Stress Management:
Identifying Stress and Coping Strategies

♦ What is your definition of stress?

♦ **Generic definition:** Stress occurs when the demands of a situation outweigh the resources available for that situation.

♦ **How can stress affect us?**

  A. Physically
  
  B. Emotionally
  
  C. Cognitively (mentally)

**A Model for Coping with Stress**
Identify Signs and Symptoms of Stress:

- **Physical**: muscle tension, racing heart, headache, upset stomach
- **Emotional**: anxiety, depression
- **Cognitive**: cognitive distortions

Ways of Coping with Stress

- **Physical**: exercise, progressive muscle relaxation, deep breathing, yoga

- **Emotion-Focused**: talking with others, writing in a journal, listening to music

- **Cognitive**: battle cognitive distortions, such as “should statements.” For example: “I should be able to do more.” Balance positive and negative thoughts. Challenge your negative thoughts.
Cognitive Distortions

1. All-or-nothing thinking

Seeing things in black-or-white categories. For example, thinking, “since I can’t vacuum the house, I can’t do anything.

2. Overgeneralization

Seeing one negative event as a never-ending pattern by using words such as “never” and “always.” For example, feeling too short of breath to go to the grocery store on a hot, humid day, and thinking, “I can never go to the grocery store again.”

3. Mental Filter

Picking out a negative event and dwelling on it, while ignoring positive events. For example, if unable to exercise as long as usual in the rehabilitation program, thinking “my day is ruined.”

4. Discounting the positive

Rejecting positive experiences by insisting that they “don’t count.” For example, some patients compare themselves unfavorably to others in the rehabilitation program, rather than noticing the steady improvements they themselves have been making.
5. Jumping to conclusions

Interpreting things negatively when there are no facts to support your conclusions.

**Mind reading:** Without any evidence, assuming that someone is reacting negatively to you. For example, when using oxygen in public thinking, “everyone pities me.”

**Fortune-telling:** Predicting things will turn out badly. For example, thinking, “I’ll never make any progress in the rehabilitation program.” This can become a self-fulfilling prophecy.

6. Magnification

Exaggerating the importance of your shortcomings, while minimizing the importance of your desirable qualities. For example, if unable to do much of the housework, thinking “housework is very important” rather than “I may not be able to do much housework, but I can still be a good parent/spouse/friend.”

7. Emotional Reasoning

Assuming negative emotions reflect the way things really are. For example, thinking, “I feel guilty, therefore I must be a rotten person.”

8. Should statements
Telling yourself that things should be the way you hoped or expected. When you tell yourself you should do something, you feel guilty or frustrated. When you tell others that they should do something, they often feel angry or resentful. For example, thinking, “I should have never smoked.”

9. **Labeling**

Calling oneself or others names. For example, thinking, “I am useless because I can’t run the vacuum.”

10. **Personalization and blame**

Holding yourself personally responsible for an event that isn’t under your control. For example, thinking, “It’s my fault that my spouse/children/friends are having so much trouble at work.”

Fundamentals of Motivational Interviewing

The spirit of Motivational Interviewing
- Readiness to change is not a trait, but a fluctuating product of interpersonal interaction
- Motivation to change is elicited from the individual, not imposed from without
- It is the individual’s task, not the clinician’s, to articulate and resolve ambivalence
- The clinician is directive in helping the individual to examine and resolve ambivalence
- Direct persuasion is not an effective method for resolving ambivalence
- The counseling style is generally a quiet and eliciting one
- The relationship is more like a partnership or companionship than that of an expert to a recipient of expertise.

The principles of Motivational Interviewing

Express empathy
- Acceptance facilitates change, while pressure to change elicits resistance
- An atmosphere of safety promotes self-focus and self-disclosure
- Reflective listening communicates understanding and acceptance
- The contrast with other interpersonal interactions builds alliance

Develop discrepancy
- A discrepancy between current status and important goals, or between current behavior and important values, motivates change
- Awareness of consequences is crucial
- Objective information is valuable feedback
- Individuals should present their own arguments for change

Avoid argumentation and roll with resistance
- Ambivalence is normal
- Arguments are counterproductive
- Defending a position breeds defensiveness
- Labeling is unnecessary
- Confronting resistance elicits reactance
- Momentum can be used to good advantage
- New perspectives are invited but not imposed

Support self-efficacy
- Problem recognition+low self-efficacy=denial or despair;
- Problem recognition+high self-efficacy=change;
- Hope is found in the range of effective alternatives available
- The individual is a valuable resource in finding solutions
• Optimism about change predicts individual success