

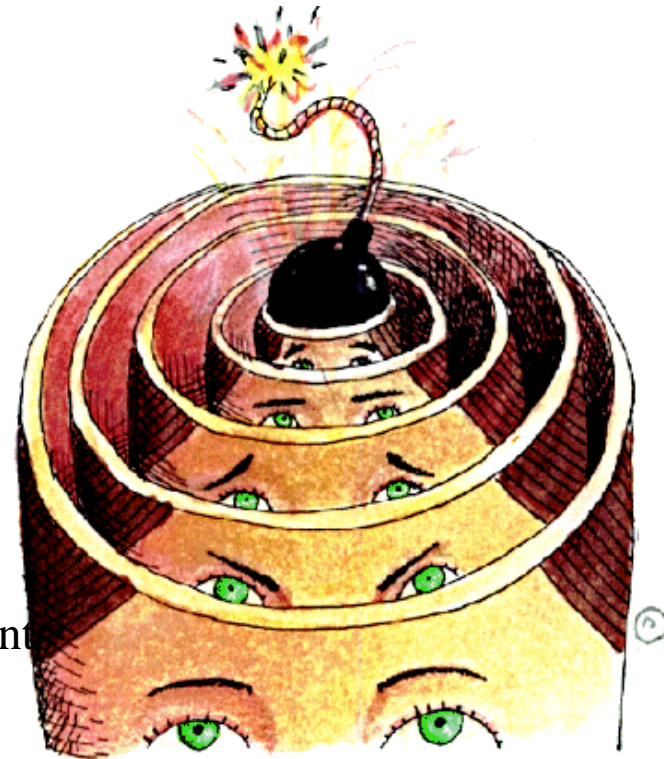


Stress Inoculation Training

Adapted by G. Lee Griffith, Ph. D. primarily from
Cormier, S., & Cormier, B. (1998). *Interviewing
strategies for helpers: Fundamental skills, and
cognitive behavioral interventions* (4th ed.). New
York: Brooks/Cole.

Used for

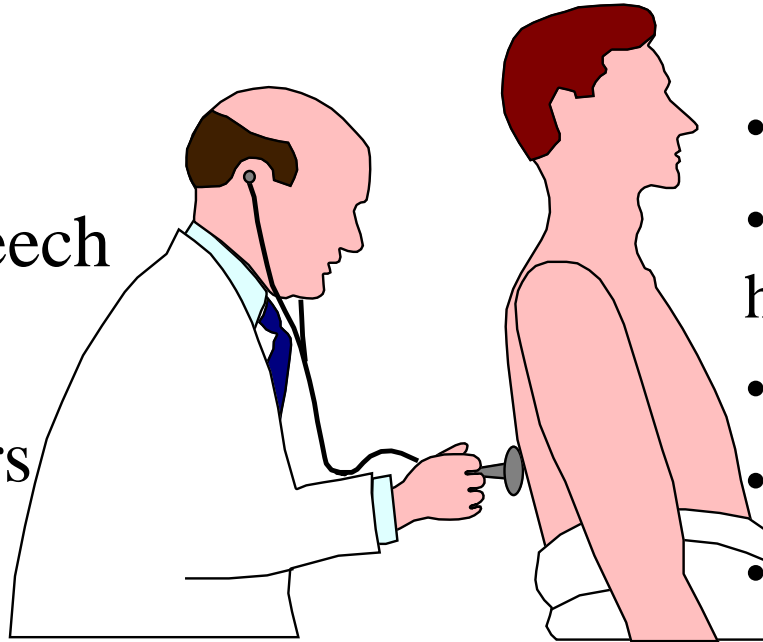
- **Problems**
- Academic Performance
- Anger
- Anxiety
- Asthma
- Athletic performance
- Burnout in nurses
- Cancer
- Dental Treatment
- Disaster work
- Exercise
- Headache
- Hypertension
- Pain
- Prevention
- Safety
- Unemployment
- **Groups**
- Children and adolescents
- Older Adults
- Parents
- Rape Victims
- Staff workers
- Step-couples
- Teacher stress



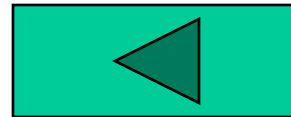
<http://school.discovery.com/clipart/images/stress.gif>

Important Areas for Referral

- headache
- change in speech
- drop things
- ringing in ears
- nausea
- dizziness
- change in gait



- numbness
- extra sensitive hearing
- sleep loss
- blind spots in eyes
- craving for sweets
- falling



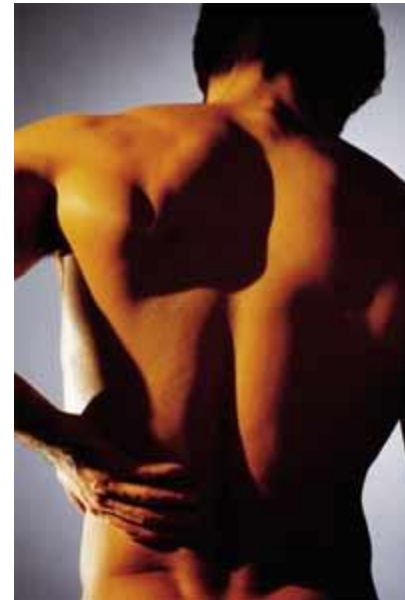
Stress Inoculation Training

- Rationale
- Assessment
 - Information about Stress
 - Information about Problem Situation
- Interventions
 - Direct Action
 - Cognitive coping skills
 - Practice with potential problem areas
- Homework and Follow-up



Stress

- Physical
 - Muscle tightness
 - Surface warmth
 - Rapid breathing
 - Heart Pounding
- Cognitive
 - Thoughts of anger
 - Thoughts of anxiety
 - Thoughts of Pain



<http://www.touch-wellness.com/images/entry%20images/image1.jpg>

Types of Stress



<http://remacle.org/bloodwolf/textes/stress.jpg>

- One time not repeating
 - Dental procedure
- One event triggers cascade
 - Job loss, divorce
- Chronic Intermittent
 - Musical performance, athletic competition, combat
- Chronic Continual
 - Illness, marital conflict, abuse, nursing, teaching police work.

Rationale



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- **Purpose:** Help client understand stress and manage feelings
- **Overview:** Assess your situation and provide information on how to handle stress. Then learn techniques. Practice techniques. Anticipate future stresses
 - Diversion, imagery, relaxation, reframing, RET etc.
- **Permission:** Are you willing to try this approach?

Assessment & Information Giving

- Framework for clients reaction
- Phases of stress reaction
- Collection facts about stressful situation



Information About Stress

- Physical Arousal ex anger
 - Tightness, warm, rapid breathing, heart pounding
- Covert Self Statements
 - He has no right to say that.
 - I will get back at him
 - I show him who is boss
 - I will teach her to keep her mouth shut.



Phases of Stress Reaction

- Preparing
- Confronting
- Coping with critical moments
- Rewarding oneself



Educational Components

- Stress is
 - Not abnormal
 - Not a sign that they are “going crazy”,
 - Not “losing their minds.”
- Distressing reactions may be a
 - “normal” reaction to a
 - difficult and challenging stressful situation.



<http://zeniamai.files.wordpress.com/2008/03/stress0.jpg>

Appreciate their reactions

- “Wisdom of the body,” or
- “Nature’s way” of coping
 - Intrusive ideation may be a way of trying to make sense of what has happened;
 - denial may be a way to “dose oneself”



View Coping Now as “stuck”

- Overusing dissociation was
 - (Being repeatedly incestuously raped)
- Hypervigilance
 - Continually on “sentry duty” when not required.
- Clients are “stuck”
 - Not “crazy,” “inadequate,” or “weak”
 - One time were adaptive, now overemployed.



<http://kenoath.files.wordpress.com/2008/09/stuck.jpg>

Recognize How They Employ

- Intra personal coping efforts
 - (avoidance, suppression, rumination and brooding, contra-factual thinking, and safety behaviors)
 - that make the stressful situation worse;



Appreciate components of stress reactions

- Biopsychological perspective, physiological arousal, plus cognitive appraisals
- Reactions go through different phases
 - Preparing for a stressor,
 - Confronting the stressor,
 - Being truly tested or overwhelmed
 - Reflecting on handling the stressor



“Cycle” by which internal and external triggering events

- 12 o'clock on an imaginary clock elicit primary and secondary emotions
- 3 accompanying thoughts (automatic thoughts, thought processes and schemas or beliefs;
- 6 specific behaviors and resultant consequences
- 9 Clients can be asked to self-monitor if, indeed, they engage in such “vicious” (stress-engendering) cycles. Moreover, if they do, clients can be asked , “What is the impact, what is the toll, what is the price of engaging in such a cyclical pattern? Moreover, what can be done to break the cycle?” The various coping efforts follow naturally from such probes.



Changeable and Unchangeable

- Select either
 - problem-focused or
 - emotional focused coping efforts to meet the perceived demands of the stress engendering situation.

Disaggregate global stressors

- Specific
 - Short-term,
 - Intermediate
 - Long-term coping goals.
- Such goal-directed thinking nurtures a sense of hopefulness.

Debunk Myths

- Client or significant others concerning their presenting problems (e.g., myths concerning rape, sexual abuse) and
- Challenge so called stage models of reactions to stress.
- Address any myths concerning stress and coping, such as:
 - People need to go through uniform emotional stages of reactions in response to stress;
 - There is a “right” way to cope’
 - Distressed people cannot experience positive emotions in the aftermath of traumatic stress;
 - People should not expect to experience stressful reactions well after stressful life events occur.



Direct-Action Coping Skills

- Identify escape routes
 - Counting to 60
 - Leaving the room
 - Talking about something humorous
- Palliative coping strategies
 - Reframing
 - Social Support
 - Appropriate ventilation
- Mental Relaxation
 - Distraction
 - Emotive Imagery
- Physical Relaxation





Cognitive Coping Skills

- Cognitive Restructuring
 - Identification of Thoughts
 - Introduction and practice of coping thoughts
 - Shifting from self-defeating to coping thoughts
 - Introduction & practice of reinforcing self-statements

Coping thoughts for
the problems of
anxiety, anger and
pain.



Anxiety



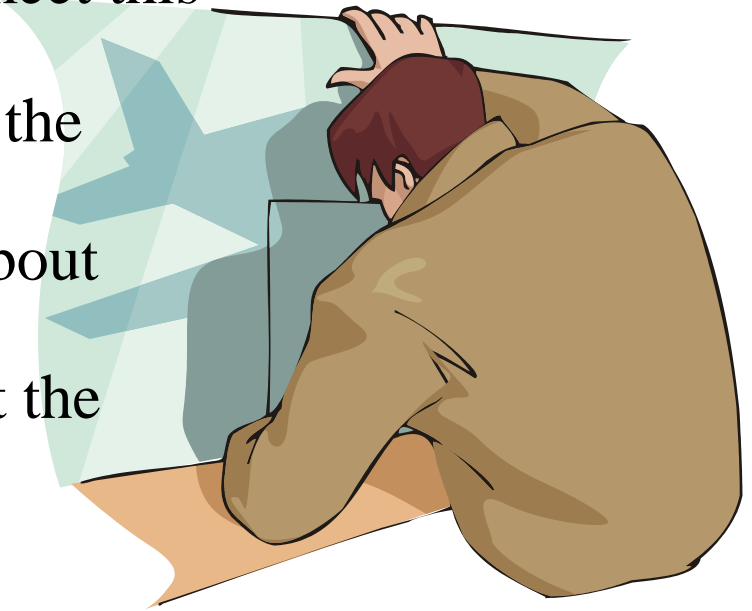
Preparing for a stressor (Meichenbaum & Cameron)

- What is it you have to do?
- You can develop a plan to deal with it.
- Just think about what you can do about it.
- That's better than getting anxious.
- No negative self-statements; just think rationally.
- Don't worry; worry won't help anything.
- Maybe what you think is anxiety is eagerness to confront it.

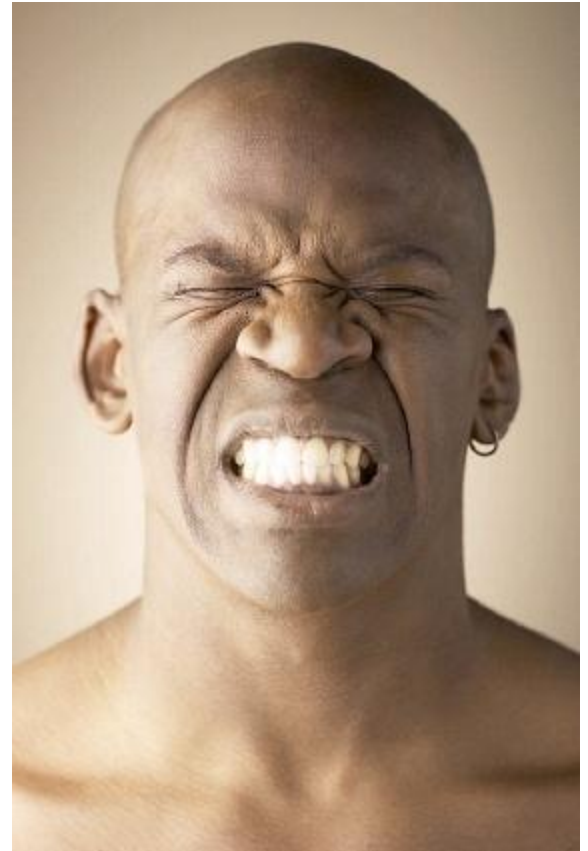


Confronting and handling a stressor (Meichenbaum & Cameron, 1973)

- Just "psych" yourself up-you can meet this challenge.
- One step at a time; you can handle the situation.
- Don't think about fear; just think about what you have to do.
- Stay relevant. This anxiety is what the doctor said you would feel.
- It's a reminder to use your coping exercises.
- This tenseness can be an ally, a cue to cope.
- Relax; you're in control.
- Take a slow deep breath. Ah, good.



Anger



Preparing for a provocation (Novaco, 1975)

- What is it that you have to do?
- You can work out a plan to handle it.
- You can manage this situation.
- You know how to regulate your anger.
- If you find yourself getting upset, you'll know what to do.
- There won't be any need for an argument.
- Time for a few deep breaths of relaxation.
- Feel comfortable, relaxed and at ease.
- This could be anxiety situation, but you believe in yourself.



Confronting the provocation (Novaco, 1975)

- Stay calm.
- Just continue to relax.
- As long as you keep your cool, you're in control here.
- Don't take it personally.
- Don't get all bent out of shape; just think of what to do here.
- You don't need to prove yourself.
- There is no point in getting mad.
- You're not going to let him get to you.
- Don't assume the worst or jump to conclusions.
- Look for the positives.
- It's really a shame that this person is acting the way she is.
- For a person to be that irritable, he must be awfully unhappy.
- If you start to get mad, you'll just be banging your head against the wall. \
- So you might as well just relax.
- There's no need to doubt yourself.
- What he says doesn't matter.



Pain



Preparing for the painful stressor. (Turk, 1975)

- What is it you have to do?
- You can develop a plan to deal with it.
- Just think about what you have to do.
- Just think about what you can do about it.
- Don't worry; worrying won't help anything.
- You have lots of different strategies you can call upon.

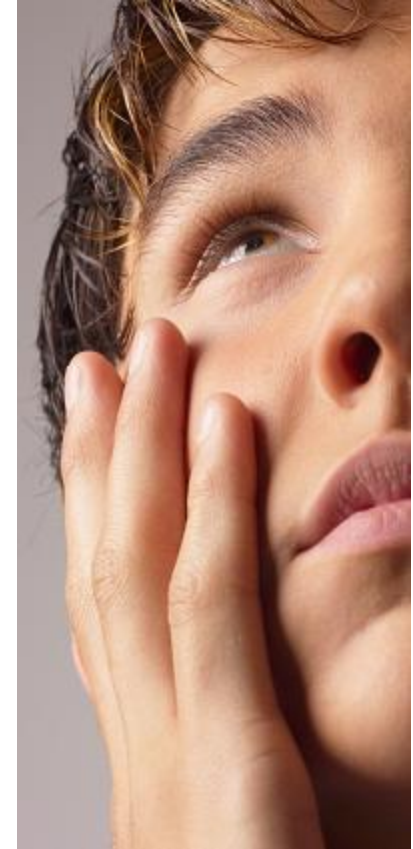


Confronting and handling the pain (Turk, 1975)

- You can meet the challenge.
- One step at a time; you can handle the situation.
- Just relax, breathe deeply and use one of the strategies.
- Don't think about the pain, just what you have to do.
- This tenseness can be an ally, a cue to cope.
- Relax. You're in control; take a slow deep breath. Ah. Good.
- This anxiety is what the trainer said you might feel.
- That's right; it's the reminder to use your coping skills.



Anxiety



Coping with the feeling of being overwhelmed (Meichenbaum & Cameron, 1973)

- When fear comes, just pause.
- Keep the focus on the present; what is it you have to do?
- Label your fear from 0 to 10 and watch it change.
- You should expect your fear to rise.
- Don't try to eliminate fear totally; just keep it manageable.
- You can convince yourself to do it.
- You can reason your fear away.
- It will be over shortly. It's not the worst thing that can happen.
- Just think about something else.
- Do something that will prevent you from thinking about fear.
- Describe what is around you.
- That way you won't think about worrying.



Reinforcing self-statements (Meichenbaum & Cameron, 1973)

- It worked; you did it.
- Wait until you tell your therapist about this.
- It wasn't as bad as you expected.
- You made more out of the fear than it was worth.
- When you control them, you control your fear.
- It's getting better each time you use the procedures.
- You can be pleased with the progress you're making.
- You did it!



Anger



Coping with arousal and agitation

(Novaco, 1975)

- Your muscles are starting to feel tight.
- Time to relax and slow things down.
- Getting upset won't help.
- It's just not worth it to get so angry.
- You'll let him make a fool of himself.
- It's reasonable to get annoyed, but let's keep the lid
- Time to take a deep breath.
- Your anger is a signal of what you need to do.
- Time to talk to yourself.
- You're not going to get pushed around, but you're not going haywire either.
- Try a cooperative approach.
- Maybe you are both right.
- He'd probably like you to get really angry.
- Well, you're going to disappoint him.
- You can't expect people to act the way you want them to.



Self-reward (Novaco, 1975)

- It worked! That wasn't as hard as you thought.
- You could have gotten more upset than it was worth.
- Your ego can sure get you in trouble, but when you watch that ego stuff you're better off.
- You're doing better at this all the time.
- You actually got through that without getting angry.
- Guess you've been getting upset for too long when it wasn't even necessary.

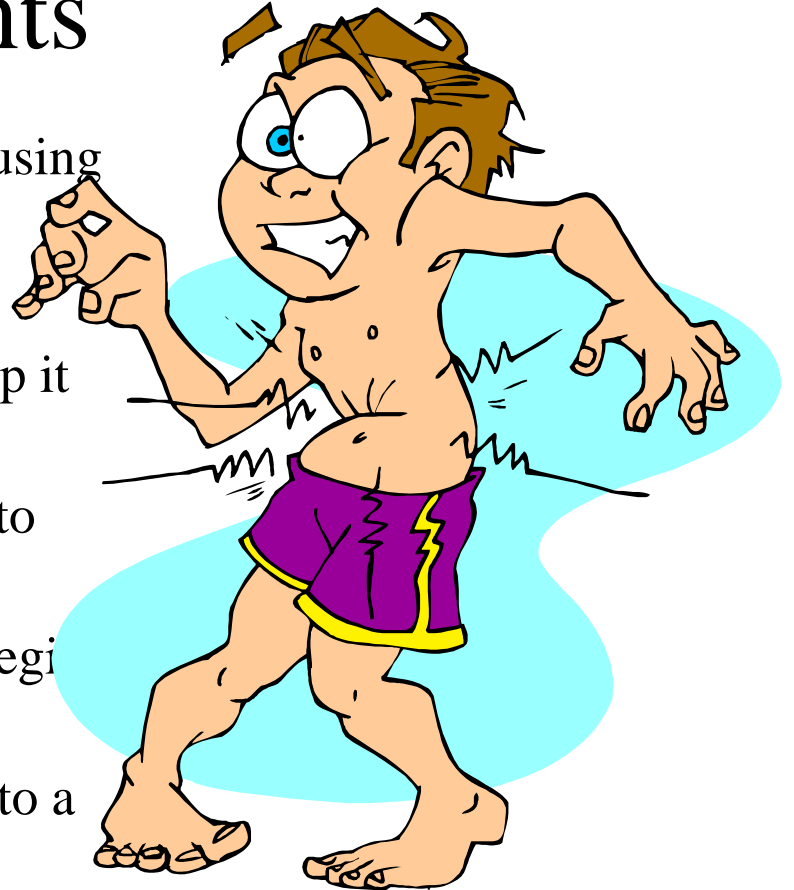


Pain



Coping with feelings at critical moments

- When pain comes just pause; keep focusing on what you have to do.
- What is it you have to do?
- Don't try to eliminate the pain; just keep it manageable.
- You were supposed to expect the pain to rise; just keep it under control.
- Just remember, there are different strategies they'll help you stay in control.
- When the pain mounts you can switch to a different strategy; you're in control.



Reinforcing statements (Turk, 1975)

- Good, you did it.
- You handled it pretty well.
- You knew you could do it!
- Wait until you tell the trainer about which procedures worked best.



Application to Problem-Related Situations

- Therapist Models
- Client practices while imagining
- Client practices while role-playing



Application to Potential Problem Situations

- Imagine Problem
- Role-play the response
- Teaching therapist to use technique



Homework and Follow-up

- Who
- What
- Where
- When
- How often
- How logged



A FLOW CHART OF SIT

Phase 1: Conceptualization

Collaboratively Identify the Presenting Problem Determinants

- Use
 - interviews with the client and significant others;
 - the client’s use of an imagery-based reconstruction and assessment of a prototypical stressful incident;
 - psychological and environmental assessments;
 - behavioral observations.
- Have the client address:
 - “Who is involved?”
 - “What kind of situations cause stress?”
 - “When is this kind of situation likely to occur?”
 - “When did it occur last?”

Have Client Tell Their Story

- Solicit narrative accounts of stress and coping
- Collaboratively identify coping strengths and resources
- Get specific: transform global terms into behaviorally specific terms.

Disaggregate Global Stressors

- Disaggregate global stressors into specific stressful situations.
- Break stressful situations and reactions into specific behaviorally prescriptive problems.
- Client considers their present coping efforts
- Evaluate which are maladaptive & adaptive.

Set Goals

- Appreciate aspects of stress situations
 - Changeable
 - Unchangeable
- Establish behaviorally specifiable goals.
 - Short-term,
 - Intermediate
 - Long-term

Find the Pattern

- Have client self-monitor the commonalities of stressful situations and the role of stress-engendering appraisals, internal dialogue, feelings, and behaviors.
- Help the client appreciate the transactional nature of his or her stress. (Use the clock metaphor of a “vicious cycle”, in Table 2).
- Train the client to analyze problems (e.g., to conduct both situational and developmental analyses and to seek disconfirmatory data – “check things out”).

Find the Problem

- Coping difficulties arise from
 - Coping-skills deficits
 - “Performance failures”
 - Maladaptive beliefs
 - Feelings of low self-efficacy
 - Negative ideation
 - Secondary gains

Reconceptualize the Client's Distress

- Collaboratively formulate with the client and significant others a reconceptualization of the client's distress.
- Socratically educate the client stress, resilience and courage in the face of stressful life events.
- Personalize the stress components (physiological, cognitive, affective, and behavioral) and "phases,"
- Make it plausible
- In the course of this process, facilitate the discovery of a sense of meaning, nurture the client's hope, and highlight the client's strengths and feelings of resourcefulness.
- Debunk any client myths

Phase 2: Skills acquisition and consolidation

Skills Training 1

- Ascertain the client's preferred mode of coping.
- Explore how coping efforts can be employed in present situation.
- Examine what intrapersonal or interpersonal factors are blocking coping efforts.
- Train problem-focused instrumental coping skills that are directed at the modification, avoidance, and minimization of the impact of stressors (e.g., anxiety management, cognitive restructuring, self-instructional training, communication, assertion, problem solving, anger control, applied cue-controlled relaxation training, parenting, study skills, using social supports).
- Select each skill package according to the needs of the specific client or group of clients.

Skills Training 2

- Help the client to break complex, stressful problems into more manageable subproblems that can be solved one at a time.
- Help the client engage in problem solving by identifying possibilities for change, considering and ranking alternative solutions and practicing coping behavioral activities in the clinic and *in vivo*.
- Train emotionally focused palliative coping skills, especially when the client has to deal with unchangeable and uncontrollable stressors (e.g., perspective taking; selective attention-diversion procedures, as in the case of chronic pain patients; adaptive modes of affective expression such as humor, relaxation, reframing the situation, acceptance skills, and spiritual rituals).

Skills Training 3

- Train clients how to use social supports effectively (i.e., how to choose, obtain, and maintain support). As Folkman et al. (1991) observe, help clients identify what kind of support is needed (informational, emotional, tangible), from whom to seek such support, and how to maintain support resources.
- Aim to help the client develop an extensive repertoire of coping responses in order to facilitate flexible responding. Nurture gradual mastery.

Skills Rehearsal & Consolidation

- Promote smooth integration and execution of coping responses using behavioral and imagery rehearsal.
- Use coping modeling (either live or videotape models).
- Engage in collaborative discussion, rehearsal, and feedback of coping skills.
- Use self-instructional training to help the client develop internal mediators to self-regulate coping responses.
- Solicit the client's verbal commitment to employ specific efforts.
- Discuss possible barriers and obstacles to using coping behaviors and ways to anticipate and address such barriers.
- Follow treatment guidelines to enhance the likelihood of transfer or generalization of coping.

Phase 3: Application and Follow-through

Encourage Stress Inoculation Trials

- Prepare the client for application by using coping imagery
- Use early stress cues as signals for coping.
- Expose the client **in session** to graded stressors to stressful and arousing scenes via
 - Imagery
 - Behavioral exposure
- Use graded exposure to foster *in vivo* responding.
- Employ relapse prevention procedures:
 - Identify high-risk situations,
 - Anticipate possible stressful reactions
 - Rehearse coping responses.

Encourage Stress Inoculation Trials

- Use counterattitudinal procedures to increase the likelihood of treatment adherence (i.e., ask and challenge the client to indicate where, how, and why he or she will use coping efforts).
- Bolster self-efficacy by reviewing both the client's successful and unsuccessful coping efforts.
- Ensure that the client makes self-attributions (“takes credit”) for success or mastery experiences (provide attribution retraining).

Maintenance & Generalization

- Phase out treatment add booster & follow-up
- Involve significant others, peer and self-help groups.
- Have the client coach someone
- Have client restructure environment & develop appropriate escape routes.
- Have client view avoidance as sign of taking personal control.
- Help the client develop strategies for recovering from setbacks so lapses do not become relapses.
- Work with clients to avoid revictimization.