



Stress control for students

Almost a quarter of students assessed at Cardiff University counselling service are found to be experiencing anxiety. **Barbara Fairfax** and **Vicky Groves** describe their experience of delivering and evaluating an innovative psycho-educational programme in response to these students presenting with anxiety

Stresspac, developed by clinical psychologist Jim White, is a six-week cognitive-behavioural programme, including 'treatments for somatic, cognitive and behavioural anxiety, along with panic, insomnia and depression' (White, 2002)¹. White uses the term 'stress' interchangeably with 'anxiety' thus de-stigmatising the anxiety label. The programme uses a psycho-educational approach, teaching stress control techniques in a seminar group setting and requiring participants to complete tasks between sessions.

The idea was originally developed for people on a psychiatric waiting list, and White suggests that the course be used 'adjunctively with individual therapy, thus releasing scarce therapeutic time to work on focal problems'¹.

Adapting Stresspac for students

We considered that there would be many advantages of using this kind of psycho-educational approach with students. Students are accustomed to the lecture/seminar setup; they are used to carrying out homework and concentrating on new information for one to two hours. We also anticipated that a significant advantage of this approach for students would be that it did not depend on them divulging any personal information. This seemed to be an important feature in light of the findings by a research project commissioned several years ago by Cardiff University (Bland 1998)² which found that universities experienced difficulties in running therapeutic groups for students. Bland found that, understandably, many students are

anxious about their image and don't want to admit to others that they have problems, even something as generic and widespread as stress.

Prior to offering the course, we discussed the implications with the university's consultant psychiatrist and were fortunate enough to observe and be guided by CBT psychotherapist Neil Kitchiner, who was involved in delivering Stresspac within local psychiatric services (Woods et al, 2005)³. Neil generously gave us his trainer's manual, which we adapted to meet the specific needs of students in higher education, thereby saving ourselves many hours of re-inventing the wheel. The main adaptations were centred on designing examples and scenarios to be more student-oriented, so that participants would connect with material more easily and engage with the tasks involved.

During *Stresspac* the cognitive behavioural model is presented in an accessible, user-friendly way, using the key words of Thoughts, Action and Body (TAB). Each session presents theoretical information, explanations and examples before a short break. After the break, a wealth of techniques is presented to enable the student to gain control over anxiety/stress. These include progressive muscular relaxation (PMR); breathing retraining; problem analysis and management; and graded exposure techniques. One of the main elements is facing up to your fears/anxiety and challenging negative perceptions by putting them on trial. Plentiful handouts accompany each session, as well as a self-help manual and a relaxation CD. The handouts include self-

assessment of difficulties, goals and a daily diary to monitor stress levels.

Measuring effectiveness

We were keen to assess the effectiveness of *Stresspac* and used a number of measures that we gave to participants to complete before the first session and subsequently. We assessed all questionnaire scores on an individual basis and any respondents whose scores were significant for risk were invited for an individual meeting where further support could be explored. This resulted in several students postponing their participation in *Stresspac* while they received individual counselling.

We used the Beck Depression Inventory (BDI)⁴ to gauge depression, as it is a highly respected and widely used measure. There is often a co-morbidity between depression and anxiety, and a section of *Stresspac* is spent on managing low moods. As in the Woods et al study (2005)³ we did not exclude those with mild to moderate depressive symptoms. However, we wanted to ensure that participants were not severely depressed, which would be a contraindication for inclusion as we felt this would prevent people from engaging cognitively with the amount of homework required.

As a measure of anxiety, we selected the Hospital Anxiety and Depression Scale (HAD)⁵ as it was used by the NHS *Stresspac* trial (Woods et al, 2005)³. Additionally, the Clinical Outcome Routine Evaluation (CORE) was a useful indication of risk. Risk management using CORE was discussed recently (Morthersole, 2005)⁶ and Cardiff University counselling service has used this measure since its inception, to identify risk in students who present to our service.

Although these are all eminently reliable measures, we felt that in this instance students needed a more specific custom-made measure. So we designed CUSAS (Cardiff University Stress and Anxiety Scale)⁷. We included specific areas including generalised anxiety; panic; social anxiety; perfectionism and self-esteem. Two questions in each section covered both cognitions and physical/behavioural difficulties. Respondents rate their subjective units of distress

(SUDS) and answer one question on both anxiety and depression levels over the previous two weeks. We took advice from our consultant psychiatrist, and subsequently trialled the measure with colleagues and others in order to gain a non-clinical mean, prior to the first *Stresspac* course. At the end of the course we included a feedback form as well as the four measures mentioned above. The form asked for the respondents' assessment of the value of *Stresspac* and also provided space for individual comments.

Running the course

We advertised the course by poster, which was sent to all university departments, and all students visiting the counselling service were made aware of its existence. The counselling service has an informative and very accessible website, and we found that students appreciated learning about *Stresspac* in this way. Initially, we ran it once a week and once a term.

Stresspac first took place in a lecture theatre in the main college, but it is now in a conference room within our own building. We currently run it twice weekly at different times of day, in order to reach the maximum possible audience. Although attendance has been steadily increasing, we have not found that running it twice a week has been a great advantage. Most people seem to come on one particular day and so we plan to revert to once weekly for the next academic year.

Outcomes

Over five terms, 82 students attended *Stresspac* and a further nine students, who were unable to attend the group due to time constraints, completed the course individually with one of the course facilitators.

Of 91 attendees, 46 completed entire sets of pre and post questionnaires. The post questionnaire was completed during the last session, and we were interested to see that changes in anxiety levels were already taking place, despite the fact that throughout the course students are informed that the benefits of attending will begin to appear in the weeks following the end of the course, when

they have all the information together. The results showed that the majority of participants had improved and we can be hopeful that this improvement will continue. The majority of attendees did not approach the service for follow-up individual sessions, which again can be seen as a positive outcome for *Stresspac*. The feedback overall has been very good, with positive comments such as: 'I've recommended it to a mate', 'I feel a lot less anxious and I can concentrate on my work more easily', 'It's been invaluable, it's completely changed my way of thinking, I'm just not stressing like I was'.

We attempted follow-up at one month and three month intervals, but the response to this was very poor and long-term results therefore cannot be cited at this time. We are trying to formulate ways of accessing follow-up data, which is challenging as often students are on holiday or have left the university and therefore appear uninterested in responding.

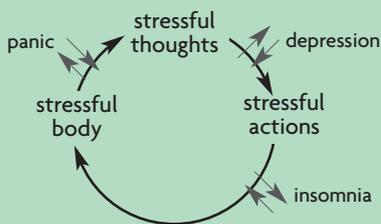
Feedback

From the feedback form, comments showed that the majority of students found the emphasis on the TAB model very helpful, enabling them to understand the cognitive, emotional and behavioural aspects of stress as a cohesive whole rather than as unrelated phenomena.

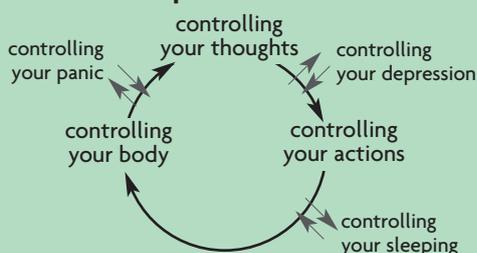
Our concerns that students could find the course material simplistic or too repetitive have not been supported by the feedback; neither has our expectation that the 'fight or flight' biological explanation of stress reaction would be familiar from GCSE biology, and therefore tedious. Most students have been fascinated to learn the biological/behavioural aspects of stress and they have been reassured by the universality of response. This knowledge helps them to normalise their own experiences.

‘It’s been invaluable, it’s completely changed my way of thinking, I’m just not stressing like I was’

How your stress is feeding itself now: the vicious circle



How to stay on top of stress : the positive circle



The five sessions

- 1 Introduction and information
- 2 Controlling your body
- 3 Controlling your thoughts
- 4 Controlling your actions and controlling panic
- 5 Controlling sleep, dealing with depression

Controlling your future and tying it all together

Homework assignment

- ◆ Carry on with daily stress diary.
- ◆ Continue with daily deep relaxation.
- ◆ Start recording unhelpful stressful thoughts and try the court case and quick challenges daily on paper.
- ◆ For those people with sleep difficulties, please start recording your sleep pattern on sleep diaries supplied today.

Good luck – see you next week

Some of the Powerpoint slides used during the programme

No pressure to speak

One major concern initially was that students might be put off by the idea that they would be expected to contribute. Although when we observed *Stresspac* being run as an NHS course, participants were more than keen to contribute to the sessions, we knew from experience that the typical student age range (18-25) would display an antipathy to any discussions. We anticipated that we would have to make it clear to students that they would not have to contribute.

Indeed, in contrast to the NHS courses where participants were keen to interact, ask questions and share experiences, we have found that the vast majority of students sit and listen attentively in silence. If they do have questions, then they prefer to approach one of us afterwards. One of the rules of the NHS groups has been ‘No discussion of personal problems’ whereas one of our rules is ‘No one will ask you any questions, you need not speak unless you want to’. This always elicits sighs of relief from participants, even though they have already been informed of this at assessment.

Further issues

While being involved in delivering *Stresspac*, we became acutely aware of the pervasive damage that perfectionism can cause among students; together with low self-esteem, many of the course attendees scored very highly on CUSAS for perfectionism. Therefore, we have designed two stand-alone sessions on perfectionism and low self-esteem which will be available at the end of *Stresspac* and will be open to all, although we predict that a high proportion of *Stresspac* students will be motivated to attend.

In light of our experiences of implementing and running a course to tackle stress, we have now turned our attention to depression, the number one presenting cause of distress. We are currently exploring the use of an individual computerised CBT package, developed by Dr Chris

Williams et al (2001)⁸, based on his *Five areas* depression treatment manual. This innovation will allow students to access CBT for depression at a convenient time, in a private and confidential environment.

We look forward to supervising this new opportunity for dealing with depression and we are convinced that it will prove a very valuable addition to the individual and group work that we currently offer. ■

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