

THE EVALUATION OF AN ECLECTIC STRESS
MANAGEMENT PROGRAM FOR ADULTS WHO
SUFFER FROM STRESS AND RELATED DISORDERS
IN A GROUP PSYCHOEDUCATIONAL SETTING

CENTRE FOR NEWFOUNDLAND STUDIES

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**The Evaluation of an Eclectic Stress Management Program for Adults
Who Suffer From Stress And Related Disorders in a
Group Psychoeducational Setting**

By

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ABSTRACT

This is a report of an Educational Psychology internship which was conducted at multiple clinical sites in St. John's, Newfoundland, Canada. These sites included the Psychiatric Rehabilitation Interdisciplinary Team, the Recovery Center (Addiction Services), and the H. Khalili & Associates independent practice/community agency. All of these sites are community focused public and private agencies.

The internship was conducted between September 7 and December 15, 1999. The report consists of an overview, a research component, and a reflective journal. Chapter One gives an overview and a report of the internship goals and objectives and the activities undertaken by the intern to meet these goals and objectives.

Chapter Two, the research component, provides a current literature review and a research study on the intern's evaluation of an eclectic stress management program.

Chapter Three presents the findings and a discussion of the results is given.

The results of this study show that an eclectic stress management program in a group psychoeducational setting increased the participants' knowledge and decreased the level of anxiety among the participants. Therefore, the use of an eclectic stress management program is highly significant in a group psychoeducational setting. Implications and recommendations are highlighted for the reader.

Chapter Four, the reflective journal, provides a brief account of the weekly internship activities, experiences, and contributions to the intern's professional growth and development as a counsellor.

DEDICATION

To my daughter, Hala,
who was born during the writing
of this final report.
You are a beacon of light to me.
Through your eyes shines life's meaning.

Love always,
Dad

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I would like to express deepest thanks to my Government of Saudi Arabia and the Head of the Kingdom of Saudi Arabia, The Custodian of the Two Holy Mosques, King Fahd Ibn Abdul Aziz Al Saud, for the tremendous opportunity afforded to me to complete my Masters program at Memorial University of Newfoundland, Canada.

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CHAPTER 1

OVERVIEW OF INTERNSHIP REPORT

RATIONALE FOR THE INTERNSHIP OPTION

In order to complete the Master's Degree in Educational Psychology at Memorial University, students have the choice of doing either a thesis, paper folio, project or an internship report which includes a research component. The internship was completed in a clinical setting at four community health services centers that included: a psychiatric rehabilitation services facility, a hospital, an addictions services/ recovery center, and a private clinic. A description of each center will be given in a subsequent section of this report.

There were many personal and professional reasons for the choice of the internship option to complete the requirements of my Master's Degree. The reasons are as follows:

1. Professional interaction and exchange during the internship experience allowed the intern the opportunity to compare the Addiction services and Mental Health programming in Canada with similar programs in his home country, Saudi Arabia.
2. It allowed the intern to apply the knowledge gained from his present academic studies and previous work experience .
3. It gave the intern the chance to gain insight and broaden his knowledge about group and individual counseling through practical experience with various professionals in this field.

4. Because group counselling is not commonly used in Saudi Arabia, this internship experience in Canada provided the intern the opportunity to develop his competencies in these areas. The internship made it possible to develop the knowledge to establish similar programs in the intern's home country if required to do so.
5. The intern gained some first hand experience with and information about the Health care services in this country. This has in turn enhanced the intern's ability to provide more informed and knowledgeable counselling to clients.
6. The intern acquired experience with the interview and evaluation process in the medical field.
7. This setting generously provided the opportunity to conduct the research project component of the internship requirements.

RATIONALE FOR THE CHOICE OF THE INTERNSHIP SETTING

The reasons for this choice of setting were:

1. To gain the opportunity to work with professional individuals, most of whom have distinguished reputations in the clinical counseling field.
2. To obtain the opportunity to apply the academic knowledge which the intern gained during graduate studies. The intern was able to sharpen the skills and abilities developed during the internship experience through the proper professional guidance and expertise.
3. The clinical setting provided the intern with an excellent opportunity to conduct research projects.

4. To work closely with the intern's supervisor to obtain fairly immediate feedback on the negative and positive aspects of the intern's abilities and skills.

DESCRIPTION OF THE INTERNSHIP SETTING

Mental Health Program: Psychiatric Rehabilitation Inter-Disciplinary Team

The Psychiatric Rehabilitation Inter-Disciplinary Team which is set up by the Health Care Corporation of St. John's, conducts a Mental Health Program at 203 Pleasant Street in St. John's, NF. Hans P. Asche, M.Ed. is a psychologist with this program, who assisted Dr. Khalili with on-site supervision of the intern. The facility and services are described as an interdisciplinary team whose representatives are from the disciplines of Social Work; Pastoral Care; Nursing; Recreational Therapy; Occupational Therapy; Psychology, with consultation provided by Pharmacy and Psychiatry.

Clients suffering from long term chronic mental illness are referred to the Psychiatric Rehabilitation Inter-Disciplinary Team from inpatient psychiatric services, the medical community, or other community health services. This program provides rehabilitation, psychiatric and psychological assessment and diagnosis, treatment and support to inpatients and outpatients.

The program also offers a range of much needed services not necessarily available in the traditional institutional setting such the provision of transitional support to return to the community. These transitional services include assistance with basic coping skills, maintenance of social networks, and "the provision of a framework for the skills, training, and support necessary to both address the clients disabilities and to maximize their

potential to adequately perform social, vocational, and daily living role functions” (Health Care Corporation, p.1).

Mental Health Program, Waterford Hospital

The Mental Health program is one of 17 clinical programs offered by the Health Care Corporation of St. John’s. The Waterford Hospital, one of the settings that offers the Mental Health Program, has a total of 204 beds that service the following areas: Acute care, Developmentally Delayed, Forensic, Geriatrics, and Psychiatric Rehabilitation.

Psychiatric Rehabilitation is a 23 bed inpatient unit for individuals diagnosed with a severe mental illness. The Psychiatric Rehabilitation Team monitors and manages a significant number of these inpatients in addition to the over 100 community based clients who have been reintroduced to community living on an outreach case management approach.

Addictions Services/ Recovery Center

The Recovery Center, located in St. John’s, Newfoundland, offers non-medical detoxification services to adults suffering from intoxication and alcohol and/or drug related dependency. The center provides a free service to a client maximum of twenty beds and the staff includes an experienced supervisor in this field, a physician who is available for medical/psychiatric assessments whenever needed, a counsellor, a social worker, and treatment attendants.

The center's atmosphere is non-threatening and non-judgmental as it supports the client through a program that tries to meet all client needs that can range from physical psychological, and social needs. The program encompasses individual and group counselling, education, and self-help meetings.

The program offered by the Recovery center consists of the following services:

- (1) non-medical detox with medical consultation as required
- (2) assessment and treatment planning
- (3) video and discussion
- (4) education sessions
- (5) group counselling
- (6) nutritional assessments
- (7) A.A. meetings
- (8) women's meeting
- (9) referral and follow-up services
- (10) Optional opportunity to participate in exercise, relaxation, and leisure programs.

Clients are usually self-referred, or referred from community agencies such as the Royal Newfoundland Constabulary, Social Services, hospital emergency units, and physicians.

Independent Practice/Community Agency

The Independent Practice/Community Agency , by H. Khalili, PhD and Associates, 391 Empire Avenue, St. John's, Newfoundland, offers a fee for service

psychological service comprised of seven psychologists and 1 sexologist. A broad range of therapeutic services are offered at the clinic for all ages. The sessions are led by qualified masters level and Ph D. level professionals who have a tremendous range of experience in psychotherapy.

The types of assessment and treatment services available at the clinic include: depression and anxiety, anger, phobia, alcohol and drug problems, sexual education and sexual problems, self-confidence and personal growth, education, career and employment issues; and many other areas of assessment and treatment.

GOALS AND OBJECTIVES FOR THE INTERNSHIP

Statement of Internship Goals and Objectives

The intern's work experience with the Clinical Psychological Unit in his home country, in addition to his studies at Memorial University of Newfoundland, have provided him with the many skills necessary for both an academic and a clinical experience at the graduate level. During the internship with Addiction Services (recovery center), Dr. Khalili and his associates (private/independent clinic), and the Psychiatric Rehabilitation Inter-Disciplinary Team, the intern looked forward to applying all that he has learned through these experiences to real situations under professional supervision. In addition, it is his intention to gain more insight into certain issues such as:

Goal 1: To develop skills in individual and group counseling.**Objectives:**

- Refine communication skills through counseling in clients individually and in group settings.
- Observe professional (psychologist) in counseling sessions.
- Continue to study and research on theory and practice in this area.

Goal 2: To develop skills in consultation.**Objectives:**

- To observe how professional counselors utilize consultation practices.
- To explore and focus on the procedure requirement for consultation.

Goal 3: To gain knowledge in area of assessment**Objectives:**

- Become familiar with a variety of assessments used in different situations and contexts (i.e personality tests, intelligence tests).
- Practice and conduct assessment tests.
- Follow guide lines of test manuals.

Goal 4: Develop skills test analysis and recommendations bases on results.

Objectives:

- By consulting professional counselors to gain knowledge of their interpretation and analysis.
- To focus on proper guide lines used in writing the analysis and diagnostics.

Goal 5: To develop knowledge and skills on recovery and prevention from drug and alcohol abuse.

Objectives:

- Observe professional practitioners procedures on intervention and prevention of clients with addictions problems.
- To gain knowledge and practice the most commonly used theories in addictions therapy.

Goal 6: To gain skills and knowledge of diagnoses and treatment of clients with long term, chronic mental and emotional problems.

Objectives:

- Gain insight and knowledge through consultation and guidance with professional practitioner in this area.

- Consultation and participating on the plans and treatments of clients who require rehabilitation.

Goal 7: To become familiar with the existing system and services provided by the Psychiatric Rehabilitation Inter-Disciplinary Team.

Objectives:

- By focusing on the representatives and their roles.
- To become aware of specific entry criteria.

Goal 8: To become familiar with the ethical and legal issues of the counseling profession.

Objectives:

- To become familiar with the medial board policies regarding counseling legal responsibilities.
- To consult with the Canadian Psychological Association (C. P. A), the Association of Newfoundland Psychologists (A. N. P) and the Canadian Counselling Association (CCA) Code of Ethics, 1999.
- Continue further reading and study on this area.

Goal 9: To participate in additional activities as the situation requires.

Goal 10: To fulfill the research component of the Graduate Internship Program.

DURATION

The fifteen-week internship placement began Tuesday, September 7, 1999 and ended December 15, 1999.

SUPERVISION

Identification of the University and Field Supervisors

The supervision and evaluation of the intern was provided by both Dr. Bill Kennedy, as academic supervisor and Dr. Hassan Khalili, a local Psychologist, as field supervisor. Both of these individuals hold Ph.D. degrees and each has many years of experience in their field of practice.

LIMITATION OF THE STUDY

The research study conducted was an evaluation of an eclectic stress management program. Eclectic programs are by their nature a combination of various techniques and theories. Therefore the results of this research will be applicable only to the program under study. Any other eclectic program may consist of different techniques and theories. For this reason, each program will need to be evaluated individually to determine their efficiency and validity.

ACTIVITIES TO MEET INTERNSHIP GOALS

A description of the ten goals and the activities undertaken by the intern to meet these goals is provided below. The internship activities enabled the intern to attain all ten goals. Overall, the internship experience was highly successful and the intern's professional counselling expertise and research ability have been greatly increased and enhanced in many areas of psychology.

Counselling

Goal 1: To develop skills in individual and group counseling.

The internship settings gave the intern opportunities to counsel clientele presenting with problems from a range of psychological problem situations: addictions, neurosis, and psychosis. The intern engaged in numerous activities that provided opportunities to shadow, assess, consult, discuss, and participate in a plan for client treatment. In addition to providing counselling, the intern observed the professionals in their role within their clinical settings and in the daily performance of their clinical activities.

While engaged in individual counselling activities the intern broadened his research knowledge in many different areas such as:

Schizophrenia;

Anxiety and Depression;

Eating Disorders;

Addictions;

High and Low self-esteem;

Divorce;

Conflict Resolution;

Suicide;

Assertive Behavior.

The intern was involved in group counselling and group activities ranging from ward rounds and interdisciplinary meetings with professionals, to group work on addictions and participating in a psychoeducational group. Weekly participation in group counselling sharpened the intern's skills and increased his knowledge overall.

Consultation

Goal 2: To develop skills in consultation.

In choosing the internship route and by working with experienced psychologists, the intern engaged in several consultation sessions and meetings which provided immediate feedback. This feedback guided his perception and thinking towards decision-making, clinical planning, and further research. Through observation and involvement in various consultation activities new techniques in consultation were learned and refined. The knowledge and experience shared by the professionals has developed immensely the intern's skills in consultation practices.

Assessment

Goal 3: To gain knowledge in the area of assessment

The intern had become familiar with a variety of assessments while in the internship settings. Some of the tools, while familiar to him, still provided new experiences in the clinical administration and interpretation of data. It was very beneficial to observe and participate in the use of new tools under the guidance of professionals in the field.

Assessment tools explored and employed include:

- Clinical Interview Assessment
- Beck Anxiety Inventory
- Minnesota Multiphasic Personality Inventory~2 (MMPI~2)
- Stress Self-Assessment Checklist
- Wechsler Adult Intelligence Scale (WAIS III, Third Edition)
- Wechsler Memory Scale (WMS, Third Edition)
- Eating Disorder Inventory (EDI)
- Myers-Briggs Type Indicator (MBTI)

The exploration of various assessment tools increased the intern's knowledge base and the objective use of these instruments in different problem situations. Further reading and discussion on assessment related to the analyzing and interpreting of the data was conducted. Overall, the administration of new instruments in a new cultural setting enlarged the internship experience and increased the intern's sensibility to the importance of their reliability and validity in different cultural settings.

Test Analysis

Goal 4: Develop skills test analysis and recommendations based on results.

Through the internship setting, the intern demonstrated some tests and reflected on them through oral and written reports. The field supervisor provided valuable feedback which generated further discussion and explanation for using and analyzing certain tests. The discussion and feedback sharpened the intern's ability in the analysis and interpretation of the data.

Drug and Alcohol Recovery and Prevention

Goal 5: To develop knowledge and skills on recovery and prevention from drug and alcohol abuse.

By weekly participation and observation of professional practice, the intern acquired a more in-depth knowledge base and a more developed skills repertoire for application in drug and alcohol addictions. From within the range of expertise in assessment and treatment offered at an advanced institution such as the Recovery Center, he gained the skills and tools that proved highly valuable in alcohol and drug addiction therapy for prevention and intervention.

Diagnosis and Treatment of Chronic Mental Illness

Goal 6: To gain skills and knowledge of diagnoses and treatment of clients with long term, chronic mental and physical illnesses.

In practice with the Psychiatric Rehabilitation Team, the intern participated in the counselling of clients and conducted regular ward rounds. This participation helped him to increase his knowledge and experience while at the same time allowed the intern to sharpen and empower his skills in diagnosis and planning for treatment.

Moreover, the discussions with the team towards the client's progress had great value to the intern in recognizing and acquiring the professional skills in discussing and participating during the interdisciplinary team meetings.

Health Care System in Newfoundland

Goal 7: To become familiar with the existing system and services provided by the Psychiatric Rehabilitation Inter-Disciplinary Team.

The internship orientation session, further reading, and professional feedback enabled the intern to meet this goal. By experiencing the operation of the system, he was able to achieve an overall understanding of the inner workings of the Community Health and Health Care Corporation organizational structure and the interconnectedness of each branch of the system.

An advanced system of computer technology allows the health system in Newfoundland to facilitate the practitioner's work in terms of client information sharing, file access, and on-line interdisciplinary consultations and meetings. These advanced

systems broadened the intern's awareness of the practical application for technology in the medical and clinical areas to increase a health care system's overall efficiency and effectiveness in meeting client needs.

Ethical and Legal Issues

Goal 8: To become familiar with the ethical and legal issues of the counseling profession.

All four principles: respect for the dignity of persons, responsible caring, integrity of relationships, and responsibility to society are taken into account when the intern started his internship. Further reading took place during the internship on this matter. See Appendix A. Consulting with supervisors and colleagues in this field enhanced and broadened the intern's responsibility to protect the well-being of the individual, family, group, or community involved. The intern reflected on the emphasis that is now placed on the moral and legal issues in dealing with human subjects. These principles guided the intern's professional practice and will continue to guide all future practice.

Additional Activities

Goal 9: To participate in additional activities as the situation requires.

Additional opportunities arose during the internship that were both personally and professionally rewarding for the intern. These activities are briefly described below:

- Visitation to Her Majesty's Penitentiary with the field supervisor and colleagues for assessment and interview of sexual offender

- Attendance at the Annual Mental Health Conference held at Waterford Hospital entitled, Psychosis: across the various ages and stages
- Attendance at the one day workshop entitled Working With Clients Who Have Sexual Difficulties at the Waterford Hospital
- Attendance at educational sessions at the Recovery Center such as nutrition session
- A gambling awareness workshop one day training held at Cordage Place
- A workshop entitled Fundamental Concepts in Addictions held at the School of Social Work, St. John's College, Memorial University of Newfoundland.
- A Visitation to the Mental Health Crisis Center and Crisis Line at Health and Community Services in St. John's, Newfoundland.

Research Component Completion

Goal 10: To fulfill the research component of the Graduate Internship program.

The final goal was achieved through:

- focused reading in the research area
- the commencement of the stress management program by using psychoeducational settings
- the administration of the pre and post tests through the first and last group session
- the interpretation, analysis, presentation and discussion of the data results
- the completion of a final research report.

CLIENTS AND CONCERNS

During the internship a total of 16 clients were seen by the intern for a total of 35 individual sessions. Of the 16 clients, three were females and thirteen were male. The client session frequency is as follows:

- twelve clients were seen for one session each,
- one client was seen for two sessions,
- one client was seen for three sessions,
- one client was seen for four sessions,
- one client was seen for fourteen sessions.

Termination of client sessions was as follows:

- six clients terminated their sessions by mutual consent
- two clients actualized session termination on their own
- five clients' sessions were terminated by the intern.

In order to maintain client confidentiality, clients' personal concerns will not be discussed in detail. However, the overall client issues and concerns can be summarized under the following:

- Stress management
- Depression
- General anxiety and phobia
- Relationship concerns

- Assertiveness
- Alcohol and Drug abuse and dependency
- Sexual disorders
- Bi-polar manic depressive disorder
- Obsessive Compulsive Disorder (OCD)
- Attention Deficit Disorder (ADD)

A REVIEW OF THE OBJECTIVES

In summary, the objectives were realized through the broad range of professional activities, learning experiences, and research endeavor that the intern was engaged in throughout the fifteen week internship. Professional practice, mentor and research consultation with renown and highly capable psychologists has given the intern a wider knowledge base and continuum of skills with which to use in his professional counselling career.

CHAPTER 2

RESEARCH COMPONENT

RATIONALE AND PURPOSE

Rationale for Research Project (Significance of Study)

After graduating from the King Saud University in Saudi Arabia with a Bachelor's Degree in Psychology from the Faculty of Education, the researcher spent six years working in the Military Hospital at Riyadh. Individual counselling and psychotherapy were a major part of the researcher's duties and this experience provided a solid foundation of knowledge in these fields. After coming to Canada to complete a Master's Degree, the researcher participated in a course which afforded the opportunity to co-lead a psychoeducational group. It was during this time that the importance of group counseling became clear to the researcher and sparked his interest in learning more about this type of counselling. There are very few professionals in Saudi Arabia who are experienced enough to conduct group counselling. Therefore there are few opportunities for clients to access this type of treatment. The knowledge gained during this internship placement gave the researcher the competence to support a greater use of group counseling and emphasize the benefits of this type of treatment.

Stress and stress related disorders are rapidly increasing worldwide. The changing structure of society with its growing population, shifting job market, changing economics, global political influences and advancing technology and medicine may be having an impact on this increase (Pritchett & Pound 1995). The research topic studied during the internship allowed the researcher the opportunity to evaluate the effectiveness of an

eclectic stress management program through a psychoeducation group setting. The research study explored the possibility of whether or not this type of program provides any benefits to its participants. The significant reasons for the research study were to determine whether it may:

1. Increase the program's credibility.
2. Improve how effectively the program is administered by emphasizing its strengths and illuminating any areas where there could be room for change or improvement.
3. Allow the intern to expand his knowledge about the benefits to be gained from group psychoeducational therapy.
4. Make it possible for the intern to establishing similar programs in his own country by applying this knowledge.
5. Allow the participants to have some input into how the program can be altered or improved.
6. Change knowledge levels of participants with respect to stress and/or its management.

Hypothesis

There are four hypotheses that were the focus of the research study:

1. The Psychoeducational group process will affect knowledge of stress management of the group participant.

2. The application of an eclectic stress management program will affect stress levels among group participants.
3. There will be no significant differences in the Beck Sub-Tests by gender.
4. There will be no significant gender differences on the Knowledge based questionnaire.

Objectives

The objectives of this research are:

1. To review current literature on stress management programs conducted within group psychoeducational therapy, with special focus on the methodologies used, program evaluation and benefits for the participants.
2. To use this literature to chose or develop a pre-post test to be administered to the research group.
3. To develop recommendations for program modifications based on the research findings.
4. To gain extensive knowledge on how to develop and implement an eclectic stress management program in a psychoeducational group setting.
5. To gain practical experience working with knowledgeable and experienced professionals in the field of group counseling.
6. If the research results support the hypothesis and show that the program successfully achieves its goals, the intern would have extensive skills and knowledge with which to

establish and administer group psychoeducational therapy on stress management and related disorders in a variety of settings in his own country.

7. Conducting this research may facilitate more extensive research in this area of study.

LITERATURE REVIEW

Introduction

During the last two decades, many stress management techniques have been developed. These techniques have been used to reduce, cope and often prevent stress. Relaxation training, time management, social skills training, problem solving training and life-style improvement are some of the most frequently used techniques which are employed to correct stress producing behaviors (Irma, Timmerman, Emmelkamp, and Sanderman, 1998).

Whether or not an individual develops stress-related health problems depends on several factors. People experience stress everyday in one form or another and in various degrees of intensity. It is not the "stressor" which determines the level of stress experienced, but how the individual views the situation or event (Lazarus & Folkman, 1984). How they cope with this problem is affected by many factors such as their previous experience with this type of problem, the social support they receive and their personal characteristics, to name a few.

This literature review is divided into two sections. The first section focuses on stress and stress related disorders. In the second section, the focus is on the group, particularly the psychoeducational group.

STATEMENT OF THE PROBLEM

Section 1: Stress

Stress and stress related disorders affect every individual to some degree. "Stress" has become a phrase which is used to explain many human conditions, ranging from physical health problems to psychophysiology problems such as unhappiness (Woolfolk & Lehrer, 1993). It is believed that psychological factors play an important role in mental health and physical disease: researchers place stress and tension above traditional risk factors such as cholesterol levels, blood pressure and smoking as causes of heart attacks. There are many thousands of learned articles on stress and illness. Recent years have seen an explosion of medical research which takes account of the psychological dimension.

The literature on work stress is growing rapidly, although it has only been in recent years that researchers have regarded the importance of the physical disease consequences as significant on psychological well-being (Fletcher, 1991). Since the mid 1970's, stress and the psychophysiology of the stress response itself has gained an important place in the study of human health and disease. Between 75 and 90 percent of all disease which is widespread in today's American society is related to stress and its affects on the human body (Hafen, Karren, Frandsen, and Smith 1996; Asterita 1985).

Definition of Stress

Although the term stress has become very common in society today, the meaning of stress is still elusive (Liberman & Yager, 1994). This is partly because each of us experiences it in a different way. What one person finds stressful may not be so for

another. Hans Selye, often called the “Father of Stress”, defines stress as “a nonspecific response of the body to any demand” (Hafen, Karren, Frandsen, and Smith, 1996, p.42). Also, he defined stress as “the rate of all the wear and tear caused by life”, (Miller, 1996, p.139).

The literature suggests that the concept of stress is most useful when referring to response “states”. Mikhail (1981) specifically defines stress as a “a state which arises from an actual or perceive demand-capability imbalance in the organism’s vital adjustment actions” (p. 14).

Kinds of Stressors

It doesn’t matter if the stress-producing factor- or “stressor”- is pleasant or unpleasant. They all produce the same systematic reaction although the results may be quite different. The intensity of the response will depend only on the demand for adjustment (Halen, Karren, Frandsen, and Smith, 1996; Cooper, 1983). There are three kinds of stressors; Physical, social and psychological. How an individual responds to these “stressors” is determined by hereditary and environmental factors.

Physical stressors are any external factors including food, drugs, pollutants, noise, temperature, exercise, and trauma. If these conditions are excessive and last long enough then distress will result in any person. Some of the most common physical symptoms include muscle tension and spasms, twitching eyelids, frequent sneezing, difficult breathing, dry mouth, pain in back, chest or shoulders, headaches, ulcers and heart disease (Miller, 1996).

Social stressors include loss of a job, retirement, divorce, death of a loved one and financial problems. These conditions require some form of interaction between the individual and his environment. Many of these stressors are inevitable and disturbing. Five of the most common social symptoms are feelings of powerlessness, self-estrangement, isolation, meaninglessness and normlessness (Halen, Karren, Frandsen, and Smith, 1996; Seeman, 1959).

Psychological stressors are often the most damaging kind because they tend to reoccur. They may be caused by physical or social stressors, or they may be self-induced. These psychological stressors can be internal feelings such as frustration, guilt, love, hate, anxiety and other equally intense emotions. Symptoms include increase in smoking and drinking, overeating, walking and talking faster, excessive worry, depressed or hyperactive mood, lack of energy and apathy (Hans Asche, & Hassan Khalili, personal communications, October 4, 1999).

In medicine, "stress" is any physical, chemical or emotional change that causes strains which can lead to physical illness. There are three stages in the stress response. The first stage is "alarm" where the body recognizes stress and prepares for either "fight or flight". The heartbeat and respiration increase, pupils dilate, digestion slows and perspiration increases. The second stage, "resistance", occurs when the body repairs any damage done by the alarm response. If the stress continues, the body remains alert and cannot repair itself. This eventually leads to the third stage, "exhaustion". Continued exposure to stress depletes the body's energy and can lead to stress related disorders (Goldstein, 1995; Selye 1978).

Experts have understood for many years that people are more susceptible to all kinds of diseases when they are experiencing high levels of stress. Although negative events create enough stress to lower the body's resistance to disease, positive circumstances, such as a new car or new baby also upset a person's normal ability to fight off disease. Dr. Thomas Holmes and Dr. Richard Rahe have created a rating scale which takes both the good and bad changes in to account. Their scale, the "Holmes-Rahe Scale", lists 41 events which involve some of life's most common changes. The score on this survey demonstrates the potential level of resistance and how likely one is to become ill from the changes experienced during the previous 2 years. For example, death of a spouse rates 100 which is the highest value on the survey, while minor law violations rates the lowest at 11 (Hafen, Karren, Frandsen, and Smith, 1996; Shaffer 1982).

Through the readings, it has been found that the research on stress has been very extensive during the past two decades. The incidents of stress and stress related disorders have grown rapidly and continue to grow. Because of this, research must further examine why so many people develop these disorders and what people can do to cope with them.

Section II: Group Psychoeducational

Groups have been around since the beginnings of human history. No one knows when the group was first used but every civilization has used them to aid in their growth and development. People have always gathered together to achieve common goals and solve problems which cannot be resolved individually (Gladding 1999).

In the 1800's groups were usually formed to instruct people and help them correct behavior through a psychoeducational means. In England, immigrants, the mentally ill and the poor were some of the groups which received this special focus. Group structure was used to help people understand themselves and others. This type of group format was also used in hospitals and social agencies to help clients discuss and share problems. Since that time, group therapy has undergone many changes and refinement. New techniques and more specialized theories have given rise to family counseling, psychodrama, small group counseling and marathon groups. People who work with groups have become more specialized and competent. Group counseling as a whole has gained acceptance and continues to become more professional and consumer orientated (Gladding 1999). Regardless of the type of group, there are many sources of literature which document their usefulness. Group members can assist each other by sharing information and experiences, raising questions or making comments about "taboo" subjects, challenging or debating with each other and providing support and acceptance. The sharing of a common problem gives the members a feeling that they are not alone and can work together to solve their problems (Shulman 1984).

Definition of Group

The concept of "group work" includes all types of activities performed by organized groups. The Association for Specialists in Group Work (ASGW) defines *group work* as "a broad professional practice that refers to the giving of help or the accomplishment of tasks in a group setting. It involves the application of group theory

and process by a capable professional practitioner to assist an interdependent collection of people to reach their mutual goals, which may be personal, interpersonal, or task-related in nature" (Association for Specialists in Group Work, 1991, p.14).

Psychoeducational groups are used to help reach many people with mental health problems. In these groups, psychological skills are taught rather than used to treat or help patients. This type of group focuses on information-giving and skill teaching and can be used for the purpose of prevention, to promote growth and restorative in their purpose and focus. Psychoeducational groups stress change through understanding and knowledge (Gladding 1999). There is evidence which supports the idea that social support functions as a buffer between stress and health (Cohen & Wills 1985; Kulik & Mahler 1993; Thoits 1995). This demonstrates that individuals experiencing stress, if given ample support, will not develop as many symptoms. A hazard for developing stress related symptoms is this lack of social support.

DESCRIPTION OF THE STRESS MANAGEMENT PROGRAM

Introduction

The Stress Management Program was edited by Hans P. Asche, a psychologist and a member of the Psychiatric Rehabilitation Disciplinary-Team. This program was administrated to some groups before the researcher began to conduct the research study. Even though the program had been in use, no evaluation had been conducted on this program to date. Therefore, the researcher saw the need to study and evaluate objectively this kind of program.

After a discussion with the on-site supervisor, the researcher devised a ten week session format for the participants of the stress management program. In Week 1 the agenda/outline of the program was discussed with the participants. Both the participants and the researcher agreed on the ten week agenda outline for the program. The reader is referred to Appendix H for the agenda/outline.

The stress management program in general focuses on the identification and origin of stress and the different stressors one can encounter in daily living. The main purposes is to help the client: (1) understand stress and anxiety related disorders; (2) recognize stressors and the symptoms of stress; and (3) effectively cope and manage stress by using prevention and intervention strategies. Therefore this program is psychoeducational in that the program provides an explanation of psychological terminology related to stress and anxiety related disorders by using illustration tools such as presentations, self-evaluation activities, videotapes, self-reflection and personal sharing of stress experiences. Overall, participants, upon completion of the stress management program, are equipped with the applicable tools to enable them to effectively recognize, interpret, cope, and manage stress in their daily living. The reader is referred to Appendix I for a more detailed description of the program.

METHODOLOGY

Research Instruments

For the purpose of this study, an eclectic stress management program for a psychoeducational group was evaluated using a pre/post test. This test was administered

to the group members before the therapy started and again at the end of the 10 group sessions. The test was based on Beck's test for anxiety. The Beck Anxiety Inventory (BAI) contains 21 items of descriptive statements of symptoms which are associated with anxiety. These items are divided into 4 sub-scales which are: Neurophysiological, Subjective, Panic and Autonomic. These items are rated on a 4-point scale ranging from 0, which is "not at all", to 4 which is "severely: I could barely stand it" (see appendix B). This test was chosen because it has proven to have a high internal consistency reliability (Fydrick, Dowdall, Chambless, 1990). It is widely used in Canada and internationally. This test measured the before and after levels of stress which the group members were experiencing. There was also another factor to consider when comparing these results. Although the information provided during these sessions may help the members manage or decrease their stress levels, the social environment of the group sessions may contribute to this improvement. The sharing of feelings, thoughts and experiences with people who have similar problems may provide some psychological benefits.

In addition to the pre/post tests, there were also two questionnaires devised by the researcher. The first questionnaire consisted of 21 closed ended questions which were administered as a pre and post test to determine the members' knowledge of stress and stress related disorders (See Appendix C). The results of this test focused on the first hypothesis. The second questionnaire contained 6 open-ended questions which were administered at the end of the program to determine the members opinions and suggestions about the program. The reader is referred to Appendix D. The data obtained

from this questionnaire enabled the intern to make several suggestions about how the program might be altered or improved.

Sample

Group Participants

The group members met the following requirements:

1. The sampling reflected a composite of eight: four male and four female;
2. The participants voluntarily agreed to participate in the study;
3. The participant age ranged from thirty to fifty years of age;
4. All the participants were diagnosed as suffering anxiety or stress related disorders;
5. All the participants were out-patients; some were seen by the Psychiatric Rehabilitation Team while the others were referred by other agencies.

Individuals were referred from a large population by members of the Psychiatric Rehabilitation team. The larger population consists of approximately 130 individuals currently receiving treatment from members of the team for various diagnostic reasons. Individuals who expressed an interest in receiving help with their anxiety and stress were referred and screened by the intern and group leader, Hans P. Asche, M.Ed., R. Psych. Twelve individuals were referred. All individuals met the criteria established, however three individuals declined participation because of social anxiety. One participant did not participate after the first session due to lack of interest. This left 8 individuals which were previously identified as the maximum number for the group.

The group participants consisted of four males and four females over the age of eighteen. All persons had specific anxiety and or stress related problems and varied symptoms. The diagnosis of these individuals were representative of the larger Psychiatric Rehabilitation Team. The larger population had diagnostic categories such as schizophrenia, bipolar illness, obsessive compulsive disorder, depression and other anxiety related disorders.

Analysis

All the data was compiled and analyzed using the statistical computer software program called the Statistical Package for the Social Sciences (SPSS). The analysis consisted of descriptive such as means and standard deviations as well as advanced analysis such as reliability analysis, correlations and repeated measures ANOVA's.

Quantitative Data Analysis

Reliability of instruments

The reliability of the Beck Anxiety Inventory (BAI), its sub-scales and knowledge based questions with pre and post- test has been demonstrated to be acceptable, since most pre and post reliabilities were over .700. The scales (ALPHA) reliability analysis revealed a very high inter-item reliability for both tests (see Table 1).

TABLE 1: Cron Bach's Alpha Reliability For The BAI, BAI Sub-Scales And Knowledge Based Questions

	Pre	Post
BAI	0.918	0.893
Neurophysiological	0.551	0.77
Subjective	0.806	0.566
Panic	0.865	0.655
Autonomic	0.895	0.75
KNOWLEDGE	0.737	0.732

Repeated measures analysis were completed to determine if change had take place over time from the pre- test and post- test on the instruments and sub scales of the Beck as well as on the knowledge scale (see Tables 2 to 13). Analysis were also done by gender to determine if gender interacted with the psychoeducational group.

As can be seen in Table 2 test scores on the Beck Anxiety Inventory decreased over time for both males (15.50 to 12.50) and females (32.50 to 26.25). Table 3 shows there was no significant interaction between gender and Beck scores on the Inventory scale ($p > .05$), nor was there a significant interaction between pre-test and post-test Beck scores over time ($p > .05$).

TABLE 2: Means And Standard Deviations On Pre-test And Post-test Scores For The Becks Anxiety Inventory

	N	Pretest	SD	Post-test	SD
Males	4	15.5	11.09	12.5	3.79
Female	4	32.5	8.35	26.25	10.69

Note: Scale scores could range from 0 meaning no anxiety to a high score of 63 meaning extreme anxiety. Therefore lower scores indicated less anxiety on this scale.

TABLE 3: Two factor ANOVA for Repeated Measures Source Data on Beck's Anxiety Inventory pre-test and post-test by gender

<i>Source</i>	<i>Sum of squares</i>	<i>Df</i>	<i>Mean square</i>	<i>F</i>	<i>p</i>
Beck Anxiety Inventory pre and post-test scores	68.062	1	68.062	1.169	0.321
Beck Anxiety Inventory pre and post-test scores by gender	18.062	1	18.062	0.31	0.598
Error	349.375	6	58.229		

As can be seen in Table 4 test scores on the Knowledge based questionnaire increased over time for both males (14.25 to 18.75) and females (14.00 to 20.38). Table 5 shows there was no significant interaction between gender and Knowledge scores ($p > .05$). There was however, a significant interaction between pre-test and post-test Knowledge based questionnaire scores over time ($p > .05$).

TABLE 4: Means and standard deviations on pretest and post-test scores for the Knowledge based questionnaire scale

	N	Pre-test	SD	Post-test	SD
Male	4	14.25	3.304	18.75	2.63
Female	4	14	4.2426	20	2

Note: Scale scores could range from 0 meaning no knowledge to a high score of 21 meaning high knowledge. Therefore lower scores indicated low level of knowledge on this scale.

TABLE 5: Two factor ANOVA for Repeated Measures Source Data on Knowledge based questionnaire pre-test and post-test by gender

<i>Source</i>	<i>Sum of squares</i>	<i>Df</i>	<i>Mean square</i>	<i>F</i>	<i>p</i>
Knowledge based questionnaire pre and post-test scores	110.25	1	110.25	28.149	0.002
Knowledge based questionnaire pre and post-test scores by gender	2.25	1	2.25	0.574	0.477
Error	23.5	6	3.917		

As can be seen in Table 6 test scores on the Beck Anxiety Inventory sub-scale for neurophysiological decreased over time for both males (6.75 to 5.00) and females (10.25 to 9.00). Table 7 shows there was no significant interaction between gender and Beck scores on the neurophysiological ($p > .05$). Nor was there a significant interaction between pre-test and post-test beck scores over time ($p > .05$).

TABLE 6: Means And Standard Deviations On Pre-test And Post-test Scores For The Becks Anxiety Inventory Sub-scale For Neurophysiological

	N	Pretest	SD	Post-test	SD
Male	4	6.75	4.5	5	2.16
Female	4	10.25	2.06	9	2.94

Note: Scale scores could range from 0 meaning no neurophysiological symptoms of anxiety to a high score of 21 meaning extreme neurophysiological symptoms of anxiety. Therefore lower scores indicated less neurophysiological symptoms of anxiety on this scale.

TABLE 7: Two Factor ANOVA for Repeated Measures Source Data on Beck's Anxiety Inventory Sub-scale Neurophysiological Pre-test and Post-test By Gender

<i>Source</i>	<i>Sum of squares</i>	<i>Df</i>	<i>Mean square</i>	<i>F</i>	<i>p</i>
Beck's sub-scale for neurophysiological pre and post-test scores	9	1	9	0.904	0.378
Beck sub-scale for neurophysiological pre and post-test scores by gender	0.25	1	0.25	0.025	0.879
Error	59.75	6	9.958		

As can be seen in Table 8 test scores on the Beck Anxiety Inventory sub-scale for subjective increased over time for males (3.75 to 4.25) and decreased for females (11.75 to 7.75). Table 9 shows there was no significant interaction between gender and Beck scores ($p > .05$). Nor was there a significant interaction between pre-test and post-test beck scores over time ($p > .05$).

TABLE 8: Means And Standard Deviations On Pre-test And Post-test Scores For the Becks Anxiety Inventory sub-scale for Subjective

	N	Pretest	SD	Post-test	SD
Male	4	3.75	1.71	4.25	2.63
Female	4	11.75	2.63	7.75	2.87

Note: Scale scores could range from 0 meaning no subjective symptoms of anxiety to a high score of 18 meaning extreme subjective symptoms of anxiety. Therefore lower scores indicated less subjective symptoms of anxiety on this scale.

TABLE 9: Two Factor ANOVA For Repeated Measures Source Data On Beck's Anxiety Inventory Sub-Scale For Subjective Pre-test and Post-test By Gender

<i>Source</i>	<i>Sum of squares</i>	<i>Df</i>	<i>Mean square</i>	<i>F</i>	<i>p</i>
Beck's sub-scale of subjective for pre and post-test scores	12.25	1	12.25	2.579	0.159
Beck pre and post-test scores by gender	20.25	1	20.25	4.263	0.085
Error	28.5	6	4.75		

As can be seen in Table 10 test scores on the Beck Anxiety Inventory sub-scale for panic increased over time for males (1.00 to 1.25) and decreased for females (3.75 to 3.50). Table 11 shows there was no significant interaction between gender and Beck scores ($p > .05$). Nor was there a significant interaction between pre-test and post-test beck scores over time ($p > .05$).

TABLE 10: Means And Standard Deviations On Pre-test And Post-test Scores For The Becks Anxiety Inventory Sub-scale For Panic

	N	Pretest	SD	Post-test	SD
Male	4	1	2	1.25	1.5
Female	4	3.75	3.59	3.5	3.42

Note: Scale scores could range from 0 meaning no panic attack symptoms to a high score of 12 meaning extreme symptoms of panic attack . Therefore lower scores indicated less panic symptoms on this scale.

TABLE 11: Two Factor ANOVA For Repeated Measures Source Data On Beck's Anxiety Inventory Sub-scale For Panic Pre-test and Post-test By Gender

<i>Source</i>	<i>Sum of squares</i>	<i>Df</i>	<i>Mean square</i>	<i>F</i>	<i>p</i>
Beck's sub-scale of panic for pre and post-test scores	0	1	0	0	1
Beck's sub-scale of panic for pre and post-test scores by gender	0.25	1	0.25	0.261	0.628
Error	5.75	6	0.958		

As can be seen in Table 12 test scores on the Beck Anxiety Inventory for the autonomic sub-scale decreased over time for both males (3.00 to 2.00) and females (7.75 to 6.00). Table 13 shows there was no significant interaction between gender and Beck scores ($p > .05$). Nor was there a significant interaction between pre-test and post-test beck scores over time ($p > .05$).

TABLE 12: Means And Standard Deviations On Pre-test and Post-test Scores For The Becks Anxiety Inventory Sub-scale For Autonomic

	N	Pretest	SD	Post-test	SD
Male	4	3	3.37	2	0.82
Female	4	7.75	2.22	6	2.93

Note: Scale scores could range from 0 meaning no autonomic aspects of anxiety to a high score of 12 meaning extreme symptoms of autonomic aspects of anxiety . Therefore lower scores indicated less autonomic symptoms on this scale.

TABLE 13: Two Factor ANOVA For Repeated Measures Source Data On Beck's Anxiety Inventory Sub-Scale Autonomic Pre-test And Post-test By Gender

<i>Source</i>	<i>Sum of squares</i>	<i>Df</i>	<i>Mean square</i>	<i>F</i>	<i>p</i>
Beck's sub-scale of autonomic pre and post-test scores	7.563	1	7.563	2.951	0.137
Beck's sub-scale of autonomic for pre and post-test scores by gender	0.563	1	0.563	0.22	0.656
Error	15.375	6	2.563		

Qualitative Data Analysis

This data was obtained from the answers of the eight participants to the six open-ended questions (see appendix D). The individuals are identified by number rather than name for confidentiality purposes. The analysis and summary of the collected response of each participant follows.

Group Participant #1: Male.

1. What was the most valuable piece of information you gained from this experience?

Answer: I learned how to handle stress and how breathing can help you relax.

2. What would you like to see added or removed from this program?

Answer: I think the course was fine and well done maybe a little more video presentation.

3. What did you like most about the setting (where the session took place)?

Answer: The room was comfortable and the number of people was just right for the program. Instruction was well done.

4. What did you like least about the setting (where the session took place)?

Answer: The chairs could have been a bit more comfortable and the room with air conditioning.

5. What did you like most about the way the stress session was conducted?

Answer: I liked the way it was presented and explained well by Ahmed and Hans. Also it was a comfortable way to relax and learn about stress.

6. Please include any other comments or suggestions you would like to add about your experience in the counselling sessions.

Answer: I'm glad I attended. I learned things I didn't know and things I will be able to help my stress level with. Good information was provided. The program was well done and all the people enjoyed attending the week sessions.

Summary:

Group Participant#1 found the sessions valuable, informative, and educational. He feels better equipped to handle stress. He felt more video presentation would enhance the sessions. The small group numbers were beneficial for him. In terms of the physical setting he felt air conditioning was needed. His overall opinions were that the session presentations were well done and the program itself was very beneficial to him.

Group Participant #2: Male.

1. What was the most valuable piece of information you gained from this experience?

Answer: I found that the experience I had from the information was about my stress disorders and breathing techniques.

2. What would you like to see added or removed from this program?

Answer: It is a good program.

3. What did you like most about the setting (where the session took place)?

Answer: I know some of the people in the group and I enjoyed it.

4. What did you like least about the setting (where the session took place)?

Answer: Nothing.

5. What did you like most about the way the stress session was conducted?

Answer: Enjoyable.

6. Please include any other comments or suggestions you would like to add about your experience in the counselling sessions.

Answer: I cannot think of anything at this time.

Summary:

Group Participant #2: Found overall the sessions and the program provided a useful experience in dealing with his stress disorders. He cited the breathing techniques as very helpful. Overall he found the program enjoyable and stated that the group sessions introduced him to new people.

Group Participant #3: Male.

1. What was the most valuable piece of information you gained from this experience?

Answer: I found what stress was and how to cope with it by reading the material at hand.

2. What would you like to see added or removed from this program?

Answer:

3. What did you like most about the setting (where the session took place)?

Answer: It was comforting and friendly.

4. What did you like least about the setting (where the session took place)?

Answer: It was a bit overcrowded.

5. What did you like most about the way the stress session was conducted?

Answer: It was to the point and informative.

6. Please include any other comments or suggestions you would like to add about your experience in the counselling sessions.

Answer: I really think it was beneficial.

Summary:

Group Participant #3 stated that overall the program was very beneficial in teaching him how to cope with stress. He would like to see a much smaller number of participants in the program. In particular he found the sessions to be concise and informative.

Group Participant #4: Male.

1. What was the most valuable piece of information you gained from this experience?

Answer: Learning about stress coping skills and the skills of assertiveness. The Stop sign assertion.

2. What would you like to see added or removed from this program?

Answer: I would like to see more skills like the stop sign assertion skill and use.

3. What did you like most about the setting (where the session took place)?

Answer: I could hear water trickling down outside the window, it was relaxing, a snack of sandwiches plus the people present.

4. What did you like least about the setting (where the session took place)?

Answer: I thought everything was fine, no negative comments.

5. What did you like most about the way the stress session was conducted?

Answer: The overhead projector made the writing easier to read and understand.

6. Please include any other comments or suggestions you would like to add about your experience in the counselling sessions.

Answer: Hans and Ahmed and everyone present conversing and using learned words in more conversation for retaining more so the knowledge.

Summary:

Group Participant #4 mentioned that overall the program was beneficial in teaching him coping skills and assertiveness techniques. He didn't have any negative comments. He found that the sessions taught him new ideas relating to stress and coping with stress.

Group Participant #5: Female.

1. What was the most valuable piece of information you gained from this experience?

Answer: That it's okay to be stressed in a good way but take away and learn new ways to handle stressors. Its for your own good health.

2. What would you like to see added or removed from this program?

Answer: What I would like to see is a longer group. More time to speak and learn more about your own life situations. Otherwise good group and an excellent facilitator.

3. What did you like most about the setting (where the session took place)?

Answer: The setting was fine but I personally found it closed in and at times very warm. Not enough room to move around. I found the room very warm with people who are dealing with everyday living as I am.

4. What did you like least about the setting (where the session took place)?

Answer: The least was the not being able to move much. Not wanting to disturb others if you wanted to go to the bathroom. I would stay and wait until finished.

5. What did you like most about the way the stress session was conducted?

Answer: I really enjoyed Hans way of talking about the stress and making things go so much easier. The way to handle things easier.

6. Please include any other comments or suggestions you would like to add about your experience in the counselling sessions.

Answer: I really enjoyed my time here and would love to see an extended group. I especially enjoyed talking to Hans and would love to be able to see more of him. He makes so much sense to problems or stressors. He is a well voiced and articulate person. I got a lot out of this group. And there especially needs to be more. Thank-you very much to Hans and Ahmed.

Summary:

Group participant #5 enjoyed the program and indicated that she would like to see a longer program offered. She gained a lot of knowledge about coping skills and useful techniques that she can apply in her daily life. She praised the high degree of facilitation

in the group sessions. She indicated that she particularly benefitted from facilitator personal experience sharing.

Group Participant #6: Female.

1. What was the most valuable piece of information you gained from this experience?

Answer: The most valuable piece of information I have gained from this ten week session is having learned to speak up and use the word "I" and not let myself take things too sensitively.

2. What would you like to see added or removed from this program?

Answer: The thing I would like to see added to this program are: (1) get everyone to speak up about some of their anxiety and stress in their life; (2) keep this program opened up for people that need this program.

3. What did you like most about the setting (where the session took place)?

Answer: The most thing I like about the setting was that it was enough people here. Ten people is enough.

4. What did you like least about the setting (where the session took place)?

Answer: The least thing I like about the setting where it took place was that the room was too small and a lot of heat.

5. What did you like most about the way the stress session was conducted?

Answer: The way I like most about the stress session was conducted is that we had a ten week session put in order. Also the way the instructors was talking about and their actions.

6. Please include any other comments or suggestions you would like to add about your experience in the counselling sessions.

Answer: My comments or suggestions I experience in the counselling sessions is, I learn how to cope with the most of the stress from day to day. Also, learn how to be more assertive about things.

Summary:

Group participant #6 stated that she developed her self-esteem and learned to be more assertive. She also suggested that the sessions focus more on personal experience sharing rather than just psychoeducational training. She found the number of participants suitable to the setting. Overall she learned coping skills.

Group Participant #7: Female.

1. What was the most valuable piece of information you gained from this experience?

Answer: Talking about stress helps.

2. What would you like to see added or removed from this program?

Answer: nothing.

3. What did you like most about the setting (where the session took place)?

Answer: very comfortable.

4. What did you like least about the setting (where the session took place)?

Answer: too warm.

5. What did you like most about the way the stress session was conducted?

Answer: very clear and express

6. Please include any other comments or suggestions you would like to add about your experience in the counselling sessions.

Answer: I wish it wasn't over because I think I still can learn more.

Summary:

Group participant #7 indicated that overall the program was helpful to her. She gained knowledge about coping skills. She enjoyed the group dialogue. Overall, she indicated that the sessions were conducted well and would like to see this program continue.

Group Participant #8: Female.

1. What was the most valuable piece of information you gained from this experience?

Answer: The most valuable thing I gained from this experience is how to apply the information (how to use it for me).

2. What would you like to see added or removed from this program?

Answer: Totally enjoyed it and feel much better about myself - I have a lot of work to do making it all work for my well being.

3. What did you like most about the setting (where the session took place)?

Answer: Great - the food also was good! Thanks so much for everything.

4. What did you like least about the setting (where the session took place)?

Answer:

5. What did you like most about the way the stress session was conducted?

Answer: Excellent - The way Hans uses personal experiences to explain.

6. Please include any other comments or suggestions you would like to add about your experience in the counselling sessions.

Answer: Would like to do it again - just to re-enforce my thinking.

Summary:

Group participant #8 stated that overall she enjoyed the program. She gained useful information on how to apply stress management techniques to her own life. She liked the way that the facilitator conducted the sessions. She would to participate in another stress management program to follow-up her progress.

Summary of the Qualitative Data

There are four main areas that the six open-ended question addressed:

(1) the stress management program itself, (2) the setting where the program was conducted, (3) the facilitators conduct of the sessions, and (4) suggestions and comments for future improvements to the program.

The Stress Management Program

Through the analysis of the participant responses to the stress management program itself the researcher found that:

- (1) all eight participants agreed that the program was very beneficial for stress management;
- (2) all eight participants shared that the program equipped them with effective coping skills and stress management techniques;
- (3) all eight participants found the sessions to be informative and educational.

The Program Setting

Analysis of the participant responses indicated that:

- (1) four participants found that the room was too warm;
- (2) four participants found the room too small;
- (3) seven indicated that the participant number and group size was suitable for the sessions.

The Facilitators Conduct of the Sessions

The analysis of the responses showed that:

- (1) all eight participants indicated that the facilitators presentation and conduct of all ten sessions were clear, informative, concise, and educational;
- (2) facilitator personal experience sharing was seen as a strength in the sessions by all eight participants;

(3) the high level of expertise and knowledge of the facilitators was noted and appreciated by all eight participants.

Future Program Improvements

The responses about future improvement for the program included:

- (1) Two participant stated that more video presentation could be used;
- (2) Three participants indicated a need to have the program continue in some future form.
- (3) Three participants did not indicate any further improvements to the program.

CHAPTER 3

DISCUSSION

This research was conducted to evaluate an eclectic psychoeducational program in stress management for adults. Group psychoeducational settings took place at the Psychiatric Rehabilitation Interdisciplinary team office at St. John's, Newfoundland. There were four hypothesis for this study as follows:

1. The Psychoeducational group process will affect knowledge of stress management of the group participant.
2. The application of an eclectic stress management program will affect stress levels among group participants.
3. There will be no significant differences in the Beck Sub-Tests by gender.
4. There will be no significant gender differences on the Knowledge based questionnaire.

The results of this study show an increase in knowledge among participants in the group and the results were statistically significant (which supports hypothesis 1). This may be due to the fact that sessions focused on the educational aspect of the psychological terminology related to stress management. The fact that the program used illustration tools such as presentation, self-evaluation, videotapes, demonstration and self-reflection may have contributed to the increase in knowledge among participants. However the results show there is no significant difference between gender and the results of the knowledge based questionnaire (which validates the hypothesis 4).

The results of the Beck Anxiety Inventory tests show a slight decrease in the level of anxiety among all participants but was not statistically significant. The slight decrease in anxiety may be due to the study being limited to ten sessions focusing on group psychoeducational rather than psychotherapy or counselling processes. Another contributing factor may be the participants' self awareness of anxiety which was significantly increased by the educational component of the program. This would be reflected in higher post measures of anxiety as measured by the Beck. Consideration be given to the chronic nature of the mental illness which members of this study had. Each individual illness has an impact on both ability to learn and on anxiety levels. For example many members were diagnosed with chronic schizophrenia which is known to affect both cognitive and affective processes. This factor may have affected the Beck anxiety pre and post measures. Also the study shows there was no significant difference in results on the Beck sub-tests (Neurophysiological, Subjective, Panic and Autonomic) between male and female participants in the group which validates hypothesis 3.

The qualitative data included six open-ended questions which indicated that all eight participants agreed that the program was very informative, educational and beneficial for stress management. Overall it equipped them with the knowledge of effective coping skills and stress management techniques.

IMPLICATIONS

“Integrative counselling and psycho -therapy is the process of selecting concepts and methods from a variety of systems” (Corey, 1996).

A survey done by Norcross and Newman in 1992 for the clinic and counselling psychologists proved to reveal that 30 to 50% of the participants in the survey consider themselves to be eclectic in their therapeutic practice.(Corey, 1996)

This study showed that the eclectic stress management program was beneficial to both participants and therapists. It was beneficial because it looked at the problems of the client from different dimensions focusing on their individual needs. Each theory has its unique contribution to the psychotherapy, including its strengths and limitations.

Using the eclectic system in this study enables the intern to combine each unique theory, complimenting the strengths and limitations of an integrative approach to observe and experiment with various therapies. The feedback from the participants suggested that their individual needs were met through this program which complimented the current trends, by using an integrative approach rather than a single theory approach.

Another implication of this study is its focus on psychoeducational settings which puts emphasis on growth and well being through knowledge. Group settings (regardless of the type), if successful, are efficient in their use of time and efforts by benefitting a number of individuals rather than a single individual which the results of this study highlighted.

RECOMMENDATIONS

The intern proposes the following recommendations based upon the results of this study:

1. It is recommended that in future studies of this type one could have a follow up psychotherapy group designed to enhance application of knowledge and techniques acquired in the psychoeducational group. This would give participants an opportunity to share their personal experience in a group setting.
2. It is recommended that future studies be two part studies with an initial psychoeducational component and a subsequent psychotherapy component. Each component would be evaluated separately. For example, as in this study a knowledge pre and post measure would accompany the psychoeducational component, raising the self awareness of the participants. Then a pre-test of anxiety, such as the Beck could be given, followed by an 8-10 week psychotherapy group to apply the techniques learned in the psychoeducational component. Then the researcher would be in a more beneficial situation to evaluate the post measures of anxiety, as therapy has a stronger affect on anxiety levels.
3. It is recommended that to reduce confounds of the effects of the various chronic mental illnesses of the participants of this study any subsequent studies should screen out chronic mental illness and concentrate on anxiety of a more transient nature. The screening process would take care of this confound.
4. It is recommended that to further reduce the confounds of group psychoeducational study, the participants should all have fairly equal learning capacities.

In this study intellectual capacity was not formally measured as part of the screening process.

5. It is recommended that for 10 individuals (8 participants, 2 facilitators) the physical space should be sufficient to allow flexibility movement to adapt to various learning modes. For example dyads or other size sub groups often enhance the learning and therapeutic process, but could not be sufficiently explored in this study because of spacial limitations.

6. It is recommended that another room be made available to group participants to effectively attain the benefits of techniques such as progressive relaxation and physical exercise. It has been shown that these techniques combined with biofeedback are quite effective in confidence building within anxiety management.

7. It is recommended that future groups take advantage of video presentation as many individuals are strong visual learners as opposed to dominant left hemisphere audio learners.

8. It is recommended that the content and outline of the material used in this study group be re-applied to future groups as the study results showed the effectiveness of content.

CHAPTER 4

THE INTERNSHIP EXPERIENCE: A REFLECTIVE JOURNAL

The internship journal is an effective tool for reflection, assessment, and evaluation for the intern. Daily and weekly journal entries were completed with a view towards critical evaluation of performance, the redirection of competencies, and the development of abilities in the areas of counseling and psychotherapy.

Week 1 (September 7-10, 1999)

During Week 1, the intern met with his field supervisor, on-site liaison and academic supervisor. The main goal for the intern during week 1 was to gain insight into the procedures for the conduct of the research study in the research setting. A list of goals and objectives were established by the intern as a result of the meeting.

Schedules, the plan for the conduct of the research study and an orientation to the research setting took place during the first week. The intern was invited to make a visit to Her Majesty's Penitentiary by the field supervisor to interview eight sexual offenders. The intern's main goal during this week was to learn about the instrument used to interview inmates of a Penitentiary. A new instrument called the Multi-Facet Sex Inventory was reviewed by the intern with the assistance of the supervisor.

A visit to Her Majesty's Penitentiary gave the intern the opportunity to observe a professional practitioner deliver this assessment tool to a clientele of sex offenders. The

intern had the opportunity to read the procedures and the contents of the instruments. The intern gained a solid understanding of these assessments.

A meeting with my academic advisor yielded a discussion on the focus of the journal process, the research component, and the process for the conduct of the study. During the evenings the intern prepared the Week 2 focus in terms of session format, the procurement of participant permission forms for the conduct of the study, and a continuation of further reading in preparation of the topic of stress management and group counseling. The intern felt Week 1 provided a good time to refresh and add more information on the research area under study.

Week 2: September 13-17, 1999.

During the second week the intern began work in the recovery center. The supervisor of the recovery center provided an orientation by : introducing the intern to all staff, giving a tour of the facilities, and a briefing on the services provided to inpatients and outpatients. The major focus of the second week was to grasp the policies and services offered to patients. Research and review of the center's policy manual generated questions for the intern's reflection.

The intern was given much feedback by professional practitioners. The intern joined the observation attendants with a focus opportunity towards how they observe patients, take clinical histories, and write reports. The intern enjoyed discovering a new clinical setting in which to develop further his counseling skills.

The intern participated in vocational support workshops given by Community Health. The intern found this workshop provided very useful ways to assist in the integration of outpatients for their return to the community post-discharge from the recovery center. The intern gained insight into how this type of workshop is carried out and how these sessions are conducted and, because most of the participants originated as Recovery center inpatients, the intern was given an opportunity to gain insight into their problems.

The intern was invited by his field supervisor to visit the Penitentiary and conduct a intake interview that consisted of both an assessment and a personal history. The intern felt that it was an invaluable experience to observe first hand a professional counselor conduct an interview and use a variety of assessment tools that were used to manage the session and obtain the information needed from the client.

The intern had the opportunity to join the on-site supervisor on a clinical site visit and was a participant in the rounds team. The intern discovered the importance of the consultation process. Upon reflection, the intern believes the consultation process will contribute immensely to his development and growth as a professional counselor. The intern felt that this process of consultation is very important to improve the quality of services and treatment offered to clients and also to the development of the profession as a whole.

This week marked the official launch of a significant part of the research study in that the intern was a co-leader in the group psychoeducational counseling session. As an observant participant and in the role of co-leader, the intern gained valuable insight into

group participants' reactions and experiences in the counseling session. The manner in which the professional counselor opened and carried out the session was very informative for the intern in terms of adding to the intern's repertoire of existing counseling skills.

Week 3: September 20-24,1999

This week the intern was asked to join some practitioners at the Recovery Center (physicians, counselors, and social workers) to observe how they interview new inpatients who suffer from alcohol and drug addictions. Through his observations, the intern learned new assessment tools and how professionals conduct sessions with groups and with individuals. This experience gave the intern opportunity to ask questions relating to the addictions problems and to receive feedback from the practitioners. The intern found this to be a valuable lesson to increase his knowledge in this area.

Also, the intern was invited by the Recovery Center supervisor to attend a one day training Gambling Awareness workshop at Cordage Place. He found this valuable in many ways because, he learned about the concepts in gambling addictions, and the assessments for diagnoses and treatments used for long term and short term intervention. The questions raised during the workshop, in addition to the guest speaker who spoke of his experience with gambling addiction, gave the intern a comprehensive understanding in this area of addiction.

Throughout this week the intern began to counsel a client diagnosed with schizophrenia. The intern had some experience in counselling and assessing. The intern became aware of the important guidelines needed to interview clients who suffer from

schizophrenia. The intern researched the area of schizophrenia in the evenings through readings and by viewing videotapes. This research enabled the intern to have more in-depth knowledge and later discussion with his on-site supervisor regarding this particular client problem.

Week 4: September 25 - October 1, 1999.

The intern attended a workshop on the harmful effects of alcohol on the physical body. The information provided at the workshop gives the intern background medical knowledge on the physical effects of substance abuse that the intern can use to structure counselling for addict clientele.

In addition to participation in individual counselling and further research and reading, this week the intern was engaged in the administration of some instruments such as the Myers-Briggs Type Indicator assessment tool. Because this tool focuses on the personality, the intern gained knowledge about the dynamic theory of the personality. The intern found this instrument to be an effective tool in broadening his understanding of its use in both personal and professional life.

Week 5: October 4-8, 1999.

During Week V, the intern attended two workshops at the Recovery Center. The first workshop was on nutrition for addictions clientele. This workshop was valuable in that it provided information on the healthy lifestyle changes needed for recovery and improved daily living.

The second workshop focused on human sexuality and healthy lifestyle in relation to addiction clientele recovery. The intern obtained information on the type of sexual disorders that will be useful for the intern's future counselling practice. In addition, the intern gained insight into the effects of alcohol and drug addiction on the abuser including personality, sexual dysfunction, and abnormal sexual behavior.

During this week the intern met with the field supervisor with an opportunity for exchanging dialogue on the anxiety and stress in relation to eating disorders. This discussion sharpened the intern's professional consulting skills and provided a valuable information session on eating disorders. As a result of this discussion, the intern's research on eating disorders was further focused and enhanced.

The intern was invited by the on-site supervisor of the Psychiatric Rehabilitation Team to attend a one day conference at the Waterford Hospital, St. John's, Newfoundland entitled *Psychosis: across the various ages and stages...* . By participating in this conference the intern was able to identify key issues related to the treatment of psychotic illness in later life. The intern was able to discuss current best practice of the treatment resistant psychosis. Through interactive workshop sessions, the intern had the opportunity to deliver practical knowledge on the advantages and usage of psychiatric rating scales.

WEEK 6: October 11-15, 1999.

This week the intern was asked by his field supervisor to interview more new clients in the supervisor's clinic. The purpose of the interviewing was to develop insight about diagnosis and treatment and establish strategies to assist the clientele to cope with their problem situations. The intern gained some good insight into what counselling skills he has and which of these skills he needs to improve. The intern also had an opportunity to gain more extensive knowledge on the different types of disorders and their symptoms.

The intern had opportunity to participate in the group session at the Recovery Center and joined the Psychiatric Rehabilitation Team in their weekly ward round. One of the greatest benefits which the intern gained from the participation at these settings is that it has introduced him to a new culture and customs and background which are different from his own culture. Participation in this group has given the intern the opportunity to meet, first hand, types of clients that he have been reading about in his textbooks.

WEEK 7: October 18-22, 1999.

For week seven, the main focus was that the intern counselled current and new clients to increase his repertoire of counselling skills and practice under professional supervision. The intern screened and assessed clients' mental state and counselled his clientele. This practical experience under professional supervision allowed the intern to reflect on his strengths and increase his self-confidence in clinical practice.

The intern had the opportunity this week by invitation of his on-site supervisor to visit the on-site supervisor's private clinic. The main purpose of this visit was to introduce the intern to sensory flotation, a form of Restricted Environmental Stimulation Therapy, (REST), used at the private clinic. This visit was valuable to the intern in that he was introduced to a unique yet effective therapy which is highly in use in North America.

The advantages of sensory flotation therapy became clear during the intern's visit. The advantages of using sensory flotation include pain relief, stress reduction, habit control, mind and body liberation, and total relaxation. The intern saw definite applications of sensory flotation therapy for his future clinical practice.

WEEK 8: October 25-29, 1999.

The intern continued to see his regular clientele during the week. Also, a new client was assessed. This added to the intern's repertoire of skills used to counsel the new client. Appropriate discussion and feedback was given by the supervisors.

This week the intern was invited by the site supervisor of Addictions Services to participate in a workshop entitled, Fundamental Concepts in Addictions: Training and Development. The workshop provided the intern with many valuable insights about addictions of : alcohol, drugs, women and substance abuse, youth, alcohol and other drugs, cannabis and tobacco, magic mushrooms, minor tranquilizers, anabolic steroids, painkillers and caffeine.

The intern gained knowledge about certain kinds of drugs, possible side effects physically, mentally, emotionally, and socially. Also in this workshop the intern had the opportunity to have further discussion on the drug diagnosis and treatment of these addictions. For the remainder of the week the intern continued his reading on such topics as psychology and cancer. A trend is emerging that signals a greater interdisciplinary approach by medical specialists in the field of oncology. Physicians and oncologists are now recognizing the need to consult psychologists on the mental state of the cancer patient who undergoes surgery and chemotherapy.

WEEK 9: November 1-5, 1999.

Ward rounds, participation in the weekly group sessions, and regular weekly meetings at the Recovery Center took place during Week 9. In addition, follow-up of certain clientele at the private clinic was conducted throughout this week. In both settings consultation between the intern and the site supervisors enhanced the intern's skills in counselling techniques.

The main clinical events this week included the conduct of a stress management group at the Psychiatric Rehabilitation Center. The site supervisor gave the intern the opportunity to lead a group session on progressive relaxation techniques that included "breathing for awareness" and "breathing for tension release".

This opportunity empowered the intern both in his ability to conduct group sessions and in the refinement of his skills in relaxation technique. Following the group

session the intern was motivated to further his reading on this topic for the remainder of the week.

Week 10 November 8-12, 1999.

The intern's primary focus for Week 10 was to see additional clients under site supervision. The intern saw four new clients on five occasions and one client follow-up was conducted. This week's caseload increased the intern's level of client contact, counselling, and psychotherapy intervention in that he felt his repertoire of skills have been strengthened and expanded. For the remainder of the week the intern had divided his time among reading, research and consultation. See Appendix A for additional readings.

Week 11 November 15-19, 1999.

During the past week the intern was invited by Kim Baldwin, site supervisor at the Recovery Center to attend a workshop given by an Al-Anon guest speaker. Al-Anon is a worldwide organization that offers a self-help recovery program for the families and friends of alcoholics. Members give and receive comfort and understanding through a mutual exchange of experience, strength and hope. Sharing of similar problems binds individuals and groups together in a bond that is protected by a policy of anonymity.

Through this experience the intern gained insight into the extent of the effects of alcoholism on not only the individual but also the whole family and community at large. This session motivated the intern to read additional research on family therapy and

systems theory. Family systems therapy, according to Corey (1996), “is...a systematic approach... based on the assumption that the key to changing the individual is understanding and working with the family” (p. 9). The intern has been able to focus counselling techniques on the extended family as a whole instead of the sole treatment of the individual client’s problem.

This week concluded with the completion and termination of the stress management program at the Psychiatric Rehabilitation Team setting. The intern completed the final session and administered the post-test to the group. Following completion of the final group session, the intern had the opportunity to initiate discussion with the site supervisor, Hans Asche. This discussion provided invaluable feedback and useful advice pertaining to writing the final report.

Week 12 November 22-26, 1999.

This week the intern conducted a follow-up on current clientele at all settings. This follow-up gave the intern additional opportunities to further practice and develop his counselling skills. Also, the intern attended a workshop entitled *Working with clients who have Sexual Difficulties* at the Waterford Hospital, St. John’s, Newfoundland. In the workshop sessions the intern examined the impact of the therapist’s attitude on the identification and treatment of sexual problems and learned a model for understanding and conceptualizing sources of sexual dysfunction. This workshop taught the intern how to assess sexual difficulties and introduced him to a variety of techniques for the

treatment of sexual problems. During the workshop the intern was provided with some intervention strategies for treating sexual difficulties in a general psychology practice.

This workshop provided the intern with a first hand opportunity to conceptualize sexual problems from a new theoretical perspective. By listening to the expert presenters the intern developed a new approach to diagnosis and treatment for people who suffer from sexual difficulties. This workshop enhanced and equipped the intern with new tools for professional practice.

Week 13 November 29-December 3, 1999.

This week the intern was invited by his site supervisor, Hans Asche, to visit the Mental Health Crisis Center and Crisis Line at Health and Community Services, St. John's, Newfoundland. The Crisis Center provides a free counselling service to the citizens of the greater Avalon Peninsula area from St. John's to Trepassey, Newfoundland. The Mental Health Crisis Center is managed by a professional team of paid and volunteer staff. All staff are specially trained to work in the mental health field to help people deal with crisis situations. The counsellors are available 24 hours a day, seven days a week, with no waiting lists.

This visitation was very useful to the intern in that a new perspective on crisis intervention was gained. The intern is motivated and inspired by this visitation experience to implement a similar program in his home country in order to help individuals who experience a sudden crisis in their daily lives.

During this week the intern had participated in an observation of a hypnosis session given by the site supervisor, Hans Asche. Through this experience the intern gained a new insight into the field of hypnotic-therapy. A variety of techniques and procedures were explored during the observation.

For the remainder of the week the intern focused on clinical rounds on current caseload. The intern saw new clients at both sites: the Recovery Center and the private clinic. By seeing new clients the intern was able to use new assessment tools and receive valuable feedback from supervisors. This feedback reinforced the intern's ability to select assessment instruments that are suitable to the client's problem situations.

Week 14 December 6-10, 1999.

The intern visited both the Harbour Light Addictions Center and the Waterford Addictions Program, St. John's. These two sites focus on out-patient services to clients who suffer from drug and alcohol addictions. The centers offer both one on one and group counselling services. Site visitations provided the intern a new outlook on a variety of programs and different techniques used at the centers for prevention and intervention. Through observation the intern explored the new tools of assessment currently used with individuals who suffer from addictions.

For the remainder of the week the intern researched and did further reading in the area of assessment tools applicable to addictions services.

Week 15 December 13-15, 1999.

This week the intern saw his clients in individual sessions to conclude and bring closure to the professional counselling relationship. Also, the intern met with the academic, field, and site supervisors to give and receive feedback on the internship experience. The intern strongly feels that this internship experience has provided tremendous professional opportunities. Throughout this fifteen week internship, the intern was able to build and extend his knowledge and research area, and achieve significant refinement of his counselling skills. In this way, the intern felt that he has succeeded in the attainment of his goals and objectives set forth at the onset of the internship.

The internship experience facilitated the application of the knowledge and theoretical foundations acquired during the Masters program course work. The intern successfully translated theory into practice. The outstanding professional supervision and guidance provided by the supervisors helped the intern to apply the theory effectively in real life counselling.

Throughout the internship the intern gained a broader perspective on counselling due to the cross cultural setting of the internship experience. His scope was broadened by the diversity of cultures within his counselling practice in Canada. The pluralistic nature of counselling in a diverse cultural setting gave the intern a wider perspective in dealing with clients from different backgrounds. Also, the intern gained insight into various important issues such as biases and stereotyping, and ethical and legal issues when counselling his clients. This awareness of the ethical and legal issues in counselling impacted the intern's perspective and belief that all persons, regardless of status or

culture, have equal access to counselling services, while always maintaining a client's dignity, in a confidential and professional manner.

Overall this experience has had a profound professional and personal influence on the intern's growth and development in the field of psychology. The invaluable educational experiences and professional relationships developed throughout the intern's study in Canada will remain a significant highpoint of his counselling career.

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APPENDIX A: ADDITIONAL READINGS COMPLETED DURING
INTERNSHIP

ADDITIONAL READINGS

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APPENDIX B: BECKS ANXIETY INVENTORY (BAI)



NAME _____

DATE _____

Below is a list of common symptoms of anxiety. Please carefully read each item in the list. Indicate how much you have been bothered by each symptom during the PAST WEEK, INCLUDING TODAY, by placing an X in the corresponding space in the column next to each symptom.

	NOT AT ALL	MILDLY BOtherED BUT NOT TOO MUCH	MODERATELY BOtherED BUT I COULD STAND IT	SEVERELY BOtherED I COULD NOT STAND IT
1. Numbness or tingling.				
2. Feeling hot.				
3. Wobbliness in legs.				
4. Unable to relax.				
5. Fear of the worst happening.				
6. Dizzy or lightheaded.				
7. Heart pounding or racing.				
8. Unsteady.				
9. Terrified.				
10. Nervous.				
11. Feelings of choking.				
12. Hands trembling.				
13. Shaky.				
14. Fear of losing control.				
15. Difficulty breathing.				
16. Fear of dying.				
17. Scared.				
18. Indigestion or discomfort in abdomen.				
19. Faint.				
20. Face flushed.				
21. Sweating (not due to heat).				

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APPENDIX C: KNOWLEDGE-BASED QUESTIONS

APPENDIX C

Questionnaire - Knowledge based questions

Name: _____ Date: _____

Please answer yes or no to the following questions:

	YES	NO
1. Can stress come from good things that happen to you?	<input type="checkbox"/>	<input type="checkbox"/>
2. Can stress come from a social gathering?	<input type="checkbox"/>	<input type="checkbox"/>
3. Does stress negatively affect your mental activity?	<input type="checkbox"/>	<input type="checkbox"/>
4. Can relaxation exercises help decrease stress?	<input type="checkbox"/>	<input type="checkbox"/>
5. Is there a connection between stress and mannerisms such as hair pulling, nail biting and foot tapping?	<input type="checkbox"/>	<input type="checkbox"/>
6. Can learning to control your breathing affect your stress level?	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you believe that regular exercise can reduce stress?	<input type="checkbox"/>	<input type="checkbox"/>
8. Do you understand the meaning of the term "stressors"?	<input type="checkbox"/>	<input type="checkbox"/>
9. Does stress increase the risk of asthma?	<input type="checkbox"/>	<input type="checkbox"/>
10. Is there a connection between the weather and stress?	<input type="checkbox"/>	<input type="checkbox"/>
11. Is there a connection between stress and eating disorders?	<input type="checkbox"/>	<input type="checkbox"/>
12. Can discussing your emotions and feelings reduce stress?	<input type="checkbox"/>	<input type="checkbox"/>
13. Can stress affect a person's sexual drive?	<input type="checkbox"/>	<input type="checkbox"/>
14. Do you know the meaning of the term "psychoeducational counseling"?	<input type="checkbox"/>	<input type="checkbox"/>
15. Do you understand the phrase "fight or flight".	<input type="checkbox"/>	<input type="checkbox"/>
16. Do different people experience the same level of stress in the same situation?	<input type="checkbox"/>	<input type="checkbox"/>
17. Do you know the meaning of the term "General Adaptation Syndrome(GAS)"?	<input type="checkbox"/>	<input type="checkbox"/>
18. Is there a connection between stress and diarrhea?	<input type="checkbox"/>	<input type="checkbox"/>
19. Can you distinguish between "need" and "desire"?	<input type="checkbox"/>	<input type="checkbox"/>
20. Do you understand the effect of need and desire on stress?	<input type="checkbox"/>	<input type="checkbox"/>
21. Is there a connection between self-assertiveness and stress?	<input type="checkbox"/>	<input type="checkbox"/>

APPENDIX D: OPEN-ENDED QUESTIONS

Appendix D

Questionnaire

1. What was the most valuable piece of information you gained from this experience?

2. What would you like to see added to or removed from this program?

3. What did you like most about the setting (where the session took place)?

Appendix D**Page 2**

4 What did you like least about the setting (where the session took place?)

5. What did you like most about the way the stress session was conducted?

6. Please include any other comments or suggestions you would like to add about your experience in the counseling session.

**APPENDIX E: LETTER TO DIVISION MANAGER REQUESTING PERMISSION
TO CONDUCT STUDY**

August 25, 1999

Ahmed Al-Faraidy, Graduate Student
Masters of Educational Psychology Student
Faculty of Education, Memorial University of Newfoundland
St. John's Campus, St. John's, NF

Ms. Anne Miller, Division Manager
Psychiatric Rehabilitation Inter-Disciplinary Team
203 Pleasant Street
St. John's, NF
A1E 1M3

Dear Ms. Miller:

Please accept this letter of request to conduct with a member of research the Psychiatric Rehabilitation Inter-Disciplinary Team for partial fulfillment of the requirement of my Master's Degree. This research has been approved by the Faculty's Ethics Review Committee of Memorial University of Newfoundland.

The research consists of administering questionnaires to the group participants before the therapy starts and again at the end of the 10 group sessions. One of these tests will be based on Beck's test for anxiety. The Beck Anxiety Inventory (BAI) contains 21 items of descriptive statements of symptoms that are associated with anxiety. I will also administer a second questionnaire as a pre-post test to the participants which contains 21 questions which focus on the participants' level of knowledge about stress and its effects on the human body and mind. The third questionnaire will consist of six open-ended questions that will focus on the participants point of view about the setting of the program, the leader and the program itself. This questionnaire will be administered at the end of the program to determine the member's opinions and suggestions about the program.

If you have any further questions or require additional information, you can contact Dr. William Kennedy (M.U.N. Supervisor) at 737-7617 or Dr. Bruce Sheppard (Associate Dean of Graduate Programs and Research) at 737-3402.

Thank you for your consideration.

I, _____, Anne Miller, consent to this request by Ahmed Al-Faraidy to conduct research in this institution for partial fulfillment of the requirements of the M.Ed. program.

Sincerely,

Ahmed Al-Faraidy

APPENDIX F: LETTER TO PARTICIPANT REQUESTING CONSENT

August 25, 1999

Mr. Ahmed Al-Faraidy, Graduate Student
Masters of Educational Psychology Program
Faculty of Education
Memorial University of Newfoundland
St. John's Campus, St. John's, NF

Dear Participant:

I am a graduate student at Memorial University of Newfoundland. I am conducting research, which has been approved by the Faculty's Ethics Review Committee. I wish to administer three different research instruments in the form of questionnaires. The data obtained from these questionnaires will inform the researcher's study on the evaluation of an eclectic stress management program for adults.

Participation is voluntary and you may withdraw or refuse without obligation. Responses are confidential and anonymous. Strict ethical guidelines and procedures will be followed in the conduct of this research study. Participants can have access to the results of this research upon request.

If you have any questions or concerns, please do not hesitate to contact me at (709) 737-8587. For further information you may contact Dr. Hassan Khalili (Field Supervisor) at 738-5665, Dr. William Kennedy (M.U.N. Supervisor) at 737-7617 or Dr. Bruce Sheppard (Associate Dean of Graduate Programs and Research) at 737-3402.

I, _____, (participant's signature), consent to participating in this survey.

APPENDIX G: PSYCHOEDUCATIONAL GROUP PROCEDURES

PSYCHOEDUCATIONAL GROUP: PROCEDURES

1. Each group session will begin promptly at 2:30 p.m., Thursday, September 16, 1999 and end at 4:00 p.m. and will continue for that time period until November 18, 1999 for approximately 10 weeks.
2. All group members will be asked to complete a pre-test and post-test questionnaire. This tests their insight into their anxiety and evaluates the group's effectiveness in meeting its members need.
3. Group members are expected to show up on time for sessions and to call one of the group leaders to advise if they will be late or will have to miss a session.
4. Maximum number of group members is 10.
5. Group members must keep confidential the names of fellow group members and only first names will be used during group sessions.
6. No physical or verbal aggression between group members will be permitted during group sessions.
7. It is expected that all sessions and home assignments will be completed and returned to group leaders if required.

8. All group members are encouraged to participate in the sessions and to respect other's comments, suggestions and problems.
9. Group members will not be permitted to attend group sessions if the facilitators suspect that he/she is under the influence of alcohol, drugs, medication or is actively psychotic.
10. There will not be any smoking permitted in this group or in the building.
11. Members should be open to meeting with the group leaders individually (periodically) to discuss any issues that may arise and to decide on treatment services required upon completion of the psychoeducational group.
12. A member cannot share a group with a person with whom they have an intimate relationship or with family members. Such relationships may interfere with honest disclosure. Intimate relationships within the group are not acceptable for the very same reason. Individual, couple or family therapy will be arranged for group members who request them.
13. Group members have the freedom to withdraw from the sessions if they want, but would be expected to discuss the decision with the group leader prior to making a final decision.

APPENDIX H: SESSION AGENDA /OUTLINE

AGENDA/OUTLINE

Week 1 Sept.16	Introduction/Individual Pre-tests/ Procedures/Group Questions
Week 2 Sept.23	Stress Defined/GAS/Sympathetic System/ Stressors
Week 3 Sept.30	Model of Stress/Interventions Symptoms/Illnesses/Stress Self Assessment
Week 4 Oct.7	Role of Cognition
Week 5 Oct.14	Anger Styles/Anger Questionnaire/Film
Week 6 Oct.21	Assertiveness and Questionnaire
Week 7 Oct.28	Role of Self-esteem/Film
Week 8 Nov. 4	Values/Guided Imagery/Deep Breathing
Week 9 Nov.11	Progressive or Passive Relaxation/Film
Week 10 Nov.18	Film (Optional) Post -test/Termination/Feedback

**APPENDIX I: DESCRIPTION OF THE ECLECTIC STRESS MANAGEMENT
PROGRAM**

STRESS MANAGEMENT

1. **STRESS-INVISIBLE EPIDEMIC**
2. **STRESS DEFINED**
3. **THE STRESSORS**
4. **THE STRESS RESPONSE**
5. **ACTIVATED SYMPATHETIC SYSTEM**
6. **GAS**
7. **MODEL OF STRESS**
8. **SYMPTOMS**
 - PSYCHOLOGICAL/EMOTIONAL**
 - PHYSICAL**
 - BEHAVIORAL**
9. **STRESS RELATED CONDITIONS/ILLNESSES**
10. **INTERVENTIONS**

STRESS DEFINED

STRESS- THE NON SPECIFIC RESPONSE OF THE BODY TO ANY DEMAND MADE ON IT.

**EUSTRESS- GOOD THINGS TO WHICH WE MUST ADAPT
(EG. JOB PROMOTION)**

**DISTRESS- BAD THINGS TO WHICH WE MUST ADAPT
(EG. DEATH OF A LOVED ONE).**

THE STRESSORS

A STRESSORS IS ANY EVENT IN A PERSONS LIFE TO WHICH (S)HE REACTS WITH THE STRESS RESPONSE.

PHYSICAL STRESSORS- THESE COME FROM THE PHYSICAL ENVIRONMENT. SUCH THINGS AS TEMPERATURES, NOISE, CROWDING, TRAUMA, INJURY, DISEASE, AND MOOD ALTERING DRUGS.

SOCIAL STRESSORS- THESE ARISE IN SITUATIONS IN WHICH WE MUST DEAL WITH OTHER PEOPLE. EXAMPLES INCLUDE: DEALING WITH ANGRY/AGGRESSIVE PEOPLE ,GIVING AND RECEIVING NEGATIVE CRITICISM AND DEALING WITH THE VERY ILL.

ORGANIZATIONAL STRESSORS- VARIOUS ORGANIZATIONS ,BOTH WORK AND NON WORK CAN BE STRESSFUL DUE TO ROLE CONFLICT ,DEALING WITH CUSTOMERS ,CO-WORKERS ,SUPERVISORS AND SUBORDINATES. OTHERS INCLUDE POOR TIME MANAGEMENT AND LACK OF PRIORITIES.

SELF TALK STRESSORS- WHAT WE SAY TO OURSELVES ABOUT OURSELVES IS ONE OF THE MOST COMMON STRESSORS. WE PLACE UNREAL DEMANDS ON OURSELVES IN THE FORM OF "SHOULD'S" ,"MUSTS" AND "OUGHT TO 'S" . WE ALSO HAVE OUR OWN PERSONAL "MYTHS" ABOUT OURSELVES (IE. THE PERFECT WIFE/HUSBAND-ETC.).

EMOTIONAL AND PHYSIOLOGICAL STRESS- EMOTIONAL STRESS SHOWS UP IN SUCH FEELINGS AS FRUSTRATION ,IMPATIENCE ,WORRY ,ETC. PHYSIOLOGICAL STRESS IS PRESENT IN SUCH SYMPTOMS AS FATIGUE ,TENSION ,HEADACHE ,UPSET STOMACH , ETC..

POORER PERFORMANCE- THIS IS NOT ONLY THE RESULT OF THE OTHER STRESSORS ,BUT ACTS AS A STRESSOR ITSELF PERPETUATING THE STRESS CYCLE.

THE STRESS RESPONSE

FIGHT

OR

FLIGHT

ACTIVATED SYMPATHETIC SYSTEM

- * INCREASE HEART RATE
- * INCREASE FORCE WITH WHICH HEART CONTRACTS.
- * DILATE CORONARY ARTERIES.
- * DILATE PUPILS.
- * DILATE BRONCHIAL TUBES.
- * INCREASE STRENGTH OF SKELETAL MUSCLES.
- * RELEASE GLUCOSE FROM LIVER.
- * INCREASE MENTAL ACTIVITY.
- * DILATE SKIN AND MUSCLE ARTERIOLES.
- * SIGNIFICANTLY INCREASE BASAL METABOLIC RATE.

GENERAL ADAPTION SYNDROME

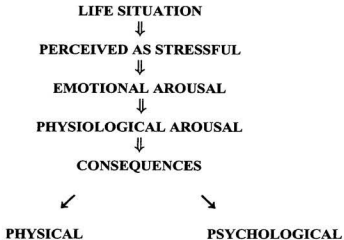
G A S - SELYE'S TERM FOR A HYPOTHESIZED THREE STAGE RESPONSE TO STRESS.

1. ALARM REACTION - THE FIRST STAGE OF THE GAS WHICH IS TRIGGERED BY THE IMPACT OF A STRESSOR AND RESULTS IN THE FIGHT OR FLIGHT REACTION. CHARACTERIZED BY SYMPATHETIC ACTIVITY.

2. RESISTANCE STAGE - THE SECOND STAGE OF THE GAS, CHARACTERIZED BY PROLONGED SYMPATHETIC ACTIVITY IN AN EFFORT TO RESTORE LOST ENERGY AND REPAIR DAMAGE. ALSO CALLED THE ADAPTION STAGE.

3. EXHAUSTION STAGE - THE THIRD STAGE OF THE GAS, CHARACTERIZED BY WEAKENED RESISTANCE AND POSSIBLE DETERIORATION.

MODEL OF STRESS



PSYCHOLOGICAL/EMOTIONAL SYMPTOMS**Free-floating anxiety****Nervous or inappropriate laughter****Apathy****Depression****Nervousness****Excessive Worrying****Emotional tension
(being “keyed up”)****Nightmares****Feelings of unreality****Urge to cry or run and hide****Irritability**

PHYSICAL SYMPTOMS**Headaches****Weakness/Dizziness****Muscle tension****Loss of appetite (or excessive)****Bruxism (teeth grinding)****Diarrhea****Lower back pain****Dryness of the throat or mouth****Fatigue****Vague stomach distress, indigestion****Pounding of the heart****Sweating****Sleep difficulties (i.e, insomnia)****Stuttering, speech difficulties****Fidgeting**

BEHAVIORAL SYMPTOMS

Inability to concentrate

Accident proneness

Increased use of medicines
(Aspirin, tranquilizers,
amphetamines)

Impulsive behavior

Blaming

Increased smoking

Yelling

Avoidance Behavior

Alcohol or drug abuse/addiction
Missing work

STRESS-RELATED CONDITIONS AND DISEASES

I. Cardiovascular Diseases

A. Coronary Artery Disease

B. Stroke

C. Angina Pectoris

D. Cardiac Arrhythmia's

E. Hypertension

II. Cancer?

III. Depression

IV. Muscle-Related Conditions

A. Tension Headaches

B. Oral Conditions

- 1. Clenching**
- 2. Bruxism**
- 3. Myofacial pain-dysfunction syndrome**

C. Shoulder Aches

D. Backaches

E. "Pain in the Neck"

V. Ulcers

VI. Diabetes

VII. Allergic Responses

A. Asthma

B. Hives

C. Allergic Swelling

D. Hay Fever

E. Allergic Cold

VIII. Infectious Disease : e.g., tuberculosis and the common cold

IX. Hyperthyroidism

X. Rheumatoid Arthritis

XI. Ulcerative Colitis

XII. Premenstrual Tensional Syndrome

XIII. Thrombophlebitis

XIV. Gout

XV. Warts

XVI. Miscellaneous Oral Conditions

A. Dental Caries (tooth decay)

B. Trench Mouth

C. Canker and Cold Sores

D. Tics

XVII. Miscellaneous Stress Responses and Disease

A. Neurodermatitis (skin rash)

B. Alopecia (loss of hair)

C. Graying of Hair

D. Dandruff

E. Arthritis

F. Cushing's Disease

G. Hypoglycemia (low sugar)

H. Infectious Mononucleosis (the "kissing" disease)

Adapted from:

Morse, O.R., and Furst, M.L. Stress for Success.
New York: Van Nostrand Reinhold Co., 1979.

INTERVENTIONS

LIFE SITUATION INTERVENTIONS:

- * QUIT YOUR JOB**
- * GET A LATERAL TRANSFER**
- * LEARN TO SAY NO**
- * TIME MANAGEMENT**
- * ASSERTIVE TRAINING**
- * TALK TO A FRIEND**
- * COUNSELING**

PERCEPTION INTERVENTIONS

- * USE HUMOR**
- * DISTINGUISH BETWEEN NEED AND DESIRE**
- * STOP TO SMELL THE ROSES**
- * ANXIETY MANAGEMENT - COGNITIVE TECHNIQUES (SELF TALK , ETC)**

EMOTIONAL AROUSAL INTERVENTIONS

- * PROGRESSIVE RELAXATION**
- * MEDITATION**
- * AUTOGENETIC TRAINING**
- * PRAYER**

PHYSIOLOGICAL AROUSAL INTERVENTIONS

- * EXERCISE PROGRAMS**
- * DEEP BREATHING EXERCISES**
- * WALKING & JOGGING**



