

Preventive Mental Health Education for Functioning Adults: Stress, Coping and Mental Health Courses at the University of Maryland

Glenn R. Schiraldi, Ph.D. & Stephen L. Brown, Ph.D.

ABSTRACT: *Three fifteen-week courses at the University of Maryland are described. These courses explore diverse cognitive-behavioral skills that facilitate coping, are preventive in nature, and are suitable for learning by healthy individuals in educational settings. Initial results, previously reported, are encouraging and suggest the possibilities that similar courses might be offered in other university, community or workplace settings. [International Journal of Emergency Mental Health, 2002 4(1), pp 57-63].*

KEY WORDS: stress, coping, stress inoculation, mental health, preventive mental health education

Introduction

For a variety of reasons, the university setting is favorable for teaching the principles and skills of mental health and coping with stress. Generally, students are still in their formative years, are motivated and open to learning new ideas, and are committed to finishing their coursework. They enter the university to learn, and then leave to exert their influence in their work, families and communities.

We will describe three elective undergraduate courses related to stress, coping, and mental health that are presently taught in the Department of Public and Community Health, University of Maryland. These courses explore diverse cognitive-behavioral skills that facilitate coping, are preventive in nature, and are suitable for learning by healthy individuals in educational settings. Due to space limitations, the third course will be discussed in the greatest detail, since it is evidence-based and the most unique. The initial results for this course, previously reported, are promising and

suggest that similar courses might be taught in other university, community, or workplace settings to functioning adults.

HLTH 285: Controlling Stress and Tension

Begun in the 1970's, Controlling Stress and Tension is thought to be the first undergraduate stress management course taught at a U.S. university (D. A. Giordano, personal communication, November 15, 1995). This introductory survey course overviews a wide variety of theoretical and practical aspects of stress management. It is taught in classes ranging from twenty-five to 200 students. In-class presentation primarily relies on lecture with some discussion. Most of the coping skills are taught in class, but essentially practiced as graded homework out of class.

An overview of stress theory includes the nature of stressors, the impact of stress on mental and physical health, the psychophysiology of the stress response—the neuroendocrine pathways and their relationship to psychosomatic diseases, the influence of malleable personality traits on stress and stress-related diseases, and medical conditions that affect mental health (e.g., subclinical thyroid problems and sleep apnea). A variety of self-

Glenn R. Schiraldi, Ph.D. Department of Public and Community Health, University of MD, Stephen L. Brown, Ph.D., Health Education Faculty, Southern Illinois University. Address correspondence concerning this article to: Glenn R. Schiraldi, Ph.D., Dept. of Public and Community Health, HHP Building, University of MD, College Park, MD, 20742. Telephone: 301-405-2518. E-mail: gs6@umail.umd.edu.

assessments help to raise awareness of personal manifestations of stress and the degree to which coping resources are being used.

Then a variety of basic stress management skills are introduced to prevent and/or counter the deleterious effects of stress. These skills, detailed elsewhere (Beck, 1995; Greenberg, 2002; Markman, Stanley, & Blumberg, 1996; Schiraldi, 1996; 2000; Seaward, 2002), include the following:

- Breathing retraining to prevent the deleterious effects of hyperventilation
- Systematic relaxation strategies, to include progressive muscular relaxation, meditation, guided imagery, autogenic training, and biofeedback
- Moderate, regular exercise
- Meal Planning
- Sleep hygiene
- Social skills: conflict resolution, assertiveness, relationship enhancement
- Problem solving
- Cognitive restructuring to correct common thought errors
- Time management
- Yoga and tai chi
- Recognizing symptoms of depression, anxiety, and problem anger; emotional first aid; and treatment issues

HLTH 485: Ways of Knowing About Human Stress and Tension

This course has been limited to small sections of no more than thirty students meeting once a week. The first 1 1/2 hours is usually spent in lecture and discussion. During the last half of class, the section is split into smaller groups that allow for more in-depth discussion, sharing, and analysis. The course examines thinking/attitude options, with an eye toward promoting self-reliant thinking toward the six aspects of the human condition: mortality, fallibility, ill will, suffering, creativity, and pleasure. It is proposed that all stressors can be categorized under at least one of these aspects. Rather than prescribing the "right way" to think, we explore the ways that humans across cultures and throughout history have viewed these six aspects. Kaufmann's (1973) five questions are applied to various propositions advanced to describe the six aspects of the human condition (e.g., One's worth derives only from what one does; The greatest pleasure

derives from attempts to reach one's potential). Students respond in writing to the following questions: (1) What does this mean? (2) What speaks for and against this proposition? (3) What are the alternative ways of thinking? (4) What speaks for and against each alternative? (5) In light of the evidence and consequences of each alternative view, which view seems most plausible? We assume that the ability to think critically about available options empowers individuals to choose those views that are personally most adaptive.

A variety of other activities stimulate students to consider thinking options and their consequences. For example, autobiographies are analyzed with an eye toward uncovering the writer's propositions about the human condition, and the consequences of those propositions relative to that person's stress, coping, and mental health. Thus, the writings of individuals ranging from Viktor Frankl to Hitler, Arthur Ashe, Mother Teresa, Dalai Lama, Malcolm X, Freud, and others are explored.

Each student writes and discusses a myth exploring his/her most stressful proposition (e.g., My bitterness is justified by the unfair advantages conferred by virtue of gender.). In discussing and applying Kaufmann's questions, students better understand the links between self-chosen lenses on reality and stress. Heightened awareness promotes liberation from the consequences of maladaptive propositions.

Various ways of viewing death and mourning across cultures are explored, and students' personal attitudes and experiences with death are discussed. The assumption is that confronting one's fears in a safe setting enables one to reduce those fears, while listening to previously unknown coping options helps students to develop new ones.

Students also explore their family of origin's approach to fallibility (e.g., When you made a mistake, how were you disciplined?), ill will (e.g., Were family members tolerant of differences?), and the other aspects of the human condition, and how these approaches affect their present views. Again, such discussions raise awareness of consequences and options.

Longitudinal research (Vaillant, 1977) suggests that those who are aware of their feelings and comfortable with the range of emotions show better adjustment in multiple areas. To increase such emotional awareness/comfort and to improve emotional vocabulary, students create and describe a work of art that describes a chosen feeling. The pleasure and insights derived from this exercise help to challenge the notion that only "good art" is creative or useful. They also discuss

blocks to feeling wholesome pleasure (e.g., over-scheduling work, the idea that worth is only gained from achievement, ignorance of cognitive and biological pleasure options, laziness, etc.) Students report on trips to a modern art museum to test propositions (e.g., "I can't find any pleasure in modern art"; "I can't find pleasure alone"; "I only find pleasure in work"; "I'm too busy for pleasure").

A weekly journal entry permits students to explore their thoughts and feelings about the various aspects of the human condition as a way to heighten awareness of their views toward them. Each week students also fill out a self-assessment, exploring their attitudes toward the various aspects of the human condition (feelings about death, intolerance of ambiguity, self-acceptance, satisfaction with life, misanthropy, etc.)

HLTH 486: Stress and the Healthy Mind

Taught since 1990 to adults ranging in age from 18-68, this course was found to significantly reduce symptoms of depression, anxiety, and hostility, while significantly raising self-esteem (Brown & Schiraldi, 2000), with gains being maintained at one-month follow-up (Schiraldi & Brown, 2001). The course follows the Stress Inoculation Training model (Meichenbaum, 1985; Meichenbaum & Fitzpatrick, 1993). This model emphasizes a short didactic component, cognitive-behavioral skills acquisition and rehearsal, and real-life application of these skills.

The course met twice weekly, ninety minutes each session, with fewer than fifteen participants in order to facilitate small group processes (discussion, skill practice, personal attention, teamwork). At each session, principles were discussed, skills described and practiced, and homework was assigned to apply the skills. The following session, the homework was discussed and new principles, skills and homework were discussed/assigned.

Because the mind and body are interactively linked (DHHS, 1999), each participant devised, applied, and monitored a prudent eating, exercise and sleep plan. Participants each had a buddy for support and to help absentees, if needed, to make up missed work. Although the skills taught are described in detail elsewhere (Schiraldi, 1990, 1997, 1999; Schiraldi & Kerr, in press), the course was structured as follows.

The short didactic phase overviewed the characteristics of mental illness and mental health. Key studies linking mental

disorders to psychosomatic illness and impairments later in life (e.g., Friedman & Booth-Kewley, 1987; Miller, Smith, Turner, Guijarro, & Hallet, 1996; Vaillant, 1977), and studies showing that generic cognitive restructuring reduced symptoms of anxiety, depression and hostility (Lipsky, Kassinove, & Miller, 1980) were described. The prevalence of mental disorders was overviewed, as were associations between lifestyle and physical and mental health. Skills to prevent problem anger, anxiety, and depression, and skills to build self-esteem were then taught.

Anger/hostility

- In order to reinforce the idea that anger can exist along a continuum and that anger severity can be regulated, participants brainstormed words, metaphors, and behavioral manifestations of various degrees of anger, and ranked them according to intensity. Finding words for anger also enables participants to describe anger verbally and perhaps defuse it before it escalates.

- Before attempting to prescribe changes, a cost/benefits analysis, followed by the rhetorical question, "Is anger a problem for you in terms of its costs?" helped to overcome resistance to change. Participants were also encouraged to notice and report signs of hostility in others, and eventually self, with humorous acceptance rather than condemnation. Distress tolerance drills (e.g., find a line and stand on it while noticing faces, babies, signs of suffering in fallible people) and reflections (Hostile people are hurting people) were assigned, and anger opposites were brainstormed (e.g., compassion for other people's suffering).

- Relaxation and breathing skills were taught to help regulate one's physiology.

- Cognitive restructuring (Beck, 1995; Burns, 2000) explored the common anger distortions and structured, written methods called the triple column technique and the downward arrow for identifying and replacing personal distortions in everyday life.

- Because anger was conceptualized as a voluntary response to feeling diminished, participants were taught to self-soothe by turning down the anger response and healing the inner hurts with compassion (Schiraldi & Kerr, in press; Stosny, 1995).

- Conflict resolution through gentle questioning and paraphrasing and empathizing were practiced (Burns, 2000; Markman, Stanley, & Blumberg, 1996).

- To reduce the habit of hostility—the belief that others are bad or untrustworthy—participants sought evidences of people behaving kindly and respectfully, tried to understand offenses as a reflection of inner pain, and actively tried to be friendlier.

- Forgiving was defined as releasing bitterness in order to free oneself to live well. Various writing exercises helped to acknowledge anger and hurt, see the viewpoint of the offender, and express the intent to release lingering bitterness. Imagery exercises helped imagine the inner hurts of the offender and heal the offended person's hurts with compassion.

Anxiety and worry management

- Worry was presented as a chain of negative, relentless thoughts or images that degrades mood and performance (Borkovec, 1994), as contrasted to concern, which is time limited and solution focused (Schiraldi, 1997). A cost/benefits analysis helped to highlight these differences.

- Participants were assigned journal assignments. First, they recorded worries for four days, since it has been found (Borkovec, Wilkinson, Folensbee, & Lerman, 1983) that recording worry facts and feelings for 30 minutes daily, and then postponing worries until the next day's worry period, significantly reduced worries. After the first four days, participants then began to use the last 15 minutes of their worry periods to either problem solve or access pleasant images from their past as a way to realize that moods can be consciously regulated.

- Participants also gained control over their worries by listing all their worries, categorizing each according to how controllable and how important it is, and taking action for one worry in each category (e.g., to get that lump checked; to release a worry that's really not important and uncontrollable).

- To process and neutralize disturbing memories from the past, participants spent four days recording their most distressing memories in writing, for about 15-30 minutes each day. Pennebaker (1997) found that this approach improved the mood and health in various groups.

Self-esteem

Because self-dislike appears to be a common vulnerability for a number of mental disorders and because self-esteem is generally considered essential to mental health

and resilience (Beck, 1967; Brown, Bifulco, & Andrews, 1990; Cowen et al., 1992; Hobfall & London, 1986; Hobfall & Walfisch, 1986; Parker, Cowen, Work & Wyman, 1990; Rosenberg, 1965, 1979, 1985), self-esteem building was a major focus in the course. Following various self-awareness exercises, participants visualized and recorded various mastery images from their past. Triple-column sheets were completed to replace self-defeating thoughts (this and other skills are detailed in Schiraldi, 1999).

A realistic sense of self-worth was reinforced by activities that stimulated participants to heighten awareness of present strengths and capacities, to acknowledge mistakes without discounting worth, and to think as those with self-esteem tend to think (e.g., "A mistake means I'm fallible, not worthless").

The feeling component of self-esteem involves appreciative feelings toward self. Corrective imagery experiences (Bradshaw, 1988; Levin, 1988) enabled participants to hear loving, accepting messages that a child in a loving home might have heard (e.g., "We're glad you're part of our family; we're glad you're a boy/girl"). The Mother Teresa documentary (Petrie & Petrie, 1986) was shown as an example of unconditional love. Imagery exercises allowed participants to return to the past, when the self was mistreated. This time the participant provided needed protection, encouragement, affection, etc. Mirror exercises encouraged participants to view themselves in a compassionate way, rather than a critical, judgmental way, and meditations of appreciation for the intricacies of the body were practiced.

Because self-esteem requires that one elevate self and others, various activities encouraged participants to grow. Participants were encouraged to identify and make a plan to develop desired personal attributes (cheerfulness, delight in surroundings, humor, etc.). An honest inventory of character traits was made, as was a plan to strengthen weaker areas.

Depression prevention

Many of the skills that are important to the prevention of depression had already been taught by this phase of the course, namely proper eating, exercise, and sleep; correcting thought errors; building self-esteem; and regulating worries. Pleasant events scheduling was assigned (Lewinsohn, Munoz, Youngren, & Zeiss, 1986). Here participants checked activities on an inventory that were previously enjoyed. They then made a plan to engage in several activities each week.

Because the expressive arts seem to stimulate the creative process that is useful in problem solving and emotional healing (Reynolds, Nabors, & Quinlan, 2000; Spring, 1994), participants also created a work in any chosen medium that expressed a feeling and described the work to the class—since putting the feeling into words also gives one a feeling of control over the feeling.

Skills maintenance and relapse prevention

In order to prepare participants for future deflating events, two additional skills were taught. Flop inoculation,

an adaptation of relapse prevention (Marlatt & Gordon, 1984), instructed individuals to anticipate difficult situations. They then created lists of self-statements to use before, during, and after the situation (e.g., "I'm new at this. It's okay to go slow and perform imperfectly.>").

We are encouraged that this single semester's course has been shown to favorably impact multiple mental health indicators, indicators that might be common vulnerabilities for a variety of addictive and mental disorders. Future research is planned to determine whether the other courses described herein result in similar changes.

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