

The Therapist's Ultimate Solution Book

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THE THERAPIST'S ULTIMATE SOLUTION BOOK

*Essential Strategies, Tips & Tools
to Empower Your Clients*

Judith Belmont



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Contents

<i>Acknowledgments</i>	ix
Introduction	1
<i>The Therapist as Teacher: Psychoeducation in Solution-Oriented Treatment</i>	2
<i>The Therapeutic Relationship: The Basis for Healthy Change</i>	3
<i>Solution-Oriented Treatment: Catching the Wave</i>	4
<i>How This Book Is Organized</i>	9
<i>Recommended Resources</i>	11
Chapter 1: The Stress Solution: Tension as Motivation	13
<i>Treatment Tips</i>	17
<i>A Toolkit of Metaphors for Treating Stress</i>	25
<i>Therapeutic Takeaways</i>	26
<i>Handouts</i>	26
<i>Recommended Resources</i>	38
Chapter 2: The Anxiety Solution: Calming Irrational Fears	40
<i>Treatment Tips</i>	43
<i>A Toolkit of Metaphors for Treating Anxiety</i>	59
<i>Therapeutic Takeaways</i>	61
<i>Handouts</i>	62
<i>Recommended Resources</i>	73

Contents

Chapter 3: The Depression Solution: Beating the Blues	75
<i>Treatment Tips</i>	77
<i>A Toolkit of Metaphors for Treating Depression</i>	95
<i>Therapeutic Takeaways</i>	96
<i>Handouts</i>	96
<i>Recommended Resources</i>	106
Chapter 4: The Anger Solution: Giving Up the Grudge	108
<i>Treatment Tips</i>	110
<i>A Toolkit of Metaphors for Treating Anger</i>	125
<i>Therapeutic Takeaways</i>	127
<i>Handouts</i>	128
<i>Recommended Resources</i>	138
Chapter 5: The Procrastination Solution: Helping Your Clients Implement Good Habits	139
<i>Treatment Tips</i>	141
<i>A Toolkit of Metaphors for Treating Procrastination</i>	159
<i>Therapeutic Takeaways</i>	161
<i>Handouts</i>	162
<i>Recommended Resources</i>	172
Chapter 6: The Conflict Solution: Improving Problematic Relationships	174
<i>Treatment Tips</i>	177
<i>A Toolkit of Metaphors for Conflict</i>	190
<i>Therapeutic Takeaways</i>	192
<i>Handouts</i>	193
<i>Recommended Resources</i>	205
Chapter 7: The Forgiveness Solution: Helping Your Clients Set Themselves Free	207
<i>Treatment Tips</i>	210
<i>A Toolkit of Metaphors for Forgiveness</i>	224
<i>Therapeutic Takeaways</i>	226

Contents

<i>Handouts</i>	227
<i>Recommended Resources</i>	237
Chapter 8: The Low-Self-Esteem Solution: Busting Core Irrational Beliefs	238
<i>Treatment Tips</i>	241
<i>A Toolkit of Metaphors for Treating Low Self-Esteem</i>	256
<i>Therapeutic Takeaways</i>	257
<i>Handouts</i>	258
<i>Recommended Resources</i>	268
Chapter 9: The Regret Solution: Moving Past Remorse	280
<i>Treatment Tips</i>	273
<i>A Toolkit of Metaphors for Treating Regret</i>	286
<i>Therapeutic Takeaways</i>	287
<i>Handouts</i>	287
<i>Recommended Resources</i>	295
Chapter 10: The Change-Resistance Solution: Flexibility for Personal Transformation	296
<i>Treatment Tips</i>	299
<i>A Toolkit of Metaphors for Treating Change Resistance</i>	313
<i>Therapeutic Takeaways</i>	314
<i>Handouts</i>	314
<i>Recommended Resources</i>	322
Chapter 11: Putting Solutions Into Practice: 10 Ultimate Therapeutic Solutions	323
1. <i>Use Psychoeducation to Teach Clients in Almost Every Session</i>	323
2. <i>Start Each Session With a Mood Check</i>	324
3. <i>Start the Session by Clarifying Goals and Agenda</i>	324
4. <i>Use Creative Visualizations and Experiential Activities</i>	325
5. <i>Use Self-Help Assignments Between Sessions</i>	326
6. <i>Get in the Habit of Asking for Feedback</i>	327

Contents

7. <i>Use Metaphors to Unlock Emotion and Insight</i>	328
8. <i>Use Metaphorical Props</i>	329
9. <i>Using Role-Play Variations for Skill Building</i>	330
10. <i>Use Positive Psychology and Wellness Resources Available Through Social Media and the Internet</i>	331
10 <i>Ultimate Therapeutic Solutions Checklist</i>	332
<i>Bibliography</i>	335
<i>Index</i>	343

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The Therapist's Ultimate Solution Book

Introduction

As clinicians, we work in all types of settings and deal with a wide variety of clients. No matter what setting we work in as clinicians, however, there are certain common denominators across the board. One is that our clients seek help for their problems, and they look to us to provide the expertise to help unlock solutions. Second, as clinicians we have the responsibility to educate ourselves so that we can teach our clients practical life skills. Just as a construction worker needs a well-supplied toolbox to build anything substantial, therapists equipped with the right combination of tools in their therapeutic toolbox will be able to tailor treatment to address almost any of their clients' needs and life challenges. Solution-oriented clinicians who learn an array of targeted, easy-to-learn and easy-to-teach psychoeducational strategies will be more flexible and more adept at treating the range of symptoms their clients present.

Clients generally come to therapy *wanting to* change, but they often have no inherent knowledge of *how to* change. By offering them life-skills tools, clinicians can help them make long-standing life changes. These strategies are by no means one-size-fits-all. This book provides therapists with a wide selection of tools, such as behavioral logs, worksheets, handouts, activities, visualizations, metaphors, and mini-lessons, to fit the array of client needs.

The Therapist as Teacher: Psychoeducation in Solution-Oriented Treatment

The role of the therapist is not just to listen, support, and offer feedback and suggestions—it is also to teach!

The solution-oriented approach often entails giving clients general education on a topic before attempting to help them change and learn new skills. Just as a piano teacher can't expect a student to come to the initial lessons knowing how to read music notation, clinicians can't expect clients to come to therapy with the basic set of skills they need to make healthy life changes. Clients need knowledge, education, and proven strategies to practice any newly acquired skills. For example, clients may never have learned the basics of assertive communication, and may not be able to differentiate aggressive from assertive statements. Therefore, they may find themselves getting into problematic relationships and have no clue about how to get out of them. Or they may never have learned how to separate their thoughts from their feelings, and therefore lack the knowledge of how to tell them apart, leading to symptoms of crippling anxiety or depression. The resource materials in this book provide clients with many opportunities to practice the skills offered in each chapter. Furthermore, since learning new skills requires practice, making it a habit to complete homework assignments between sessions is vital to the effectiveness of any modern psychotherapy treatment. After all, how effective would it be to learn to ride a bike or repair cars if you learned about them theoretically without a lot of practice? You don't learn by talking; you learn by *doing*.

Let's use the analogy of the piano student again. After the student comes to the initial lessons and is introduced to the basics of reading notes and scales, he or she needs to practice *between* lessons. Just as the piano student practices music scales, the therapy client needs to practice the skills learned in session. For both piano student and client, showing up for weekly sessions without practicing in between will make for very limited progress. We wouldn't expect the piano student to catch on to concepts newly learned just by showing up for scheduled appointments, nor should we expect that of our clients. Only after the fundamental skills are mastered with a lot of practice will the piano student or the

Introduction

therapy client learn to make beautiful music, literally and figuratively. This focus on homework is a cornerstone of most current counseling approaches. Cognitive Behavior Therapy, Dialectical Behavioral Therapy, and other modern approaches use self-help materials for between-session skill building. Drs. Aaron and Judith Beck, for example, emphasize the importance of practice and homework in Cognitive Behavior Therapy to help clients increase their effectiveness in helping themselves.

A common misperception about the psychoeducational approach is that teaching clients is too dogmatic and amounts to telling them what to do or how to be. To the contrary, offering handouts, worksheets, activities, and structured exercises to clients does not take their control away. Rather, it helps them develop skills to take control of their lives and stop giving so much control to others! It teaches them new solutions to old problems as well as strategies to generate new ways of coping. After all, tools are meaningless unless you know how to use them. Thus, teaching does not mean taking away clients' autonomy; it offers choices when they don't know alternatives. This proactive approach empowers clients with tools for life and helps them deal with change constructively.

As Confucius so aptly said, "Teach me and I will forget, show me and I will remember, involve me and I will understand." Psychoeducation does, however, have its limits. Although the tools presented can certainly serve as helpful coping strategies, there are times that behavior is so ingrained that feelings and thoughts are extremely resistant to treatment. In these cases, treatment ideally takes place while the client is medically managed with more in-depth psychiatric care. Clients need to be ready both biologically and psychologically to make use of the tools given. Appreciating the need to work with psychiatric and medical professionals to help the client become ready to learn and heal is important in any effective treatment.

The Therapeutic Relationship: The Basis for Healthy Change

Action-oriented solutions to everyday problems won't work if you don't pay proper attention to establishing a baseline of security and mutual

The Therapist's Ultimate Solution Book

respect with your client. Techniques and life-skills strategies need a rich soil of therapeutic trust and safety to blossom. Psychological pioneer Carl Roger's emphasis on the importance of the nonjudgmental relationship, characterized by having "unconditional positive regard" for the client, needs to underlie any treatment for change. People will not change for the best if they don't feel their therapist is on their side or likes them. There is no substitute for true empathetic concern and an atmosphere of acceptance in forming a strong alliance in which clients can be free to grow and learn. This foundation is vital if you expect them to take risks and expand their comfort zones while performing their homework assignments. Only with a foundation of trust and empathy can clients feel safe to learn to help themselves. Even Rational Emotive Therapy founder Albert Ellis, with his very directive and blunt approach, emphasized the importance of the empathetic therapeutic relationship underlying any attempts to help clients change.

Solution-Oriented Treatment: Catching the Wave

Many of the treatment tools in this book would be considered examples of the second and third waves of psychotherapy. Cognitive Behavior Therapy is considered to represent the second wave of psychological intervention. Its pioneers include Albert Ellis, whose Rational Emotive Behavior Therapy (REBT) modality was the first formalized theory with a cognitive behavioral focus in the 1950s, setting the stage a decade later for Aaron Beck, who coined the term *Cognitive Behavior Therapy* (CBT).

The third wave of treatment incorporates the traditional cognitive approach while moving beyond it to include innovative therapeutic tools, for example, traditionally non-clinical treatments such as mindfulness and acceptance practices. These Eastern practices have become integrated with cognitive behavioral treatment in the new disciplines of today's psychological landscape. The best known are Dialectical Behavior Therapy (DBT), originated by Marsha Linehan; Acceptance and Commitment Therapy (ACT), founded by Steven Hayes; and Mindfulness-Based Cognitive Therapy (MBCT), an eight-week program spearheaded by Jon Kabat-Zinn that teaches depression and stress management,

Introduction

typically in medically based settings. All of these theories are psychoeducational in nature and rely heavily on experiential exercises and self-help materials that serve to educate as well as heal.

Third-wave cognitive behavior therapies are solution-oriented therapies, and I frequently refer to these as well as to various well-established CBT strategies throughout the book. My aim in writing this book is to offer “user-friendly,” action-oriented strategies that clients can readily use to improve their coping skills in everyday life. Homework assignments, cognitive restructuring and acceptance practices, and mindfulness-based techniques are all characteristics of the innovative and experiential third wave of psychological treatment.

This third wave emerged from the awareness that traditional types of behavioral and cognitive behavior therapy could not reach many treatment-resistant populations, such as people with addictive personalities, borderline and other personality disorders, and chronic mood disorders. To understand a little more about the third wave of treatment, it's helpful to first get an understanding of the first two waves of modern therapy. At the end of this section is a chart to help you differentiate the three waves of psychological treatment approaches.

The First Wave

The first wave of psychotherapy refers to the modality of Behavior Therapy, in which classical and operant-conditioning principles were applied to treating clinical problems. B. F. Skinner, Ivan Pavlov, and Joseph Wolpe, whose work spanned the late 1800s to mid-1900s, were all pioneers in the first wave. Observable behaviorism was a reaction to Freud's mentalistic concepts, which were not measurable. In Behavior Therapy, maladaptive actions are replaced through reinforcement and other conditioning techniques by more adaptive behaviors that the therapist facilitates in treatment. For example, to tackle everyday problems, a system of reinforcements, such as the use of behavioral charting and various rewards for positive behaviors, might be used to “condition” the client to have more adaptive responses and behaviors.

Whereas psychodynamic treatment relied on subjectivity, behavioral treatment using conditioning principles relied only on observable out-

The Therapist's Ultimate Solution Book

comes that could be objectively measured. The psychoanalytic treatment techniques of Freud, such as stream of consciousness, free association, dream interpretation, and transference, were replaced with attention to *cause and effect* and the principles of reinforcement. Underlying this drastic shift from psychoanalysis was the idea that insight was not the same as the cure, and that insight alone actually did little to cure most problems such as depression, anxiety, and panic.

Examples of techniques of the first wave include relaxation training, systematic desensitization, token economy, behavior modification, and biofeedback. Even though traditional behaviorism has been supplanted for the most part by cognitive behavioral and third-wave approaches, some treatment techniques from this discipline remain, designed to shape changes in people's behavior within educational, institutional, and treatment settings. Interestingly enough, there has been a resurgence of interest in relaxation and desensitization techniques in the third-wave approaches, tying behavioral approaches with the Eastern approaches of mindfulness and acceptance. You might say that the East and West have met, integrating the approaches of ancient wisdom with newer ones that are behavioral in orientation to treat many common psychological symptoms.

The Second Wave

The first wave set the stage for the second wave of behavioral treatment, which is the most widely adopted and empirically studied treatment in the world—cognitive behavior therapy, formally developed in the 1960s by Aaron Beck. It is by far the most rapidly growing psychological orientation throughout the world.

There have been many thousands of research studies done to support the effectiveness of Cognitive Behavior Therapy. CBT has been proven to be effective in the treatment of depression, anxiety, and other symptoms that result from chronic ruminative, obsessive, and persistent maladaptive patterns of thinking. CBT has in its origins the foundation of behavioral approaches to treatment, and departs from the traditional theories of conditioning by its focus on thoughts and feelings, notions which

Introduction

traditional behaviorists rejected as being too mentalistic and subjective. Interestingly enough, Ellis and Beck, the cognitive behavioral pioneers, were both trained psychoanalysts who found that psychoanalytic practice did not help their patients interpret events more accurately and did not offer solutions to many of the symptoms their clients presented. The underlying principle of the cognitive behavioral approach is that irrational and unhealthy thoughts lead to disturbing feelings, such as low self-esteem, depression, and anxiety. In turn, these disruptive and maladaptive feelings lead to unhealthy behaviors, such as social withdrawal, relationship conflicts, substance abuse, and other self-sabotaging behaviors.

With Ellis and Beck setting the foundation, other CBT therapists popularized the approach through various handbooks and self-help books using CBT practices. Perhaps the most widely read CBT expert is David Burns, who made CBT accessible to millions of readers in his best-selling books *Feeling Good: The New Mood Therapy* (1980), *Ten Days to Self Esteem* (1993a), and *The Feeling Good Handbook* (1999), among others. In fact, in the introduction to his *Feeling Good Handbook*, Burns cites his research on self-help bibliotherapy. He found that giving prospective patients waiting to begin therapy at his Philadelphia clinic a copy of his *Feeling Good Handbook* was much more effective than a placebo. In fact, once the patients using bibliotherapy were eventually given appointments, many reported that they no longer wanted treatment, as their symptoms had subsided. When they re-took Burns's mood inventories, they reported significantly less depression and anxiety than the group that did not receive his book while waiting. Furthermore, some of his research showed that the bibliotherapy groups reported as much improvement in mood and alleviation of symptoms as a therapy-only group that did not receive bibliotherapy.

Such “hands-on” books, offering step-by-step activities and exercises for therapists and clients alike, brought CBT into the self-help mainstream. During the last half-century, CBT titles have begun to populate the self-help shelves at bookstores, making CBT widely accepted as a model for self-help practices that millions can apply to their own lives even without engaging in therapy.

The Third Wave

Despite the popularity of CBT and the well-researched effectiveness of its methods in a wide variety of populations, some clients need still more tools to overcome treatment resistance. The third wave grew out of a difficulty in reaching some clients who lacked sufficient life skills and coping skills to deal with everyday life issues. Treatment-resistant populations with suicidal ideation, addictions, eating disorders, a history of abuse, or personality disorders needed something a bit more than CBT could offer. For these hard-to-reach populations, practices of CBT were combined with concepts originating in Eastern thought and spiritual practices, such as mindfulness, acceptance, emotional regulation, spirituality, dialectics, and practical skill building.

One of the most rapidly growing treatment modalities today for hard-to-reach clients, Dialectical Behavior Therapy, was developed by Marsha Linehan. DBT originated out of her work with severely impulsive suicidal patients. Realizing that many suicidal clients had characteristics of borderline personality disorder, she developed a treatment modality that combined the change-based skills of CBT with the acceptance-based skills of mindfulness. The word *dialectics* means opposites, underscoring the approach of DBT, which synthesizes and balances the opposite and conflicting emotions surrounding the need for change versus acceptance of the way things are. DBT offers a heavy psychoeducational treatment program filled with daily logs, diary cards, and daily practice of coping skills and strategies, which are often made easier with the help of various acronyms and mnemonics.

Other increasingly popular and well-researched third-wave treatment modalities are Acceptance and Commitment Therapy (ACT), developed by Steven Hayes, and Mindfulness-Based Cognitive Therapy (MBCT), the eight-week group-based treatment developed by Jon Kabat-Zinn, Philip Barnard, Zindel Segal, Mark Williams, and John Teasdale. All these relatively new approaches from the last quarter-century are unified in that they stress integrating CBT practices with mindfulness and acceptance strategies that focus on present-centered awareness. The chart below offers a summary of the major contributors and sample key concepts of the various approaches.

Introduction

Figure I.1 The Three Waves of Psychological Treatment

<i>Wave</i>	<i>Treatment Approach</i>	<i>Major Contributors</i>	<i>Sample of Key Concepts</i>
First Wave	Behaviorism	B. F. Skinner Ivan Pavlov Joseph Wolpe	Reinforcement Token Economy Conditioning Behavioral Charts Systematic Desensitization Exposure Technique Relapse Prevention Stimulus Response
Second Wave	Rational Emotive Behavior Therapy Cognitive Behavior Therapy (CBT)	Albert Ellis Aaron Beck Judith Beck David Burns Matthew McKay Robert Leahy	Rational vs. Irrational Thinking Cognitive Distortions Coping Cards Core Irrational Beliefs Cognitive Restructuring Mood Logs Journals Worksheets Skills Practice
Third Wave	Dialectical Behavior Therapy (DBT) Acceptance and Commitment Therapy (ACT) Mindfulness-Based Cognitive Therapy (MBCT)	Marsha Linehan Stephen Hayes Matthew McKay Jon Kabat-Zinn	Acceptance Mindfulness Relaxation Distress Tolerance Interpersonal Effectiveness Present-Centered Awareness Cognitive Defusions Acronyms and Metaphors Diary Cards Worksheets Skills Practice

How This Book Is Organized

This book is designed to be user-friendly for you as the therapist, just as the solutions in this book are designed to be user-friendly for your clients. Each chapter has the same format to make it easy to look up a particular problem and find practical solutions for treatment. The structure is as follows:

Introduction. Each chapter introduction introduces one of the 10 most common client problems that provide the focus for this book.

Treatment Tips. This section provides a menu of tips and techniques to use with your clients based on current popular treatment trends, including CBT and third-wave approaches, specifically DBT, ACT, and MBCT.

A Toolkit of Metaphors. For each problem area, metaphorical objects represent solutions that you can share with your clients. Having clients use metaphorical objects to remind them of important therapeutic points offers a very effective practice for helping them alter habits of thinking and behavior. I use household and office items that can be purchased inexpensively (such as rubber bands to represent stress or Band-Aids to represent healing), as well as dollar-store or online novelty items that help me emphasize important psychological concepts. For example, for clients who tend to get angry and speak before they think things through, I provide a miniature stop sign that serves to remind them to stop and think before reacting. I urge them to stop and wait as they ask themselves, “What am I thinking?” or “What are the irrational thoughts?” For clients who find themselves all too often in conflict with spouses, children, or others close to them, I demonstrate a finger trap toy to remind them that trying to prove that they are “right” will get them stuck in the “trap.” The couples I see have a lot of fun with this item and use this visual with one another as a reminder not to get caught in the trap of arguing.

Using metaphorical items has been extremely helpful in both individual and group treatment, and I often have clients assemble a metaphorical toolkit of various reminders of important therapeutic lessons. In my office, I have a supply of various items to choose from when I want to emphasize certain psychological points. Many clients have reported that they keep the items or toolkits that they have assembled during treatment in various prominent places, such as on their kitchen counter, on their desk at work, or in the glove compartment in their car, to serve as a daily reminder. A few clients have even made decorative displays of the metaphorical items by arranging them in pretty bowls or showcasing them in a shadow box mounted on the wall. Clients

Introduction

have shown me pictures of how they have displayed their metaphorical toolkit items, and some have reported they use this activity with their own children to help them assemble their own life-skills toolkit. Clients who are teachers have used this activity with their students when teaching them life skills such as anger and stress management.

Therapeutic Takeaways. A checklist of solution-oriented takeaways summarizes each chapter.

Handouts. At the end of each chapter are handouts to offer your clients as practice opportunities between sessions. They can also be used for in-session psychoeducation. (Note: All handouts in the book are available for download on my website by following this link: <http://www.belmontwellness.com/ultimate-solution-handouts/>.)

Recommended Resources. The last page of each chapter offers recommendations for relevant clinician books, self-help bibliotherapy resources for clients, treatment tools, and web links to resources relating to recommendations from the chapter.

Recommended Resources

Clinician Books

Cognitive Behavior Therapy: Basics and Beyond

Judith S. Beck

86 TIPS (Treatment Ideas & Practical Strategies) for the Therapeutic Toolbox

Judith A. Belmont

103 Group Activities and TIPS (Treatment Ideas & Practical Strategies)

Judith A. Belmont

127 More Amazing Tips and Tools for the Therapeutic Toolbox

Judith A. Belmont

Ten Days to Self Esteem: The Leader's Manual

David D. Burns

The Therapist's Ultimate Solution Book

ACT Made Simple: A Quick-Start Guide to ACT Basics and Beyond

Russ Harris

Self-Help That Works: Resources to Improve Emotional Health and Strengthen Relationships

John C. Norcross, Linda F. Campbell, John M. Grohol, John W. Santrock, Florin Selagea, and Robert Sommer

The CBT Toolbox: A Workbook for Clients and Clinicians

Jeff Rigenbach

The Big Book of ACT Metaphors: A Practitioner's Guide to Experiential Exercises & Metaphors in Acceptance and Commitment Therapy

Jill A. Stoddard and Niloofar Afari

DBT Made Simple: A Quick-Start Guide to Help Clients

Sheri Van Dijk

Links

Association for Contextual Behavioral Science

“Acceptance & Commitment Therapy (ACT)”

<http://contextualscience.org/act>

Beck Institute for Cognitive Behavior Therapy

<http://www.beckinstitute.org>

Belmont Wellness: Emotional Wellness for Positive Living

<http://www.belmontwellness.com/for-mental-health-professionals/psychoeducational-handouts-quizzes-group-activities/>

The Linehan Institute: Behavioral Tech

(Dialectical Behavior Therapy)

<http://behavioraltech.org>

Mindfulness-Based Cognitive Therapy

<http://mbct.com>

✦ CHAPTER ONE ✦

The Stress Solution

Tension as Motivation

What do getting married, having a child, going on vacation, joining a competitive sports team, coming home for the holidays, applying to grad school, traveling, finding a new job, starting your own business, planning a celebration, and even just getting ready for a party all have in common?

All of these events—no matter how small or monumental they may seem—are examples of stress. Although stress typically carries a negative connotation, few of our clients want to avoid these stresses; in fact, many of them yearn to be stressed like that! Yet, all too often, stress is regarded as an undesirable menace to our mental and physical health. According to a study done by the American Psychological Association's American Institute of Stress (2013), 77% of people surveyed regularly experienced physical symptoms caused by stress, 73% admitted to psychological symptoms caused by stress, and 48% believed that stress had a negative impact on their lives. In studies like these, it is assumed that stress is negatively affecting us, rather than propelling us to lead a happier and more vibrant life.

Whether our clients seek counseling for depression, anxiety, or relationship problems, the topic of stress is very much intertwined with their issues, and how to manage their stress becomes a common focus of treatment. Consider the case of Natalie, a 34-year-old woman who came for counseling feeling depressed and experiencing very low self-esteem. Her stress was partly a result of her keeping her thoughts and feelings to

The Therapist's Ultimate Solution Book

herself while being a sounding board for others. She kept so much of her own pain, memories, and trauma from childhood inside that the stress she felt was distancing her from others and causing her to feel resentful toward those close to her, leading to more stress as the tension built. As she learned that the stress she was feeling could give her the motivation she needed to open up to those close to her about her feelings of loneliness and sadness, she started to let down her guard, and the more she was able to trust others, the more her negative stress level decreased. Her high level of suppression finally gave her the push she needed to ask for help rather than only to give it. At first she felt more vulnerable and less “safe,” as she found it hard to trust others, but as she expressed herself more, she became less fearful of others’ reactions and more focused on her goal of having the courage to express her feelings. She began to trust herself more, which in turn helped her to trust others. As she gave herself permission to show some “weakness” and share her thoughts and feelings, her relationships improved and she was able to be less self-critical. As her tension and stress lifted, so did her depression. She realized that it was a sign of courage to show that she was not always strong, and that the tension of keeping things in for so long was really a self-imposed exile that might have been adaptive in her abusive childhood but was no longer a positive survival skill.

This example shows the importance of helping clients learn how to use their stress to motivate themselves rather than to hold themselves back. Their tension becomes a warning and a motivator to create a better life. Therapists are in the unique position of being able to help clients embrace stress as actually desirable, and to view it as just a part of a full life. We can educate our clients that stress can actually be quite positive, something to be sought after rather than avoided.

One thing I have found useful for clients who claim they feel “stressed out” is the self-test in Handout 1.4 (“Where’s Your Sense of Humor? Take a Humor Inventory”). This short quiz helps to give clients the message that a sense of humor is an important ingredient in handling stress. It can be fun for your clients to fill the self-test out between sessions and then bring it in for you to review at the beginning of the next session. After all, part of the reason our clients get “stressed out” is that they lose

The Stress Solution

their sense of humor and take life and themselves too seriously. This self-test underscores the important lesson that humor is a great stress reliever.

It's important not to forget the importance of modeling a sense of humor ourselves. In attempting to impart a sense of humor—as in teaching any other lesson—showing by example is our most effective tool. A therapeutic manner that incorporates a sense of humor goes a long way.

In the treatment tips section in this chapter, I offer some of the demonstrations and activities that I use to help clients embrace stress instead of trying to escape it. The activities in this section will help you help your clients see that, when we welcome just the right amount of tension and excitement in our lives, our lives can become more interesting and fulfilling.

As stress pioneer Hans Selye emphasized, stress just *is*. Although we often view stress as coming from the outside, much of our stress is a result of what goes on between our ears. Because stress is an inside job, educating your clients about it will give them more control over the stress in their lives.

This introduction to stress gives you a foundation for imparting knowledge to your client about the usefulness of stress in their lives. “Common Myths About Stress” (Handout 1.1) provides information about stress to you and your client. Another useful handout, “Tips for Managing Stress—Not Carrying It!” (Handout 1.3) helps educate clients about how they can more effectively manage stress.

In this chapter, as well as in others, a psychoeducational approach using demonstrations and metaphors can help you make an impact with your client regarding important life lessons. It's one thing to inform your clients about facts and myths about stress; it's another thing to show them and involve them. Active involvement in activities helps make the learning come alive and teaches skills in a way that words alone can't do.

I have found that showing clients how stress can be positive is a real eye opener, and very helpful in encouraging them to look for and make use of the advantages of stress in their lives. Since most clients find stress challenging at best, knowledge about how stress can be positive comes as a welcome relief, particularly when clients are overwhelmed by work

and life demands and see no end in sight. For instance, 42-year old Gail was a bundle of nerves when she came to my office. She told me she couldn't take the stress any longer, and she was physically getting sick. The stress of her work life was compounded by the problems she was experiencing with her teenager at home as well as lingering custody issues with her ex-husband. The effects on her body were multiple. She found herself overeating to the point of becoming mildly obese. As she began to feel increasingly uncomfortable with her weight, she developed the attitude that there was no point in exercising. She would tell herself, *"What's the use? I'll always be this way and things will never get better."*

In addition to overeating, she had a habit of depending on wine with dinner to "relax." Food and wine were all too comforting to her, and in times of stress she reached for more, which of course made her feel worse about herself, since she gained more and more weight. With the extra weight, she felt lethargic and depressed in addition to her feelings of stress.

Her shame about her behavior prevented her from being truthful with her friends and family, and she went so far as to suggest to them that her weight gain was the result of a thyroid problem and early menopause. She wouldn't ask for help because she felt "pathetic" and "weak." She finally decided to get some counseling, although she felt quite hopeless that there was anything anybody could do to make her life less stressful.

I used various techniques with Gail to help her figure out strategies for reacting to her stress more positively, instead of reaching for food and wine. I helped her to challenge her "all-or-nothing" perspective that exercise would not help, and she started to make small steps toward beginning a regular exercise plan that could fit into her hectic life. I used handouts such as "Examples of Depression and Anxiety-Producing Cognitive Distortions" (Handout 2.3, in Chapter 2) to help her identify her pattern of thinking errors. Sheets like these helped her to uncover her own cognitive distortions, or thinking errors, such as her erroneous use of "fortune telling" ("I'll always be this way and things will never get better") and "labeling" (describing herself as "pathetic" and "weak.") Since I find that bibliotherapy is

The Stress Solution

extremely important in offering structure between sessions, I recommended Geneen Roth's *When Food Is Love* (1991) to help Gail uncover some of the psychological issues underlying her emotional eating, as well as Judith Beck's *The Beck Diet Solution* (2008), which applies practical cognitive behavior therapy (CBT) self-help strategies to weight loss. I encouraged her to break through her isolation and reconnect with friends and be more open to making new ones. Part of her psychoeducation was to learn that stress could motivate her, not just debilitate her, and to learn how to make stress work for her rather than against her. I encouraged her to learn to make stress her friend so that she could grow and heal as a person.

The next step with Gail was to do the “Weighing Pluses and Minuses” activity, which is further spelled out in the treatment tips section. In this exercise, I list with my clients the different ways they describe stress, and then they put minus and positive signs next to each item. They see that stress can be both positive and negative, and the activity disputes the myth that stress is mostly bad or negative. The “Weighing Pluses and Minuses” activity helps clients to identify their unique view of stress, including their misunderstandings, and to develop insight into how to see their stress in more positive ways. They learn that stress largely results from their perceptions about outside events, not the events themselves.

Treatment Tips

Now that your clients have learned how sweet stress can be, and appreciate how it can be a positive motivator, here are some mini-lessons, demonstrations, and activities to further help them embrace stress in their lives. I find that short lessons are very important in effective treatment, as our clients are not armed with the knowledge that we have, and knowledge becomes power. I like to back up my mini-lessons with a handout or worksheet, reinforcing their learning with at-home learning opportunities. Armed with many tools for stress management, such as the ones in this section, our clients find ways to thrive under stress—not just to survive.

The Therapist's Ultimate Solution Book

Activity: Weighing Pluses and Minuses

Have your clients write down at least 10 responses to the following phrase:

Stress is _____ .

Common responses include:

Stress is:

exhausting
frustrating
tiring
too much to do
difficult
money problems
coworkers
customers
kids
in-laws

Now instruct your clients to put a plus sign (+) or a minus sign (–) next to each item to convey whether they regard the answer as positive or negative. Let them know that some items are a mixed bag and can be both plus and minus. (In a group setting, you can make the list on a flip chart or board.)

The impact of seeing mostly minuses drives home the point that people often regard stress as negative, which in turn creates more stress. Point out that even items such as *too much to do* can be seen as positive because the absence of having things to do means depression and despondency, in which you are not challenged and involved. If there is a minus next to “in-laws,” remember that the only reason people have in-laws is that they are married. Doesn't that deserve a positive? Likewise, you might remind clients who include customers and coworkers on the list as a source of negative stress, that they can also be considered positive—without them, there would be no job! And as for stress over kids—which is often regarded as negative—parents generally would agree that the joys of having their children outweigh the day-to-day stresses and hassles.

The Stress Solution

This simple yet effective exercise helps clients to embrace the stress in their lives. In this way, they can be encouraged to be more objective and positive about stress and to see stress as a motivator in their lives and as a key to success rather than a hindrance to it.

☑ *Activity: Traits of Stress Managers and Stress Carriers*

Another useful activity to do with your client is to follow up “Weighing Pluses and Minuses” with brainstorming a listing of the traits of a *stress manager* and a *stress carrier*. The difference? People who handle stress well manage their stress. People who don’t manage their stress well tend to spend more time giving it to everyone else! Ironically, these are generally the people who think that they have no stress! If you type this list on a tablet or laptop, you can send it to your client to use as a handout that you made together. Or, using the list below as a template, you can make your own list as a handout for clients.

Here are some ideas to include:

<i>Stress Managers:</i>	<i>Stress Carriers:</i>
Believe stress is positive	Believe stress is negative
Embrace stress	Try to avoid stress
Make self-care a priority	Are too busy to attend to self-care
Set limits on their time and energy	Do too much, then feel exhausted
Value and nurture relationships	Neglect connecting with others
Have patience	Are rushed
Are calm and confident	Feel anxious and pressured
Control and manage their time	Are controlled by time (there’s ever enough of it!)

☑ *Mini-Lesson: Kobasa’s 3 Cs of the Stress-Hardy Personality*

Educating your clients about the 3 Cs of hardiness can help them make stress their friend. The 3 Cs are based on the work of Suzanne Kobasa (1979), who did research on the stress-hardy personality. In her studies of executives and those with stressful occupations, she found that those who were healthiest both psychologically and physically exhibited the characteristics she referred to as the “3 Cs”:

The Therapist's Ultimate Solution Book

Commitment. Those who feel a sense of commitment have a feeling of involvement in something outside themselves. Therefore, they tend not to feel isolated but rather to sense that their actions have a purpose and contribute to the greater good.

Control. This is perhaps the key factor in emotional health—a sense that you can control the things you can, without trying to control others. Rather than feeling like a victim of circumstances or a pawn in the lives of others, stress-hardy people feel an internal locus of control.

Challenge. In the face of adversity, stress-resilient people typically feel challenged instead of overwhelmed. They are growth oriented and eager to meet new challenges.

I have used this concept many times with clients who have felt overwhelmed by stress. “The 3 Cs of Stress Hardiness” (Handout 1.2) at the end of this chapter will give your clients an opportunity to improve their own stress hardiness based on Kobasa’s 3 Cs. The 3 Cs provide an easy way for them to remember the importance of focusing on what is under their control in life, to see how they can grow through life’s challenges, and to recognize the importance of committing themselves to pursuits in life that they believe in and that give them a sense of contributing to the world.

Mini-Lesson: Making Peace with Life’s Dialectics

I enjoy using treatment practices from various models of treatment, and Dialectical Behavior Therapy (DBT) gives me many practical treatment tools to put in my therapeutic toolbox. DBT and other third-wave therapies offer perspectives that CBT does not. This rapidly growing treatment modality is based on the idea that we all experience conflicts in everyday life in response to our opposing needs, wants, feelings, thoughts, and behaviors. The term *dialectics* means “opposites,” and the heavily psychoeducational DBT approach provides strategies to help clients make peace with the dialectics in their lives.

DBT’s name is an example of a dialectic. This popular form of psychotherapy is an outgrowth of seemingly opposite treatment orienta-

The Stress Solution

tions, uniting the traditionally Western approach of Cognitive Behavior Therapy with the Eastern practices of mindfulness and meditation. In DBT, West meets East as Skinner and Beck meet Buddha, combining the dialectal conflict of the need to change with the need to accept things as they are.

As we help our clients understand the dialectics of life and the contradictions and conflicting emotions that are inevitably part of life, they learn to regard opposing feelings and thoughts as normal. An awareness of life's dialectics will help lessen stress by allowing clients to let go of the expectation that life should be free of conflict and welcome the realization that life is full of tension, both positive and negative. This fundamental understanding helps clients embrace conflicts in their lives and manage their stress instead of carrying it.

“Making Peace With the Dialectics of Life” (Handout 1.5) and “Life's Dialectics in the Form of Oxymorons” (Handout 1.6) are handout supplements designed to help clients grasp these points. These sheets offer opportunities to have fun with the concept of dialectics. I have used these types of mini-lessons and handouts frequently with clients, as they emphasize the importance of creative and flexible thinking skills. Worksheets such as these normalize the dialectics in everyday life and help clients make peace with their conflicting emotions and needs.

Visualization: Using Metaphors to Effectively Cope with Stress

Using metaphors to represent life's paradoxes can further help clients manage their stress. Metaphors use imagery to help unlock emotions, and using imagery can help people picture concepts in a way that words can't convey. Use of metaphors is a vital part of a solution-oriented therapeutic approach. With some flexible thinking and creativity, it's not hard to find metaphors to illustrate lessons.

As coauthor of *The Swiss Cheese Theory of Life* (Belmont & Shor, 2012), I enjoy giving demonstrations where I use a wedge of Swiss cheese to illustrate the unpredictability of life. In working with individuals, even if it's not practical to bring in a wedge of cheese, I have the client visualize Swiss cheese to make the point that life isn't supposed to be so

The Therapist's Ultimate Solution Book

smooth and predictable like cream cheese or American. Rather, life is full of holes, and likewise, life is full of challenges to get through. I emphasize that the larger the holes in the Swiss, the more flavorful and stronger the cheese. Likewise, the bigger the holes in our lives, the bigger our challenges and the more we can develop our character and uniqueness, as long as we “deepen and don’t weaken.”

I also use finger-trap carnival toys, purchased from an online novelty distributor, to demonstrate various points, such as how people get stuck in traps when they argue and try to prove they are right. This is a great metaphor and visualization for an argumentative couple. I sometimes give my clients a metaphorical prop to bring home to remind them of the lesson. ACT founder Stephen Hayes uses the finger trap to demonstrate how people get stuck if they refuse to accept some degree of unavoidable pain in their lives. The more they resist what is, the more they get stuck by refusing to accept things beyond their control.

One of my favorite demonstrations regarding stress uses a rubber band, and I always have rubber bands on hand in my desk so I can show this lesson to clients. (You can also use a balloon to demonstrate the same thing.) I show them that when the rubber band is not stretched at all, it is limp and does not have a useful function. However, too much stretch can cause the band to snap. The happy medium lies somewhere in between, where the band has some stretch and “give” without being too limp or too stretched. This represents the balance that we seek in our lives in terms of stress. We want some stress to spice up our lives, but not so much that we become overwhelmed and “snap.” I give my clients rubber bands to take home to help them keep in mind that stress is good in moderation.

I use the visualization of a stringed instrument to further make my point. If the string on a guitar, for example, is not tightened enough, the music will drone. However, if the string is wound too tightly, the pitch will be too high, or the string might even snap. It is only with the right amount of tension on the string that we can play beautiful music.

Quick visualizations that make a therapeutic point are more effective than words alone. When clients visualize something—and even better,

The Stress Solution

when they experience it—it produces more of an impact and they are more likely to remember the concept being taught. The “Toolkit of Metaphors for Treating Stress” at the end of the chapter offers other metaphors to represent how to deal with stress.

☑ *Activity: Stress Resiliency Through Acceptance and Mindfulness Practice*

A discussion on stress without mentioning the important of relaxation and mindfulness techniques would make this chapter incomplete. In the last few decades, mindfulness exercises have been a staple in virtually all third-wave cognitive behavioral treatment approaches. Mindfulness practice is a vital key to stress reduction. Mindfulness practices include some type of relaxation training or practice to cope with negative stress for emotional and physical health. Acceptance and Commitment Therapy (ACT), DBT, and Mindfulness-Based Cognitive Therapy (MBCT) are all anchored in the foundation of mindfulness practice. Bringing mindfulness techniques into stress-reduction practices became mainstream when cardiologist Dr. Herbert Benson outlined a meditative technique called the “Relaxation Response” (Benson, 1975). His medical approach to meditation and his focus on the physiological benefits of relaxation practice accepted by the Western medical community demystified the practice and distilled it enough that it could be accessible to the mainstream population. As founder of the Benson-Henry Institute for Mind Body Medicine at Massachusetts General Hospital in Boston, Benson is responsible for integrating Eastern spiritual meditative practices into modern-day medicine. Benson focused on meditative techniques to decrease stress and improve health to ward off heart disease and other health stress-related disorders, such as gastrointestinal ailments, insomnia, and hypertension. Benson’s premise was that meditative techniques release chemicals and brain signals to reduce tension. In his hallmark book, *The Relaxation Response*, Benson outlined the major ingredients to stress reduction through relaxation training to quiet the mind and body.

The major elements of relaxation practice are as follows:

The Therapist's Ultimate Solution Book

1. Find a quiet place that can be visited on a regular basis, and once or twice daily sit comfortably for 10 to 20 minutes.
2. Closing your eyes, focus on one word, such as *one*. Repeat this word over and over.
3. Progressively relax the body, either by focusing on various parts of the body and intentionally relaxing them or by tightening and then releasing the muscles.
4. Strive to maintain a non-judgmental, passive attitude as you observe sensations, not judge them. Let thoughts come and go.

Benson paved the way for third-wave treatments to be embraced by modern medicine and psychological practice. Some practitioners who are trained in and comfortable with teaching mindfulness guide their clients with mindfulness and relaxation exercises in session. I personally use such exercises in group settings, and in individual settings refer my clients to the books and CDs included in the “Recommended Resources” section, which offer many self-help variations of relaxation and mindfulness practice. One of the more widely used is the *Guided Mindfulness Meditation* three-part CD series by MBCT founder Jon Kabat-Zinn.

Activity: Skill-Building Logs and Handouts for Stress Resiliency

Worksheets and daily or weekly stress logs offer your clients opportunities to practice managing stress and give them structured opportunities to track their progress. As emphasized before, most psychoeducational approaches—such as CBT, DBT, ACT, and MCBT—emphasize the importance of between-session homework. Filling out diaries, logs, and worksheets is vital to any type of solution-oriented therapy. The important thing to note is that, just as when learning a new language or learning to ride a bike or drive a car, you won't really be able to learn to manage stress without practice. The solution-oriented therapist needs to offer these tools so that clients can practice skills between sessions. “Stress Log” and “Completed Stress Log Sample” (Handouts 1.7 and 1.8) and “Stress Journal” (Handout 1.9) provide opportunities for between-session practice that can be reviewed during following sessions.

☑ *Activity: Assembling a Stress Toolkit*

This is my most popular activity regarding stress. When conducting group sessions, I bring in a variety of objects for assembling a stress kit, with each object serving as a metaphor for some aspect of stress. I purchase these inexpensive objects at places like the supermarket, the drug-store, the dollar store, or a discount online novelty store. I offer my clients small plastic bags that they can fill with various items to take home to remind them of the lessons they learned in the group.

I also keep many metaphorical objects in my office to illustrate various points. These metaphoric visualizations have been very helpful therapeutically, and I use them often.

A Toolkit of Metaphors for Treating Stress

The following are ideas of what goes in the Stress Management Toolkit:

Small rubber Super Ball. The harder it is thrown on the ground, the higher it bounces. Stress-resilient people don't focus on how hard they fall, but on how hard and how high they bounce back.

Rubber band. If the band is pulled too much, it will snap. If it is pulled too little, it remains limp and nonfunctional. Just the right amount of tension allows the band to be functional without snapping.

Slinky. It goes in all different directions and is very adaptable and flexible.

Paintbrush. Your attitude is your mind's paintbrush—it colors your world.

Candy kiss. Be good to others and give others a kiss! Good connections with others will help you be more stress-resilient.

Cartoon clip. Having a sense of humor helps in warding off negative stress.

Stress ball. Stress balls teach us a lot about the stress-hardy personality. They roll with the punches, retain their shape even when squeezed, have no rough edges, stay afloat, and are soft and flexible.

Can you and your clients add to this toolkit?

Therapeutic Takeaways

- ☑ Teach your clients that stress is neither good nor bad—it just “is.” Our perceptions determine what *stresses us out*.
- ☑ Help your clients realize the importance of a sense of humor in stress relief.
- ☑ Use short activities such as “Weighing Pluses and Minuses” to educate clients about stress and help them to process what they have learned.
- ☑ Teach your clients that life is full of conflicting opposites—or dialectics—that cause tension that needs to be embraced rather than avoided. This is the basic premise underlying Dialectical Behavior Therapy.
- ☑ Mindfulness is an acceptance-based practice that is used for stress management training with clients. It is characterized by non-judgmental and present-focused awareness.
- ☑ Use metaphors liberally with clients to demonstrate psychological lessons, and keep metaphorical objects handy for demonstrations in treatment.

Handouts

The following worksheets will help your clients build their stress-resiliency skills. These handouts are all related to the lessons of this chapter. As a general guideline, handouts and assignments are given to clients at the end of the session as homework, unless they are used in the session itself to illustrate points. Make sure you leave ample time to go over your expectations regarding use of the selected handouts.

When you give out assignments, it is important to follow up with your clients at the beginning of the next session to review and discuss their homework. Going over the homework is an essential aspect of being a solution-oriented therapist.

Note: All handouts in the book are available for download on my website by following the link below: <http://www.belmontwellness.com/ultimate-solution-handouts/>

Handout 1.1: Common Myths About Stress

Myth 1: Most stress is caused outside of ourselves.

Do people stress you out? Does traffic stress you out? Does snow stress you out?

Usually, people will answer yes to these questions. Yet, in actuality, stress comes from within ourselves—not from the outside.

The truth is that no one has the power to make you stressed unless you give it to them. Traffic is just traffic. If you were a traffic control officer, that would be your livelihood—no traffic, no job. Likewise, if you were a ski instructor or lift operator, no snow would mean no work. Talk about stress!

Myth 2: Stress is not controllable—it controls us.

Our stress is largely a result of our interpretations. By controlling our perceptions, we control our stress.

Still not sure? Consider the following example.

Imagine that you're taking a shower and the water is lukewarm. Many of us would feel very stressed and experience a range of emotions on a continuum from annoyance to outright anger. It could prove to be a stressful start to what would otherwise be an uneventful day. Now, consider the same shower with the same water temperature. However, this time you know that the hot water heater is broken and expect that the water will be cold until the repairman comes later in the day. The same lukewarm water, expected to be cold, is a positive surprise rather than a source of annoyance. Thus, the negative stress is replaced by a sense of relief, and you enjoy your shower with a sense of gratitude.

Myth 3: Most people find the same things stressful.

Stress is not the same for everyone—and the greater the degree of baseline resiliency a person possesses, the more he or she will find stress motivating rather than debilitating. Consider the adage "One's man's meat is another man's poison." What is stressful for one person is invigorating for another. Whereas some of us find the idea of skydiving, zip-lining, or skiing on an expert trail terrifying, a more adventurous soul will be exhilarated by the stress. Some people seek to repeat the very same experiences that many of us would avoid at all costs.

Myth 4: Stress is bad for you.

Despite the common misperception, stress is not bad for you. To quote Hans Selye, the pioneer of the study of stress, "Stress is the spice of life." We need stress to feel engaged. In fact, trying to escape or avoid stress will make life more stressful!

Selye differentiated between negative and positive stress: He actually referred to positive stress as "Eustress" and referred to negative stress as "Distress." Thus, stress is not good or bad—it just *is*. It is our perceptions that make it seem bad! According to Selye, "Adopting the right attitude can convert a negative stress into a positive one."

Myth 5: Stress interferes with success.

Negative stress can be debilitating, but stress itself is not inherently bad. It's stress that is not properly managed that leads to impairment, illness, and even death. Positive stress, however, can be exhilarating and motivating. From youth soccer to the NFL—and everywhere in between—stress motivates players to win. Would people buy high-priced tickets to watch their favorite major league sports team play if they already knew the outcome of the game? Would we really want to know the score ahead of time? What makes watching a game exciting and thrilling is the stress of the unknown.

Myth 6: Stress is hazardous to your health.

Stress, in itself, is not necessarily hazardous. It's how you adapt to stress that determines whether it affects your mind and body. For example, for the Type A stress-ridden personality, there is a correlation between being hard driving and experiencing heart disease, high blood pressure, and even early death. In contrast, the Type B personality is considered to be more relaxed and low-key, and was once thought to be associated with a longer life. However, later studies have shown that it is really the hostility factor that determines whether stress is actually detrimental to our health. Unbridled hostility and anger have been found to be the factors that determine whether stress motivates you or breaks you down. Your anger level is really the determinant—not the stress itself.

Handout 1.2: The 3 Cs of Stress Hardiness

Based on the work of Suzanne Kobasa (1979)

Commitment. Those who feel a sense of commitment have a sense of involvement in something outside themselves. They are committed to a purpose and a greater good and are working toward something they believe in.

Control. This is perhaps the key factor in emotional health—a sense that you can control the things you can. *However, that does not mean controlling others!* Rather than feeling a victim of circumstance, stress-hardy people feel in control of their lives.

Challenge. In the face of adversity, people feel challenged instead of overwhelmed. They are growth oriented and eager to meet new challenges.

The following questions will help you to personalize and process these 3 Cs.

Ways I can feel more involved and committed:

Ways I can feel more “in control”:

Ways I can feel more challenged:

Handout 1.3: Tips for Managing Stress—Not Carrying It!

Change your perceptions, change your life.

The biggest stressor comes not from the outside, but from between our ears. There are some things we can't change, but we can change our perceptions! Shift your focus to what can be changed, not to what can't be changed. Our thoughts create our stress. Over 80% of our life is determined not by events, but by our reactions to them. Remember to stick to the facts, not interpretations. Often we can't "get over" something because of stories we tell ourselves.

Make an effort to think more positively.

Remind yourself that stress can be positive. If we put a negative spin on it, then it will be negative. It has been estimated that the average person thinks well-over 50,000 thoughts per day. If even 10% are negative thoughts, which is an underestimate for most people, that comes to 5,000 negative thoughts a day! Start the day with the intention to think positively about your stress.

Don't forget the importance of humor!

When we feel under stress, a sense of humor is often one of the first things to go. Smiling, laughing, and looking at the light side of life can do wonders for our mental health. Look on the light side of life at every opportunity.

Take care of yourself mentally and physically.

Practice self-care techniques and attempt to nurture and nourish your body as well as your mind. Eating well and exercising will help you keep your stress under control and you will feel healthier in mind and body.

Don't be too hard on yourself—or on others either.

People who truly like themselves and look for the good in others are far less stressed than people who are judgmental. Accept imperfections, mistakes, and even failures in yourself and others with kindness

The Stress Solution

and compassion. Compassion goes a long way toward soothing the mind and soul.

Focus on what is in your control, not what is beyond it.

Think of the Serenity Prayer by Reinhold Niebuhr: “God grant me the serenity to accept the things I cannot change; the courage to change the things I can; and the wisdom to know the difference.” Those who focus on what is in their control are more stress-hardy and more likely to grow from stress.

Challenge and commit yourself to do what you love.

People who are energized by pursuits they love and to which they are committed are generally more stress-hardy. Finding meaning in your daily life, in paid or unpaid work, working toward making the world a better place, and finding a passion that you can contribute to the world all lead to stress hardiness.

Connect with others—don’t isolate!

Establishing warm and supportive relationships with people, family, friends, coworkers, and neighbors can reduce negative stress immensely. Self-disclosure helps to manage stress rather than let it build up.

Handout 1.4: Where's Your Sense of Humor? Take a Humor Inventory

The following questions will help you take stock of your "humor inventory."

Rate each item on the following scale of 1 to 5:

False _____ True

1 2 3 4 5

_____ 1. I take myself too seriously.
_____ 2. I am too busy to find the humor in things.
_____ 3. I am too involved with "important things" to be able to see the lighter side of life.
_____ 4. I am worried about what others think about me.
_____ 5. On average, I do not laugh a lot.
_____ 6. There is not much that strikes me as funny.
_____ 7. I have not had a good laugh in quite some time.

Take your total score and divide it by 7:

Total score _____ divided by 7 equals your score: _____ .

Interpretation of Your Score

- 1 Superb: Your Humor Quotient is unusually high! Keep up the good work!
- 2 Very Good: You have a very good ability to see the lightness in life!
- 3 Average: Your Humor Quotient could use some boosting.
- 4 Needs Work: Look for more opportunities to lighten your load.
- 5 Needs a Lot of Work: Life is too serious to be taken so seriously! Try to find more lightness in your life! If your mood is low, consider getting professional help.

What are some ways that you can improve your Humor Quotient?

Handout 1.5: Making Peace With the Dialectics of Life

Life is full of “dialectics,” which means that life is fraught with constant stress and tension due to conflicting wants, needs, emotions, behaviors, and thoughts. Stress is a by-product of those conflicts between opposing needs and wants. Learning to accept and embrace conflicting emotions and thoughts will increase inner peace of mind.

These are some of life’s dialectics that are familiar to many of us:

- The more love you give, the more love you often receive.
- The most controlling people are the most out of control.
- The more we cling to someone, the more we push him or her away.
- The more we seek happiness, the more it eludes our grasp.
- Sometimes we need to lose ourselves to find ourselves.
- Often, the more we feel isolated, the more we avoid intimacy for fear of rejection.
- The more you accept that life is difficult, the less difficult it will be.
- You want to eat healthier, but you can’t resist the drive-in window.

Now it’s your turn—fill in your own dialectics.

Handout 1.6: Life's Dialectics in the Form of Oxymorons

Life is full of paradoxes—that's what makes it so interesting!

Even in our everyday life we use terms called *oxymorons*—dialectical, paradoxical phrases. They are so commonly accepted that we don't usually realize that they contain two opposites!

Jumbo shrimp

Filthy rich

Bittersweet

Lovesick

Definite maybe

Living dead

Little while

Guest host

Deafening silence

Can you think of more?

The Stress Solution

Handout 1.7: Stress Log

This Stressful Event Log will help you analyze, understand, and manage your stress more effectively. Keep a stress log regularly to help yourself manage your stress . . . *and not carry it!*

Using the completed form in Handout 1.8 as a sample, fill in the spaces below using a stressful situation from your life.

Stressful Event Description	
Negative Emotions	Positive Emotions
Strength of Negative Emotions <hr/> 1 2 3 4 5 6 7 8 9 10 Low High	Strength of Positive Emotions <hr/> 1 2 3 4 5 6 7 8 9 10 Low High
Identify Negative Beliefs	Challenge With Positive Beliefs
Type of Cognitive Distortion	Healthy Alternative
Certainty of Your Beliefs <hr/> 1 2 3 4 5 6 7 8 9 10 Low High	Certainty of Your Beliefs <hr/> 1 2 3 4 5 6 7 8 9 10 Low High
Unhealthy Behaviors	Healthy Behaviors
Cost/Benefit Analysis: Unhealthy Coping	Cost/Benefit Analysis: Healthy Coping
My Conclusions and Goals	

Handout 1.8: Completed Stress Log Sample

Stressful Event Description Making a presentation for a meeting at work	
Negative Emotions Anxiety, fear	Positive Emotions Excited for the opportunity, energized
Strength of Negative Emotions <div style="text-align: center;"> _____ X _____ 1 2 3 4 5 6 7 8 9 10 Low High </div>	Strength of Positive Emotions <div style="text-align: center;"> _____ X _____ 1 2 3 4 5 6 7 8 9 10 Low High </div>
Identify Negative Beliefs They might not agree with me. It would be awful if I got tongue-tied! I wish I was as smart as Nancy.	Challenge With Positive Beliefs Even if they don't, it wouldn't be terrible. It would be frustrating, but not a tragedy. Nancy's intelligence doesn't diminish my own; we are different.
Type of Cognitive Distortion Catastrophizing; comparisons	Healthy Alternative Sticking to the facts, not interpretations
Certainty of Your Beliefs <div style="text-align: center;"> _____ X _____ 1 2 3 4 5 6 7 8 9 10 Low High </div>	Certainty of Your Beliefs <div style="text-align: center;"> _____ X _____ 1 2 3 4 5 6 7 8 9 10 Low High </div>
Unhealthy Behaviors Withdrawing before meetings Getting snippy with the family	Healthy Behaviors Practicing in front of a mirror Outlining my main points on a note card
Cost/Benefit Analysis: Unhealthy Coping Costs: Alienates others; causes conflict. Benefits: Keeps people away; protects me.	Cost/Benefit Analysis: Healthy Coping Costs: Takes time to plan. Benefits: Helps me feel empowered, organized, and prepared. Boosts my confidence.
My Conclusions and Goals By challenging my irrational beliefs and replacing them with more rational thoughts, I will use this presentation as an opportunity to grow healthier.	

Handout 1.9: Stress Journal

Date(s): _____

1. Stressful event(s)

2. Emotional responses

3. Degree of negative stress LOW 1 2 3 4 5 6 7 8 9 10 HIGH

4. Degree of positive stress LOW 1 2 3 4 5 6 7 8 9 10 HIGH

5. Unhealthy and healthy thoughts

6. Unhealthy and healthy reactions

7. What have I learned from my stress logs?

8. Relaxation and mindfulness skills I have practiced

9. Metaphors and visualizations I have used

10. Examples of both positive and negative stress

The Therapist's Ultimate Solution Book

Recommended Resources

CDs

Goodbye Worries: Train Your Mind to Quiet Your Thoughts Anytime

Calming Collection, with Roberta Shapiro

Guided Mindfulness Meditation: Series 1 , Series 2 and Series 3

Jon Kabat-Zinn

Progressive Relaxation and Breathing

Matthew McKay and Patrick Fanning

Progressive Muscle Relaxation: 20 Minutes to Total Relaxation

Beth Salcedo

Self-Help Books

Stress without Distress

Hans Selye

The Relaxation Response

Herbert Benson

The Relaxation & Stress Reduction Workbook

Martha Davis, Elizabeth Robbins Eshelman, and Matthew McKay

The Stress and Relaxation Handbook: A Practical Guide to Self-Help
Techniques

Jane Madders

A Mindfulness-Based Stress Reduction Workbook

Bob Stahl and Elisha Goldstein

Useful Links

About.com

“Stress Management”

stress.about.com

American Institute of Stress

<http://www.stress.org>

Change Your Thoughts, Change Your Life (blog)

<http://www.stevenaitchison.co.uk/blog/>

Mind Tools

“Stress Management Techniques”

http://www.mindtools.com/pages/main/newMN_TCS.htm

The Stress Solution

Psych Central

“Stress Management: Coping With Stress” by John H. Grohol

<http://psychcentral.com/stress/>

Statistic Brain

“Stress Statistics”

<http://www.statisticbrain.com/stress-statistics/>

✦ CHAPTER TWO ✦

The Anxiety Solution

Calming Irrational Fears

Considering that anxiety disorders affect 18% of the population (40 million adults) in America (Anxiety and Depression Association of America, n.d.), it is not surprising that anxiety is the reason that many of our clients seek counseling. Substance abuse, depression, and many other disorders are rooted, as well as manifested, in symptoms of anxiety. Our propensity for anxiety is due partly to our biological wiring and partly to environmental factors, such as being raised in an anxious household or a home with perfectionistic standards.

Regardless of biological and environmental predisposition, there is no shortage of opportunities in life for worry, and the variations of worrying are endless. Any gamut of events threatening your mental stability, safety, and happiness, and that of those close to you, is fodder for worry. Whether it is realistic or unrealistic worry, it takes a toll. Some real-life worry constitutes a response to problems that need to be solved, while many other types of worry fall in the *what if* category. Anxiety is more of this type, focusing on life's *could be* and *should be* possibilities, endless mental churning leads to little resolution or inner peace.

Some of the most common anxiety disorders that we see as clinicians are generalized anxiety disorder (GAD), posttraumatic stress disorder (PTSD), panic, specific phobias, and social anxiety disorder (SAD). According to the Anxiety and Depression Association of America, specific phobias are the most prevalent, affecting 19 million Americans