



Chapter 2 *Logistics of the Cognitive-Behavioral Stress Management Intervention Program*

Group Meetings and Program Duration

We have designed the CBSM program to be used in the context of regular (preferably weekly) group meetings supplemented by out-of-session individual activities such as relaxation practice and various self-monitoring exercises. Although we have conducted the group sessions (relaxation, stress management) in two 60- to 90-minute sessions per week, participants report to us that the preferred format is to combine the relaxation and stress management sessions into a single 2- to 2.5-hour session held once weekly. We currently run all of our CBSM groups using this format. Because of the length of these sessions it is recommended that each session begin with the relaxation training portion, followed by a 15-minute break before proceeding to the stress management portion. Since the program will run for 10 weeks, it is important to establish, prior to the first group meeting, an optimal location and meeting time for all of those attending. At this point, group leaders should also probe for any prescheduled activities that may preclude a participant's inability to attend certain sessions so that appropriate readings and exercises from the workbook can be assigned in order to keep the participant "in sequence."

Group Size

The optimal size of a CBSM group is six to eight participants led by two group leaders, which will ensure a good balance of lively group interactions and group leader monitoring. The number of participants can be as low as three without the effectiveness of group interactions being diminished substantially. Groups larger than eight participants are not rec-

ommended, as the two group leaders' ability to effectively monitor various elements of the program may be compromised. Although certain in-session activities do utilize small group discussions and role-play dyads, it is not critical to have even-numbered size groups, since a group leader can be employed to form a dyad in most any session.

Closed Group Format

Since the CBSM program uses a programmed sequence of relaxation-based and stress management techniques that progressively build on one another, it is important that all group members learn the techniques in a specific order. Due to this requirement it is necessary to run the CBSM sessions as a closed group format. While it is reasonable, on occasion, to allow a participant to join the group meetings in the second weekly session, or to miss a meeting later in the program, it is not advisable to run the program as an open-ended "revolving" group with new members joining throughout the 10-week period.

Sequence of the CBSM Sessions

One of the most frequent questions we receive from group leaders running the CBSM program is to what degree they should deliver the intervention as a sequenced and structured set of techniques versus tailoring the program to the individual needs of group members. Because the program incorporates many different relaxation-based and stress management techniques in the relatively short period of 10 weeks it is essential that group leaders remain "on track" within sessions and across the 10-session sequence. At the same time, however, it is critical that participants be given the opportunity in each session to apply each newly learned CBSM technique to stressful areas of their own lives and to go back and review with group leaders any material that they did not fully grasp from prior modules.

We designed the program based on the hypothesis that relaxation-based and stress management techniques can be most effectively introduced in a logical order progressing from simple, unitary procedures to combinations of different procedures. For example, progressive muscle relaxation

training is conducted over a number of sessions, increasing in complexity with each session. In the first session, 16 muscle groups are used. In the second session, participants continue with progressive muscle relaxation, but with only eight muscle groups. In the third session, the number of muscles is further reduced to four. In the fourth session, passive progressive muscle relaxation is introduced and combined with guided imagery. Over the course of the 10-week program participants “progress” from active muscle relaxation to more passive muscle relaxation techniques, then to unitary guided imagery experiences combined with relaxation exercises, and finally to imagery procedures integrated with diaphragmatic breathing, autogenics, and meditation.

We also instruct participants in the use of stress management techniques in a pre-arranged sequence based on a four-component theory that classes stress management processes into (1) awareness-raising activities, (2) appraisal activities, (3) coping response activities, and (4) coping resource activities. We have reasoned that in addition to learning all of the most effective CBSM techniques available, participants should understand the ways in which these four stress management processes are interrelated and the ways that they can be used in sequence during stressful transactions. The stress management techniques progress from simpler awareness-raising exercises to more complex cognitive-behavioral techniques such as cognitive restructuring, coping skills training, anger management, and assertiveness training. Here the “progression” moves not only from simpler to more complex strategies, but also (in accordance with our stress management theory) from more cognitive activities (appraisals), to behavioral activities (coping), and finally to interpersonal activities (anger expression, assertive communication, and social support accessing).

Maintenance Sessions

We have used monthly maintenance sessions after the completion of our 10-week program and found that participants are eager to attend such meetings. At these sessions they are encouraged to:

- Describe the recent stressors that they have experienced and the degree to which they have been able to use CBSM strategies to deal with them

- Describe alternative coping strategies that they have developed and factors that seem to facilitate or obstruct their ability to cope successfully with stressors
- Self-monitor their perceived stress levels and relaxation practice frequency on a weekly basis and to record this information on the Daily Self-Monitoring Sheets that are turned in at each maintenance session

At the end of the six-month maintenance period, we offer group members the opportunity to continue meeting on a monthly basis and provide one of the group leaders to conduct these sessions, which are structured as an open group. We also refer group members to local support organizations that have ongoing groups for HIV-infected individuals. Reports from these maintenance sessions indicate that the participants are utilizing newly learned cognitive restructuring techniques, assertiveness skills, and relaxation exercises; that they are experiencing improvements in interpersonal relationships and lower perceived stress levels; and that they enjoy the opportunity to report to the group on their frustrations and progress in using these strategies to cope with stressors.

Training Group Leaders

During the developmental and field trial stages of the program we have used master's-level (less than two years of clinical training) clinical health psychology graduate students and clinical psychology faculty to conduct groups. Although the program has never been tested with other health care professionals (e.g., nurses, licensed clinical social workers), this manual has been designed to be an appropriate guide for any professional with prior group therapy and mental health training experience. In some cases, non-mental health care professionals who have had extensive experience in conducting focused patient support groups may also be able to implement the program with relative ease.

We recommend that all prospective group leaders complete a training sequence guided by the *Facilitator Guide* conducted over a 10-week period prior to implementing the program and supervised by a licensed mental health professional. In our prior work this training sequence comprised

intensive in-class training in progressive muscle relaxation, guided imagery, diaphragmatic breathing, autogenics, meditation, cognitive restructuring, coping skills training, anger management, and assertiveness training; audiotaped role-playing exercises with other trained group leaders that were subsequently reviewed for adherence to protocol by licensed clinical supervisors; and readings on relevant topics such as counseling issues in HIV-infected clients, psychosocial and sociocultural factors associated with sexual risk behaviors and substance use in HIV-infected individuals, and the nature of the group therapy process.

Once a CBSM group commences at our institution all sessions are audiotaped (with subjects' informed consent), and these are reviewed by two licensed mental health professionals on a weekly basis. The group leaders meet with these two individuals on a weekly basis to review the events of each session. On the basis of audiotapes of each session and weekly face-to-face supervision, adherence to the weekly treatment modules (as outlined in the treatment manual) is monitored. These are the criteria and training procedures that we have been using over the years in our studies of HIV-infected persons. Clinicians choosing to use the program may have other means for ensuring the validity of the delivery of this intervention.

Relaxation Scripts and Use of Audio Recordings

Many of the relaxation scripts used in this guide are simplified versions of widely used and validated methods. Facilitators can review the full-length versions of many of these procedures in *The Relaxation & Stress Reduction Workbook* (Davis, Eshelman, & McKay, 1988) and *Guide to Stress Reduction* (Mason, 1986).

For relaxation exercises, we recommend making audio recordings of the facilitators reciting the relaxation scripts to be used in session. Copies should be distributed to participants to use during their home practice. This will facilitate effective repetition of these exercises, particularly those involving imagery.