

# *Clinician Manual*

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This manual is an adaptation of the *Peaceful Living Treatment Manual*.

## ACKNOWLEDGEMENT

The Calmer Life Program was developed and implemented through an academic community partnership led by Baylor College of Medicine and involving social service and faith-based organizations as well as consumers.

The lead community organizations were BakerRipley - Sheltering Arms Senior Services Division and Catholic Charities - Senior Services. Staff from these agencies were trained to deliver the program. All partners listed below contributed in some way to the creation, delivery, or testing of the Calmer Life program.

### Academic Partners

- Patient - Centered Outcomes Research Institute
- Baylor College of Medicine - Department of Psychiatry
- Michael E. DeBakey Veterans Affairs Medical Center
- Houston VA HSR&D Center for Innovations in Quality, Effectiveness, and Safety
- South Central Mental Illness Research, Education, and Clinical Center

### Community Agencies and Faith-Based Partners

- Archdiocese of Galveston-Houston, Office of Aging Ministry
- BakerRipley, Sheltering Arms Senior Services Division
- Catholic Charities, Senior Services
- Care for Elders (formerly at United Way of the Texas Gulf Coast)
- Harris County Area Agency on Aging
- Houston Department of Health and Human Services
- Julia C. Hester House
- The University of Texas M.D. Anderson Cancer Center, Department of Health Disparities Research
- South Main Baptist Church
- St. John's United Methodist Church, Care and Compassion Ministry
- The Council on Recovery

### Consumers

- Delores Chandler
- Emma Cooper (In Memorium)
- Marlin Dickerson
- Myrtha Foster
- Dorothy Lindsay
- Diane Pitchford

Supported by a grant of the Calmer Life: Treating Worry among Older Adults in Underserved, Low-Income, Minority Communities by the Patient-Centered Outcomes Research Institute, contract #AD-1310-0628. Patient-Centered Outcomes Research Institute 1828 L Street, Suite 900 Washington, DC 20036 Phone: 202-827-7700 Fax: 202-355-9558 E-mail: [info@pcori.org](mailto:info@pcori.org) Web Site: [www.pcori.org](http://www.pcori.org)

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## Introduction



## BACKGROUND

Problems with worry and anxiety are common among older adults; however, these difficulties can often go unnoticed and untreated in healthcare settings, particularly among older adults who are members of racial minority groups. The Calmer Life program was developed via collaboration between academic researchers and community partners (i.e., social service and faith-based organizations) to address the needs, as well as potential barriers to treatment, of this unique population.

## WHAT WORRY IS

Worry is a type of anxiety involving fret or concern about a real or imagined issue. Worry is different from other types of anxiety in that it tends to be more verbally focused (i.e., consisting of repetitive thoughts, more so than physical symptoms of anxiety). Individuals with worry as a type of anxiety tend to worry or fret or be concerned about a lot of different things in their lives (note: older adults may not like the term *worry*, and it can be helpful to use the clients' own language to describe worrying). For example, they may frequently have concerns that something bad might happen to themselves or others; and/or they may worry about many different topics, including finances, employment, children, etc. When worrying becomes severe enough to be diagnosed as a mental health disorder, individuals are diagnosed with generalized anxiety disorder (GAD). Even clinically significant levels of worry (i.e., persistent, excessive worry about a number of different topics) that have not yet reached the severity for a GAD diagnosis can have a negative impact on an individual's health and well-being. In Appendix A of this manual, we have included short assessment tools (the GAD-2 and GAD-7) that may be helpful in determining whether an individual has significant worry.



## **CONSEQUENCES OF WORRY/STRESS**

Worry/stress is associated with a number of negative health consequences, including sleep problems, co-occurring depression, reduced quality of life, difficulties with thinking and memory, increased pain, and poorer perceived physical health. Symptoms of anxiety/worry have also been associated with increased disability, use of medical services, and even higher rates of mortality.



## **TREATMENT OPTIONS FOR WORRY/STRESS**

Worry/stress (as well as co-occurring depression) are often treated with medication. Though this program does not include specifics about medication treatment for worry/stress, it does include facilitating links to healthcare providers to encourage communication about worry symptoms and ongoing treatment, as well as to address any urgent care needs that arise.

Cognitive-behavioral therapy (CBT) is another way to manage worry/stress that involves teaching individuals how to better understand and recognize worry/stress, as well as how to use skills for reducing symptoms. CBT is an effective treatment for reducing worry and depression, and improving quality of life, in older adults.

## **THE CALMER LIFE PROGRAM**

Calmer Life is a novel program that combines (1) a person-centered, skills-based approach for managing worry (i.e., CBT) with (2) resource counseling to target unmet basic needs of low-income, underserved minority older adults and (3) the facilitation of links to health care providers. The person-centered-skills training allows clients to choose from a selection of elective sessions and to incorporate religion and spirituality into skills, according to client preference. Sessions also can be delivered in person (either at home or in a community/healthcare facility) or by telephone according to client preference and agency procedures. Accordingly, Calmer Life allows significant flexibility to address individual needs and potential barriers to treatment.

## **PROGRAM STRUCTURE**

The Calmer Life program was designed to be provided over a three-month period. Clients can complete up to 12 weekly sessions, depending on counselor and client availability. Calmer Life was designed to be flexible in its delivery, so that clients can complete the sessions in-person or over the phone. In-person sessions can be held at a community organization that has space for confidential meetings or at the client's home. Though we acknowledge that different agencies/individuals administering Calmer Life

may have different needs and requirements for conducting the sessions, we recommend completing the first two to three visits in-person; however, clients may elect to complete all sessions via telephone. The first session usually requires approximately 60 minutes. Subsequent sessions will last 30 to 45 minutes. Practice exercises are assigned at the end of each session, with forms included in the client's workbook to record between-session practice.

To facilitate telephone-based sessions or last-minute reschedule of in-person to telephone session (e.g., due to weather), all written materials are either mailed the week before or given during the preceding in-person session. Specific instructions to facilitate rapport and skills training during telephone sessions are as follows:

1. Ask the client if he/she is still available and has time for today's session.
2. Ensure that the client has all necessary forms.
3. Provide instructions to the client to remove all distractions, because it can be easy to get distracted. Possible ways to approach distractions include asking the client if he/she can go to another room that is private or turn off the TV or radio.
4. Tell the client how long the session will be (30-45 minutes) and remind him/her that, if he/she needs to use the restroom or becomes tired, he/she should not hesitate to ask for a break. Also, should something more than a brief pause be necessary, there is always the option of rescheduling to complete the session.
5. Let the client know when to turn the page.



### **WHO CAN BENEFIT FROM THE CALMER LIFE PROGRAM**

The Calmer Life program was specifically designed to meet the needs and address the potential treatment barriers of older adults (aged 50+) from underserved, low-income, mostly racial- minority communities. Calmer Life has been used effectively with older adults who report significant worry, with outcomes equally as effective as resource counseling, although clients report that they find Calmer Life to be more satisfying.



## WHO CAN DELIVER CALMER LIFE

Calmer Life was designed to be administered by a wide array of different types of providers, who may or may not have expertise in the areas of anxiety/worry treatment or working with older adults. In research testing the effects of the Calmer Life program, providers have included counselors with both traditional (e.g., mental health workers) and nontraditional (e.g., community case managers or health workers) providers. Chaplains and pastoral workers may also find Calmer Life useful in their work with older adults.

## SESSION OVERVIEWS

The program includes two skills-based components: a) core skills sessions, and b) elective skills sessions. Core sessions are taught to all clients at the beginning (three sessions) and at the end of treatment (one session).

### *Core Sessions:*

#### 1. “Becoming Aware of Worry/Stress and Resource Counseling”

The first core session involves introducing the Calmer Life program and getting a sense of the client’s motivation for reducing worry/stress. Next, the session describes symptoms of worry/stress and how to become more aware of them. In this session, you will also provide the client with resources for any unmet basic needs.

#### 2. “Learn How to Relax, R/S, and Talk to Your Doctor”

The second core session includes three primary components: 1) learning the first calming skill – reducing anxiety with deep breathing; 2) providing education about the role of religion/spirituality (R/S) in the program and assessing the client’s beliefs and practices (if desired); and 3) reviewing how to talk to their health care provider about worry/stress. Deep breathing is a CBT-based skill that reduces symptoms of anxiety and worry. This session is recommended to be conducted in person but can also be conducted over the phone.



#### 3. “Using Calming Thoughts to Manage Worry/Stress”

The third core session involves learning another calming skill to manage anxiety, using calming thoughts, a CBT-based skill shown to decrease anxiety/worry. This session can be conducted in person or over the phone.

#### 4. “Maintain a Calmer Life”

The fourth and final core session should be conducted at the end of treatment and provides a review of the skills learned throughout the Calmer Life program and a discussion about how to maintain the skills after the end of the program. This session can be conducted in person or over the phone.

### *Elective Sessions:*

Elective sessions are selected by the client in collaboration with you during sessions two and three. By the fourth session, elective session decision-making should be finalized. Elective sessions follow the first three core sessions and are selected based upon counselor recommendations and client preferences. Make recommendations to the client, based on the descriptions provided below; but allow him/her to choose skills that best fit his or her needs and preferences. There is no particular order that the elective sessions must follow; however, you should teach the skills the client feels he/she may need more time to practice earlier. The elective sessions comprise the following topics:

1. “Changing Your Behavior to Manage Depression”

Anxiety and depression occur together frequently among older adults. “Changing Behavior to Manage Depression” reflects a skill that is effective for reducing depression. This skill and “Changing Your Behavior to Manage Your Worry/Stress” above may overlap, but they target different kinds of symptoms. Worry behaviors involve avoidance of worry/stress (for example, through procrastination or checking behaviors). Depression behaviors include isolation and eliminating activities that the client used to enjoy. This skill involves learning how to re-engage in pleasant activities. Recommend this skill to clients with co-occurring symptoms of depression. It can be conducted in-person or over the phone.

2. “Changing Your Behavior to Manage Worry/Stress”

This session is used to teach a skill to change anxiety-related avoidance behaviors (e.g., checking, procrastination, etc.). However, not all clients with worry/anxiety have significant avoidance. This session will be recommended to clients who have significant avoidance behaviors and can be conducted in-person or over the phone.

3. “Problem-Solving”

Problem-solving skills have been incorporated into many multicomponent interventions for late-life anxiety. To help determine whether a client can benefit from this session, consider the amount of functional impairment (e.g., difficulty taking part in social activities, keeping in touch with others, etc.) indicated. It is also helpful to understand whether the client is facing unmet needs that are causing worry/stress, which may be reduced by solving these problems, or addressing these needs. This session can be conducted in-person or over the phone.

4. “Learn How to Relax II”

Progressive Muscle Relaxation (PMR) is a key component of effective treatment for late-life anxiety. Although all clients will receive simple relaxation training (i.e., breathing skills) as part of the core sessions, clients with more severe anxiety (particularly those with increased physical symptoms) will most likely benefit from more intensive relaxation procedures. This skill includes PMR I and PMR II. The session must be conducted in-person.

5. “Thought Stopping”

Thought Stopping is a skill that helps with repeated negative thinking. Clients learn to focus on their immediate environment and experiences to distract themselves from worry thoughts. This is a simple skill that offers immediate benefits. This skill should be recommended for clients with more severe worry/stress.

## 6. “Changing Your Thoughts to Manage Worry/Stress”

Changing Thoughts to Manage Worry/Stress is focused on identifying unrealistic thoughts that increase or cause worry/anxiety and changing them to more realistic thoughts to manage stress/anxiety. Consider this session for clients with more severe worry/stress. It can be conducted in-person or over the phone.

### *Appendices:*

#### 1. Appendix A: Worry Screening Tools

We have included two screening tools (the GAD-2 and GAD-7) in Appendix A which can be administered to clients to determine whether clients are experiencing significant worry, and whether the Calmer Life Program may be useful.

#### 2. Appendix B: Sleep Handout

This handout (found in Appendix B) can be incorporated into any session that allows time for reviewing it. The handout is recommended for clients who report problems with sleep, which may include low satisfaction with sleep, interference with daily functioning, and any problems falling or remaining asleep.

#### 3. Appendix C: Instruction for Progressive Muscle Relaxation

This section includes oral instruction for progressive muscle relaxation, an elective skills that teaches clients how to relax their bodies.



## **ADDITIONAL PROGRAM COMPONENTS**

In addition to directly addressing symptoms of worry, the Calmer Life program also incorporates R/S, encourages links to primary care, and provides resource counseling. Brief descriptions of these additional components are provided below.

## *Religion/Spirituality*



Clients are given the option to incorporate R/S into the program. Guidelines for integrating R/S into the intervention are provided in this manual. In the first session, present a brief overview of the rationale for including these elements and discuss with the client whether this is of interest. The choice is the client's, and R/S modifications are applied flexibly and according to the client's level of interest. Clients who elect to incorporate R/S elements will complete the R/S Psychoeducation and Assessment during the second core session. Throughout this manual, text for presenting the optional R/S elements will be presented in *italicized* font. Examples use \_\_\_\_ to indicate that the provider may incorporate the name of the client's higher power (where applicable) into the statement.

## *Links to Primary Care*



At the start of the Calmer Life program, clients provide the name of a healthcare provider or care clinic to facilitate management of medical or psychiatric crises. Those who do not have a health care provider should be assisted in identifying a provider and making an initial appointment. To facilitate further connections with primary care and integrated attention to healthcare needs provide clients with the "How to Talk to Your Doctor about Worry/Stress and Depression" handout (see Workbook pages 16 & 17), which includes a written description of their symptoms and the Calmer Life program to use as a guide for talking to the health care provider who will then be able to make any additional recommendations to address worry/stress or any other mental health/medical issues.

## *Resource Counseling*



Resource counseling is offered to address unmet needs that may be a source of worry/stress. Use of this program component should be guided by a discussion with the client to determine areas of unmet needs

that can include limitations in providing care to others, caring for one's home, caring for household business and finances, personal health care, personal care needs, or preparing meals. If clients indicate a significant need in any of these areas, help identify available community resources and provide detailed information, including written handouts as appropriate during session one about how to pursue the identified resources. To facilitate a self-management approach, we recommend that you ask clients to contact community resources on their own. Among the resources clients may pursue is direct assistance from a social service case manager. In subsequent sessions, follow-up of recommended referrals or identification of new resources are made.

At each Calmer Life session, check in with clients about their ability to connect with community resources and communicate with health care providers. Problem-solving strategies are used to address difficulties clients experience in connecting with resources and/or communicating with health care providers, and alternative resources/communication strategies are suggested as needed.

### **PRACTICE EXERCISES**

At the end of every session, clients are asked to practice the new skill and complete practice exercise forms. These forms are reviewed at the beginning of the next meeting. In the first session, ask clients to complete awareness practice forms. In sessions two – three, clients will continue the awareness exercise along with practice of the new skills. In the subsequent sessions, assignment of the awareness practice forms will be optional.

To discern whether or not the awareness component should be continued beyond session three, consider the following: (1) has the client successfully completed previous practice exercises?, (2) does the client appear to have a good understanding of the symptoms of anxiety?, and (3) does the awareness component of the practice exercise seem to be burdensome/distracting from the skill at hand? If you answered “yes” to all three questions, consider making the awareness component of the practice exercises optional.



### **MODIFICATION OF PROGRAM**

Provider text (presented in **blue** throughout the manual) is offered only as a suggestion for phrasing certain topics and should be used with flexibility to fit your style and the needs and language of the client.

If clients need assistance in managing immediate stressors experienced during treatment (e.g., death of a significant other), you may spend one to two sessions on this issue, returning to focus on specified treatment skills as soon as possible. General checks on crisis management can be made as needed. After a clinical or life-changing event (e.g., hospitalization, death of a close friend or family member, notification of a significant illness) and potential time away from treatment, the client may need to be reoriented to the program.

Adjustments to the program may be required for clients with sensory impairments. For example, alternative ways of monitoring practice exercises may be necessary (e.g., use of audiotapes, enlarged

homework forms, simplified checklists). Tailoring the protocol to clients who have serious medical problems may require reviewing material at a slower pace and with less intensive homework assignments (e.g., checklists, practicing only one skill each day, decreased awareness training after the first week). The Client Workbook, consisting of information and handouts to be used during Calmer Life sessions, was written at a 6<sup>th</sup>-grade and above reading level and may require modification for clients with lower literacy levels.

## TIPS FOR INCREASING MOTIVATION



Motivational Interviewing (MI) is a technique for increasing motivation. This approach can be used in session one to enhance motivation to complete the program and in later sessions to target reductions in motivation, either to complete practice exercises or to participate in the program. In general, MI involves understanding the client's perspective and the pros/cons of engaging in certain behaviors. Some MI tips are outlined below:

1. Gauge how important it is to the client to reduce worry/stress. Some may think it's important but may not feel confident in their ability to do it. Others may feel confident in their abilities but may not view it as an important goal. Examples of these questions could include:

“On a scale of 1 to 10, how important is it for you to decrease your worry/stress?”

“On a scale of 1 to 10, how confident are you in your ability to make changes?”

2. Use scaling questions to aid in quickly identifying the most important areas of focus.

“Why is it a 5 and not a 3?” (Note: Even if the client reports a score of 1, ask “why is it a 1 and not a 0?”. Always ask why it is not a lower number.)

“What might help keep you at this level?”

“What would help you get to an 8?” (Note: ask about a specific higher number.)

“How would your life be better if worry/stress were reduced?”

“How high does it have to be before you make an attempt to change?”

“What can I do to help?”

3. Summarize the situation: include a summary of the client's perception of the problem, including what remains positive or negative about the problem behavior and any indications that the client has stated about wanting, intending, or planning to change. Acknowledge that changing behavior can be very difficult and that confronting change and working on worry/stress are very courageous.

4. Ask if there is anything you can do to help make it easier. Ask about any barriers that may keep them from completing homework, and brainstorm possible solutions. Ask them what has worked in the past to remember tasks. Review resources that might be available for help (e.g., social support, reminders, etc.).
5. Review the client's goals developed in the first session.

“How do you see the connection between your worry/stress and accomplishing these goals?”

### **CRISIS INTERVENTION/SUICIDE RISK PROCEDURES**

Assessment of both depression and suicidal ideation are recommended to occur before, as well as throughout, the intervention, per your agency's guidelines. Should clients endorse suicidal ideation or other issues that warrant immediate attention, follow your agency's crisis guidelines.



## Core Sessions



## **Session One: Becoming Aware of Worry/Stress and Resource Counseling**

### In-Person, Core Session

#### **Goals:**

1. Introduce the program.
2. Explain the symptoms of worry/stress, and describe different treatment options available.
3. Teach client how to identify worry/stress through self-monitoring exercises.

#### **Introduction to the Calmer Life Program**

1. Explain the purpose of the sessions, letting the client know that handouts will be provided for home reference during the meetings.

“The purpose of the meetings is for you to (1) become more aware of your worry/stress symptoms, (2) learn calming skills to manage these symptoms, (3) connect with community resources that may help you address some everyday needs you might have, and (4) communicate with your healthcare providers about your experiences with worry and the skills you are learning here (Workbook pages 16 & 17).

“One option for these meetings is including your R/S beliefs in activities at various points. Some people find that combining the program skills with their personal R/S beliefs helps them to get more out of the program. Others, however, prefer not to combine their beliefs with the skills. This is a personal choice; and, if you decide that you want to incorporate your R/S beliefs into the program, we will tailor the skills according to your interest and preferences.”

2. Explain that the program can include up to 12 meetings over a three-month period, depending on agency guidelines/procedures, although the client can choose how often to have sessions. Talk about whether sessions will be conducted in person and/or over the telephone (depending on your agency procedures and client preferences).

“The sessions focus on learning calming skills for worry/stress and depression, as well as connecting to community resources and communicating with your doctor. Sessions should last approximately 30 to 45 minutes, except this first session, which will be about one hour.”

3. Explain that your work together will be more effective if it stays focused. Alert the client that you may at times change the topic and redirect the conversation if it is “getting off track.”

“It is my job to keep the meetings focused so that you will obtain the maximum benefit from this program. Your job is to keep appointments, participate in the session (by providing information, asking questions, etc.), and complete home practice exercises.”

“In the coming weeks, I will be teaching you new ‘calming tools’ to help achieve these goals. However, it is up to you to practice and implement these calming tools into your daily life. Change is not easy because it takes time and effort; and change, even positive change, can be stressful because you’ll be doing things in a new way. It is very important that you practice daily to help you get used to using the skills and be able to use them in your daily life.”

4. Ensure that the client has the patient version of the Calmer Life workbook. These workbooks can be used to improve memory for skills between meetings and after completing the program. Ask client to be sure and have this available for all in-person or telephone sessions.

“This workbook is yours to keep. The workbook will help you remember to practice the skills between sessions and after you complete the program. It will become your ‘toolbox,’ and each session we will add new tools to help you manage worry/stress. It’s important that you have this workbook with you every session.”

**OPTIONAL:** When providing this workbook to clients, indicate that, if reading various sections is difficult for them, you can make adjustments (e.g., highlight particular words that will be easy to recognize; write simple, summary words in the margins). You can also modify practice exercises (e.g., ask clients to use check marks to indicate whether various symptoms of worry/stress were identified; create a less structured practice form, etc.).

5. Explain that home practice exercises will be assigned at the end of each meeting, with forms included to record home practice. Emphasize the importance of practice to incorporate skills into life and experience maximum benefit (more on this later).

“At the end of each session, I will be assigning you forms in your workbook to record your daily practice. Remember that practice of new skills will help you get the most benefit from the program. It is very important that you learn to incorporate these new skills in your everyday life.”

### Understanding the Client’s Motivation for Change



1. Point to Workbook page 13 (“Becoming Aware of Your Worry/Stress”).
2. Promote a brief discussion about the reasons why the client has sought help for managing worry/stress, and have him/her record them on Workbook page 13 (“Assessing Your Motivation for Change”).

“Since we will be working together to help reduce your worry/stress symptoms, it is important that I understand your motivation for change. Can you tell me your reasons for seeking help at this time?”

3. Use Workbook page 14 (“Benefits and Obstacles”) to discuss the benefits and obstacles/challenges of learning skills to manage worry/stress. Ask the client: “What are some benefits of learning skills to manage worry/stress (better functioning, better sleep, less worry)?” Ask client to record his/her responses on this page. Ask the client: “What are some challenges or obstacles of learning skills to manage worry/stress (not enough time to attend session, difficulty getting to appointment)?” Ask client to record his/her responses on this page.

“Worry/Stress is experienced by everyone and are part of being human. It can even be a good thing in certain situations; e.g., when planning an event, packing for a trip, getting ready for guests to come over, etc. However, worry/stress can become a problem when it is experienced:

- Too frequently
- Too intensely
- Long past a frightening situation
- When you can't control it (can't stop it once it starts)
- In a way that prevents you from accomplishing desired behaviors or life goals.”

4. Review the pros and cons of change.

“There are good things and not-so-good things about staying the same, and there are usually good things and less good things about change as well. Sometimes it can be helpful to -examine the pros and cons of both changing and of staying the same. I would like to spend a few minutes talking about these issues with you. Would that be okay?”

“What are some good things about staying the same? (e.g., it's known; don't have to spend extra time thinking about worry/stress; don't have to change any behaviors). What are some not-so-good things about staying the same?”

“Are there short-term versus long-term pros/cons? For example, sometimes a strategy may seem helpful because it allows you to avoid more worry/stress in the short-term but is actually not helpful because it just creates more worry/stress in the long term.”

### **Introduction to Worry/Stress**

1. Provide the client with an overview of treatment options.

“Worry/stress, if not managed, can significantly interfere with a person's physical health, sleep, and overall quality of life. Research supports two primary types of management as useful.”

“One treatment for worry/stress (and depression) is medication. Although we are not offering medication through this program, you may be prescribed medication by your health care provider. In our next session, we will talk more about how to communicate with your doctor about worry/stress.”

“Another way to address worry/stress involves teaching a person how to better manage and understand worry/stress. That is what we are offering in these meetings. Many professionals, including psychologists, social workers, community health workers, and mental health counselors, can help people individually or in groups to develop new ways of coping with their worry/stress. These types of counseling services are also useful for treating depression. This is what we'll be focusing on in this program.”

2. Explain that the first step in reducing worry is becoming aware of worry:

“The first step in reducing or managing worry/stress is becoming more aware of situations that create worry/stress and symptoms that indicate for you when worry/stress is present (physical symptoms, thoughts, behaviors). We will be discussing these in more detail a little further but let me explain to you the second step in reducing your worry and stress.”

3. Explain that the second step in reducing worry/stress is developing calming skills:

“The second step in reducing worry/stress is to learn new calming skills to use when you’re about to face a worry-/stress-producing situation. You’ll learn a number of skills throughout our sessions that will give you a ‘toolbox’ of skills that you can pull from whenever you see worry/stress coming your way. You may choose to use the same skills most of the time, or you may choose different skills, depending on the situation or the symptoms you’re experiencing at the time.”

4. Use Workbook page 19 (“My Experience with Worry/Stress”).



“Let’s focus our attention on how you experience worry. This can be something new that you haven’t really thought about, but let’s take the time now to think about how worry can manifest in us.”

“Worry/Stress consists of three types of symptoms:

Physical (how the body reacts) ...”

Have the client check off and discuss his/her physical symptoms. Common physical symptoms associated with worry/stress are muscle tension, rapid pulse, shortness of breath, shaking/trembling, sweating, and butterflies in the stomach. The client may experience other physical sensations associated with worry/stress aside from those listed. Help the client differentiate between *physical*, bodily sensations (e.g., tightness in the chest) and *feelings* (e.g., emotions like anger or stress).

“Thoughts (what’s going on in the mind, concerns) ...”

Have the client check off and discuss his/her worry/stress thoughts. Worry thoughts tend to be future oriented and include fears about something negative that might happen. Sometimes clients may identify a feeling (“I am feeling stressed”) rather than a thought. Help the client differentiate between *thoughts* (negative beliefs, expectations, concerns about a situation or event) and *feelings* (emotions). If the client has trouble identifying a thought, it may help to ask questions, such as “Why were you stressed (angry/worried, etc.) about this situation?” or “What were you concerned might happen?”

“Behaviors (avoiding situations or doing something time consuming to reduce worry/stress)...”

Have the client check off and discuss his/her worry/stress behaviors. Make sure the behaviors the client identifies are driven by worry/stress (he/she engages in the behaviors or avoidance to reduce worry/stress) and are not simply habits.

5. Point to Workbook page 24, (“Becoming Aware of Worry/Stress Skills Practice Form”).

“To increase your awareness of situations that create worry/stress, we want you to record at least once a day some experience with worry/stress. It doesn’t have to be overwhelming worry/stress but can be some kind of experience with even a slight increase in stress. The goal is to describe the situation, noting any physical signs, thoughts, and actions or behaviors that you avoid or those you do too much.”

Point out on the form where to record what. Do at least one example together, writing in the appropriate information on the worksheet, either from material previously discussed or from another example from the prior week that he or she provides.

“Next week we will start discussing our first calming tool. We will also discuss R/S issues that may be helpful to integrate into your intervention. By our third session, we will have a plan for which skills/tools we’ll be discussing in the weeks ahead.”

### Instructions for Practice Exercises



1. Instruct client to contact any community resources that were identified.
2. Hand out seven copies of Workbook page 24 (“Becoming Aware of Worry/Stress Skills Practice Form”).

“Try to fill out one of the Skills Practice pages every day. It helps to pick a certain time when you plan to fill them out each day, so that it’s easier to remember. It might be a good idea to plan on filling one out every night right before bed, while you’re reflecting on the day you just had.”

Remind clients that they will benefit more from the skills if they practice regularly.

3. Set next appointment – preferably in person but up to the client.

“If you need to cancel or reschedule a meeting, or have any questions or concerns, please call the number on the cover of the binder.”



**Session Two: Learn How to Relax I (Deep Breathing)**  
**R/S Assessment, and Talking to Your Doctor**

In-Person (recommended), Core Session; R/S assessment is only for clients who choose to incorporate R/S (all R/S sections and information will be in italics below).

**Goals:**

1. Review: “Becoming Aware of Worry/Stress Skills Practice.”
2. Prepare for discussion with health care provider about worry and the Calmer Life program.
3. *Introduce the client to the rationale for providing R/S-focused options for the skills to be learned. If client is interested, conduct R/S assessment.*
4. Teach Deep Breathing skill.

**Instructions Relating to Telephone Sessions**



1. Ask the client if he/she is still available and has time for today’s session.
2. Ensure client has received all the necessary workbook pages by mail or from the previous session.
3. Provide instructions to remove all distractions because it can be easy to get distracted. Possible ways to approach distractions include asking the client if he/she can go to another room that is private or turn off the TV or radio.
4. Tell the client how long the session will be (30-45 minutes), and remind him/her that, if he/she needs to use the restroom or becomes tired, he/she should not hesitate to ask for a break. Also, should something more than a brief pause be necessary, there is always the option of rescheduling to complete the session.
5. Let the client know when to turn the page.

**Review of Awareness Practice Exercises**

Briefly review practice exercises. Look over all forms completed, and encourage the client to choose one form to go over together. Check whether the client can identify thoughts, feelings and behaviors associated with worry/stress. Ask whether the client noticed any patterns in thoughts, behaviors or feelings of worry. Ask the client if this exercise was useful in increasing awareness of worry/stress and associated symptoms. Ask the client if, when monitoring, he/she experienced more or less worry/stress than anticipated. Provide feedback and additional instruction, as needed.

If the client did not complete the practice exercises, problem solve with the client to determine the best way to accomplish practice exercises. Questions to ask include, “What got in the way of completing the practice exercises?” and “What was difficult about the exercises?” Ask if he/she felt the practice exercises are worth the time it takes to complete them. Follow MI tips in the **Introduction** section of this manual (pp. 13-14).

## Facilitating Links to Health Care



Point to Workbook pages 16 and 17 (“How to Talk to Your Doctor about Worry/Stress”). Discuss the benefits of the client’s talking with his/her health care provider about his/her worry/anxiety. Inform the client that he/she can use this worksheet as a guide for talking to his/her health care provider. Review the worksheet and assist the client in completing the top section (“Preparing for the Appointment with the Doctor”), based on the symptoms previously identified in the awareness exercises. Instruct the client to write down all medications he/she is taking prior to his/her next health care provider appointment. This communication will allow the client to discuss with his/her health care provider any recommendations for additional care to address worry/stress.

“It is important for your doctor to be aware of your experience with worry/stress because he/she may have additional recommendations to help you manage your symptoms. Your symptoms also may help the health care provider decide on other medical tests or treatments you might need. You can prepare for your next visit with your doctor by writing things down that you want him/her to know. Let’s work together to complete this form, so your doctor understands how you are feeling and knows the steps you are already taking to help improve your worry/stress.”

### ***Option for Including Religion and Spirituality in the Calmer Life Project***

*Introduce the option for the inclusion of R/S into skills practice.*

*“In the previous session, we discussed that the second step in reducing worry/stress was to learn new calming skills to use when you’re about to face a worry/stress-producing situation. Over the next several weeks, I will be teaching you some of these skills. Each skill has options for weaving R/S beliefs into your practice of the skill, if you like. It is up to you to decide whether you would like to include R/S into the skills. If you are interested in including R/S, there will be opportunities for you to identify how R/S can help, and I will also provide suggestions when necessary. What are your thoughts about including R/S in the calming skills you will learn?”*

*Provide an opportunity for questions about the reason for integrating R/S into the program and the way that we will incorporate these aspects into intervention.*



## **R/S Assessment**

*(Provider note: The R/S assessment should take no more than 10 minutes.)*

1. *Inform the client that, to include the appropriate R/S component, you will first want to learn a little about his or her beliefs, practices, and experiences. Make the client aware that he or she does not have to disclose anything that he/she might be uncomfortable discussing, but that the more you learn about his or her personal belief system, the better you will be able to personalize the intervention.*

2. *Differentiate for the client between religion and spirituality.*

*“Many people use the terms religion and spirituality to mean the same thing, but others see them as quite different. What is your perspective? Are you comfortable with my using the terms religious and spiritual, or would you prefer one term more than the other?” (Make a note of this for future reference.)*

3. *Discuss with the client his/her R/S background and current practices. Begin with the first two questions below, and then use additional questions as needed to gather information that will help you incorporate R/S into skills.*

*“So that I am able to help personalize your intervention, please tell me a little about your R/S background.” (Can follow-up client’s response by stating, “Tell me more,” or “Can you give me an example?”)*

*“Do you currently see yourself as a religious or spiritual person? If so, in what ways?”*

*Optional questions to use as needed to gather information not already provided by the client:*

- *“Do your R/S beliefs include the existence of a higher power?” If yes: “What term do you use to refer to your higher power?” “What are some current R/S practices that you engage in?”*
- *“When you encounter problems, do you turn them over to \_\_\_\_? Do you handle them yourself, or work together with \_\_\_\_?”*
- *“Do you currently identify yourself with a particular R/S group? If so, with whom do you identify?”*
- *“How long have you identified with that particular group?”*

4. *Once you have an initial “map” of the client’s R/S beliefs and practices, remind him/her of how this information will be used to personalize and enhance the intervention.*

*“Thank you for sharing your beliefs with me. This will be helpful in personalizing the intervention to your specific beliefs.”*

## Learn How to Relax



### 1. Review Workbook page 32-33 (“Learn How to Relax”).

“One of the easiest ways to change the physical symptoms of worry/stress is to change the way you breathe. Often when you’re worried, your breathing gets rapid and shallow. By attending to your breathing and changing the rate and way you breathe, you can actually make your entire body more ‘relaxed.’ This skill is very helpful for clients who have physical symptoms when stressed/or worried. This skill also helps clear your mind and focus in the present, which is something people can struggle with when worried/stressed. This skill also can help people fall asleep or stay asleep.

Dim lights if possible.

“First, I would like for you to sit comfortably (uncross legs, lower shoulders). Close your eyes. Then, put one hand on your abdomen, with your little finger about one inch from your navel, and place one hand on your chest. Next, begin to notice your breathing (pause for several seconds) – which hand is doing more of the moving? (Wait for response).”

“Your hand on your diaphragm should move out as you inhale and in as you exhale.”

“You don’t want the hand on your chest to move more than the one on your abdomen because that is producing tension and doing the complete opposite of what you are trying to achieve, relaxation. If this is happening, do not be discouraged; you can continue to work on this throughout our work together.”

“There are two key things you need to do:

1. Take long, deep breaths; and
2. Make sure the action of breathing occurs in your diaphragm, not in your lungs.”

“Let’s practice. I want you to close your eyes, and keep them closed through the remainder of the exercise. This will help you stay focused and not get distracted by your surroundings. As you learn to use the skill, you might not need to close your eyes. But for right now, keep your eyes closed.”

“I want you to begin to breathe in and out a bit more slowly, evenly, and deeply. Inhale through your nose, and exhale through your mouth. As you exhale, purse your lips by imagining that you are blowing on hot soup or about to give a kiss. This controlled breathing helps you exhale the most used air possible and inhale clean air.”

“As soon as you finish inhaling, begin to exhale – do not pause at the ‘top’ of your breathing cycle because this will create tension in your chest and stomach. You should inhale

approximately the same amount of time that you exhale. Blow at a rate that would make a candle flame flicker.”

“Now I’d like you to breathe with me while I count – counting up to 4 to inhale and again up to 4 to exhale. Inhale–2 –3 –4. Exhale–2 –3 –4.”

“Some people struggle to breathe up to 4, so I would like you to breathe up to the number you feel the most comfortable with. Some people breathe up to 2 or 3. If you are one of these people, please adjust your breathing to the number that is the most comfortable for you. Do not force yourself, remember this skill is to help you to reduce tension. Make sure you are comfortable and not pausing between breaths. As soon as you exhale, inhale without pausing. Make sure that your hand that is closest to your belly button in the one that is moving. Do not get discouraged if you are struggling or not catching on as quickly as you would like. This skill takes time, the more you practice the easier it will become.”

“Good. Let’s try again.”

Observe and give feedback to help client so client can experience breathing exercise benefits.

“Inhale-2-3-4. Exhale-2-3-4. Inhale-2-3-4. Exhale-2-3-4. Remember, inhale through your nose, and pucker your lips as you exhale. Inhale-2-3-4. Exhale-2-3-4. Inhale-2-3-4. Exhale-2-3-4. Repeat a couple more times.”

2. Practice breathing at least three times. After practicing, ask the client to indicate whether he/she notices feeling any more relaxed after using this procedure. Ask for general feedback about how this skill seemed to work. Note that this is a very simple, “portable” skill to be used whenever the client notices any physical symptoms of worry/stress; ask him/her to think of a worry-/stress -producing situation where this skill might be useful.

*“Some people also find relaxation in their R/S beliefs. An R/S word or image can be used to enhance the effects of the breathing exercise. In these cases, you visualize an R/S image or word to help relax. Would you like to try this?”*

*If the client says no, skip to step 3.*

*If the client says yes, ask him/her to identify an R/S word or image that provides peace or calmness. Suggested questions include the following:*

*“Are there images in your R/S that bring you peace (i.e., Jesus, Virgin Mary, Buddha, a beach, forest)?”*

*“Are there words unique to your R/S beliefs that help calm you (i.e., Allah, Father, God, Higher Power, Jehovah, Lord, mother nature, sacred, amen)?”*

*“Think of an image or word that gives you peace and comfort. Think of something that would help you reduce your worry or something you would like to tell a friend in a worrisome situation and use it for yourself.”*

*If the client chooses an R/S image or word, practice again using that image or word.*

*“Now I’d like you to close your eyes and breathe with me while I count – counting up to 4 to inhale and again up to 4 to exhale. Also, this time I’d like for you to think of (the R/S word or image) while you breathe. Now, take a moment to get it in your head. Alright, inhale–2 –3 –4 – think of the image/word. Exhale (you can substitute the word for exhale once the client is in a pattern or inhaling and exhaling)–2 –3 –4 –think of R/S image/word at end. Good. Let’s try again.”*

3. Prompt the client to describe a recent stressful situation. The goal is to elicit worry/stress symptoms so that the client can experience the benefits of using calming thoughts to reduce these symptoms. It is important that the client talks out loud to describe the stressful situation he/she is visualizing, to induce worry/stress.

*“To practice the breathing (with or without R/S, as the client has chosen) further, think about the last time you felt worried or stressed – sometime this morning, yesterday, the day before, or last week – close your eyes and try to picture yourself back in that situation (PAUSE).”*

*“Can you tell me where you are? What are you doing? What is stressful? What are you feeling and thinking? Now, pay attention to your breathing: OK – Inhale– 2 – 3 – 4. Exhale– 2 – 3 – 4.”*

*Instruct the client to use the R/S word or image if he/she chooses something. Repeat exercise. Remember that the count can be adjusted to the client’s ability. Client should not be experiencing tension; instruct him/her to breathe at a rate that is comfortable but controlled.*

4. Ask the client about effects of this exercise *with/without the R/S image or word*; review the client’s ability to use this skill and perceptions of the potential effects of the skill in decreasing worry/stress.

### **Instructions for Practice Exercises**



1. Instruct client to contact any community resources that were identified and/or to bring the How to Talk to Your Doctor handout to his/her upcoming appointment with a health care provider.
2. Review Workbook page 34 (“Learn How to Relax I: Deep Breathing Skills Practice”).
3. Hand out seven copies of Workbook page 35 (“Learn How to Relax I: Deep Breathing Skills Practice Form”) and explain how it is to be filled out. Tell the client to continue to record worry/stress awareness practice and to practice breathing at least twice a day. *Remind the client to use his/her R/S word or image if he/she completed the R/S tool for the skill.*

“Use your new breathing tool during the week, as it might be useful. When you are practicing, just record whether or not you used the breathing outside this practice time. If you did, please check that skill on the form and also check whether or not it was helpful.

Try to fill out one of the Daily Practice pages every day. If the designated time you selected last time worked for you and helped you to remember, let’s stick with the same time. If you didn’t pick a time, maybe plan on filling one out every night right before bed, while you’re reflecting on the day you just had.

A key thing to remember is to practice. If you practice more than once, that’s fine, just make sure that you practice at least once a day. If you don’t practice, it will slow down the learning process. The more you practice, the easier it will get. If you struggle at first, this is normal. Don’t get discouraged; remember that you are learning something new, so be patient and keep practicing.

Don’t wait until you get worried or get symptoms. Even if you are having a good day, still practice. This is a good way to learn and practice the skill to prepare for when you are in a worry-producing situation.”

4. Set the next appointment. Remember to talk with the client about whether he/she would like to hold the next session by phone. Review the pros and cons of telephone sessions (e.g., easy access, comfort and ease of hearing on phone). Note: If the next session will be done over the phone, bring notecards to record calming statements to this session or mail them along with the next session’s materials.



## **Session Three: Using Calming Thoughts to Manage Worry/Stress**

(In-Person or Telephone, Core Session)

### **Goals**

1. Check in about community resource referrals and/or communication with health care provider (overview below)
2. Review practice exercises completed as homework from the previous session and all skills learned previously (overview below)
3. Teach information/skill from current module.
4. Assign home practice.

### **Materials for In-Person Sessions**

1. Clinician manual or pages from specific session to be covered
2. Necessary workbook pages for session (either in a workbook, or individual copies of the workbook pages).

### **Instructions Relating to Telephone Sessions**

1. Ask the client if he/she is still available and has time for today's session.
2. Ensure client has received all the necessary workbook pages (either by mail or provided at previous session).
3. Provide instructions to the client to remove all distractions because it can be easy to get distracted. Possible ways to approach distractions include asking the client if he/she can go to another room that is private or turn off the TV or radio.
4. Tell the client how long the session will be (30-45 minutes), and remind him/her that, if he/she needs to use the restroom or becomes tired, he/she should not hesitate to ask for a break. Also, should something more than a brief pause be necessary, there is always the option of rescheduling to complete the session.
5. Let the client know when to turn the page.



### **Follow-up on Community Resource Referral & Link to Health Care Provider**

1. If you provided the client with information regarding community resources or referral for a serious issue, follow up on whether the client has tried to access the resources. If the client has not taken necessary steps, use MI techniques (page 13-14) to help him/her contact the referrals provided. Provide alternative referrals if needed. If client has contacted the resource, ask about whether the available help has been beneficial. Continue to check in on this issue until client has followed-up with the referral.

2. Follow-up with client about plans to discuss his/her worry/stress and/or depression symptoms with a health care provider) as needed. If the client recently had an appointment with a health care provider, ask how the discussion went and whether he/she needs any additional assistance in communicating with his/her health care provider.



### Review of Practice Exercises



Briefly review Practice Exercise adherence, awareness practice and skills; and practice again if necessary. Encourage the client to choose one form to go over together. Let the client know that it is not important to review precisely what was written on the form (as some clients may experience embarrassment about their writing/spelling abilities), as long as they understand and can explain the example. *Briefly discuss the client's thoughts on incorporating spirituality in intervention and practice exercises. What did he/she like about it? What didn't he/she like about it?* Provide feedback and additional instruction, as needed.

If the client did not complete practice exercises, problem solve to determine the best way to accomplish practice exercises. Questions to ask include, “What got in the way of completing the practice exercises?” and “What was difficult about the exercises?” Ask if he/she feels the practice exercises are worth the time it takes to complete them. Remind the client that he/she will benefit more from the skills if he/she practices the skills regularly. Ask the client to try and practice the skill at least three – four days a week, reiterating the importance of repeated practice of skills. Complete one practice form together in session if it appears that the client did not understand or incorrectly filled out content being taught. This may be unnecessary if the client appears to have understood the previous session/skill well.

Note: if client has difficulty completing written forms, it may be useful for them to complete the exercise by reading the questions aloud and reflecting upon them. Remind client that the most important thing is that they are practicing the skill as much as possible.

If the participant has a chronic pattern of not completing practice exercises, follow MI tips in the Introduction (page 13-14) section of this manual.

### Discussion of Sessions and Recommendation of Appropriate Electives

1. Using Workbook page 11 (“Developing Your Calmer Life Program”), review with the client the different skills available as part of the Calmer Life program. Let him/her know what skills/tools may be helpful (given the description of the skill and his/her presenting problems) by placing a star next to the recommended topics. Reflect on the client's values, goals and symptoms, and try to use examples from the practice exercises and/or discussion topics to help him/her fully understand the topics by connecting his/her experience with worry/stress to the skills taught in the sessions. Ask the client to

identify the elective skills he/she thinks will be most beneficial. Make the client aware that physical muscle relaxation must be done in person.

2. Be mindful that not all clients wish to incorporate R/S. If it is unclear, ask. *If client does want to incorporate R/S, remind the client that R/S can be incorporated into any of the skills to enhance their usefulness. Let the client know that you'll be asking about his/her interest in incorporating R/S into each skill at the start of each new session.*
3. Explain that the number of sessions the client decides to complete will impact the number of skills that can be taught. Explain that there are both core and elective skills, noting that you will prioritize learning the core skills (one of which you have already taught) and will work together to then complete the elective skills that may be most useful/important first. Explain that you will work with the client to complete as many sessions as possible, given the time frame. Note to the client that more sessions = more skills, remembering that this may not be a goal for all clients.

### **Calming Thoughts**

1. Review Workbook pages 43-44 (“Using Calming Thoughts to Manage Worry/Stress”). Explain that this is a second tool to help manage worry/stress.
2. *Ask whether the client would like to incorporate R/S into this skill.*
3. Discuss Calming Thoughts.

“A calming thought is a statement you make to yourself that helps to decrease your worry/stress about certain situations. You can also think of it as a strategy for providing ‘instructions’ to yourself that help you calm down and are comforting.

Using calming statements may help you to manage fears and worry/stress about certain situations – or it may help you perceive a worry-/stress-producing situation in a new way. You may already be using a version of calming statements, so this exercise may come easily to you. If not, this is an easy skill that you can incorporate into your daily life.

The goal of using calming statements is to help you realize that you can manage and are often in more control of your worry/stress than you feel you are. Often when we are worried, we feel overwhelmed and may wish to change a situation or the way other people behave. It’s important to remember that we can only change ourselves, and the way we handle (or think about?) situations can make a huge difference in the way we feel. By using or practicing this skill often, you may begin to realize you have much more control over worry/stress than you feel you do.”

Refer client to section we will discuss next.

“Are there any statements that you already use when you are worried or overwhelmed?”

Discuss those statements; then proceed to incorporate these examples below (see Workbook page 43).

“A few examples might be to say to yourself something like:

- ‘I can do what I need to do.’
- ‘If I take it one step at a time, I can meet this challenge.’
- ‘Even if I make mistakes, it will be okay.’
- ‘It’s not the worst thing in the world.’
- ‘This is an opportunity to cope with my worry/stress.’

- ‘I can do what I have to do, despite my worry/stress.’
- ‘My worry/stress won’t hurt me.’

Do any of these statements seem like they might be helpful for you?”

*Proceed below if client wishes to incorporate R/S tools. If not, skip to step 4.*

*“Some people use R/S with their calming thoughts to help them through worrisome situations. The idea that you are not alone and can depend on something greater than yourself can help to reduce worry/stress.*

*Examples of such statements include:*

- ‘I can do what I need to do, with \_\_\_’s help.’
- ‘\_\_\_ will never give me more than I can handle.’
- ‘Everything happens for a reason.’

*Gratitude can also be used in this skill and can be even more helpful. For example, you might say or think:*

- ‘I am thankful for this opportunity to grow.’
- ‘I know I am not alone, and for that, I am grateful.’



4. Use Workbook page 43 (“Using Calming Thoughts to Manage Worry/Stress”) to review the list of self-statements and apply these to examples from the participant’s awareness monitoring/experiences.
5. Suggest that the client develop a set of two-three calming thoughts (either taken from the list or from his/her own ideas) that are likely to be helpful and relevant to his/her worry/stress symptoms. Ask him/her to write these statements on Workbook page 43 (“Using Calming Thoughts to Manage Worry/Stress”) and on index cards for him/her to refer to when noticing increased worry/stress. Note that calming thoughts may be more effective if the client actually talks to him- or herself, either aloud or silently, as opposed to simply reading the statements. In some instances, clients have found it helpful to record the statements on tape and listen to the tape when necessary. Suggest that clients can place index cards with calming statements in places that they have easy access to and can see daily. For example, in their night stand, taped on their refrigerator or mirror, in their pocket/purse, or on their work desk. Explain that the purpose of the index cards is to help them practice and remember to use this skill in worrisome situations.

### **Practice in Session**

Prompt the client to describe a recent stressful situation. The goal is to elicit worry/stress symptoms so that the client can experience the benefits of using calming thoughts to reduce these symptoms. It is important that the client talks out loud to describe the stressful situation he/she is visualizing, to induce worry/stress.

*“To practice this skill, we will complete a short exercise that will help you learn to use Calming Statements. I want you to think about the last time you felt worried or stressed – maybe some time this morning, yesterday, the day before, or last week – do you have something in mind?”*

*Now think of a statement you would like to use in this situation that caused you to worry...Do you have a statement in mind that you can use for this exercise now? It may be helpful to select a calming statement that fits with the situation you have in mind.*

*I would like you to keep your eyes closed throughout this exercise, until I signal to you to open them again. This will help you concentrate and keep you focused on the exercise. Let’s begin.*

Close your eyes. Now I want you to describe to me the situation that caused you to worry as if we traveled back in time and you are there again. Try to picture yourself back in that situation. I'll ask you some questions about the situation so that you can feel as if you are back in it. The purpose of this is to help you start to feel a little anxiety so that you can then use the skill and see whether it helps to decrease your anxiety.

Can you tell me about where you are, who you are with, and what are you doing?

What is stressful? What is causing you to worry?

What are you feeling?

What are you thinking?

Now, say out loud the calming statement we just discussed.

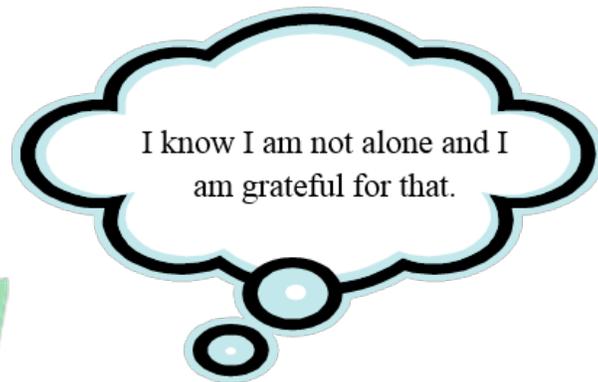
Really think about what you just said for a moment, take a deep breath, and repeat it.

Take a deep breath and repeat.

Take a deep breath and repeat.

Do you feel more confident in handling the situation? Do you think you will be able to use this skill the next time you are worried?

You can incorporate or combine different skills into this exercise as you continue to learn new skills. For example, we used deep breathing in combination with calming statements. As you learn more skills, you can combine them as it works best for you. Practicing the skills in combination or alone is a good way to figure out what skills work best for managing your worry.”



## Instructions for Practice Exercises

1. Remind client to contact any community resources that were identified and/or to review the “How to Talk to Your Doctor” handout with his/her health care provider as needed.
2. Review Workbook page 45 (“Using Calming Thoughts to Manage Worry/Stress Skills Practice”). Tell the client to continue awareness training to identify feelings, physical symptoms, thoughts and behaviors associated with worry/stress.
3. Provide client with seven copies of Workbook page 46 (“Using Calming Thoughts to Manage Worry/Stress: Skills Practice Form”). Remind client to practice using calming thoughts and to continue to practice deep breathing. Remind him/her to use the breathing in naturally occurring stressful situations. Ask the client to check the boxes on the form (point out location) to indicate whether he/she used these skills that day and whether they were helpful.
4. Set the next appointment. Remember to talk with the client about whether he/she would like to hold the next session by phone. Review the pros and cons of telephone sessions (e.g., easy access, comfort and ease of hearing).



## Elective Sessions



## Elective Sessions Agenda

### Goals

1. Check in about community resource referrals and/or communication with health care provider (overview below)
2. Review practice exercises completed as homework from the previous session and all skills learned previously (overview below)
3. Teach information/skill from current module.
4. Assign home practice.

### Materials for In-Person Sessions

1. Clinician manual or pages from specific session to be covered
2. Necessary workbook pages for session (either in a workbook, or individual copies of the workbook pages).

### Instructions Relating to Telephone Sessions

1. Ask the client if he/she is still available and has time for today's session.
2. Ensure client has received all the necessary workbook pages (either by mail or provided at previous session).
3. Provide instructions to the client to remove all distractions because it can be easy to get distracted. Possible ways to approach distractions include asking the client if he/she can go to another room that is private or turn off the TV or radio.
4. Tell the client how long the session will be (30-45 minutes), and remind him/her that, if he/she needs to use the restroom or becomes tired, he/she should not hesitate to ask for a break. Also, should something more than a brief pause be necessary, there is always the option of rescheduling to complete the session.
5. Let the client know when to turn the page.



### Follow-up on Community Resource Referral & Link to Health Care Provider

1. If you provided the client with information regarding community resources or referral for a serious issue, follow-up on whether the client has tried to access the resources. If the client has not taken necessary steps, use MI techniques (described in the Introduction; page 13-14) to help him/her contact the referrals provided. Provide alternative referrals if needed. If client has contacted the resource, ask about whether the available help has been beneficial. Continue to check in on this issue until client has followed-up with the referral.
2. Follow-up with client about plans to discuss his/her worry/stress and/or depression symptoms with a health care provider as needed. If the client recently had an appointment with a health care provider,



ask how the discussion went and whether he/she needs any additional assistance in communicating with his/her health care provider.

### Review of Practice Exercises



Briefly review Practice Exercise adherence, awareness practice and skills, and practice again if necessary. Encourage the client to choose one form to go over together. Let the client know that it is not important to review precisely what was written on the form (as some clients may experience embarrassment about their writing/spelling abilities), as long as they understand and can explain the example. *Briefly discuss the client's thoughts on incorporating spirituality in intervention and practice exercises. What did he/she like about it? What didn't he/she like about it?* Provide feedback and additional instruction, as needed.

If the client did not complete practice exercises, problem solve to determine the best way to accomplish practice exercises. Questions to ask include, “What got in the way of completing the practice exercises?” and “What was difficult about the exercises?” Ask if he/she feels the practice exercises are worth the time it takes to complete them. Remind the client that he/she will benefit more from the skills if he/she practices the skills regularly. Ask the client to try and practice the skill at least three – four days a week, reiterating the importance of repeated practice of skills. Complete one practice form together in session if it appears that the client did not understand or incorrectly filled out content being taught. This may be unnecessary if the client appears to have understood the previous session/skill well.

Note: if client has difficulty completing written forms, it may be useful for them to complete the exercise by reading the questions aloud and reflecting upon them. Remind client that the most important thing is that they are practicing the skill as much as possible.

If the participant has a chronic pattern of not completing practice exercises, follow MI tips in the Introduction (page 13-14) section of this manual.

## **Changing Your Behavior to Manage Depression (one of two)**

(In-Person or Telephone, Elective Session)

Refer to “Elective Session Agenda” (pages 35-36 of this manual) for an overview of the session goals, list of necessary materials, and instructions for telephone sessions, follow-up on community resource referral and link to health care provider, and home practice review.

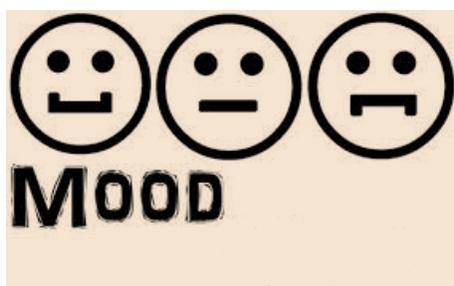
### **Introduction to Behavioral Activation**

1. *Inquire about whether the client would like to incorporate R/S into this session.*
2. Review Workbook page 54 (“Changing Your Behavior to Manage Depression”).

Describe behavioral activation and ways it can be useful for improving depression and worry/stress. Provide a general rationale for behavioral activation as another tool to improve mood that involves the client’s own behavior. Using the diagram on Workbook page 54, explain:

“This skill was selected because you have depressed mood that goes along with your worry/stress. Look at the top figure on page 54. When we feel down or a life change happens (e.g., *an upsetting event happens at one’s place of worship*, or a friend moves or passes away), we may stop doing many activities that we used to enjoy. When we stop or decrease pleasant activities, we can actually begin to feel worse. One way that we can help ourselves is by taking time on a regular basis to engage in activities that we enjoy and that fit within our life goals and values. Even if we don’t want to or don’t think we really have the energy, adding these activities back into our lives can help improve our mood and thoughts (e.g., you are less sad or blue). These pictures show how mood and behavior are connected through a cycle. In the bottom figure, when we increase activities, they give us a sense of accomplishment and pleasure.”

### **Assessment of Current Levels of Activity and Rating Mood**



1. Review Workbook page 55-56, (“Recording Daily Activities and Rating Your Mood”), and use the chart to record daily activities and rate mood.

“The first step toward making useful changes is to look at how you currently spend your time and how you feel about doing certain activities. Using this form will help us figure out new activities you may want to add back to your life. Let’s fill out the form together. “

It’s important to remember when completing this exercise to try to focus on a single day. Sometimes it’s more difficult to complete this exercise if it’s too broad, so focusing your attention on a single day can make this exercise easier to complete.

2. Fill out the form with the client, reviewing what activities took place yesterday, in the morning, afternoon, and evening, and what feelings the client had during each period. *Ask the client if any of the activities were R/S in nature.* Try to focus the client on behaviors that most represent the time period (i.e., how he/she spent most of the time – in the morning, afternoon, and/or evening). Also, be sure that you are recording events, not thoughts.
3. Assist the client to think about the kinds of activities that might improve mood.

“Can you think of activities that you enjoy doing? Or, activities that give you a sense of satisfaction or meaning?”

What about activities that you are interested in, but don’t do or may have stopped, or stopped doing as much, because of feeling sad or depressed?

*Are there any R/S activities that you have stopped or decreased doing (e.g., going to church, reading religious literature, praying, going for a walk in nature, or meditating)?*

Remember to think about your life values and what is important to you.”

4. Review Workbook pages 57-58 (“Identifying Pleasant Events and Meaningful Activities”) to discuss the kinds of activities the client is interested in.

This discussion will also help to select a pleasant or meaningful activity at the end of the session. *If the participant has used R/S tools in earlier sessions, be sure to discuss the activities under R/S Activities.* Don’t worry at this point about whether the participant thinks he or she can do the activity. For now, review the list of activities that might increase reinforcement.

5. Explain that adding pleasurable or satisfying activities back into our lives takes some time and effort at first. Review any specific limitations that might get in the way of participation (e.g., fatigue or physical and sensory limitations), and note these so you can help address barriers as you continue to help the client.

“Because we get used to not doing activities, it is sometimes hard to start them again. Sometimes we have to find new ways to do things that we used to enjoy if we’re having physical problems or have less financial means. However, if we are able to work hard at putting some rewarding activities back into our lives, our mood and quality of life (and sometimes even physical symptoms) get better. Therefore, we can discuss ways to modify prior activities to fit your situation.”

### **Choosing an Activity Using SMART**

1. Hand out Workbook page 61 (“Changing Your Behavior for Managing Depression Skills Practice Form”) and help the participant choose one to two small activities that are pleasant, or give the client a sense of accomplishment. Activities should be consistent with life values and lead to positive outcomes, although the activity itself does not have to be pleasant. Once the client chooses one to two activities, have them identify steps and record them on the handout. Discuss any possible barriers to the activities, and help the client overcome them. If necessary, make activities more manageable by brainstorming ways to break activities into smaller steps. An example of this is provided below.
2. Explain to the participant that new activities should follow the SMART guidelines.

“Setting goals is a skill that can help you motivate yourself to accomplish important achievements. A guideline for setting goals is SMART. SMART goals are especially useful if your depression affects your decision making and it is difficult for you to plan activities.

SMART goals should be:

**Specific** - What is the target for the goal? What do you want to accomplish? Who is involved in achieving this goal? Where will it take place?

**Measurable** (you can tell when it is accomplished) - What is the target for the goal? What do you want to accomplish? Who is involved in achieving this goal? Where will it take place?

**Achievable** - Is this a goal you feel confident that you can achieve? How likely is it that you can achieve your goal? If the goal is too difficult; it may help to break it into a smaller, more achievable step (for example, rather than never eating ice cream at night again, setting the goal to eat ice cream only two nights a week).

**Relevant** (important to your life) - How does this goal get you closer to a life goal, value or priority in your life? How important is the goal to you? Is it going to make a difference in your life?

**Timed** (have a concrete beginning and end) - When is the goal to be completed? A week? A month? When will you start?”



Case example:

Your client states that his/her goal is to do something fun. This goal is too broad. There are many different ways to have fun. You should help the client find a specific goal. This can be very overwhelming, especially if the client has never used this skill or done the selected activity.

You may try suggesting that the client focus on a specific activity, for example, going to the movies. From there, try to get even more specific. For example, if the client chooses to go to the movies with a friend, have him/her identify the friend and the movie.

Once the client selects a goal, make sure it is achievable (i.e., something that you can accomplish; for example: if the client plans to go to the movies, he/she will need to have transportation and money to achieve this goal) and measurable (e.g., how many movies does he/she want to go during what time frame?). Then move on to specifying tasks that can help him/her achieve the goal. In this example, these tasks may include activities such as looking up movie times, phoning the friend to invite him/her, making driving arrangements, etc.

3. Allow time for discussion and show where to indicate when the activity is completed. Remind the client that the activities should be completed this week in addition to the daily awareness practice pages, if assigned.

“Do your best to complete each activity this week, so we can go over them when we meet next time.”

## Instructions for Practice Exercises



1. Review Workbook page 61 (“Changing Your Behavior for Managing Depression Skills Practice Form”). Tell the client to complete 1 or 2 pleasurable or meaning activities in the coming week.
2. Remind client to contact any community resources that were identified and/or to review the “How to Talk to Your Doctor” handout with his/her health care provider as needed.
3. Consider whether client would benefit from further awareness practice and discuss whether further awareness practice is desired. Ask the client to practice awareness and complete the “Becoming Aware of Worry/Stress Skills Practice Form” (Workbook page 24) at least three to four times over the next week.
4. Remind the client to continue using breathing, calming statements, and other skills learned in everyday situations.
5. Set the next appointment. Remember to talk with the client about whether he/she would like to hold the next session by phone. Review the pros and cons of telephone sessions (e.g., easy access, comfort and ease of hearing).



## **Changing Your Behavior to Manage Depression (two of two)**

(In-Person or Telephone, Elective Session)

**Refer to “Elective Session Agenda” (pages 35-36 of this manual) for an overview of the session goals, list of necessary materials, and instructions for telephone sessions, follow-up on community resource referral and link to health care provider, and home practice review.**

### **Review of Behavioral Activation and Selection of New Activities**

1. Ask the client if there are any questions about the material discussed. Use this time as a mini-review of behavioral activation and its purpose.

“As we discussed in the last meeting, when we get used to not doing activities, it is sometimes hard to start them again. Understanding the relations between your current mood and activity level is a good way to see what new activities you can introduce to your everyday life. Last time we discussed monitoring your mood. We also outlined one to two activities that you would do between our last session and today. Let’s review those together.”

2. If necessary (i.e., if activities were not completed), work with the client to make the chosen activities more manageable by brainstorming ways to break activities into smaller steps. Ask the client what he/she would need to be different to increase his/her confidence in being able to do the activity. Help the client identify smaller steps or a more modest activity.
4. Select two to three new activities using Workbook page 61. Allow time for discussion, and show where to indicate when the activity is completed. Remind the client that he/she needs to complete the activities this week in addition to the daily practice pages.

“Do your best to complete each activity this week, so we can go over them when we meet next time.”

5. For clients who express interest in a gratitude activity, hand out Workbook page 59 (“Changing Your Behavior for Managing Depression Gratitude Skills”).

“One positive activity might involve keeping a gratitude list (*some people prefer to call this a blessings list*). Here is a space to keep track of all the things you are grateful for (*or for your blessings*). It is important to look at this list, and add to it daily. Any time you think of something that you appreciate or are thankful for, add it to the list. Try to make time to write down at least one thing every day that you are grateful for.”

“Some people like to say a daily prayer of gratitude. Is this something that you would like to do?” (If the participant says yes, direct attention to the space in the Workbook page 59: “My Prayer of Gratitude.”) “You can use this space to write a prayer to say at the beginning or end of the day, or whenever you need to focus on gratitude.”

## Instructions for Practice Exercises



1. Review Workbook page 61 (“Changing Your Behavior for Managing Depression Skills Practice Form”). Tell the client to complete 1 or 2 pleasurable or meaning activities in the coming week.
2. Remind client to contact any community resources that were identified and/or to review the “How to Talk to Your Doctor” handout with his/her health care provider as needed.
3. Consider whether client would benefit from further awareness practice and discuss whether further awareness practice is desired. Ask the client to practice awareness and complete the “Becoming Aware of Worry/Stress Skills Practice Form” (Workbook page 24) at least three to four times over the next week.
4. Remind the client to continue using breathing, calming statements, and other skills learned in everyday situations.
5. Set the next appointment. Remember to talk with the client about whether he/she would like to hold the next session by phone. Review the pros and cons of telephone sessions (e.g., easy access, comfort, and ease of hearing).



## **Changing Your Behavior to Manage Worry/Stress (one of two)**

(In-Person or Telephone, Elective Session)

**Refer to “Elective Session Agenda” (pages 35-36 of this manual) for an overview of the session goals, list of necessary materials, and instructions for telephone sessions, follow-up on community resource referral and link to health care provider, and home practice review.**

### **Education about Worry/Stress Behaviors**

1. *Inquire about whether the participant would like to incorporate R/S into this session.*
2. Hand out Workbook page 63-65 (“Changing Your Behavior to Manage Worry/Stress: Overview”).
3. Review the two types of worry/stress behaviors: avoidance and doing too much.

“There are types of behaviors we experience to reduce our worry and stress: avoidance behaviors and repetitive behaviors. As we talk about what each behavior is, I want you to pay close attention to whether you have engaged in these behaviors before. This will help you with today’s exercise.

3a. Let’s review examples of avoidance behaviors:

One type of worry/stress avoidance behavior is procrastination. This is when you put off making decisions or avoid doing things that make you feel worried. Other examples might be not going to the doctor because you are worried about what he/she might tell you about your health – or not balancing your checkbook because you are worried about money.

You can refer back to the practice exercises completed in session 1 to identify any procrastination behavior reported by the client

You may remember our discussion of worry behaviors in the first session. What are some examples of worry behaviors you wrote down as part of your awareness exercise?

Take a few minutes to ask the participant if he/she can see examples of avoidance or procrastination in his/her life. *Inquire about avoidance of R/S activities that are important to the participant but that cause increased worry/stress.*

3b. “Now let’s review examples of repetitive behaviors:

Another type of worry/stress behavior involves doing too much. One of the ways in which we manage anxiety is by doing an activity over and over again, even though the repetition is unnecessary or offers no new solution. For example, some people repeatedly ask others if they’ve done the right thing. Other people read the same information over and over. Others eat too much or smoke repeatedly.”

4. Take a few minutes to review examples of both avoidance and repetitive behaviors from the participant’s records over the past few weeks – or to obtain any new information that might be useful.

“Remember that the goal of both types of behaviors is to reduce worry/stress. In the short term, worry/stress behaviors take you away from situations that disturb you. Procrastination keeps you from facing things you worry/stress about. Repeating certain behaviors (like checking the stove) can get rid of worry/stress temporarily. However, in the long run, these behaviors can make things worse. These behaviors don’t give you the chance to learn how to handle worry/stress,

instead they prevent you from addressing the real problem and can lead to you feeling more overwhelmed in the long run. Today we'll talk about changing these behaviors. This will help to reduce your worry/stress."

### Ways to Change your Behavior

1. Discuss how to reduce worry/stress:

"One way to decrease worry/stress might be surprising. It is useful to stop procrastinating or doing too much. Then you can try to face your worries. For example, if you are afraid of speaking in public, try to talk during a group discussion. If you are afraid that your checkbook isn't balanced perfectly, stop over-checking it. Does that make sense?"

2. Answer any questions.

"You might feel some worry/stress if you start doing things you have previously avoided. Therefore, you will need some new tools to manage worry/stress. Things like relaxation and calming thoughts will help lower your worry/stress in these situations."

### Activity Planning



1. Hand out Workbook page 69 ("Changing Your Behavior to Manage Worry/Stress Skills Practice Form") and explain SMART using Workbook page 66 ("Setting Goals for Changing Your Behavior") (note: you may have reviewed this with the client already if you previously completed "Changing Behavior for Depression". If so, review briefly).

"You may or may not be familiar with SMART guidelines. This is an set of steps that can help you in changing your behaviors in small and achievable ways. At times when we worry it has do with us doing too much too quick, these steps can help us focus and break things down so they wont be overwhelming and can get done."

"Setting goals is a skill that can motivate you to get things done. A guideline for setting goals is SMART. The goals should be:

**Specific:** What is the target for the goal? Who? What? Where?

**Measurable:** How are you going to measure your success?

**Achievable:** Is this a goal you feel confident that you can achieve?

**Relevant:** How does this goal get you closer to a life goal, value or priority?

**Timed:** When is the goal to be completed? A week? A month?"

“Let’s begin by thinking of one or two behaviors to change. These can involve avoidance or doing too much. Then we’ll create some goals to help overcome these behaviors.”

“Be sure to try to focus on specific behaviors. This can be difficult so make sure you assist the client in narrowing down, so the client won’t be overwhelmed when engaging in behaviors changes. The goal will be to practice the new behaviors frequently. *Notice whether you tend to avoid any religious/spiritual practices. (e.g., not attending religious services, increased reading of R/S literature, not praying at all, or praying the exact same prayer over and over too many times).*”



2. Have the participant list behaviors he/she would like to change and goals he/she would like to achieve by facing these situations. Record these in the second column.

“Ok, can you now think of some goals that follow the SMART technique that you could work toward this week?”

Help the participant develop relevant goals.

3. Next, discuss how he/she might begin to safely enter the situation or stop the repetition, and which previously learned strategies might be most helpful in keeping worry/stress under control (i.e., which strategies does he/she feel he/she has learned the best? Which ones seem most portable?, etc.). *Remember to include any R/S tools the participant included with the skills and mention ones that will be useful to help with worry/stress.*

“Would any of the calming skills you’ve learned in these sessions help you to face your worry/stress and achieve these goals that either you have avoided because of worry/stress or have not accomplished because of ‘doing too much’ behaviors? *Of the calming skills that you’ve learned, did you include R/S in any? If so, can you think of any R/S tools that you feel would be helpful?*”

### Instructions for Practice Exercises



1. Hand out Workbook 67-69 (“Changing Your Behavior to Manage Worry/Stress: Skills Practice,” “Changing Your Behavior to Manage Worry/Stress: Skills Practice Form Example,” and “Changing Your Behavior to Manage Worry/Stress: Skills Practice Form”) and review instructions. Instruct the participant to record one to two behaviors that he/she wants to change on each Activity Schedule Log

for practice this week. *If the participant identified an R/S behavior, be sure to include it as one of the activities for practice.*

2. Have the participant review the practice exercise and the selected activities for the following week. Practice completing an activity schedule log. Remind the participant to use previously learned skills in worry/stress-producing situations. *Also remind the participant to include any R/S tools he/she used in previous skills.* Note that it may take completing the activity several times before the participant notices a change in his/her mood or worry/stress. Remind the participant that the important thing is to keep doing the behaviors, even if he or she is not sure it'll make him or her feel better that day. Indicate where the participant can check off and record the date, once he/she completes the activity.

*“Do your best to complete the activities this week, in addition to your daily practice pages, so we can go over them when we meet next time.”*

3. Remind client to contact any community resources that were identified and/or to review the “How to Talk to Your Doctor” handout with his/her health care provider as needed.
4. Consider whether client would benefit from further awareness practice and discuss whether further awareness practice is desired. Ask the client to practice awareness and complete the “Becoming Aware of Worry/Stress Skills Practice Form” (Workbook page 24) at least three to four times over the next week.
5. Remind the client to continue using breathing, calming statements, and other skills learned in everyday situations.
6. Set the next appointment. Remember to talk with the participant about whether he/she would like to hold the next session by phone. Review the pros and cons of telephone sessions (e.g., easy access, comfort and ease of hearing).



## **Elective Session: Changing Your Behavior to Manage Worry/Stress (two of two)**

(In-Person or Telephone, Elective Session)

Refer to “Elective Session Agenda” (pages 35-36 of this manual) for an overview of the session goals, list of necessary materials, and instructions for telephone sessions, follow-up on community resource referral and link to health care provider, and home practice review.

### **Goal Setting and Activity Planning**

1. *Inquire about whether the participant would like to incorporate R/S into this session.*
2. Briefly review avoidance and its ineffectiveness in coping with worry/stress.  
*“Last week we discussed behaviors that people do when feeling worried. Do you remember why avoidance seems helpful in the short run but is not helpful in the long run?”*
3. Review the importance of facing one’s fears in stopping the cycle of worry/stress.  
*“Now, let’s set new goals for the next week to reduce avoidance or ‘doing too much.’”*
4. Hand out Workbook 66 (“Setting Goals for Changing Your Behavior”). Identify a few more goals (they can be continuations of the current goals or new goals). Choose one or two more activities, and design a plan that includes (as applicable) when to start, when it is accomplished, and how many times it takes to complete the activity. *Remember, if the participant listed an R/S activity, select it as one of the activities for the week, if one was not done during the previous exercise.*

### **Instructions for Practice Exercises**



1. Hand out Workbook page 67-69 (“Changing Your Behavior to Manage Worry/Stress: Skills Practice,” “Changing Your Behavior to Manage Worry/Stress: Skills Practice Form Example,” and (“Changing Your Behavior to Manage Worry/Stress: Skills Practice Form”).
2. Have the participant review the practice exercise and the selected activities for the following week. Practice completing the activity schedule log. Remind the participant to use previously learned skills when in worrisome situations. *Also remind the participant to include any R/S tools he/she used in previous skills.* Explain to him/her that he/she may have to complete the activity several times before noticing a change in mood or worry/stress. The important thing is for him or her to keep doing the

behaviors, even if he/she is not sure they will make him or her feel better that day. Indicate where the participant can check off and record the date, once he/she completes the activity.

3. Remind client to contact any community resources that were identified and/or to review the “How to Talk to Your Doctor” handout with his/her health care provider as needed.
4. Consider whether client would benefit from further awareness practice and discuss whether further awareness practice is desired. Ask the client to practice awareness and complete the “Becoming Aware of Worry/Stress Skills Practice Form” (Workbook page 24) at least three to four times over the next week.
5. Remind the client to continue using breathing, calming statements, and other skills learned in everyday situations.
6. Set the next appointment. Remember to talk with the participant about whether he/she would like to hold the next session by phone. Review the pros and cons of telephone sessions (e.g., easy access, comfort and ease of hearing).



## Problem Solving

(In-Person or Telephone, Elective Session)

**Refer to “Elective Session Agenda” (pages 35-36 of this manual) for an overview of the session goals, list of necessary materials, and instructions for telephone sessions, follow-up on community resource referral and link to health care provider, and home practice review.**

### **How Worry/Stress Interferes with Problem Solving**

1. *Inquire about whether the client would like to incorporate R/S into this session.*

2. Explain how worry/stress interferes with problem solving.

“Many people who are worried believe that worrying/stressing about problems will help them control what happens or avoid a particular problem. Others believe that worry/stress helps to identify or solve problems. However, identifying and thinking about possible problems is not the same as identifying solutions to problems.”

“Sometimes people get stuck in a rut of thinking the same things over and over, or they may think that nothing can be done when potential solutions exist. And, sometimes, people have good ideas about how to solve problems but never take real steps to make it happen because they are afraid of making the ‘wrong decision’.”

3. Ask the client whether he/she can relate to these experiences.

“Has your worry/stress ever gotten in the way of solving problems?”

4. *If the client wants to incorporate his/her R/S beliefs, discuss the ways in which the client’s R/S beliefs affect how he/she solves problems.*

“What is your perception of \_\_\_’s role in solving or helping to solve your problems? Do you and \_\_\_ work together to solve your problems? Do you come up with solutions to problems without \_\_\_’s help? Do you allow \_\_\_ to solve your problems?”

“As we review skills for solving problems, we’ll use these ideas if they are useful for you.”



### **Strategies for Effective Problem Solving**

Review Workbook pages 71-73 (“Problem Solving”). Assist the client in selecting a problem (note: the client can select a very general area of concern, rather than a specific problem, here – you’ll work with him/her to choose a more specific problem after a description of the steps). Work with him/her during the session to identify a solution, using the SOLVED steps. Having your own copy of the client’s worksheet can be useful when discussing this skill along with the client. This helps you follow along with the client while also allowing him/her privacy and space. Have the client record each step, using Workbook page 75.

“Before we get into today’s lesson, I would like to discuss with you what the SOLVED steps are. Each letter in the word SOLVED stands for a step in this problem-solving technique I will be teaching you today. Let’s review the section below on pages 72-73 that describes each step.”

S = SELECT A PROBLEM.

“The first step is to evaluate the situation that creates worry/stress and select a specific problem to be solved.”

“This is a very important step because people often have a hard time thinking of a specific problem. We tend to focus on big problems, and that can cause us to feel overwhelmed. This can make finding a solution difficult when we are trying to solve multiple things at once. Instead of focusing on solving a complex problem, it is best to focus on one task at a time. In this step, it might be necessary to break down the problems into smaller tasks.”

While explaining the SOLVED method, it may be helpful to work through an example problem using the to demonstrate each step. The following example may be useful:

SELECT A SPECIFIC PROBLEM: I don’t have transportation to my doctor’s appointment

OPEN your MIND to ALL POSSIBLE SOLUTIONS

1. Ask someone at church to drive me
2. Take the bus
3. Ask God to help me
4. Reschedule my appointment
5. Call a cab

LIST THE PROS/CONS OF EACH POTENTIAL SOLUTION:

1. Ask someone at church to drive me (pros: free; cons: they might be annoyed/say no)
2. Take the bus (pros: inexpensive; cons: I don’t have the schedule)
3. Ask God to help me (pros: God always helps me; cons: sometimes God takes time to answer my prayers)
4. Reschedule my appointment (pros: my daughter can take me next week; cons: I would rather go now)
5. Call a cab (pros: I won’t have to rely on someone else to help me; cons: expensive)

V = VERIFY THE BEST SOLUTION AND CREATE A PLAN:

Ask someone at church to drive me.

STEPS:

Ask Frida if she can give me a ride.

ENACT THE PLAN

DECIDE IF THE PLAN WORKED.



Use an example from the client's previous monitoring and discussions and identify a relevant problem to be solved.

“What are some problems that you are finding difficult to solve? What is a goal of yours that you are finding difficult to complete?”

If the problem is too vague, ask the client the following questions to narrow it down:

1. How does the problem affect your life?
2. What do you think caused the problem or keeps it being a problem for you?
3. What would be a good outcome?
4. What would be a good first step towards that goal?

The answer to question 4 is the specific problem you will start with.

**O = OPEN YOUR MIND TO ALL POSSIBLE SOLUTIONS**

“When opening your mind to all possible solutions, it is important to be very broad. Do what is called ‘brainstorming.’ Write down every possible solution that comes to mind, even those you think are silly or not ideal. Don’t worry about the potential consequences of these solutions right now. We will address the pros and cons of each solution in the next step.”

“When trying to come up with different strategies or solutions, it can be helpful to think about what advice you would give someone else with this problem.”

“Look at the ways you and others have handled similar situations. It might also be helpful to talk with a close friend or relative who you think might be able to offer potential solutions.”

*“Sometimes solutions to our problems can also be found through R/S means. Could you talk with your R/S leader? Do you think there may be solutions in the Bible or other R/S literature? Do you feel you can find solutions to problems through prayer? Can you think of any R/S solutions to your problem?”*

“Remember that, at this stage, it is important to think of a large, broad list of potential solutions – without considering the consequences of these solutions right now.”

Give examples for the problem you and the client have already identified, and ask the client for input. Use a range of suggestions, choosing some that are clearly not optimal or ideal (e.g., robbing a bank to fix financial problems) and others that could be useful.

*Also, include R/S topics or problem-solving style as possible solutions to the identified problem (e.g., pray about problems, ask for assistance) if client is wanting to incorporate R/S beliefs.*

**L = LIST THE PROS/CONS OF EACH POTENTIAL SOLUTION.**

“For each potential solution that you have listed, let’s consider the consequences or outcomes of what will happen if you enact it. Evaluating the pros/cons of each and putting them on paper are helpful and easy ways to reduce the time spent going over it again and again in your mind, unproductively.”

Help the client identify potential pros/cons of the above-mentioned problem. In some cases, identification of pros/cons may require information from other people, e.g., lawyers, financial advisors, etc. You can help the client identify where such information might be obtained.

**V = VERIFY THE BEST SOLUTION AND CREATE A PLAN.**

“By evaluating the outcomes of each solution and weighing the pros/cons, it is often relatively simple to ‘rank order’ the solutions. Which solutions are most practical and/or desirable?”

**E = ENACT THE PLAN.**

“Next, it is important to think about the best solution and identify the steps needed to carry it out. Make each step small so that you are easily able to achieve your goal. Remember, just like in the *S* step (Select a Specific Problem), if we are too broad we can overwhelm ourselves; so it’s important to be as specific as possible so our solution can be measurable. This will let us know if we are moving closer towards our goal.”

Help the client break the actions down into steps small enough to facilitate achievement of the goals.

“The next step is to carry out the plan – take the steps specified in the prior phase.”

*Note: If you discussed R/S problem-solving skills, include some R/S activities the client can use to carry out the plan (e.g., praying for help, reading the Bible or other religious literature).*

**D= DECIDE IF THE PLAN WORKED.**

“Step D will be the final step in the SOLVED technique. You will not complete this step until you have gone through ALL the steps in Step E.”

“During this time, you will evaluate how well the chosen solution actually worked. Here you can assess outcome in terms of expected pros/cons. If the solution was effective, pat yourself on the back for a problem that has been solved using the SOLVED technique. If the solution was not effective, go back to the *S* step (Select a Specific Problem) and specify a new problem – or move to *O* step (Open your Mind to all Possible Solutions) or *L* step (List the pros/cons of Each Potential Solutions) to identify other goals or potential solutions for the same problem. Repeat other steps to identify an alternative solution.”

“Do your best to complete each activity this week so we can go over them when we meet next time.”

## Instructions for Practice Exercises



1. Hand out Workbook page 74 (“Problem Solving Skills Practice Form Example”) and two more copies of Workbook page 75 (“Problem Solving: Skills Practice Form”). Encourage the participant to begin taking action on at least one more SOLVED strategy for a problem that occurs during the week, in addition to enacting the plan that was just discussed in-session.
2. Remind client to contact any community resources that were identified and/or to review the “How to Talk to Your Doctor” handout with his/her health care provider as needed.
3. Consider whether client would benefit from further awareness practice and discuss whether further awareness practice is desired. Ask the client to practice awareness and complete the “Becoming Aware of Worry/Stress Skills Practice Form” (Workbook page 24) at least three to four times over the next week.
4. Remind the client to continue using breathing, calming statements, and other skills learned in everyday situations.
5. Set the next appointment. Remember to talk with the client about whether he/she would like to hold the next session by phone. Review the pros and cons of telephone sessions (e.g., easy access, comfort and ease of hearing).



**Elective Session: Learn How to Relax II (one of two) – Progressive Muscle Relaxation (PMR)**  
(In-Person)

**Refer to “Elective Session Agenda” (pages 35-36 of this manual) for an overview of the session goals, list of necessary materials, and instructions for telephone sessions, follow-up on community resource referral and link to health care provider, and home practice review.**

1. *Inquire about whether the client would like to incorporate R/S into this session.*

2. Review Workbook page 77-78 (Learn How to Relax II: Progressive Muscle Relaxation (PMR))

“In chapter 3 you learned a deep-breathing strategy to help cope with physical symptoms associated with worry/stress. Today we are going to focus on trying to further alleviate some physical symptoms of worry/stress by learning the skill of Progressive Muscle Relaxation, or “PMR.”

3. Introduce the concept of PMR with the following explanation.

- “PMR consists of learning how to tense and then relax various groups of muscles all through the body in a sequential fashion, while paying very close attention to the feelings associated with both tension and relaxation. With this procedure, you will not only be learning how to relax; you also will be learning to recognize and pinpoint tension and relaxation in your body during everyday situations, as well as in our sessions here.”
- “You may be wondering why, if we want to produce relaxation, we start off by producing tension. The reason is that the tension exercise provides a contrast with relaxation, so that you learn to discriminate between feelings associated with tension and feelings associated with relaxation. Sometimes tension builds gradually without our being aware of it. Learning to detect the initial signs of increased tension will put you in a better position to use relaxation in a timely manner instead of waiting for worry/stress to reach a very high level.”
- “Remember that the tensing part of the exercise is not intended to produce pain. In fact, if you experience chronic pain in any part of your body, it is best to avoid the tensing component for the muscles in that area; just do the relaxing component when you get to those muscle groups.”

4. Check that the client understands the rationale for the tension-relaxation cycle; initiate a brief discussion of areas of chronic pain that might interfere with the tension-relaxation procedure so you can avoid giving instructions to tense that part of the body. Continue explaining PMR to the participant as follows:

- “The procedure asks you to tense and release different muscle groups in sequence, moving from the arms to the face, neck, chest and shoulders, torso, and legs. For each specific muscle group, it’s important to try to tense only that muscle group during the tensing part of

the exercise. Throughout the procedure, it is important to concentrate on the sensations produced by the different exercises. Other thoughts may wander into your mind, particularly worrisome thoughts. Two benefits occur from directing your attention to the physical sensations you're experiencing: first, you will learn a method to cope with worrisome thoughts. Second, you will develop a mental representation of the feeling of deep relaxation."

- "It will be important for you to practice the 20-minute procedure at least once a day. As you become more skilled at using PMR, you may find that you can relax without having to actively tense your muscles. You should use a regularly scheduled practice time, preferably in an environment that is not distracting. When you have learned to relax in a calm environment, it should be easier for you to relax in more distracting situations, whenever you notice tension developing. It is helpful to use a high-backed chair to support your neck, but lying on the bed also is okay, as long as you don't fall asleep. Also, it is helpful to loosen tight clothing, remove shoes/belts, and keep your arms and legs uncrossed. If you wear glasses or contact lenses, it might be helpful to remove them before practice."

## 5. Steps of the Seven-Muscle-Group Procedure for PMR

First, review breathing instructions (pp. 24-26); repeat the skill with the client as necessary. Remind the client to take long, deep breaths from the diaphragm. Have the client place a hand on his/her abdomen with the little finger about 1 inch from the navel and practice breathing. As taught during the previous session, the client should feel his/her hand moving out with the inhalation and in during the exhalation. Have the client practice taking several long, even, deep, and slow breaths, breathing in to the count of 5 and out to the count of 5 (let him/her determine the own counting speed). *If the client used an R/S word or image during the breathing session, be sure to have him/her include the word or image. Have him/her visualize the word after the count of 5 during exhalation.*



- "Do not hesitate between inhalation and exhalation so you will not hyperventilate. As you continue through the relaxation process, inhale as you tense muscles and exhale as you relax them."

Next, model each tension procedure, holding each for 5-10 seconds. Ask the client to practice, and provide feedback. Check to be sure that the client can identify tension in each group before moving on to the next. Remind the client that this information will be included in the handout that he/she will receive at the end of the session (Workbook pages 77-78).

- "Right arm: Make a fist and tense your biceps; pull your wrist upward while pushing your elbow down against the arm of a chair or bed."
- "Left arm: Perform the same movements as for the right arm."
- "Forehead, lower cheeks and jaw: Lift your eyebrows as high as possible, bite your teeth together and pull the corners of your mouth tightly."

- “Neck and throat: Pull your chin down toward your chest; and at the same time, try to prevent it from actually touching your chest. Squeeze the muscles in the front part of your neck against those in the back part of your neck. (If the client has trouble, tell him/her to imagine a string is pulling his/her head back.)”
- “Shoulders, chest, and upper back/abdomen.: Take a deep breath and hold it. At the same time, pull your shoulder blades back and together, trying to make them touch. Try to keep your arms as relaxed as possible while tensing this muscle group. At the same time make your stomach hard by pressing it out, as if someone were going to hit you there.”
- “Right leg: Lift your foot off the floor, and push down on the chair with your thigh.”
- “Left leg: Do the same movements as for the right leg.”

#### 6. Practice of PMR, Using Breathing Instructions

Ask the client to remove his/her glasses, use the restroom if necessary, and loosen any restrictive clothing (jackets, shoes, etc.). Dim lights, if possible, and ask client to close eyes throughout the whole exercise until indicated to open eyes again. You may have to remind the client throughout the exercise to continue to breath, keep eyes closed and only tense/relax the muscle group being worked on. Use the PMR instructions in **Appendix C**, and conduct the procedure.

**IMPORTANT** - Make sure to raise your voice to sound tense when sounding out the instruction “**now,**” and sound more soothing when saying “**and relax.**” Hold each tension for 5-10 seconds, and relax for 20 seconds.

After the practice is complete, ask whether he/she became more relaxed. Ask if he/she noticed any signs of residual tension. Ask whether there were any noticeable sensations that he/she wants to discuss. Remind the client of appropriate expectations - that he/she may not see intervention effects immediately.

Remind the client that PMR may be useful to help him/her relax prior to or after engaging in a stressful situation.

#### **Instructions for Practice Exercises**



1. Review Workbook page 77-78 (“Learn How to Relax II: Progressive Muscle Relaxation (PMR)”), and review instructions for practice exercises on Workbook page 79. Hand out one copy of

Workbook page 80 (“Learn How to Relax II: Progressive Muscle Relaxation (PMR) Skills Practice”) and indicate where the client can record his or her practice.

2. Remind client to contact any community resources that were identified and/or to review the “How to Talk to Your Doctor” handout with his/her health care provider as needed.
3. Consider whether client would benefit from further awareness practice and discuss whether further awareness practice is desired. Ask the client to practice awareness and complete the “Becoming Aware of Worry/Stress Skills Practice Form” (Workbook page 24) at least three to four times over the next week.
4. Remind the client to continue using breathing, calming statements, and other skills learned in everyday situations.
5. Set the next appointment. Remember to talk with the client about whether he/she would like to hold the next session by phone. Review the pros and cons of telephone sessions (e.g., easy access, comfort and ease of hearing).



## **Thought Stopping**

(In-Person or Telephone, Elective Session)

**Refer to “Elective Session Agenda” (pages 35-36 of this manual) for an overview of the session goals, list of necessary materials, and instructions for telephone sessions, follow-up on community resource referral and link to health care provider, and home practice review.**

### **Thought Stopping**

1. *Inquire about whether the client would like to incorporate R/S into this session.*
2. Review Workbook page 82 (“Thought Stopping”).

“As we discussed in our first session together, spending too much time worrying can get in the way of completing tasks or enjoying your life. The goal of the next skill is to help you stop dwelling on worry-/stress-related thoughts and images, and instead focus on completing your everyday tasks.”

3. Explain the purpose of thought stopping, as follows:

“The purpose of thought stopping is to help you reduce feelings of worry/stress by stopping the thoughts when they’re interfering with your life. When worried, you may find that the negative thoughts are hard to control and that they run through your mind over and over again, like a broken recorder. At these times, you might tend to find it very difficult to concentrate on other things and can have a hard time completing necessary tasks. This skill is helpful when your thoughts are stuck on what is causing your worry/stress and those thoughts are getting in the way of what needs to be done. Thought stopping can help you redirect your attention to an activity instead of dwelling on the thoughts you might be experiencing.

The idea is to stop these thoughts when you first notice them and redirect your attention to something more active or in line with your values or goals. By doing this, you can prevent these worry/stress thoughts from taking control and leading you down a negative path and producing more worry/stress.

Thought stopping consists of two important parts:

**STEP 1:** The first step of thought stopping is being aware that you are worried. Sometimes it is easy to tell that you are worried; you have thoughts in the back of your mind that you cannot quit thinking about. Sometimes, you are so used to being worried that you do not even notice that you are thinking negative thoughts. This is why we teach you to become aware of your unique worry and stress symptoms that you experience. As soon as you notice that your thoughts are becoming negative, repetitive, or too focused on worries, you should use thought stopping.

**STEP 2:** The second step of thought stopping is to say “stop.” You can say it out loud or to yourself. You can think of a big red stop sign or one of those big pink erasers you had in school as a cue to erase that thought from your mind.

**STEP 3:** The third step of thought stopping is immediately redirecting your attention to other things. You can’t just sit there, realize you’re worried, say ‘stop’, and then feel better. That doesn’t work. Instead, you need to replace those thoughts by actively choosing to focus on

something else or engaging in a different activity. You can focus on the things in the room, the colors and light you see. You can go look outside the window and see the trees and the flowers. You can also focus on what you hear or smell or taste. You can smell your coffee or perfume, or put a mint in your mouth, or feel the texture of your clothes. Getting up and taking a walk or doing another activity may be helpful.

*You may also want to redirect your attention to meditation or prayer. Many people have a scripture or saying or prayer that they say to themselves when they are worried or stressed that helps calm them down. You can say it over and over until that thought goes away.*



Whatever you choose to focus your attention on is good - as long as you're not focusing on another worry. The important thing is to get your mind away from the negative thought. Remember, if you don't do anything but say stop, the negative thoughts will not go away. You must replace them with something.

There are other ways you can turn your attention outward. For instance, you may choose to focus on something that heightens one or more of your senses. You could put something in your mouth that has a strong flavor, such as a strong mint. You could touch something very cold, such as a piece of ice. You could even use something that has a strong smell, such as a container of coffee beans, herbs, flowers, or a scented candle. The goal is to turn your attention away from your worry/stress thoughts and toward something else.

*Inquire about what the participant finds to be most helpful.*

#### 4. Practice thought stopping.

Begin to teach thought stopping by having the client identify a worry-/stress-producing situation aloud and clarify what the worry/stress thoughts might be. Ask the client to think about the worry thoughts for a brief period. Then say "Stop!" loudly, tell the participant to imagine the stop sign and to immediately open his/her eyes and divert his/her attention to what's going on in the room (who is there, where they are, how light/dark it is, what is hanging on the walls, etc.). If you are conducting the session in person, ask the client rapid questions so that he/she can describe the surroundings. If conducting a telephone session, ask the client to describe his/her surroundings. Spend some time on the diversion section so that the participant's focus is distracted from worry thoughts to details in his/her surroundings.

After practice, ask if the participant is still thinking about the worry thoughts. Ask for feedback about how the participant thinks this strategy might be useful in his/her daily life. Include discussion of how thought stopping may be helpful in future situations that can cause worry thoughts.

The following script can be used to conduct this exercise:

*"To practice this skill, we will complete a short exercise that will help you learn thought stopping. Let me know when you ready.*

*I want you to think about the last time you felt worried or stressed – maybe some time this morning, yesterday, the day before, or last week – do you have something in mind?*

*I would like you to keep your eyes closed throughout this exercise until I signal you to open them again. This will help you concentrate and keep you focused on the exercise.*

*Now that you have a situation in mind, let's begin.*

Close your eyes. I want you to describe to me the situation that caused you to worry. I want you to describe this situation as if we traveled back in time and you are there again. Try to picture yourself back in that situation.

I want you to imagine yourself actually in the worry-/stress-producing situation. Tell me out loud about the situation.

Where are you?

Who is with you?

What are you feeling?

What thoughts are going through your mind?

What are you thinking?

STOP! -- imagine the stop sign, and immediately open your eyes.”

Divert attention to what’s going on in the room. At this point, IMMEDIATELY redirect the client’s attention by asking multiple quick, specific questions about his/her surroundings. Specific questions will need to be related to the location the person is in. Some possible questions are listed below:

What color is the carpet?

How many pictures are on the walls?

Are the lights in this room bright or dark?

What do you hear?

What do you smell?

Does your shirt feel soft or rough?

After redirecting client’s attention, ask client how he/she feels after completing exercise.

“Are you still thinking about the worry thought? Did the skill help stop the worrying thought?

Do you think you can use this skill in the future?”

Remind the client that he/she can incorporate or combine different skills into this exercise as he/she continues to learn new skills. Point out that finding what skills work best for him/her are key in helping manage the worry.

## Instructions for Practice Exercises



1. Review Workbook page 82 (“Thought Stopping”). Hand out instructions for practice exercises on Workbook page 83. Hand out one copy of Workbook page 84 (“Thought Stopping Skills Practice Form”) and indicate where the client can record his or her practice.
2. Remind client to contact any community resources that were identified and/or to review the “How to Talk to Your Doctor” handout with his/her health care provider as needed.
3. Consider whether client would benefit from further awareness practice and discuss whether further awareness practice is desired. Ask the client to practice awareness and complete the “Becoming Aware of Worry/Stress Skills Practice Form” (Workbook page 24) at least three to four times over the next week.
4. Remind the client to continue using breathing, calming statements, and other skills learned in everyday situations.
5. Set the next appointment. Remember to talk with the client about whether he/she would like to hold the next session by phone. Review the pros and cons of telephone sessions (e.g., easy access, comfort and ease of hearing).



## **Changing Your Thoughts to Manage Worry/Stress (one of two)**

(In-Person or Telephone, Elective Session)

**Refer to “Elective Session Agenda” (pages 35-36 of this manual) for an overview of the session goals, list of necessary materials, and instructions for telephone sessions, follow-up on community resource referral and link to health care provider, and home practice review.**

Note: Since changing thoughts is a difficult skill for some participants, you may choose to focus on the skill over two sessions.

### **Realistic Thoughts**

1. *Inquire about whether the client would like to incorporate R/S into this session.*
2. Explain the purpose of realistic thoughts.

“Today we are learning a new skill to reduce thoughts that can lead to worry/stress. This is important because worry/stress thoughts will influence how you feel about things and how you behave in certain situations.”

Review the following example with the client:

“Imagine there is a person...

**Situation:** Sitting in the doctor’s office waiting for lab results.  
and having thoughts such as...

**Thoughts:** “Why am I waiting so long? I’ll bet there is something wrong, and the doctor does not want to tell me. I must be really sick. I can’t stand this anymore; I have to leave.”

If a person were having these thoughts, why types of physical symptoms might he/she have? How might the thoughts affect his/her behavior? How do you think a person would feel if he/she were having these thoughts?

He/she might experience:

**Physical signs:** Muscle tension, sweaty palms, butterflies in the stomach

**Behaviors:** He/she might leave the doctor’s office and later call for the results, or remain and wait for the lab results while in great distress. In the future he/she might be less likely to go to the doctor’s office because the stress of going there was so high

**Feelings:** Fear, nervousness, anxiety

3. Explain how changing your thoughts can affect you.

“Changing your thoughts to be more realistic can affect how we respond physically and how we behave in certain situations, which will help to change our feelings.

Now, what types of physical symptoms do you think the person in the example would have if, instead of the previous thoughts, he/she thought, “The doctor is really busy. This must be a really good doctor”? How might these thoughts affect his/her behavior? How do you think a person would feel if he/she were having these thoughts?

He/she might experience:

Physical signs: Muscle relaxation

Behaviors: He/she will likely wait patiently for the doctor (i.e., have no change in his/her behavior)

Feelings: Calmness, relaxation, confidence



4. *If the client has chosen to incorporate spirituality into this session, give other examples, based on your knowledge of his/her values and beliefs. Some examples include:*

*“The doctor is probably busy. I am blessed to have such a good doctor!”*

*“God may be using this opportunity to teach me about patience.”*

*“I am grateful to have such a good doctor.”*

5. Teach the client to identify and evaluate his/her underlying assumptions.

Hand out Workbook page 86-87 (“Changing Your Thoughts to Manage Your Worry/Stress”).

Explain to the client that there are three steps in changing thoughts, as follows:

Step 1. “The first step is to recognize, or identify, thoughts associated with worry/stress. You have already begun to do this through the worry-/stress-awareness practice exercises.”

Step 2. “The next step is to think very carefully about how realistic these thoughts are. Sometimes we misinterpret situations to mean that something terrible is happening when it actually isn’t (e.g., refer to the previous example). “

Step 3. “The third step is to find a different way to think about the situation that is more realistic. It’s important to open your mind to other possibilities since people often tend to assume that whatever thought comes into our head is the ‘truth.’ Sometimes it is, but sometimes it isn’t. There are always alternative thoughts to the ones you’re having.”

“Can you think of examples when you realized your thoughts were not realistic and you changed the way you were thinking?”

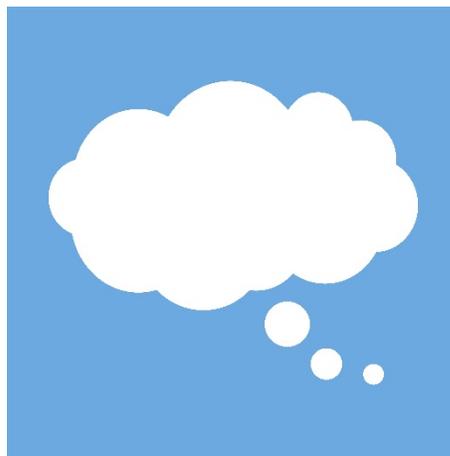
If the client cannot think of examples, you may remind him/her of examples from the daily awareness practice exercises.

NOTE: Some cultures believe it is important to rely on one's intuition, "gut," or "first mind." If the client raises this objection, it might be helpful to explore whether he/she has ever experienced a time when he/she had a thought that turned out to be inaccurate or unrealistic. You can then use that example to illustrate the importance of evaluating one's thoughts. If the client still does not respond well to this idea, avoid getting into a debate. Suggest moving on with the rest of the session.

6. Explain the difference between realistic thoughts and positive thinking.

"This is not the same as simple 'positive thinking.' Instead, when you evaluate your thoughts, decide if they are realistic – not just ideal. 'Too positive' thinking can be unrealistic as well and might set you up to be let down. For example, it would be unrealistically positive to think, 'Everything will turn out just the way I want it to go.' It would be more realistic to think, 'I may get what I want, but it's also possible that I won't.'

"For example, in the previous situation, the person may not want to replace the unhelpful thought that he/she is probably really sick with 'I am the healthiest person alive,' because that would also not be realistic. A more realistic thought might be something like, 'If I am sick, it will be good for me to be at the doctor to get it checked out.' This is not overly positive or negative and is much more realistic than the alternatives."



7. Hand out Workbook pages 88-90 ("Examples of Unrealistic Thoughts").

"This is a list of common examples of unrealistic thoughts that make people feel more worried/stressed. The three main types of unrealistic thoughts are For Sure Statements, Should Statements, and Big Deal Statements."

**For Sure Statements:**

"For Sure statements involve jumping to conclusions. Sometimes a negative event is possible, but not very likely (e.g., a grandchild could have an accident, but it is unlikely). If you are thinking something bad will absolutely happen, you may be overestimating how likely it is. This could lead you to feel more worried or stressed.

“This type of belief includes believing that you know how an event is going to turn out. It looks only at the extremes of a situation, allowing no room for ‘middle ground.’ For example, someone may think, ‘If I disagree with someone, he/she will never want to speak to me again,’ or ‘I made a mistake at work - I will definitely get fired!’ There are many other possible outcomes to these situations.

“For example, remember the above scenario (i.e., waiting in the doctor’s office for lab results) – an example of a for sure statement in this scenario would be, ‘The doctor definitely has bad news; that’s why he is late.’ This type of thought likely leads to anxiety but may be unrealistic because there are many other potential explanations for why there could be a wait (e.g., maybe there are lots of other people waiting, maybe someone is out sick so they are running behind, or maybe there was a problem in the laboratory analyzing the test).”

Discuss an example of the client’s thoughts that fit in this category. As you discuss the example, ask probing questions to identify a “For Sure” prediction that the participant is expressing. If the thought is actually not unrealistic, help him/her find another example.

#### Should Statements:

“Telling yourself that you or others ‘should’ act a certain way, or thinking that things ‘should’ turn out a specific way, creates expectations or ‘rules’ about your behavior or the behavior of others. It’s important to stop and think whether the ‘rule’ or expectation makes sense in every case. Sometimes it will, but sometimes it won’t. For example, someone may think, ‘I should always be able to stop what I am doing to help a friend,’ or ‘People should always return phone calls immediately.’ Although it might be ideal to stop what you are doing to help a friend or return phone calls immediately, sometimes it’s just not possible.

“This type of common unrealistic thought can involve taking on too much responsibility. Or it may involve imposing your rules or beliefs about how things should be on others.

“In the above scenario (i.e., waiting in the doctor’s office for lab results), an example of a Should Statement thought is, ‘I should not have to wait so long; this is rude!’ This type of thinking will likely lead to frustration/anger but may not be realistic – for example, maybe they cannot help that they are running late, or maybe there was an emergency.”

Discuss an example of the client’s thoughts that fit in this error category. As you discuss the example, ask probing questions to identify a statement about what he/she or someone else “should” do. If the thought is not unrealistic, help him/her find another example.

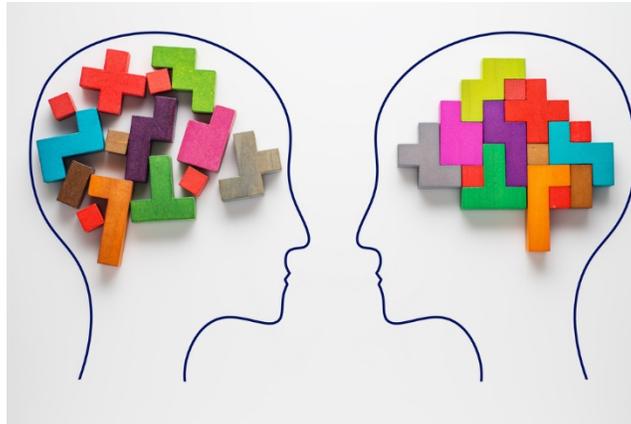
#### Big Deal Statements:

“People with worry/stress sometimes get very nervous about things that, even if they did occur, would not be a very big deal. For example, someone may think, ‘It would be absolutely horrible if I arrived late for this appointment!’ Another person may think, ‘I couldn’t stand it if I did something embarrassing in front of other people!’ In these cases the worry/stress is very extreme and out of proportion for the situation.

“However, in other situations, worry/stress thoughts are about something that is serious, such as a health problem or the loss of a loved one. In these situations, some worry/stress makes sense. We only try to change “Big Deal” thoughts when they are about situations where worry/stressing is out of proportion.”

“In the above scenario (i.e., waiting in the doctor’s office for lab results), an example of a Big Deal statement is, ‘I absolutely cannot handle waiting, I am going to go crazy!’ This type of thought would likely lead to anxiety but is not realistic – it may be stressful to wait, but the person can likely handle it.”

Discuss an example of the client’s thoughts that fit in this error category. As you discuss the example, ask probing questions to identify a “Big Deal” thought (e.g., “I couldn’t stand it if...! It would be absolutely horrible if...!”). If the thought is not unrealistic, help him/her find another example.



8. Teach the client key questions for evaluating his/her thoughts.

“Once you have identified the thought that is making you feel worried/ stressed, it is important to examine how realistic the thought is. You can do this by asking yourself some key questions.”

“Am I assuming that something negative will happen?”

“Are there other possible ways this situation could turn out?”

“Are my expectations reasonable in this situation?”

“Is my thought about a rule someone else ‘should’ follow?”

“If this happened, would it really be the worst thing in the world?”

*“Many people also examine whether their thoughts fit with their R/S beliefs. You could ask yourself the following questions.”*

*(NOTE: You may fill in the blanks with the participant’s preferred words, such as God, the Bible, my religion, my spirituality.)*

*“Does \_\_\_ say that I can know 100% what will happen?”*

*“Have I been protected or spared in difficult situations like this one?”*

*“Does \_\_\_ say I must always (or never) [fill in the blank with the participant’s expectation]?”*

*“According to \_\_\_, am I responsible for controlling what others do?”*

*“Would \_\_\_ want me to get so upset about this?”*

*“Is it possible that there is a bigger purpose for this situation?”*

Using one of the client’s examples you discussed above, help him/her use these questions to evaluate the thought.

9. Teach the client how to create alternative thoughts by explaining the process and giving examples of how to modify unrealistic thoughts, as time permits. Choose at least one category of unrealistic thoughts that was easy for the client to understand or that comes up frequently for him/her. If need be, the remaining categories can be addressed in a second session of Realistic Thoughts.

*“If asking the questions above shows you that your thought is unrealistic, you can come up with a more realistic thought that will help you feel less worried or stressed”*

For sure statements:

*“With For Sure Statements, it is important to try to think realistically about the actual likelihood that the negative event will occur. You can also think about other ways the situation might turn out. If you are making an extreme prediction about what will happen, try to seek some middle ground. Phrases to help make For Sure thoughts more realistic are “It’s more likely that...” and “The chance of \_\_\_ really happening is...”*

*“For example, let’s look at the thought: ‘I am going to be fired because I made a mistake.’”*

*“A more realistic way of thinking about this situation might be: ‘The chance of getting fired for making this mistake is low. It is more likely that I will just get in a little trouble and have to fix the mistake.’”*

Ask the client how the alternative thought is more realistic than the original thought. Make sure the client understands. Then ask the client to come up with an alternative thought for a For Sure example he/she identified previously.

*Encourage the client to use examples that are tailored to his/her own spiritual beliefs to help overcome the unrealistic “for sure” statements. Examples:*

*“I cannot say for sure what will happen; only \_\_\_ truly knows what the future holds.”*

*“\_\_\_ has gotten me through things like this before.”*

Should Statements:

*“With Should Statements, it is important to think about the exceptions to the rule and to decide whether your rule is actually just a personal preference instead. People have their own ways of doing things that work for them. Phrases to help make Should thoughts more realistic are “It would be nice if...but...” and “Unfortunately ... but thankfully...”*

*“For example, let’s look at the thought: ‘I should always be able to stop what I am doing to help a friend.’”*

*“A more realistic way of thinking might be: ‘It would be nice if I could always stop what I am doing to help my friends, but sometimes I have to take care of myself.’”*

*“Let’s also look at the thought: ‘My son/daughter should be a better parent.’”*

*“It might be more realistic to think: ‘It would be nice if my son/daughter were a better parent, but I can’t control what my son/daughter does.’”*

Ask the client how the alternative thought is more realistic than the original thought. Make sure the client understands. Then ask the client to come up with an alternative thought for a Should example he/she identified previously.

*“R/S can play a big role in how people think about situations. When you get worried/stressed, your R/S may help you think realistically.”*

*Use the example about waiting for the doctor to give results: God has blessed me with good health, and I take good care of myself; it is unlikely that I would suddenly have a fatal disease. I can turn to God for help if I get bad news.*

*“Have you noticed any ways that your R/S helps you think more realistically when you are worried/stressed?”*

*“As we go through examples of unrealistic thinking, we’ll talk more about how your R/S can help you take a new perspective on challenging situations.”*

*Encourage the client to use examples that are tailored to his/her own spiritual beliefs to help overcome the unrealistic “should” statements. Examples:*

*“Unfortunately, there is nothing I can do this very moment; but, thankfully, with \_\_\_’s strength I can overcome this situation eventually.”*

*“\_\_\_ does not expect me to take on too much responsibility.”*

*“It would have been nice if I hadn’t reacted the way I did, but I know I am capable of forgiving myself and that \_\_\_ forgives me as well.”*

#### **Big Deal Statements:**

*“If you find yourself thinking a Big Deal thought, remember that many times even the worst thing that could happen is something you could cope with. Try to avoid making a mountain out of a molehill. Phrases to make Big Deal thoughts more realistic are ‘It won’t be the end of the world if...’ and ‘Even if the worst case happens, I can handle it.’”*

*“Let’s look at the thought: ‘It would be absolutely horrible if I arrived late for this appointment!’”*

*“A more realistic thought might be: ‘It is not the end of the world if I am late for this appointment.’”*

Ask the client how the alternative thought is more realistic than the original thought. Make sure the client understands. Then ask the client to come up with an alternative thought for a Big Deal example he/she identified previously.

*Encourage the client to use examples tailored to his/her own spiritual beliefs to help overcome the unrealistic “big deal” statements. Examples:*

*“This may seem overwhelming right now, but I know this, too, shall pass.”*

*“\_\_\_ will never give me more than I can handle.”*

*“This is an opportunity to grow in my faith.”*

10. Practice recognizing and evaluating worry/stress thoughts and generating alternative thoughts, using the Thought Record.

Hand out a copy of Workbook page 92, “Changing Your Thoughts to Manage Worry/Stress Skills Practice Form”, and work together to complete that day’s practice exercise together. Have the client identify a worry/stress-producing situation aloud and clarify what the worry/stress thoughts are. (The client can use a previous example discussed in the session.) Next, have the client evaluate his/her worry/stress thoughts for distorted thinking. Then have the client generate some alternative thoughts.

*Ask that the client consider using spirituality to assess whether or not his/her thought may be considered distorted or taken out of proportion. Prayer and/or meditation can be helpful tools in cases in which “big deals” overrule the individual’s thoughts or perceptions of the situation.*

After practice, ask for feedback about how the client thinks this strategy might be useful in his/her daily life.

### **Instructions for Practice Exercises**



1. Hand out seven more copies of Workbook page 92 (“Changing Your Thoughts to Manage Your Worry/Stress: Skills Practice), and provide instructions for home practice.
2. Remind client to contact any community resources that were identified and/or to review the “How to Talk to Your Doctor” handout with his/her health care provider as needed.
3. Consider whether client would benefit from further awareness practice and discuss whether further awareness practice is desired. Ask the client to practice awareness and complete the “Becoming Aware of Worry/Stress Skills Practice Form” (Workbook page 24) at least three to four times over the next week.
4. Remind the client to continue using breathing, calming statements, and other skills learned in everyday situations.
5. Set the next appointment. Remember to talk with the client about whether he/she would like to hold the next session by phone. Review the pros and cons of telephone sessions (e.g., easy access, comfort and ease of hearing).



## Changing Your Thoughts to Manage Worry/Stress (two of two)

(In-Person or Telephone, Elective Session)

**Refer to “Elective Session Agenda” (pages 35-36 of this manual) for an overview of the session goals, list of necessary materials, and instructions for telephone sessions, follow-up on community resource referral and link to health care provider, and home practice review.**

### **Review of Changing Thoughts to Manage Worry/Stress**

1. Ask the client if there are any questions about the material discussed in Changing Thoughts to Manage Worry/Stress: Session 1. Use this time as a mini-review regarding changing thoughts to manage worry/stress and its purpose.

“As we discussed last session, the way we think can directly impact the way we feel and how we act. Thinking realistically can help with reducing worry and stress. There are three steps involved in changing unrealistic thoughts into realistic ones. The steps involve a) becoming aware of thoughts that cause or increase worry/stress; b) assessing whether the thought is realistic, based on objective information; and c) if the thought is realistic, changing it to a more reality-based realistic thought.”

2. *Inquire about whether or not the client would like to incorporate R/S into this skill.*
3. If necessary, review the three different categories of unrealistic thinking (e.g., for sure statements, big deal statements, and should statements; Workbook pages 88-90), questions that can help identify these thoughts and ways to changes the unrealistic thoughts to more realistic ones.
4. Remind client that the purpose of changing thoughts is not to simply have more positive thoughts but to have more realistic ones.
5. At this point, encourage the client to continue practicing the Changing Thoughts to Manage Worry/Stress (Workbook page 92).

“Do your best to complete each activity this week, so we can go over them when we meet next time.”



## Instructions for Practice Exercises



1. Hand out seven more copies of Workbook page 92 (“Changing Your Thoughts to Manage Your Worry/Stress: Skills Practice”), and review instructions for home practice on Workbook page 91 (“Changing Your Thoughts to Manage Your Worry/Stress: Skills Practice Form Example”).
2. Remind client to contact any community resources that were identified and/or to review the “How to Talk to Your Doctor” handout with his/her health care provider as needed.
3. Consider whether client would benefit from further awareness practice and discuss whether further awareness practice is desired. Ask the client to practice awareness and complete the “Becoming Aware of Worry/Stress Skills Practice Form” (Workbook page 24) at least three to four times over the next week.
4. Remind the client to continue using breathing, calming statements, and other skills learned in everyday situations.
5. Set the next appointment. Remember to talk with the client about whether he/she would like to hold the next session by phone. Review the pros and cons of telephone sessions (e.g., easy access, comfort and ease of hearing).



## **Review Progress and Maintain a Calmer Life**

(In-Person or Telephone, Core Session)

### **Goals**

1. Check in about community resource referrals and/or communication with health care provider (overview below)
2. Review practice exercises completed as homework from the previous session and all skills learned previously (overview below)
3. Teach information/skill from current module.
4. Wrap up program and encourage future practice of skills.

### **Materials for In-Person Sessions**

1. Clinician manual or pages from specific session to be covered
2. Necessary workbook pages for session (either in a workbook, or individual copies of the workbook pages).

### **Instructions Relating to Telephone Sessions**

1. Ask the client if he/she is still available and has time for today's session.
2. Ensure client has received all the necessary workbook pages (either by mail or provided at previous session).
3. Provide instructions to the client to remove all distractions because it can be easy to get distracted. Possible ways to approach distractions include asking the client if he/she can go to another room that is private or turn off the TV or radio.
4. Tell the client how long the session will be (30-45 minutes), and remind him/her that, if he/she needs to use the restroom or becomes tired, he/she should not hesitate to ask for a break. Also, should something more than a brief pause be necessary, there is always the option of rescheduling to complete the session.
5. Let the client know when to turn the page.



### **Follow-up on Community Resource Referral & Link to Health Care Provider**

1. If you provided the client with information regarding community resources or referral for a serious issue, follow-up on whether the client has tried to access the resources. If the client has not taken necessary steps, use MI techniques (described in the Introduction, pp 13-14) to help him/her contact the referrals provided. Provide alternative referrals if needed. If client has contacted the resource, ask about whether the available help has been beneficial. Continue to check in on this issue until client has followed-up with the referral.

2. Follow-up with client about plans to discuss his/her worry/stress and/or depression symptoms with a health care provider) as needed. If the client recently had an appointment with a health care provider, ask how the discussion went and whether he/she needs any additional assistance in communicating with his/her health care provider.



### Review of Practice Exercises



Briefly review Practice Exercise adherence, awareness practice and skills; and practice again if necessary. Encourage the client to choose one form to go over together. Let the client know that it is not important to review precisely what was written on the form (as some clients may experience embarrassment about their writing/spelling abilities), as long as they understand and can explain the example. *Briefly discuss the client's thoughts on incorporating spirituality in intervention and practice exercises. What did he/she like about it? What didn't he/she like about it?* Provide feedback and additional instruction, as needed.

If the client did not complete practice exercises, problem solve to determine the best way to accomplish practice exercises. Questions to ask include, “What got in the way of completing the practice exercises?” and “What was difficult about the exercises?” Ask if he/she feels the practice exercises are worth the time it takes to complete them. Remind the client that he/she will benefit more from the skills if he/she practices the skills regularly. Ask the client to try and practice the skill at least three – four days a week, reiterating the importance of repeated practice of skills. Complete one practice form together in session if it appears that the client did not understand or incorrectly filled out content being taught. This may be unnecessary if the client appears to have understood the previous session/skill well.

Note: if client has difficulty completing written forms, it may be useful for them to complete the exercise by reading the questions aloud and reflecting upon them. Remind client that the most important thing is that they are practicing the skill as much as possible.

If the participant has a chronic pattern of not completing practice exercises, follow MI tips in the Introduction section of this manual (pp. 13-14).

### Review of Progress and Skills Learned in the Calmer Life program

1. Review Workbook page 98 (“Maintaining a Calmer Life”).

“Today we will review everything you have learned. Remember, we discussed that there are two steps to reducing worry/stress. The first step is to become more aware of situations that create worry/stress and the symptoms you experience (physical, thoughts, behaviors). The second step is to use calming skills to reduce worry/stress. Let’s review the skills you learned.”

As the client follows along with the handout, list and review each skill that he/she has learned and ask him/her to practice each with you.

2. Review skills to change physical symptoms associated with worry/stress:

- Use relaxation skills:
  - Deep breathing,
  - Physical muscle relaxation or discrimination training, if applicable.
- Practice skills often, but briefly, reviewing instructions just as a refresher.
- Have the client give examples of times when relaxation skills would be beneficial to use.
- *Have the client identify any R/S modifications that he or she has found helpful.*

3. Review skills to change thoughts associated with worry/stress:

- Use thought adjustment and/or cognitive restructuring skills:
  - Calming statements
  - Thought stopping, if applicable
  - Changing thought skill, if applicable
  - Frequent but brief practice, with review of instructions just as a refresher
- Have the client give examples of thoughts and times when they would be helpful.
- *Have the client identify any R/S modifications that he or she has found helpful.*

4. Review skills to change behaviors associated with worry/stress:

- Use behavioral skills:
  - Behavioral activation for depression, if applicable
  - Changing behavior for worry/stress, if applicable
  - Problem-solving skills, if applicable
  - Sleep skills, if applicable
- Practice skills often, but briefly, reviewing instructions just as a refresher.
- *Have the client identify any R/S modifications that he or she has found helpful.*

5. Allow plenty of time to assess what is going well and what other practice or explanations may be required.

6. Get feedback about effects of skills so far – the client will probably have “favorite” skills that seem to work best for him/her. Some situations also may call for certain types of skills.

### **Developing a Calmer Life Skills Maintenance Plan**

1. Briefly explain the benefit of having a plan to manage worry/stress.

“There may be times in the future when things don’t go as well as you’d like them to. Now that you can recognize situations and symptoms associated with worry/stress, we can plan for tough times that may come up in the future. Many people find it helpful to have a plan to manage worry/stress before it gets out of control.”

2. Review Workbook page 99 (“Maintaining a Calmer Life: Skills Practice”).

3. Have the client identify worry/stress-producing situations.

“On the basis of your past experience, what are some situations that might make you worried in the future?”

4. Have the client identify his/her thoughts, physical symptoms, and behavioral reactions associated with worry/stress.

“How will you know if you’re getting worried?”

5. Have the client identify and write down the different calming skills he/she will use when in worry-/stress-producing situations.

“What calming skills will you use? *Are there any ways to incorporate your R/S beliefs that would be helpful with these skills?*”



6. Review Workbook page 100 (“Maintaining a Calmer Life: Skills Practice Form”) and encourage the client to continue practicing.

“Most people continue to improve even after this first phase of weekly meeting. In fact, studies have shown that, with practice, progress continues for as long as one year after sessions have ended. You may find that your worry/stress and your ability to manage it will continue to improve over time.”

### Wrapping Up

1. Review gains made and determine which skills were most useful.
2. Discuss feelings about finishing the program (pride in changes, sadness about ending, etc.).



## Appendix A

The GAD-7 is a 7-item self-rated scale where participants can rate questions about how often been bothered by problems described in the questions, with answer choices ranging from 0 (Not at all sure) to 3 (Nearly every day). Scores for the measure range from 0 to 21, with higher scores indicating higher anxiety severity. A cut-off score of 10, for older adults, signifies moderate anxiety<sup>3</sup>.

The GAD-2 is a 2 question items with answers being a “yes or “no” to questions about anxiety over the past month. A “yes” to one or more of the questions can signify moderate anxiety.

### **GAD-2**

*Over the **last 2 weeks**, how often have you been bothered by the following problems?*

	<b>Not at all</b>	<b>Several Days</b>	<b>Over half the days</b>	<b>Nearly everyday</b>
1. Feeling nervous, anxious, or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3

### GAD-7

Over the last 2 weeks, how often have you been bothered by the following problems?

	<b>Not at all</b>	<b>Several Days</b>	<b>Over half the days</b>	<b>Nearly everyday</b>
1. Feeling nervous, anxious, or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it's hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid as if something awful might happen	0	1	2	3

TOTAL SCORE =

If you have checked off *any* problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

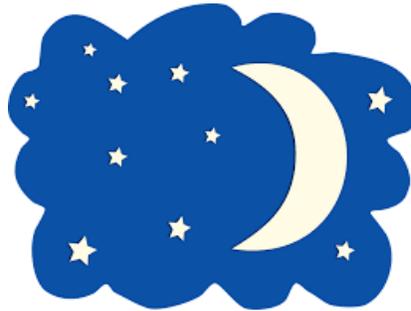
Not Difficult at All	Somewhat Difficult	Very Difficult	Extremely Difficult
0	1	2	3

## Appendix B

### Sleep Skills

As people age, they tend to sleep less at night than when they were younger. Most older adults sleep only about 7 hours at night. They often take a nap around lunchtime if they feel tired. People often have trouble sleeping because they are worry/stressing. If you do not get a good night's sleep, remember that you can always get more the next night. Below are some simple rules that can help you sleep better and feel rested the next day.

### Nighttime Skills



1. Go to sleep and wake up at the same time every day.
2. Develop a routine or habit when it is time to get ready for bed.
3. Stretch or soak legs in a hot bath just before bed.
4. Relax before bedtime or when you wake up at night.
5. Limit the use of the bed for sleep or intimacy with your partner.
6. Get out of bed if you are not asleep in 15 to 20 minutes.
7. Make your bed and bedroom as conducive to sleep as possible
8. Decrease pain.

### Daytime Skills



1. Do not get into bed at all during the day.
2. Try not to nap, or limit naps to 1 hour and no later than 3 pm.
3. Do not drink caffeinated drinks in the afternoon or evening.
4. Exercise at least 3 or 4 days per week (at least 4 hours before bedtime).
5. Drink more fluids in the morning and less in the evening.
6. Try spending a few minutes each morning in natural sunlight.

## Appendix C

### Progressive Muscle Relaxation

#### 1

First, get into a comfortable position, either lying down or sitting in a comfortable chair. The quieter the place the better. Close your eyes. Erase all thoughts from your mind, as if erasing a blackboard, making the mind empty. Take several long, even, deep, and slow breaths. Breathe in to the count of 5 and breathe out to the count of 5. Do not hesitate between inhalation and exhalation so as not to hyperventilate. As you continue through the relaxation process, inhale as you tense muscles and exhale as you relax them.

Now I'm going to take you through the 7-muscle groups. Listen while I describe the tensing process, waiting until I say **now** before you tense those muscles. Be sure to release your tensed muscles immediately when I say "**and relax.**" As we go through the tensing and relaxing process, concentrate on the sensations produced by the different exercises and notice the difference between tension and relaxation.

#### 2

Focus all your attention on your right arm. Notice the way it feels. You're going to make a fist and tense your biceps, pull your wrist upward while pushing your elbow down. **Tense those muscles... NOW** – feel the tension, the muscles pull. **And relax** those muscles... just let your arm go limp...and notice the difference in the way it feels...notice the difference between tension and relaxation...feel the warm, heavy sensations of relaxation.

Continue to focus on your right arm. Again by making a fist, tensing your biceps, pulling your wrist up while pushing your elbow down, **tense your arm NOW** – feel the tightness. **And relax ...**let it go...just relax...feel the difference between tension and relaxation... enjoy the pleasant feeling of relaxation. If the session is in person, ask the client to signal if there remains tension in the arm by lifting the index finger.

#### 3

Turn your attention to your left arm. You're going to make a fist and tense your biceps, pull your wrist upward while pushing your elbow down. **Tense those muscles NOW** – feel the tension – the muscles pull. **And relax** those muscles...just let your arm go limp...let it go...and feel the difference...feel the warm, heavy sensation of relaxation...notice the relaxation flowing into your arm.

Continue to focus on your left arm. Again by making a fist, tensing your biceps, pulling up at your wrist while pushing down with your elbow, **tense your arm NOW** – feel the tightness. **And relax** let it go...just relax...feel the difference between tension and relaxation...enjoy the pleasant feeling of relaxation as you allow those muscles to become more and more relaxed...deeper and deeper into relaxation. If the session is in person, ask the client to signal if there remains tension in the arm by lifting the index finger.

#### 4

Now focus your attention on your face. Notice the way it feels. You're going to clench your teeth together while pulling the corners of your mouth back tightly, and lift your eyebrows as high as possible. **Tense those muscles NOW** – feel the tension. **And relax...** let it go...feel the tension drifting

away...just allow these muscles to become more deeply relaxed...deeper and deeper...as you enjoy the pleasant feeling of relaxation.

Continue to focus on your face, and again, clench your teeth together while pulling the corners of your mouth back tightly and lift your eyebrows as high as possible. **Tense those muscles NOW** – feel the muscles pull. **And relax** your face...focus on these muscles as they relax completely...feel the difference between tension and relaxation...as you relax more and more...moving deeper and deeper into a peaceful state of relaxation. If the session is in person, ask the client to signal if there remains tension in the face by lifting the index finger.

## 5

Now turn your attention to your neck and throat. Notice the tightness and the tension there. You're going to pull your chin down toward your chest, while at the same time, trying to prevent it from actually touching your chest. You'll counterpose the muscles in the front part of your neck against those in the back part. **Tense those muscles NOW** – feel the tension. **And relax**... let it go...let it go... feel the difference between tension and relaxation...just allow those muscles to become more and more relaxed...feel the warm, heavy sensations of relaxation.

Continue to focus on your neck and throat. Again pull your chin down toward your chest, while at the same time, trying to prevent it from actually touching your chest. **Tense those muscles NOW** – feel the tension. **And relax**... feel the tension drifting away...focus on these muscles as they relax completely...more and more...deeper and deeper...into a peaceful state of relaxation. If the session is in person, ask the client to signal if there remains tension in the neck and throat by lifting the index finger.

## 6

Now I want you to focus on your chest, shoulders, upper back, and stomach. Notice how these muscles feel. You're going to take a deep breath and hold it while you pull your shoulder blades together, trying to make them touch while making your stomach hard. **Tense those muscles NOW – feel the tightness.** **And relax**... let it go...allow those muscles to relax... just feel the difference... feel the relaxation flowing into the muscles... making them feel warm and more and more relaxed... deeper and deeper... as you enjoy the pleasant feeling of relaxation.

Continue to focus your attention on your chest, shoulders, upper back, and stomach. Again, take a deep breath and hold it while you pull your shoulder blades together, trying to make them touch while making your stomach hard. **Tense those muscles NOW. Feel the tension. And relax**... just let it go... notice the difference between tension and relaxation... allow these muscles to become more deeply relaxed...relaxing more and more... deeper and deeper into a peaceful state of relaxation. If the session is in person, ask the client to signal if there remains tension in the body by lifting the index finger.

## 7

Now focus your attention on your right leg. Notice the way it feels. You are going to lift your foot off of the floor and push down on the chair with your thigh. **Tense those muscles NOW – feel the tension.** **And relax**...feel the heaviness and warmth flowing into your leg as it goes limp...notice the difference between tension and relaxation...just allow those muscles to become more and more relaxed...relaxing more and more...deeper and deeper into a peaceful state of relaxation.

Continue to focus on your right leg. Again, lift your foot off of the floor and push down on the chair with your thigh. **Tense those muscles NOW – feel the tightness. And relax**... let it go...just let it go...feel

the tension drifting away...feel the relaxation flowing into the muscles...making them feel warm...and more and more relaxed. If the session is in person, ask the client to signal if there remains tension in the leg by lifting the index finger.

## 8

Now focus your attention on your left leg. Notice the way it feels. You are going to lift your foot off of the floor and push down on the chair with your thigh. **Tense those muscles NOW – feel the tension. And relax...** let it go...just let go and focus on the feeling of relaxation...feel the warm, heavy sensation...as you go deeper and deeper into a state of relaxation.

Continue to focus on your left leg. Again, lift your foot off of the floor and push down on the chair with your thigh. **Tense those muscles NOW – feel the tightness. And relax** let it go...just let it go...feel the tension drifting away...feel the relaxation flowing into the muscles...making them feel warm...and more and more relaxed. If the session is in person, ask the client to signal if there remains tension in the leg by lifting the index finger.

## 9

Now I want you to relax all the muscles of your body more deeply...just let them become more and more relaxed. I am going to help you to achieve a deeper state of relaxation by counting from one to five. As I count, you will feel yourself becoming more and more deeply relaxed...farther and farther down into a deep restful state of complete relaxation. One...you are going to become more deeply relaxed...Two...deeper and deeper into a very relaxed state...Three...deeper and deeper...Four...more and more relaxed...Five...completely relaxed. Now, as you remain in a very relaxed state...I want you to begin to attend just to your breathing. Breathe through your nose. Notice the cool air as you breathe in (pair with inhalation) ... and the warm moist air as you exhale (pair with exhalation) ... just continue to attend to your breathing...inhale, exhale...inhale, exhale...notice the feelings of relaxation.

## 10

Now I am going to help you to return to your normal state of alertness. Shortly, I will begin counting backwards from five to one. When I do, you will gradually become more alert. When I reach two, I want you to open your eyes. When I get to one, you will be entirely roused to your normal state of alertness. Ready? Five...move your feet a little...four...move your legs some...three...move your arms...two...now your eyes are opened and you begin to feel very alert. Returning completely to your normal state...one (pause for 10 seconds).