can be a real place or an imaginary place, it doesn't matter.....you're standing on the top of a hill.....and you're standing in the kind of weather that you like, and you're not carrying anything so that you feel very free.....And imagine what you would be able to see from the top of this hill, the colours.....take a look up at the sky.....

And in a few moments, I'll ask you to walk down the hill, you'll find it very easy, and as you walk down I'll count down from ten to one, and with each number than I say you will become more and more relaxed. And start walking down the hill now.....Ten, Nine, Eight, Seven, Six, Five, Four, Three, Two, One.....

And the place at the bottom of the hill is a very safe and special place, you can make it look just as you want to.....take a look around you, smell the smells, hear the sounds, look at the ground beneath your feet, and see what's growing.....And take a moment now to explore this place.....

And this place is your place, where you can feel completely calm and completely relaxed. And you can return to this place any time you want to and you can experience the calmness and relaxation that you feel now.

And you can take this calmness and relaxation with you into your daily life. Any time you want to feel more relaxed, just count yourself down from ten to one and you will feel calm and relaxed.....

And now let go of the image of this place and bring yourself back to here and to now, to the sounds, to your thoughts, to your body, and let yourself just be in the present moment for a while.....

And in a moment I'm going to count to five, and as I count, bring yourself gently out of your rest so that when I reach five you can open your eyes, feeling relaxed and refreshed.....

One, Two, Three, Four, Five.....Open your eyes now.....

Stress Management Training

Session One

Research Notes

The Causes and Symptoms of Stress

Stress has been defined as the condition that results when person/environment transactions lead the individual to perceive a discrepancy between the demands of a situation and the resources of their biological, psychological and social systems (Lazarus and Folkman).

Stress is however, an unavoidable aspect of life. When stress is handled effectively, helping us to achieve our goals, it is described as 'eustress'. When stress gets out of control leading to illness and poor performance, it is described as 'distress'. Stress is experienced differently by different people. What might be an anxiety provoking experience for one individual, may be exciting for another. It is the individual's perception of the situation which is important.

The transactions that lead to stressful conditions generally involve a cognitive appraisal process, this takes two forms, primary and secondary appraisal. The primary appraisal process focuses on whether or not the demand on the individual poses a threat to their well-being, this produces three judgements, either the demand is good, irrelevant or stressful. Stressful appraisal will go on require further assessment regarding the amount of harm or loss, the threat of future harm and the challenge it presents to the individual. When the individual appraises a large discrepancy between demand and resources, stress is experienced. As to whether the demands are appraised as stressful is dependant on two types of factors, those relating to the individual and those relating to the situation or environment.

The person-centred factors are those including motivational, intellectual and personality characteristics. Situational factors are those relating to strong demands which are undesirable, imminent, uncontrollable and involve major life transitions, or occur at an unexpected age in the individuals life span.

There are many events which may precipitate feelings of stress. Stuart and Sundeen identify two distinct theoretical categories, those which threaten an individual's physical integrity and those which threaten self-esteem. Threats to personal integrity include impending physical disability and deficits in the ability to attend to the activities of daily living. Threats to self-esteem suggest harm to an individual's identity, their social functioning and self-esteem. There is however, an overlap between the mind and body and threats to physical integrity also threaten self-esteem.

Stress has short term effects and long-term effects. The immediate short-term alarm reaction which we refer to as the Fight or Flight Syndrome was first recognised by Cannon in 1929. This is our automatic response to danger. For individuals who have learnt the wrong messages or have inadequate coping mechanisms, the Fight or Flight Syndrome switches on at the wrong times. If there is a constant release of low-level adrenaline, the muscles will be kept in a state of readiness; this can build up over time to damage the heart muscles and weaken the immune system. When the stress response is triggered too often and too intensely, we accumulate the effects of the released chemicals in our bodies. Eventually this will lead to illness as the weakest part of the body breaks down under the strain.

Stress can also have a profound effect on psychosocial processes within the individual. Cognitive functioning can become impaired. There are several emotions associated with stress, they are anger, depression, anxiety and fear. These feelings tend to remain even after the stressful event is over, continuing to impair the individual's immune response and contributing to risk of stress related illness.

Hans Selye describes a three-stage model of stress which he called the general adaptation syndrome. The first stage is the Fight or Flight syndrome, the second stage is one of resistance, where the body tries to return to a state of equilibrium and the third stage is that of exhaustion and collapse. Selye describes adaptive responses to stress as including the recognition of external stressors, awareness of resources, choosing appropriate strategies, problem solving and ventilating repressed feelings. Maladaptive strategies are described as failure to recognise and understand the stressors, negative, catastrophic thinking which may create a vicious circle of response such as panic attacks, avoidance, aggression, isolation, drug and alcohol consumption and withdrawal from social support.

Holmes and Rahe have suggested that the impact of some life events can increase the risk of stress related illness. They drew up the stress inventory which we have presented in Session one of this Training. Their aim was to measure the impact of some life events. Holmes and Rahe examined 5,000 case histories in order to identify those life events which most often precede the onset of illness or the exacerbation of an existing illness. They ranked the life events and asked 394 people to attend a stress value to each. Studies suggest a relationship between life change scores and the onset of tuberculosis, heart disease, skin disease and a general deterioration in health and performance. Research has also found a strong link between life changes and mental illness. Patients hospitalised for depression are six times more likely to have suffered a recent bereavement. Paykel and Prusoff found that the incidence of significant life events during the preceding six month period was four times greater in suicidal patients than in non-suicidal patients.

The personality of an individual also affects their reaction to stress. Friedman and Rosenman found that individuals can be classified into two types. Type A individuals being characterised by highly competitive behaviour, inability to relax or switch off after work, impatience, restlessness and a tendency to do everything in a hurry. Type B individuals are more relaxed, calmer and have a less anxious approach to life. Clinical experience shows that low levels of assertiveness, difficulties in expressing personal feelings, unrealistically high expectations of self and others, often accompanied by a strong perfectionist streak, can lead to high levels of stress.

Stress can be viewed as a dynamic process which has a negative effect on an individual's lifestyle and can seriously impair their ability to function at an optimal level.

Stress Management Training

Session One

Research Notes

Relaxation Training

There are three major approaches to relaxation training; the physiological approach, which includes simple and progressive muscular relaxation techniques and biofeedback; the meditative approach, which includes visualisation techniques and mindfulness; and the hypnotic approach, which includes autogenic training. Mental relaxation techniques can enhance the ability to focus and give a feeling of peace and wellbeing. Physical relaxation can reduce the breathing and heart rates and lower muscle tension.

However, there is a correlation between mental state and muscular tension. Wolpe found that over 90% of headache sufferers had a marked sustained contraction in the muscles of the neck and that such tension was associated with emotional strain, dissatisfaction, apprehension and anxiety.

Jacobson developed the technique of progressive relaxation (from which the active relaxation exercise in this session has been developed) to lower muscular tension. He believed that contraction and relaxation of muscle groups induces relaxation and trained his clients to relax forty-four different muscle groups in turn to induce relaxation and mental health. Wolpe's procedures were similar and he incorporated muscular relaxation into systematic desensitisation programmes to modify behaviour when treating phobic clients. Research shows that muscular relaxation training can improve general health and job performance, lower blood pressure, breathing rates and muscle tension.

Biofeedback has some similarity to progressive relaxation as it teaches clients to recognise tense areas throughout the body and respond with relaxation inducing behaviour. Biofeedback makes information about biological activities such as heart rate or blood pressure available to the client through the use of a machine that senses through electrodes, thus the client is able to learn the difference between tension and relaxation. Biofeedback is a good tool for reducing stress but it is expensive and so is not included in the training course.

Schultz and Lutte developed autogenic training in the 1950s to induce relaxation and we use similar techniques in the relaxation exercise in session 6. Autogenic training is a hypnotic technique focusing on the use of suggestive phrases to induce a relaxed state. Clients need to be relaxed to some degree to be able to respond to the suggestions.

Relaxation training is most useful for clients who suffer from high tension levels

which interfere in performance and behaviour. Some people suffering from stress also suffer from varying degrees of depression as well (see depression questionnaire in session 4). Goleman argues that relaxation training, which puts the body in a low arousal state works well for anxiety which is a high arousal state, but not so well for depression because it is already a low arousal state. He suggests that exercise or sport which stimulates the body into high arousal may be a better form of relaxation for depressed clients. Relaxation training can also be inappropriate for clients who suffer from psychotic illness such as schizophrenia, as visualisations used in relaxation sessions may trigger hallucinations.

It is possible for a client to be physiologically calm while experiencing anxious thoughts, thus relaxation training should always be accompanied by cognitive therapeutic techniques.

Stress Management Training

Session One

Research Notes

Teaching Relaxation Training Using Guided Fantasy

Teaching muscular relaxation skills is the second task in Stress Management Training, the first being Therapeutic Information Giving. For stressed Clients, who may spend most of their waking, and some of their sleeping hours in a very tense condition, Relaxation Training can bring great relief and a gain in self-confidence, and a belief that they will be able to cope in future with the stresses in their lives.

Muscular relaxation reduces the effects on the body of stress and tension and, once relaxed, guided fantasy can help to create a more positive and confident state of mind for the Client. For those Clients who are experiencing long-term stress, it may be the case that their body seems to have become the enemy. Learning to relax helps them to accept their body again and to work with it, instead of against it.

Since Relaxation is a skill that can be learned, and can be improved upon, Clients will find it increasingly easy to enter into a relaxed state, and the more they practise the Relaxation Exercises, the easier this will become. Guided fantasy can aid relaxation and also help in changing behaviour. We can use images to lessen the stress and tension by creating the image that the desired change has already occurred. Such fantasy work has been successful in the treatment of cancer. (See Simonton, Matthews-Simonton and Creighton).

Learning to use guided fantasy to produce relaxation helps to strengthen the belief that Clients can use their minds to support their body. Relaxation Training and guided fantasy can enhance the immune system so that those Clients at risk from stress-related illness, and those already suffering from stress-related illness can alter the course of the disease or prevent the disease from occurring.

Guided fantasy works in inducing deeper relaxation because the mind and body react in much the same way to imaginary experiences as to real experiences, which is in fact why stress often builds up in the first place. We can use this same process to induce relaxation instead of stress.

All the Relaxation Exercises in this Course focus on awareness of internal states. This change in a Client's perspective entails a learning process that must include a new and healthier degree of self-awareness in the Client, and an acceptance of the possibility of change.

This Course introduces eight Relaxation Exercises on CD/Download and also

includes a script for each exercise, in order that you may develop your skills in this area if you wish. When first doing Relaxation Training if you wish to dispense with the CDs/Downloads and deliver your own exercise, it is perfectly acceptable to read from a script. This will not disturb the Client at all, in fact, they will probably be unaware of it. I still frequently use a script as a reminder.

In time, if you wish, you may make up your own Relaxation Exercises using words and phrases that come more naturally to you. However, if you wish to continue to use our tapes throughout your career as a Stress Management Trainer, it is perfectly acceptable to do so, in both your individual and group training sessions.

When practising Relaxation Training with Clients, you must ensure that you will be free from interruption, including interruptions from the telephone, as these can be very disturbing to the Client. You need not worry about external noise affecting the Client, just give them an instruction to ignore it. The room where you work needs to be warm; cold is the one thing that will interfere with a Client's ability to relax.

If possible, the Client should be lying down. However, sitting in a comfortable chair is permissible. The Trainer should sit fairly near to the Client. Tone of delivery should be fairly monotonous, as this helps to produce relaxation. Repetition of key words and phrases also helps to produce relaxation, as well as emphasising ideas of relaxation. Because it is almost certain that a Client's attention will drift, it is useful to include this in the Relaxation exercise, so that the Client will accept your suggestion that they can bring their attention easily back to the Exercise.

When working with individual Clients, the Trainer may match her own breathing with the Client's and gradually slow down her breathing and her delivery. The Client's breathing will begin to match the Trainer's and deeper relaxation will occur.

Pauses in the delivery are very important, as it is during these pauses that Clients drift deeper into relaxation. Quite long pauses should occur at points when you are asking Clients to imagine a place or situation. However, a new Client should be told that the Exercise is not over until you actually say so. It is anxiety-provoking for Clients if they are not sure whether or not a long pause is the end of the Exercise or not, and this interferes with their ability to relax.

Images of moving downward are very useful for deepening the relaxation, and I use images of going down a hill, going down steps and going down an escalator to this end. Some Clients, however will dislike some images, for example, lifts can be an unpopular image - possibly due to a fear of getting stuck in one.

Deepening is a technique which we use once the Client becomes familiar with relaxation and guided fantasy. Deepening helps the Client to relax much

more deeply. We use this technique in the exercise in Session Four. We begin with a Passive Progressive Muscular Relaxation and extend the, now familiar, exercise to include counting down in tens from one hundred, which will produce a deeper relaxation, and an image of time passing rapidly, which also produces a very deep relaxation.

Some Clients may suffer from jerking, muscle spasms and rapid blinking as they begin to let go of tension. They may feel strange, experience tingling, or go to sleep. If they do sleep, just wake them gently at the end of the Relaxation exercise. Holding on to tension is very tiring and Clients dropping off to sleep is not uncommon when working with stressed individuals.

Occasionally, Clients may feel in distress as they begin to relax. It may be possible to include what is happening in your script, but if not, just reassure the Client that these feelings are normal and will soon pass. Sometimes Clients will continue to feel sad after the Exercise, as relaxation may have loosened rigid control over a situation of past pain. In this instance Clients allow the feelings to occur because they are ready to let them go. Again, reassurance that the feeling will soon pass is necessary.

On rare occasions Clients may suffer a strong emotional reaction as they relax. In this case, reassure the Client of your continued presence, and suggest they slowly discharge the distress within the Session without any attempts at further exploration, unless you are qualified to undertake such work. Sometimes it is useful to get a distressed Client to lie on their tummy for a short period, as this feels 'protected'. It may also be useful to do an awareness shifting exercise to bring a Client out of distress. For example, ask their name, age, address, favourite colour, song, film etc. in order to distance them from painful feelings.

Although a closeness can develop between the Trainer and the Client during Stress Management Training, transference and counter-transference are less likely to occur, with the co-operative effort that is necessary between Trainer and Client in this type of work, than in some therapies.

If you do decide to make your own CDs/Downloads for Clients, it is worthwhile practising the style of your delivery. When Clients are taking a tape away to practise at home, it is useful if you can manage to inject 'empathy' into your voice. Deep relaxation always involves some degree of regression, and clients need to feel supported. Another way of providing support is to use the word 'good' often in your delivery, as though you were praising the Client. It can also be very relaxing for the Client if you are able to make your Relaxation CDs to include relaxing music.

Some of the techniques presented in this Training are similar to techniques used in hypnotherapy. The main difference is in terms of the way we use Relaxation Training. Normally, the only suggestions we make to relaxed Clients are those relating to feelings of relaxation and self-confidence. Hypnotherapy has a much wider agenda, involving suggestion and regression therapy which would be inappropriate in Stress Management Training, and unethical for unqualified practitioners to use.

Stress Management Training

Session One

Research Notes

Therapeutic Information Giving as a Treatment for Stress

It is important that Clients understand how a build-up of stress can cause problems, and that they are given as much information about their condition as possible. This is known as 'therapeutic information giving' and forms an important part of any treatment for stress and related conditions.

If Clients can understand stress in terms of the three interrelated systems of physiology (the physical changes they experience), cognition (their anxious thoughts) and their behaviour, this may be the first step in breaking the stress spiral.

We have seen how the physical symptoms of stress are caused by the activation of the Fight or Flight Syndrome: The heartbeat increases to pump blood carrying oxygen and nutrients to cells and clearing away waste. This causes the blood pressure to rise. Breathing becomes rapid and shallow. The liver releases stored sugar into the blood to meet increased need. The pupils dilate to let in more light. The other senses are more receptive. Muscles tense ready for movement. Blood flow to digestive organs and the hands and feet is constricted, but is increased to the brain and major muscles. The increased metabolism generates more heat, so sweating occurs.

Thus people may become pale, suffer palpitations, dizziness, breathlessness, tingling, cold hands and feet, nausea, diarrhoea, blurred vision, chest pains and muscular tension. Breathlessness and overbreathing may in turn result in an altered blood chemistry which gives rise to numbness, tingling and cramps (Christie and Mettlett,). Clark believes that panic attacks result from catastrophic interpretations of these physical symptoms of stress, and that this can contribute to the development of a phobic response, particularly agoraphobia. It is common for sufferers to believe that they are seriously ill, physically or mentally. Weekes refers to this fear as 'second fear', being additional to the 'first fear' of the symptoms themselves.

In order to allay Clients' 'second fear' of illness and insanity, it is useful to describe the Fight or Flight Syndrome in relation to their individual symptoms of stress. A detailed explanation enables people not only to gain awareness of their condition, but also to develop a confidence that they will be able to cope effectively with the symptoms. Such findings are shared by many psychological treatments and are not special to Stress Management (Childs-Clark, Whitfield, Cadbury and Sandu). Powell) found that Clients rating individual components of Stress Management Training rated Information Giving as significantly higher than some other parts of the treatment.

Stress Management Training

Session One

Case Study

Work-related Stress - Roger

Description of the Individual

Roger is in his late forties. He is divorced and has two children who live with his ex-wife. Roger sees little of his children and currently lives alone, though he has a girlfriend. Roger is employed as a Sales Executive, earns a good salary and has a comfortable lifestyle.

Nature of the Problem

Roger has difficulty in concentrating on his work which is suffering as a result. He has increasingly regular unbidden thoughts about 'how worthless' he feels he is, particularly these thoughts come when he is driving. This anxious thinking appears to be a result of Roger's high level of tension and low self-esteem rather than the development of an Obsessive-Compulsive Disorder (See Session Three). Since Roger's wife left him three years ago, he has begun to drink heavily.

Effects of the Problem

Lack of concentration = Work adversely affected.

Poor work performance = Lowers self-esteem.

Low self-esteem = Anxious thoughts
Alcohol abuse

Anxious thoughts = Fear of madness

Alcohol abuse = Contributes to stress, poor concentration
and puts general health at risk.

Past Attempts to work on the Problem

Roger has not seen his doctor about these difficulties and does not wish to. He is sceptical about Stress Management training, but willing to try it.

Duration of the Problem

Roger's poor concentration has been a problem for about nine months. His

anxious thinking pattern developed about three months ago. However, the build up of stress appears to have begun five years ago when he was promoted to his present post, and may have contributed to the break-up of his marriage.

Contract

I made a contract with Roger to meet weekly for eight weeks.

Holmes and Rahe Scale

Roger scored 230 on the scale, which is high enough to put him at risk of developing a stress related illness. I talked to Roger about this but he did not see himself as at any such risk.

Subjective Level of Stress

Roger felt this to be 8 out of 10.

Three Things Contributing most to Stress at Present

1. Failure to achieve targets at work.
2. Lack of concentration.
3. Living alone.

Subjective measure of change

"To do my job properly again".

Coping with Stress - Score and Strengths and Weaknesses

Roger scored in the moderate range overall, with a good knowledge of stress, good assertiveness skills, a moderate ability to set and achieve goals, manage time and be decisive. Roger scored low on self-esteem, fitness and healthy habits.

Response to Therapeutic Information Giving

We discussed Roger's problems relating them to the build up of stress over the past five years, when worries at work may have led to the activation of the Fight or Flight Syndrome many times every day, resulting in a chronic stress response. I reassured him that his anxious thinking pattern was a common reaction to stress.

Response to Muscular Relaxation Training

Roger found the first Stress Management Relaxation Exercise on Passive Progressive Muscular Relaxation very difficult to do. He felt he could not find the time to practise. I told him if he didn't take the time to practise the Relaxation Exercises then he was wasting his time and money in coming to see me. At our next meeting he had mastered Passive Progressive Relaxation and begun to use it as a coping skill, helping him to relax while driving. Although

Roger tried to learn Active Progressive Relaxation, he found it caused pain to his over-tensed muscles and I advised him to stick to the passive method.

Personality Type

Roger scored highly on this test, emerging as Type A at high risk of developing cardiac illness, I advised him of this and reminded him that his score on the Holmes and Rahe scale was also predictive of an illness risk. Roger was not inclined to take this seriously enough to make any changes.

Depression Questionnaire Score

Roger showed as suffering from mild depression, due, I felt, to his lonely living situation. I hoped that the depression would improve by the end of the Training.

Response to Deep breathing and Breath Control

At first Roger felt little benefit from the Exercises, but after several weeks reported feeling calmer as a result of regular deep breathing and breathing techniques.

Response to 'triggers'

Roger's good response to deep breathing techniques was due to his use of 'triggers'.

Response to Cognitive Techniques

Roger was able to understand how the process of negative thinking was contributing to stress, and was able to use the Negative/Positive Mood Log to this end. Roger greatly benefited from using the STOP technique, and was able to use this to stop his negative thinking pattern.

Lifestyle Changes

Roger was not interested in making any changes to his diet or in beginning to take more exercise. He was, however, able to make a start on cutting down on his use of alcohol.

Subjective Level of Stress

This changed from 8 out of 10 in Session Two to 4 out of 10 in Session Eight.

Three Things Contributing most to Stress at Present

Roger now feels more able to achieve targets at work, and his concentration has improved. The things he feels contribute most to stress now are:

1. Living alone.
2. Not enough money.
3. Excessive alcohol.

Subjective Measure of Change

Achieved by Session Seven.

Client's Evaluation of the Training

Roger best liked cognitive techniques aimed at uncovering unconscious negative thinking patterns. He was very impressed with the simplicity and effectiveness of the STOP technique. Roger liked least any discussion on changes in diet and exercise.

Results of the Daily Relaxation Log

In Session Two Roger was reporting a level of tension at No. 8 on the scale of 1-8 before the Relaxation Exercise and of No. 4 on the scale after the Exercise. By Session Eight Roger was reporting a level of tension at No. 4 on the scale before the Relaxation Exercise and of No. 2 on the scale after the Exercise.

Results of the Breathing Log

In Sessions Four to Eight Roger reported breathing 8 breaths per minute before relaxing and 6 breaths per minute after relaxing.

Summary

After a slow start, Roger began to feel the benefit of the Training. We met for eight Sessions. By Session Seven he had achieved his Subjective Measure of Change, due largely to the improvement in his concentration brought about by muscular relaxation and deep breathing. Roger was able to use the STOP Technique to change his negative thinking patterns and his Subjective Level of Stress fell from 8 to 4. Roger was generally calmer, as can be seen by the results of the Daily Relaxation Log, and he seemed to be far less angry than at the outset. There seems to be little chance of major life-style changes, which means that his health continues to be at risk, but Roger seems more open to looking at other parts of his life that he might need to change.

Stop Smoking Programme

Session One

Research Notes

Using Stress Management Techniques Help Clients to Stop Smoking. Introduction and Treatment

Introduction

Treatment for smoking cessation can be booked as six separate sessions, lasting 50 minutes each.

Clients who approach you will be in different stages of the quitting process. Some will have already stopped smoking, some will be thinking about it, some will have stopped and then relapsed. The Client does not have to decide exactly when they are going to stop smoking, they just need to know that they are going to stop with your help.

Clients need to know that stopping smoking does not need to be hard or horrible. Smokers have been brainwashed into thinking that stopping smoking is a very difficult process requiring iron will-power and causing misery. The fact is that stopping smoking can be relatively easy. By undertaking the exercises in this programme Clients will be able to stop smoking with a positive attitude and get rid of all those negative ideas about stopping that may have prevented them from succeeding in the past.

There are two kinds of exercises in this programme: the paper exercises and the CD/Digital exercises. These exercises will enable clients to stop smoking by getting them to develop a positive attitude to stopping smoking. This is done using the twin techniques of cognitive therapy and the relaxation techniques of hypnotherapy. Clients should consult their G.P.s about undertaking this programme as deep relaxation can occasionally exacerbate some existing conditions.

There are 12 paper exercises in the programme and two deep relaxation exercises. Clients do have to actually do the exercises in order for this programme to work, and should work through all the exercises to enable them develop a positive attitude.

Work through this programme at a pace that suits the Client. They must decide when they are ready to stop smoking forever. That time could be in a few days or a few months - it's up to them. Always consult the Client's Doctor before beginning the Programme.

Smoking Cessation Session One

- 1. Exercise A. This Exercise is only for Clients who are still smoking. (If the Client has already stopped smoking just have the discussion about past smoking behaviour). In order to bring all aspects of Client smoking behaviour into the Client's consciousness ask the Client to smoke a cigarette. Discuss:

How did the cigarette feel?

How did the cigarette smell?

How did the cigarette taste?

How did you think you look when you were smoking?

How did you feel when you were smoking?

Ask the Client during the next week to concentrate on smoking. Ask them not to smoke without thinking. Give them the Form for Exercise One and ask them do the exercise once in front of a mirror, to complete the form and bring to the next Session.

- 2. Exercise B. Ask the Client to list their smoking triggers. What situations make you want to smoke? What feelings make you want to smoke? What people make you want to smoke? Discuss. Bring this list to the next session.
- 3. Give the Client the Handout 'Cutting Down' to read at home.

Smoking Cessation Exercise A.

Smoke.

We want to bring all aspects of your smoking behaviour into your conscious control. Smoke a cigarette in front of a mirror noticing everything about the experience, the feel of the cigarette in your mouth, the smell, the taste, how you look and how it makes you feel. Write down the following:

How did the cigarette feel?

How did the cigarette smell?

How did the cigarette taste?

How did you look when you were smoking?

How did you feel when you were smoking?

Over the next week or so, when you smoke, concentrate on the cigarette.
Don't allow yourself to smoke without thinking.

Smoking Cessation Exercise B.

List your smoking triggers. What situations make you want to smoke? What feelings make you want to smoke? What people make you want to smoke?

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

11.

12.

13.

14.

15.

16.

17.

18.

19.

20.

Smoking Cessation Handout - Cutting Down

Every smoker has done it. If you have cut down before, you will know how horrible it makes you feel. This is because you are keeping yourself in a state of nicotine addiction but refusing to feed that addiction as often as your body tells you to. Thus you are in a permanent state of craving. This makes you feel that stopping smoking forever will be impossible because you feel so bad when you merely cut down. The reality is however, that when you do stop smoking forever you will soon leave your nicotine addiction behind you. Thus, cutting down on your smoking is the worst thing you can do. It only reinforces all the negative ideas you have learned about stopping smoking and will make you feel deprived. Wait until your positive attitude has developed and you will find it much easier to quit.

Smoking Cessation Session Two

- 1. Greetings and Review
Discuss the smoking exercise with the Client. Have they changed the way they feel about smoking? Discuss the triggers exercise. Discuss the Cutting Down handout.
- 2. Exercise C. Ask the Client to put their top ten triggers in order with number one being the situation in which they most want to smoke. Keep this sheet for Session Three.
- 3. Play the first Audio Download for the Client. Discuss.
- 4. Give the Client an Audio Download to listen to at home. Give the Client the Handout on the First Relaxation Exercise.
- 5. Give the Client the Handout on 'The Three aspects of smoking addiction' to take home and study.

Smoking Cessation Exercise C.

Now put your top ten triggers in order with number one being the situation in which you most want to smoke.

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

Smoking Cessation - The first relaxation exercise

After you have completed exercise Three and have identified your smoking triggers, you can listen to the first Audio Download. This will help you to break the link between your triggers and smoking. These exercises are designed to help you develop a positive attitude to stopping smoking. Over the next week or so practice the first relaxation exercise on the CD every day. During the exercise, each time you are prompted to do so, visualise yourself in one of your top ten trigger situations.

Visualise yourself happily not smoking in this trigger situation. Visualize one trigger situation each time you do this relaxation exercise, starting with number ten and working your way up to number one. You can stay with each trigger for as many days or weeks as it takes for you to be able to visualise yourself relaxed and happily not smoking in that particular trigger situation.

When you listen to the Exercise you should be somewhere quiet and warm where you will not be disturbed, Lie down with your arms and legs uncrossed and close your eyes to listen. Continue practicing this relaxation exercise until you feel relaxed and happy visualising yourself not smoking in your top ten trigger situations.

NEVER listen when you are driving because you might fall asleep.

Smoking Cessation Handout - The three aspects of smoking addiction

There are three aspects to stopping smoking that need to be addressed in order to achieve and maintain the positive attitude that will enable you to enjoy being a non smoker.

These are:

- Nicotine addiction.
Physical - affecting your body.
- Your psychological addiction to smoking.
Mental - affecting your mind.
- Your beliefs about stopping smoking.
Cognitive - affecting your thoughts.

Nicotine addiction

Nicotine is a deadly poison. If you injected the nicotine from one packet of cigarettes into your veins it would kill you. Part of the feeling that you enjoy when you smoke is your body trying to cope with a deadly poison that is constricting your blood vessels. Nicotine is also an addictive drug and smoking cigarettes causes you to develop a physical dependence on nicotine. Smoking a cigarette is a just a way of administering the drug to yourself and a cigarette is only enjoyable because it puts an end to your craving for nicotine. In itself it is pretty horrible. Cigarettes are not your friends but are parasites demanding your constant attention and cash.

Physical withdrawal from smoking takes up to three weeks, though most of the nicotine will have left your body after five days. The feeling of withdrawing from nicotine is a slightly anxious feeling. It is not as bad as having a cold, a sore throat or a headache. It is not difficult to go without nicotine even when you are heavily addicted. At night most smokers manage to sleep without needing to light up.

The psychological addiction to cigarettes

If stopping smoking is just a question of feeling a bit anxious and having occasional cravings why do we find it difficult to stop? The answer of course is the psychological addiction that goes along with the physical addiction.

You will have formed a psychological attachment to the physical feelings you get from smoking and will have acquired triggers that make you want to smoke. Many events during a day may act as a trigger for you to smoke; after breakfast, driving, break time, after lunch, or when other smokers light up. Smokers get into a habit of having a nicotine hit at certain times of the day and in certain company. Some smokers worry that they will never enjoy a meal again without a cigarette. Smoking can seem an integral part of the relaxing experience. Psychological craving is triggered by situations in which you are used to smoking and from the memories of good things associated with past smoking.

What we want to do is stop these situations acting as triggers for you to smoke. This is why we use a deep relaxation exercise to help extinguish the link between smoking and the situational triggers.

We will discuss the third aspect of smoking addiction, which is beliefs, in Session Three.

Smoking Cessation Session Three

- 1. Greetings and Review.
Discuss the handout on two of the three aspects of smoking addiction.
Discuss the first Relaxation Exercise.

- 2. Beliefs about stopping smoking. Give the Client the Handout.
Read and Discuss.

- 3. Exercise D. Go through the Client's top ten smoking triggers from Exercise Three and list their negative thoughts about stopping smoking.

Handout - Your beliefs about stopping smoking

This is the most important of the three aspects of stopping smoking forever. In order to have a positive attitude to stopping we have to banish negative thoughts about stopping smoking. We all have a running commentary of thoughts going on in our heads in every situation we are in. These thoughts can be positive and therefore helpful to us, or negative and unhelpful to us.

This does not just apply to smoking but to every situation in life. We often falsely attribute most of our problems to external events and circumstances, when in fact, they are attributable to our own beliefs about those events and circumstances. The meaning of an event for us determines our emotional response to the event.

The meanings that we give to things are determined by our habitual patterns of thinking. If we distort a situation in our minds, our emotional response is consistent with the distortion rather than with the actual facts of the situation. So these private meanings are sometimes unrealistic, and their truth is difficult to check. For example, if we believe that someone dislikes us, we will feel hurt whether or not they actually do dislike us, because our feelings are in line with our distorted beliefs, even if we have no proof that they dislike us.

There are two kinds of beliefs, rational and irrational. Rational beliefs are those which are consistent with reality, are logical, and which promote our well-being. Irrational beliefs are illogical, inconsistent with reality, and interfere with our well-being. Continuing to smoke when you want to stop is behaviour which is based on an irrational belief, the belief that it will be painful to stop, when as we have seen, nicotine withdrawal is not painful and does not last very long.

We have been led to believe that stopping smoking is difficult. Tied up with this expectation of difficulty are all kinds of fears and worries about deprivation, loss, disappointment, fear of failure etc. that are in fact groundless. However, if we believe these things to be true, we will act as if they are true. These wrong assumptions need to be challenged.

Smoking Cessation Exercise D

Look back at your top ten smoking triggers. Think about not smoking in these situations and list your negative thoughts about stopping smoking.

Trigger

Negative thought

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

When these situations occur in your life mentally wrap an invisible cloak around yourself that these irritants cannot penetrate.

Choose to not let things or people upset or annoy you.

Smoking Cessation Session Four

- 1. Greetings and Review
- 2. Give Clients the Handout 'The costs of smoking' to read and discuss.
- 3. Exercise E. A positive attitude to stopping smoking
- 4. The Second Relaxation Exercise. Play the second exercise for the Client. Discuss.

Explain that this will help their positive attitude to develop further so that when they come to stop smoking forever, they will do so with pleasure. If they are feeling relaxed visualising themselves in their trigger situations when practicing the first exercise, they can stop practicing that exercise. If they are not yet relaxed ask them to continue to practice the first exercise and add the second exercise daily.

- 5. Exercise F. Ask them to complete Exercise Six on enjoying stopping smoking.
- 6. Ask them to complete Exercise G. and set a date in the next week to stop smoking.

Smoking Cessation Handout - The Costs of Smoking

Physical

- Wheezing, shortness of breath
- Lack of energy, poor concentration
- Dull skin, nicotine-stained fingers, premature wrinkling
- Reduced fertility, risky pregnancy, baby at risk
- Damaged taste buds, stained teeth
- Lung cancer, emphysema, stroke, heart attack - the list goes on
- Damaged circulation, gangrene, amputation

Social

- Polluting the air with carcinogens
- Children at higher risk of asthma, cot-death, bronchitis and glue ear
- Smoke gets in your eyes
- Dusty, stuffy home. Nicotine stains your walls as well as your fingers.
- Spoilt clothes and furniture
- Increased risk of fire in the home

Emotional

- Being a turn off to potential partners and the possibility of missing out on relationships
- Feeling a slave to cigarettes
- Ever present, nagging sense of guilt that you should give up
- Disapproval and dislike, increasing pressure from a society that doesn't want to be subjected to smoke

Smoking Cessation Exercise E.

Begin to look at your ceasing to smoke in a new and positive light.

Write down below the answers to the following questions:

How can I make the most of this opportunity to stop smoking?

How do I choose to feel about stopping smoking?

What am I going to tell myself about stopping smoking?

How do I see myself as a non-smoker?

Smoking Cessation Exercise F.

Be happy when you stop smoking. Choose to enjoy yourself and have fun. Write down below ten ways you can have fun.

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

Enjoy yourself during your nicotine withdrawal. Arrange to do some of the things you enjoy during this time. Do you need to buy books/games? Do you need to make arrangements with friends? Gather all the information and things you will need to have fun before your quit date.

Smoking Cessation Exercise F.

I, _____
Your name

make a commitment to stop smoking forever
on

Stop smoking date

Smoking Cessation Session Five

- 1. Greetings and Review. Discuss the relaxation exercise. Discuss how Clients are coping with quitting.
- 2. Give the Handout 'Reasons for Quitting'. Read and Discuss.
- 3. Exercise H. It is usual to feel a little ambivalent about stopping smoking. The Client will probably have compelling reasons for stopping smoking and for continuing to smoke. To get a clearer picture of their reasons for stopping or continuing ask them to complete this exercise: In the appropriate places ask them to write down the good things and the bad things about stopping smoking and about continuing to smoke. Discuss.
- 4. Exercise I. If the Client has attempted to stop smoking in the past and been unsuccessful ask them to do this exercise now. Discuss.
- 5. Exercise J. Are you committed to stopping smoking? Discuss
- 6. Give the Client the Handout on Cravings to read at home.

Handout - Reasons for quitting

- Better all-round health. Stopping smoking reduces risk of 50 different illnesses.
- Heart attack risk drops to the same as a non-smoker three years after quitting
- Cancer risk drops with every year of not smoking
- Live longer - one in two long-term smokers die early and lose about 16 years of life
- Set a good example to children - you don't want to be a smoking role model
- Have lots of money to spend on other things
- Improved fitness and easier breathing – better at sports and getting up stairs
- Better chance of having a healthy baby
- Food and drink tastes better
- Better skin and complexion, and no early wrinkles
- Fresher smelling breath, hair and clothes, and no more cigarette smells around the house
- Back in full control and no longer craving or distracted when not smoking
- Travel on trains, aircraft, buses will be easier
- Work will be easier
- Don't want to support tobacco companies
- Concern about environmental impact of tobacco growing

Smoking Cessation Exercise H.

Stopping

Not Stopping

Good
Things

Bad things

Give each item a rating out of ten for importance. When you have finished add the scores for each list. Is one list more compelling than the others?

Smoking Cessation Exercise I.

If you have tried to stop smoking before write down below the answers to the following questions about how you came to smoke the cigarette that stopped you quitting:

In what situation were you?

What had just happened?

What were you feeling?

Where did you get the cigarette?

Was anyone with you?

If so, what was their input/reaction?

Did you tell yourself that you can handle one cigarette?

How long had you stopped smoking before you had that cigarette?

What can you learn from the above that will ensure that this time you make a commitment to not smoking ever again.

*"Insanity is doing the same thing over and over again
and expecting different results" - Albert Einstein*

Smoking Cessation Exercise J.

Rate yourself from 1 to 10 in terms of your commitment to stop smoking. 1 is not committed and 10 totally committed.

1.

2.

3.

4.

5.

6.

7.

8.

9.

10

If you rate your commitment at lower than 8, increase the second relaxation exercise to twice a day.

Be happy about stopping smoking, keep up your positive attitude and you will find it easy

Smoking Cessation Handout - Cravings

When we first stop smoking and we intermittently feel a craving for a cigarette, this is just part of the physical withdrawal from nicotine and is a sign that the drug is leaving your body. It is a sign that you are getting over your addiction to cigarettes.

Cravings for nicotine are not the same as urges to smoke a cigarette. Cravings are associated with feelings of wanting gratification. Urges are concerned with doing something to get gratification. We can apply the ABC technique to the pause between the craving and the urge:

- A is the craving.
- B is the pause.
- C is the urge to smoke.

The delay between the feeling of craving for nicotine and acting on the urge to smoke a cigarette provides an interval for you to remind yourself that the craving will go away in a minute and that you are so happy that you no longer need to smoke. Craving follows a natural pattern, it comes over you like a wave, reaches a plateau and then slowly subsides. If you ride out the wave you will find that the craving will pass.

One of the best ways to ride out a craving (A) is to use the pause at B to distract yourself from the craving until it has passed. Distraction can be physical or mental. There is only room for one thought at a time in your mind - if it is occupied with something else it cannot think about the craving. Your body will still feel the craving but your mind won't be thinking about how to get a cigarette. If you are distracted from the craving at A, the urge to smoke at C need not occur.

Smoking Cessation Session Six

- 1. Discuss the Handout on Cravings. Discuss how the quitting is going. Share coping strategies.
- 2. Give the Client the Handout - 'When to be on your Guard' to read and discuss.
- 3. Give the Client Exercise K. to complete. Discuss.
- 4. Give the Client the Handout - 'Will I gain weight' to read and discuss.
- 5. Give the Client Exercise L to complete at home.
- 6. Give the Client the Handout. 'Keep a Diary'. Read and discuss

Handout - When to be on your guard

When you have stopped smoking the following situations are when you most need to be on your guard against negative thinking that might lead you to smoke.

- When you meet strangers.
- When you have contact with people you find attractive.
- When you have made a mistake.
- When you feel criticised.
- When you talk to people in authority.
- When you feel hurt.
- When you feel someone is angry with you.
- When you feel angry with someone else.
- In situations where you feel you risk rejection.
- In situations where you feel you risk failure.
- In conversations with anyone who may be disapproving.
- When you are upset or excited.

Smoking Cessation Exercise K

- Calculate the amount that you spend on cigarettes in one year.
- Make a guess at how many years you have left to live (barring accidents).
- Calculate the sum of money you will spend if you continue to smoke for the rest of your life.
- Write this sum in the box below.

List below five other things you would like to do with this money.

- 1.
- 2.
- 3.
- 4.
- 5.

Keep this page and look at it often

Smoking Cessation Handout - Will I gain weight

Some people put off the decision to give up smoking because they worry about weight gain. Many people do gain a few pounds after they stop smoking because nicotine suppresses your natural appetite and makes your body burn calories faster. There is also a tendency to replace cigarettes with snacks and sweets, or change your natural diet. However, even if you do gain weight, the benefits to your health will far outweigh the costs.

If you want to avoid weight gain, the key is to prepare. It makes sense to start eating well from the start. Steer clear of high calorie and fried foods, and avoid snacking on sweets – that way you'll avoid habits like eating chocolate instead of smoking a cigarette. Keeping active can also help control weight. Exercise doesn't need to be complicated – try taking the stairs instead of the lift, or get off the bus a stop or two early.

Remember that once you've stopped smoking, you'll find it easier to be active and lose any extra weight!

Smoking Cessation Exercise L.

Repeat the following statements three times every day.

- I take full responsibility for what happens to me in life.
- I know I always have a choice.
- I am courageous.
- I am ready to change.
- I am very optimistic about myself as a non-smoker.

Put this page where you will see it often.

Smoking Cessation Handout - Keep a Diary

Keeping a diary is important for three reasons:

- 1. It will remind you of your commitment to not smoking.
- 2. It will help to keep you focused on the task of quitting.
- 3. It will remind you that you can ride out a craving.

*Adopt a positive attitude and a can-do approach.
You are responsible for your thoughts so
choose to have positive ones about stopping smoking.*

Stopping smoking is a time of real change and the future as a non-smoker can look a little frightening because it is so different. Once you have achieved your goal of becoming a non-smoker, you may wish to cease doing the exercises on the Audio Download. You may wish to explore new ways of relaxing. Now is an excellent time to review your goals in life and decide to make any changes.