7 Stress management and counselling in primary care

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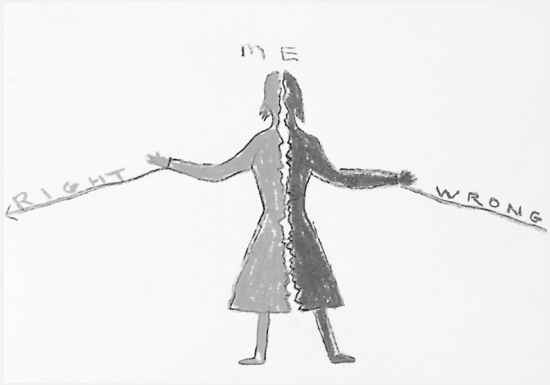
Stress management begins with actively listening to the patient and proceeds through a detailed assessment of the patient's needs



Stress can tear you apart …
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The term "stress" is now interwoven into popular and professional language, yet there remains a lack of clarity about its precise meaning, and its impact on health and well-being. Stress is considered by many to comprise those factors in day-to-day life which adversely affect adjustment and coping, but stress as a challenge or pressure to perform also has the potential to contribute to enhanced performance and productivity. Many see stress as exerting a major, often undesirable, influence on health and well-being, reflected in the perceived link between stress and the development of cancer, despite the lack of supporting scientific evidence.[1] Stress is seen as contributing to other conditions such as heart disease, and certainly recent studies implicate stress as a factor in the clinical course of coronary heart disease.[2]

Response to stress

Research into the impact of adverse events is complex, and few studies have addressed all three components of the issue: stressors (however defined and measured), their biological effects, and consequent changes in health status.[3] Assessing the link between stress and physical disorders such as hypertension highlights the difficulties posed by the lack of standardised, validated, objective measures of stress and the number of confounding variables in lifestyle factors.[4] Other research suggests that the emotional impact of a major stress, such as divorce, may be mediated in large part via the more minor subsequent stressors, such as changes in work and financial situation,[5] adding another layer of complexity to the issue.

From a practical point of view, it is prudent to consider that the response of an individual to stress may be mediated by many factors, including the number of different stressors involved, personality style, cultural background, social circumstances, the symbolic meaning of the stress, past life experiences and the availability of supports.

When stress is implicated in ill health, it is possible for the patient to present with either physical or psychological complaints (Box 2). Presentation to general practitioners with psychological complaints accounted for about 6% of general practice encounters in one large study.[6] However, many people, by virtue of personality style, culture, age, or past experiences, will present with physical symptoms rather than complain of psychological distress. There is evidence that those who are experiencing distress and who tend to introspect are those who are likely to amplify somatic symptoms.[7] Sex may also influence

Synopsis

Stress is not all bad, and not all stress management is good.

- Despite its burgeoning popularity, stress management should not be uncritically accepted as providing "all the answers".
- Detailed assessment of the particular needs of the patient is essential, with special attention to comorbidity.
- Active listening to the patient will help reveal the chief sources of stress and in itself has a positive effect on stress levels.

Techniques for stress management:

- Psycho-education: to give the patient a realistic understanding of stress, his/her bodily reactions, and the options for change;
- Attention to physiological symptoms;
- Cognitive techniques, such as problem-solving and challenging negative thought patterns.

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coping styles and presentation. The dictum that "men don't cry" remains very real in some sections of Australian society. Women may be more likely to use interpersonal networks for support when faced with adverse life circumstances.

Assessment in general practice

Stress management has become mainstream, particularly in some sections of industry, and there is often pressure on the doctor to deliver a slick treatment package in immediate response to the patient's expression of concern. However, most interventions will fail if they are delivered as a uniform package without detailed assessment of the patient's individual needs. For everyone who presents, the doctor should try to answer the question "Why is *this* person presenting with *these symptoms* at *this time?"*.

Active listening: The first, crucial step is listening to what the patient has to say. Active listening allows the general practitioner to clarify the nature of the patient's concerns, and may also allow patients to see more clearly the nature of their problems and devise their own strategies for dealing with them.[8] In the case of the person who has presented with concerns about stress, it is best to encourage the patient to discuss these issues *as they see them* before asking very specific questions, or offering an opinion about their situation. The patient will often identify a particular aspect of their situation that is of most pressing concern (often not the one that you might have suspected), which may then provide a focus of more detailed questioning.

Associated problems: It is important to consider the range of problems which may be associated with stress, such as escalation in smoking or alcohol use, marital conflict or domestic violence. These may in a circular fashion contribute to further dysfunction, in the person themselves, and in family members. Many patients are highly sensitive about these matters, and questioning needs to allow the patient a way of responding honestly without losing face (Box 3). With regard to such concerns as heavy smoking it is crucial to avoid engendering guilt or fear about the problem, as it appears that fear may be a major disincentive for behavioural change.[9]

Always bear in mind that the person who feels they are facing intolerable stress may have thoughts of suicide.

***Physical symptoms*:** In the case of the person who presents with physical symptoms that appear to be related to stress, assessment may take a different form. Although it is vital to assess the symptoms fully and to establish their cause, in many cases effective symptom management must incorporate psychological treatments. There are those who regard expression of emotional concern as a sign of personal weakness, resisting discussion about such matters. Assessment of stress may pose some difficulty in these cases, and taking a parallel history may be a fruitful technique. This simply involves asking the person in detail about life events, work, family events and so forth, without identifying these as stressors. Often patients can nominate particular events or concerns which can be "matched" temporally with problems in health or symptom control, even though they have never made the link themselves.

1 Common causes of stress

Environmental

- Unemployment
- Work, including job uncertainty, unclear role definition, dangerous occupations, shift work, pressure regarding performance
- School or academic pressures
- Financial hardship
- Concerns about health care, access and affordability, and the reliability of medical science, especially given the media prominence to litigation
- Weight of current affairs, such as major disasters, reported crime, war, environmental degradation, corruption

Personal

- Relationship difficulties including marital breakdown, resolution of custody issues
- Childrearing, especially in the absence of extended support
- Coping with work, needs of partner and family
- Loss and grief associated with events such as the death or serious illness of a loved one

Health

- Changes in lifestyle and relationships consequent upon illness or disability

2 Common symptoms of stress

Physical symptoms

- Insomnia
- Sweating, shaking, nervousness
- Headache
- Muscle tension, being jumpy and easily startled
- Poor appetite

Psychological symptoms

- Feeling overwhelmed
- Poor concentration
- Easily upset, irritable with friends and family
- Self-critical — "everything's a mess"

Stress management

This is a poorly defined area, the proliferation of lay "stress management" courses and consultants adding to the blurring of the edges.[4] In many sectors of the workplace, stress management is seen as essential for the occupational health of employees. However, there is often poor documentation of the precise techniques used, the competence and qualifications of their operators, nor any evaluation of their efficacy or even detrimental effects.[10] The concept of trauma debriefing was originally developed to assist those who had experienced disasters or severe life-threatening events, but it has increasingly been generalised inappropriately to other settings. Even in situations such as disaster, there is no evidence that trauma debriefing effectively prevents subsequent problems, despite often being perceived as helpful by the individuals concerned.[11] The generic application of such techniques may in fact undermine the capacity of individuals to deal with difficulty, establishing instead a sense of anger and helplessness that their own way of coping is somehow considered imperfect.

Primary health care practitioners should thus consider stress management as a range of techniques that must be tailored to the unique needs of a particular patient. The general practitioner is ideally placed to recognise the strengths, resources, and vulnerabilities of those who consult them about stress, and to incorporate these factors in their treatment plans.

As well as being useful for patients with psychological symptoms, stress management techniques may benefit those who suffer from rheumatoid arthritis and irritable bowel syndrome,[12,13] and be useful in cardiac rehabilitation.[14] Their precise contribution to the management of hypertension remains unclear.[15]

The treatment setting: Some general practitioners may feel concerned that stress counselling will take more time than they can afford,[16] but others acknowledge the necessity for extra time and advocate allowing a double appointment time.[17] Discuss the need for follow-up appointments: if they can be arranged for a regular day and time it is often reassuring to distressed patients, who feel able to "hang on" because they know their next appointment.

Getting started: Helping the patient recognise that they are under stress may in fact assist them in devising coping strategies.[18] Education of the patient about the nature of stress, the physiological response to it, and the frequency of such complaints in the community is often reassuring. Most people will identify with common phrases such as "it took my breath away" or "sick with worry". Particularly for highly obsessional individuals, feeling stressed may be interpreted as a sign of personal weakness, and providing information is very beneficial. Giving the patient an overview of the treatment plan may instil confidence, and, furthermore, models the way that seemingly overwhelming problems can be tackled in stages.

3 Eliciting other problems associated with stress

- ➤ Start with open-ended questions: e.g., "Can you tell me what you see as problems?"
- ➤ Mention your familiarity with common problems: e.g., "I often find that people who are under the sort of stress you describe notice themselves getting very tense or irritable. Does that ever happen to you?"
- ➤ Follow-up with clarifying questions, such as "How have things been in the family recently? Has it ever happened that you just lost control?"

It is crucial that patients understand that obtaining such a history allows you to understand the nature and extent of their problems, with a view to developing a long-term management plan.

Physiological approaches: Discussion about the consequences of rapid shallow breathing or hyperventilation makes sense to most people, who are often also aware of their heart pounding and feeling shaky when stressed. Introduction of abdominal breathing techniques is simple, but they require regular practice. It may help to suggest an environmental cue for practising breathing techniques (e.g., whenever stopped at traffic lights).[19]

Progressive muscular relaxation is a key element in stress management. It is important to reinforce that, although the principle is simple, it requires regular practice before it can be employed at will in situations of stress. There are a variety of techniques, one of which is described in Box 4.

Imagery and visualisation can be linked to muscle relaxation, but can also be employed independently. The patient is encouraged to think about a particularly pleasant

4 Muscle relaxation

- ➤ Give an overview of the technique, reinforcing the need for regular practice if it is to help in coping with stress.
- ➤ Instructions:
  - Tighten then relax your muscles. Work from your toes up to your shoulders, head and jaw
  - During the tightening phase, focus on the sensation of tightness
  - During the relaxation phase, say "let go", while maintaining a tranquil mental image.
- ➤ This process should take about twenty minutes, and should be rehearsed daily, which may represent a considerable time commitment for the person who already feels overburdened.

and relaxing scenario, and to focus exclusively on this for several minutes. In abbreviated form, such a technique can be employed as "time out" from other concerns.

Biofeedback involves the measurement of physiological responses (for example, by electromyograph and galvanic skin response) and immediate feedback to the individual. The aim is to enhance awareness of the physiological changes that may accompany stress, so that the individual can develop greater control over these changes via techniques such as muscle relaxation and imagery. Biofeedback is practised by some psychologists and, although useful in some cases, it is not considered an essential procedure in the management of most cases of stress.

Cognitive strategies: Adopting a problem-solving approach often asserts a sense of some order over seemingly overwhelming problems. In the context of stress management this may involve identifying the stressors, classifying them (is this an important stressor or a minor "hassle"?) and reframing concerns. Exploring the extent to which events are under personal control and acknowledging the inability of any individual to be completely "stress-free" may allow the person to let go of some more minor concerns and focus on a smaller number of specific issues.[20] Breaking down the high priority stressors into components may allow the person to see strategies for coping that were not apparent when confronted with the "big picture".

Dealing with negative thoughts is an integral aspect of stress management.[21] Most of us have negative thoughts about ourselves and our lives from time to time, but for the person who is enduring major stress these may become so pervasive as to reinforce their feelings of inadequacy and fear, and undermine any plans they develop to deal with the problem. Most people grasp the concept of "brain washing" — whereby something forcibly repeated to a person comes to be believed — and can readily understand how destructive their own negative thoughts can be. Encouraging the person to challenge their negative thoughts and to consider how they could reframe things is a useful technique.

The key element underpinning these approaches is fostering patients' recognition of their own pattern of response to stress. This insight may empower patients to develop strategies for coping with stress, and even to recognise the potential benefits of stress in some circumstances.

Lifestyle issues: Behaviours developed in response to stress may undermine the ability to cope. The person who drinks ten cups of coffee a day may find that reducing caffeine intake improves sleep and reduces anxiety and irritability. Sleep deprivation endured to "catch-up" on tasks may actually decrease performance. If lifestyle changes such as regular exercise can be portrayed as active management of stress, it may be that busy executives give themselves permission to engage in something they had previously seen as a luxury.

Traps and pitfalls

The distinction between adjustment disorder (problems in coping with stress) and psychiatric illness (e.g., anxiety disorder, depression) is often unclear. It is easy to overlook the development of a depressive illness in patients who talk in terms of stress rather than depression. It is a common misperception that because depressed mood or

Case history: a common problem

A 34-year-old woman presented saying she was tired, run-down, and "stressed-out of my mind". She was working part-time as well as caring for three children aged 10, 8 and 5 years. Her husband was a shiftworker, and she felt increasingly that he expected her to "handle everything" at home so that he could sleep.

Assessment

A detailed history revealed that a major concern was the recent diagnosis of breast cancer in the patient's mother. She felt anxious about what would happen to her mother, and guilty that she had not been in more regular contact with her. Assessment of the family's domestic situation revealed that the patient had always assumed complete responsibility for all housework, shopping and budgeting, and although she resented her husband's inactivity she never discussed her anger or asked for assistance. There was no evidence that she was suffering from major depression. She did not consume alcohol or smoke.

Management

After initial discussion of her problems, the patient volunteered that she had contributed to the situation by "always doing everything", and not allowing others to help. She reflected that she tended to be critical of the children's efforts, for example in making their beds, and that she needed to revise her standards, allowing them to assume some minor responsibilities.

Discussion focused on the need to discuss her concerns with her husband, and look at ways they could renegotiate the division of domestic tasks. A major issue was to address her perception that everything at home "had to be perfect". Instead, the patient was encouraged to decide what really mattered and to set some limits at home. Promoting her need to have some time for herself (e.g., reading, meeting with friends) initially met with some resistance, but eventually she saw that these would be a useful "safety valve".

Demonstration of relaxation techniques was particularly helpful.

Other issues

Receiving information about breast cancer allowed the patient to help her mother more realistically, and put some perspective on her fear that she herself might develop the disease. Awareness of her own contribution to the problem allowed the patient to recognise her responses to stress, and to handle some things differently.

anxiety are understandable reactions to life events or circumstances they do not merit treatment. Nothing could be further from the truth. About 25% of episodes of depression are preceded by some negative life event, such as loss of a job or bereavement. In these cases, what is required is early recognition of the disorder, appropriate pharmacological management, and counselling that focuses on the prominent components of grief, loss, and identification of strength and capability.

A further trap is viewing stress as inevitably deleterious rather than a potential stimulus for development and growth. There is evidence that the experience of success in one arena of life may lead to enhanced self-esteem, self-efficacy, and more successful coping patterns when faced with other life challenges.[22]

Other traps and pitfalls include:

- ➤ underestimating the contribution of personality issues (e.g., in patients who actively seek out stress, or who set unrealistic expectations about performance);
- ➤ the patient "dumping" his or her problems on the doctor, who then assumes responsibility for fixing them, rather than encouraging the patient to "own the problems" and set personal goals for treatment;
- ➤ failure to get the patient to set appropriate goals;
- ➤ failure to capitalise on the patient's strengths;
- ➤ failure to treat other problems, such as alcohol abuse.

Given the reluctance of many doctors to acknowledge their own health needs, stress management techniques should perhaps remind us to practise what we preach.

When to refer

In those cases where stress symptoms seem disproportionately severe or prolonged, consideration should be given to referral for specialist treatment. Many of those who suffer from stress may benefit from treatment by a psychologist who has expertise in cognitive behaviour therapy, for example.

It is crucial to recognise that in many instances stress may be the external manifestation of psychiatric illness, or bring into focus personality dysfunction which had previously been covert. In these cases, specialist psychiatric treatment should be considered.

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