

Healthy Living Message

Manage Stress

This information is for clinical staff to share with the Veteran.

Key Message to Veterans: Pay attention to stress. Tools are available to help you manage and reduce your stress.

Expanded Message for Veterans:

- If you are having difficulty coping with life's demands, we call this "stress." A life without some stress would be boring. Most of us like some challenges, but too much stress creates problems.
- People who are overly stressed report difficulty concentrating, feelings of worry and fear, a sense that the body is wound up (for example, tense muscles, sweaty palms, and a pounding heart), irritability with others, and exhaustion. Too much stress over a long period of time can put your health at risk.
- If you or someone you know is in an emotional crisis call The Veterans' Hotline at 1-800-273-TALK and press 1 for Veterans.
- Stress management suggestions:
 - Physical Activity – Take a brisk walk or engage in other physically demanding activities. This may reduce your stress. Regular physical activity is best.
 - Problem Solving – Learn problem solving skills as this can often improve your ability to cope. Your medical center may offer a class or information session on problem solving skills.
 - Relaxation Training - Learn relaxation and mindfulness skills. These skills can assist you to manage the arousal that is associated with stress, and there is some evidence that daily relaxation may protect you from at least some of the physical responses to stress. There are several self-help books on relaxation at libraries/book stores and your medical center may offer relaxation or mindfulness training.
 - Expression - Speak up in respectful ways. Sharing thoughts and feelings in an assertive and respectful manner can sometimes help buffer stress.
 - Time Management - List what needs to get done, make plans for addressing issues, and stick to the plan. There are several self-help books on time management at libraries and book stores.
 - Positive Thinking – Stress is often associated with negative, self-critical thinking. Focus your attention on positive thoughts about yourselves, favorite songs, poems, favorite prayers, or hobbies.
 - Pleasant Activities - Often you may be experiencing stress because you are not making time for fun in your life. Plan to have regular, enjoyable activities and see if this buffers your stress.



Message Delivery by Clinical Staff:

During Face to Face Encounters:

- Discuss during any clinical or patient education encounter (individual or group, in person, virtual or by telephone) if information is requested.
- Discuss and review results of the VHA online Health Risk Assessment (under development) during a clinical visit
- Provide information any time the Veteran requests assistance with stress and provide possible intervention strategies.
- Offer the [relaxation recording](#) on the NCP website, or refer the patient to the Health Behavior Coordinator or others who provide this training.
- See if biofeedback is available at your medical center. In biofeedback, some aspect of physiology (e.g., heart rate, respiration, palmar sweat, body temperature, muscle activity) not normally under voluntary control, is measured and displayed to a patient over several sessions while the patient attempts to modify that aspect of physiology. This process often results in a state of relaxation and greater awareness and control over physiology when stressed. Often, biofeedback is used as an adjunct to relaxation training. This service is available at some medical centers.

What to Do if More is Needed:

- Stress is a normal human experience. However, some people who report being stressed may be experiencing more serious psychological or mental health conditions, including Depression and Post Traumatic Stress Disorder. Therefore, if the Veteran is experiencing significant impairment in daily functioning, consider using a screening tool (i.e., PHQ2 or PHQ9) for Depression and/or PTSD. If the Veteran has a positive screen, consider obtaining consultation from Primary Care - Mental Health Integration staff or referring the Veteran to Mental Health.
- Statements about suicide or that one might “just be better off dead” are red flags that the patient is having a severe response to stress and may be clinically depressed. Immediately discuss the patient and your concerns with the Primary Care - Mental Health Integration staff.
 - Develop a safety plan with the Veteran that includes information about how to get help in an emergency: “If you are having thoughts of harming yourself or something or someone else, call 911, the National Suicide Prevention Lifeline at 1-800-273-TALK (8255), or go immediately to the nearest hospital Emergency Room for an evaluation.”
- If stress is too high, has persisted too long, or the stress is not managed by the interventions presented above, consider obtaining consultation from Primary Care - Mental Health Integration staff or referring the Veteran to Mental Health.

At the Facility Level:

- Deliver Healthy Living Message via email, posters, brochures, prescription enclosures, newsletters, etc.
- Offer problem solving classes/forums to help improve coping with stress.



(The Health Behavior Coordinators will be offering a four-session class, *Moving Forward: A Problem Solving Approach to Achieving Your Goals*).

- Participate in medical center, VISN, and national outreach events to increase general awareness.

Important Considerations:

If a Veteran needs more intensive intervention in this area than the clinical staff member delivering the message is able to provide, the staff member should refer the Veteran to the appropriate clinical staff, clinic or program for further education or clinical care, following local referral/consult protocol.

Clinical Staff Tools: *(Staff may also benefit by reviewing the Veteran Tools listed in the next section).*

- VA Mental Health Services website: <http://vaww.mentalhealth.va.gov/>
- Problem Solving Classes are under development. Staff training and course materials will be available, shortly.
- The American Psychological Association offers Health and Wellness tips: <http://www.apa.org/helpcenter/stress-smarts.aspx>

Veteran Tools:

- Managing stress: <http://www.healthfinder.gov/scripts/SearchContext.asp?topic=825> *
- The road to resilience- US Army: <http://www.hooah4health.com/spirit/resilient.htm> *
- Coping with stress: <http://www.cdc.gov/Features/HandlingStress/> *
- Stress and Your Well-Being: https://www.myhealth.va.gov/mhv-portal-web/anonymous.portal?nfpb=true&nfto=false&pageLabel=spotlightArchive&contentPage=spotlight/October%202009/spotlight_stress09.html
- The American Psychological Association offers Health and Wellness tips: <http://www.apa.org/helpcenter/stress-smarts.aspx>
- Relaxation recording on NCP website www.prevention.va.gov (search for “relaxation recording”)
- VA Mental Health Services website: www.mentalhealth.va.gov
- Healthfinder: Manage Stress <http://www.healthfinder.gov/prevention/ViewTopic.aspx?topicId=45>

* Indicates that the link leads to a non-VA website. The VA is not responsible for the content that is on the site.

Supporting Information:

Definitions:

- Stress: When the demands of life are greater than our ability to cope with the demands, this state is commonly called stress. Although the experience of stress varies from one individual to another, stress often affects attention, thoughts, brain activity, and emotion; parts of the body regulated by the autonomic nervous system



(heart rate, breathing, palmar sweat, blood pressure, digestion); and the muscular system (typically resulting in muscle tension, and either increased or decreased movement); and hormones (cortisol, norepinephrine, and growth hormone).

Evidence and/or Guidelines:

- Stress contributes to a range of chronic diseases. Because stress management is believed to buffer stress, there is good reason to expect that stress management might reduce health risks. However, because there are a variety of approaches to stress management and a wide range of possible stress-related health outcomes. Thus, stress management interventions are difficult to study. No large longitudinal, randomized clinical trial (RCT) has examined stress management. A RCT with a general population failed to protect participants from developing hypertension. The strongest evidence supporting stress management comes from the occupational health literature showing that stress management increases job satisfaction and decreases sick days. However, there are possible benefits from participating in stress management, patients report high levels of satisfaction with these interventions, and there are no known risks.¹⁻¹¹

VHA Guidance:

- VA/DOD Clinical Practice Guidelines
 - VA/DoD Clinical Practice Guidelines for PTSD
www.healthquality.va.gov/
 - VA/DoD Clinical Practice Guidelines for Depression
www.healthquality.va.gov/

VHA Program Office Stakeholders:

- National Center for Health Promotion and Disease Prevention
- Office of Mental Health Services

VHA Content Experts:

- Office of Mental Health Services
- National Center for Health Promotion and Disease Prevention

Source Documents:

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2. Lehrer PaW, RL, ed *Principles and Practice of Stress Management*. 2nd ed. ed. New York: Guilford Press; 1993.
3. Selye H. *The Stress of Life*. New York: McGraw-Hill; 1956.
4. Maddi S. The Story of Hardiness: Twenty Years of Theorizing, Research, and Practice. *Consulting Psychology Journal: Practice and Research*. 2002;54(3):175-185.
5. Maddi S. Relevance of Hardiness Assessment and Training to the Military Context. *Military Psychology*. 2007;19(1):61-70.



6. Maddi SK, S; Maddi, KL. The Effectiveness of Hardiness Training. *Consulting Psychology Journal: Practice and Research*. 1998;50(2):78-86.
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8. Pietrzak RH, Johnson DC, Goldstein MB, Malley JC, Southwick SM. Psychological resilience and postdeployment social support project against traumatic stress and depressive symptoms in soldiers returning from Operations Enduring Freedom and Iraqi Freedom. *J Spec Oper Med*. Summer 2009;9(3):67-73.
9. Waite PJ, Richardson GE. Determining the efficacy of resiliency training in the work site. *J Allied Health*. Fall 2004;33(3):178-183.
10. Cohen S, Janicki-Deverts D, Miller GE. Psychological stress and disease. *JAMA*. Oct 10 2007;298(14):1685-1687.
11. Batey DM, Kaufmann PG, Raczynski JM, et al. Stress management intervention for primary prevention of hypertension: detailed results from Phase I of Trials of Hypertension Prevention (TOHP-I). *Ann Epidemiol*. Jan 2000;10(1):45-58.

