STRESS MANAGEMENT AND SELF-CARE EDUCATION AS A COMPONENT OF
A WORKPLACE HEALTH PROMOTION AND PREVENTION PROGRAM:
CURRICULUM DEVELOPMENT

By

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ABSTRACT

STRESS MANAGEMENT AND SELF-CARE EDUCATION AS A COMPONENT OF A WORKPLACE HEALTH PROMOTION AND PREVENTION PROGRAM: CURRICULUM DEVELOPMENT

Sunita Stablein

This project was the development of a curriculum on stress management and self-care education to be utilized as part of a workplace wellness program conducted by LIFT-Levántate, a non-profit community health organization. The curriculum presents stress management strategies and self-care approaches in a format that aims to be accessible, relevant and beneficial to participants as well as to businesses and organizations that will be offering the program. The content includes information on correlations between stress and health; techniques and methods for managing and reducing stress; an introduction to self-care practices; as well as guidelines for activities that can be facilitated in groups with relevance for a culturally diverse audience. Stress management and self-care regimens are an important component of maintaining health, preventing disease, increasing work productivity, and promoting a healthy workplace and workforce. Goals of the implementation of the curriculum are to support improved health outcomes and psychological well-being for participants, thereby also potentially increasing positive business outcomes for employers and organizations hosting the program.

Keywords: stress, wellness, self care, stress management, health promotion, health prevention
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INTRODUCTION

This paper discusses the development of a curriculum on stress management and self-care education as a component of a workplace wellness program at the non-profit community health organization, LIFT-Levántate. The curriculum presents stress management strategies and self-care approaches in an easily accessible format with attention being paid to maintaining relevance for a diverse audience. The content includes information on correlations between stress and health; strategies for managing and reducing stress; an introduction to self-care practices; as well as guidelines for activities that can be facilitated in groups.

Community and Organizational Context

LIFT-Levántate was founded in 2008 to address health and social inequities by delivering community based health education and promotion strategies with the goal of fostering long-term change. Their mission statement is as follows:

LIFT-Levántate (LIFT) is a California nonprofit organization dedicated to creating healthy, equitable communities for those facing significant health challenges and with limited access to affordable resources. Our goal is to empower community members to embrace and sustain healthy activities. LIFT is dedicated to actively strengthening local and statewide partnerships to support our mission (LIFT-Levántate, 2014).

LIFT reaches their goals through the delivery of an array of community-based programs including the Workplace Wellness Program, Community Health Hubs, Community

The stress management and self-care education program will be a new addition to the already existing workplace wellness program that is administered in healthcare organizations in four counties across California. It aims to speak to a diverse population and be relevant to individuals and organizations of varying cultures, ages, sexual orientations and socio-economic backgrounds (Olivas, E., personal communication, November 24, 2014); these factors were discussed and considered during planning and development meetings.

The purpose of the addition of a stress management and self-care education component is to offer additional support for overall physical and psychological health promotion and prevention, as well as to address the needs of health care workers to receive support and education on managing stress and learning self-care practices. Research shows that health care and care-giving professions experience a higher rate of burnout and compassion fatigue (El-bar, Levy, Wald, and Biderman, 2013). According to Kirby and Luck (2014); self-care is essential for well-rounded healthcare professionals to reduce the risk of burnout and compassion fatigue (Kirby and Luck, 2014).

Self-care, which includes an array of knowledge, skills, and approaches that include self-awareness, self-reflection, burnout prevention, application of professional boundaries, grief andbereavement support has been identified as an approach to mitigate, prevent and/or reduce the risk and impacts of occupational burnout and compassion fatigue in medical students, residents and fellows (Sanchez-Reilly et al., 2013). The
program will seek to expand employers’ awareness on the importance of providing employee support programs that include stress management and self-care promotion to prevent burnout and foster wellness in employees.

**Rationale**

Many organizations are seeing the benefits of offering workplace wellness programs; preventive health programs have been accepted as an important human asset strategy in businesses (National Center for Chronic Disease Prevention and Health Promotion, 2014). Much focus has been placed on promoting the benefits of eating for health and exercise for disease prevention in health education endeavors; this curriculum will build upon these tenets and add to them holistic and multi-culturally relevant approaches to the inclusion of stress management strategies and self-care education.

Many companies are seeing the benefits of workplace wellness programs for a multitude of reasons including decreasing costs, increasing morale and increasing productivity (Kibbe, 2008). Palm (2000) points out that the current movement in workplace wellness includes much more than the traditional focus on aerobic exercise and nutrition and now includes more non-traditional activities, such as yoga, meditation, massage and tai chi into their wellness programs. A specific stress reduction strategy, workplace mindfulness has shown to increase employee well-being, decrease employee stress and increase work engagement (Aikens et al., 2014).
History

LIFT’s Workplace Wellness program is modeled after the organization’s other health promotion and prevention programs offered in the community, which are informed by an understanding of the seven dimensions of health (physical, emotional, social, spiritual, environmental, occupational, and intellectual). Since its inception in 2012, it has expanded and is now offered in four counties in California (Olivas, E., personal communication, April 16, 2015). The program offers biweekly presentations and activities on-site in workplaces in a format that is easily accessible to participants during their work-day. They are in a concise format offering 2-3 learning objectives per session which makes it possible to offer during employees’ lunch breaks (Olivas, E., personal communication, November 24, 2014). LIFT is also known for facilitating engaging, interactive activities such as healthy cooking demonstrations and physical fitness activities (Olivas, E., personal communication, February 23, 2015).

Stress management had been previously considered as a possible addition to the health education program due to the identification of a need for expanded programs to offer employee support in managing stress. Some activities have been introduced previously as support for stress management as well as simple self-care activities; these were well received and continued to fuel a dialogue on adding a more formal program component (Olivas, E., personal communication, February 23, 2015). I began discussing developing a stress management program with LIFT in November 2014, and thereafter began developing the curriculum.
Purpose and Objectives

Teaching stress management strategies and self-care approaches to develop positive coping mechanisms is the primary goal of this project. A secondary goal is to educate employers and organizations on the importance of stress management and stress reduction in operating a successful, healthy business entity. Specific objectives include supporting employee health and wellness through health promotion activities and education. Self-care has become an important factor in career satisfaction and career longevity for those in helping professions. Providing self-care education and stress management education opportunities can help to prevent burnout and compassion fatigue, therefore potentially reducing employee turnover and fostering increased satisfaction and well-being in the workplace (AHNA, 2015).

Occupational stress is a well-documented issue costing businesses money, time and productivity (Cooper and Cartwright, 1994). Potential outcomes for organizations implementing stress management programs include: increasing overall employee health and engagement (Ward, 2010), fostering teamwork (Ward, 2010), saving employers’ money (O'Connell, 2004), and increasing productivity (O'Connell, 2004).

While teaching self-care approaches to develop positive coping mechanisms is a primary goal of this project, a secondary goal is to educate employers and organizations on the importance of reducing or managing occupational and environmental stressors. According to Giga, Cooper, and Faragher (2003), in order for a workplace health program to be successful, employer education should be addressed in order to attempt to
reduce occupational stressors (Giga et al., 2003). In this respect, empowering the organization as well as the individual through education and intervention is a goal of mine in developing this program component.

**Personal Perspective**

In my pursuit of a Master of Social Work, I strive to incorporate an understanding and appreciation for holistic and multicultural approaches to wellness, emphasizing a preventive approach to empowering individuals and communities to optimize their wellness and improve health outcomes. I am influenced by an overarching use of systems theory to assess the needs of communities and individuals, and approach strategizing interventions.

Empowerment Theory also informs my work as a Master of Social Work candidate and wellness educator. In my work, I aim to empower individuals and communities to gain more control over their health and wellness by arming them with knowledge and tools that can inform their day-to-day lives and educate them to make health promoting choices. Through the development of this curriculum I seek to empower individuals to have more control over their reactions to stress and experiences of perceived stress through the learning of healthy coping skills and strategies.

**Literature Review Summary**

Stress in humans can be understood as the response to demands or pressures that are perceived as straining or threatening that exceed the current capacities (Gale
Encyclopedia of Medicine, 2008). Stress management can be described as the utilization of various methods to change stress responses including eliminating negative stressors and developing effective coping mechanisms (Mosby's Medical Dictionary, 2009). Stress management programs can offer interventions as well as preventive measures to mitigate, reduce or prevent the harmful effects that stress can have on the body.

Self-care is a foundation of maintaining health and wellness. Self-care includes activities that individuals, families and/or communities engage in to prevent disease, restore and enhance health pursued in collaboration with professionals, those with lay experience, or on their own (World Health Organization, 1984). Self-care has been identified as an approach to prevent occupational burn out in medical students and professionals (Sanchez-Reilly et al., 2013).

The seven dimensions of wellness (social, physical, emotional, career, intellectual, environmental, and spiritual) are factors in a healthy and balanced lifestyle; these can be developed through learning new skills and making conscious choices (World Health Organization, as cited in Center for Disease Control and Prevention, 2014). The topics and activities selected for the curriculum touch on one or more of these dimensions and allow for multicultural ways of approaching and nurturing these.

**Benefits of selected topics.** Mindfulness and meditation practices have many benefits on physical and psychological health. Research shows that mindfulness practice can shape the brain to increase positive and effective reactions to stress (Amen, 2005 as cited in Yellow Bird, 2013). Further potential for stress reduction applications of mindfulness are delineated by Marchand (2014) who discusses his research on the neural
mechanisms of mindfulness and meditation and concludes that the effects of long-term practice of mindfulness leads to the enhancement of present-moment awareness and the reduction of emotional reactivity by promoting tolerance of emotion.

Additional benefits of mindfulness practice include support in reducing symptoms of anxiety, stress, depression and chronic pain (Wolters Kluwers Health, 2012), as well as offering support in the treatment of chronic illness, headaches, grief, high blood pressure, sleep disorders, and post-traumatic stress disorder (Center for Mindfulness, 2014). Workplace mindfulness has shown to increase employee well-being, decrease employee stress and increase work engagement (Aikens et al, 2014). Kirby and Luck (2014) note that mindful practice can benefit health care practitioners by supporting the cultivation of awareness, patience, compassion, attention, discernment, and openness.

Research studies have verified that yoga has potential for a myriad of health benefits including improved physical health, improved mental health, increased emotional well-being, as well as improvements to the structural health and stamina of the body (Mayo Clinic, 2015). In addition, yoga practice has shown to be an effective stress management tool with benefits that include increasing self-esteem and positive mental health; reducing perceived stress, depression and anxiety; and improving attention and reaction time (Bhat et al., 2012). Gard, Noggle, Park, Vago, and Wilson, (2014) propose that yoga skills facilitate integration and efficiency of high level and low level brain networks causing disruptive homeostatic conditions to be replaced with more adaptive output to the demands of stress and can reduce the consequences of prolonged stress exposure.
The arts have been used throughout history across cultures as a means for connection, communication, and curative powers (Malchiodi, 2008). From this perspective, individual expression of art can be a personal tool for stress management and fostering wellness through self-care that is inclusive to multi-cultural worldviews. According to Malchiodi (2011), certain types of art making may also “mediate depression and anxiety by stimulating the "accumbens-striatal-cortical" connection in the brain” (Malchiodi, 2011), which is associated with the feeling of ‘flow’ or deep engagement that facilitates positive attention focused benefits (Malchiodi, 2011).

Engaging in art activities can support self-care and prevent work burnout. A study conducted by Eschelman, Madson, Alarcon, and Bareca (2014), found that engaging in creative activities was associated with recovery experiences including relaxation, control and mastery as well as performance outcomes in a work setting; they propose that consideration should be given to including the benefits of creative activities in addition to the distribution of health education materials in the workplace. In addition, a study conducted by Salzano, Lindemann, and Tronsky (2013) showed that participating in a group art making task reduced burnout and increased social support in a group of hospice caregivers.

The benefits of physical (aerobic) exercise are well documented showing a decrease in tension, improvement of mood, improved sleep and elevated self-esteem (Anxiety and Depression Association of America, 2015). Participating in a regular exercise program has shown to promote resilience to stress and increase protective factors against harmful physical and mental health effects of stress (Salmon, 2001 as cited in
Giga, Cooper, and Faragher, 2003), as well as improving mood and vitality (Salmon, 2001 as cited in Giga et al, 2003).

Further studies show that individuals participating in aerobic training show a decrease in sympathetic nervous system reactivity to stress and improved cardiovascular response to the experiences of physical and/or psychological stress (Huang, Webb, Zourdos, and Acevedo, 2013). Resistance training shows health benefits as well, with participants demonstrating improvements in mental health and cardiovascular responses (Huang et al., 2013).

In addition to the aforementioned methods, additional stress management strategies are included such as identifying current psychosocial stressors as a step towards managing and recovering from stress (World Health Organization and United Nations High Commissioner for Refugees, 2013), and identifying people who provide emotional support as a method to strengthen positive coping methods and social supports (World Health Organization and United Nations High Commissioner for Refugees, 2013). Self-assessments, budgeting, and time management are also presented as tools to organize and set goals and priorities.
MATERIALS AND METHODS

Overview

LIFT-Levántate works in communities to address and reduce health inequities through various methods including conducting health education, increasing access to healthy food, opportunities for physical exercise, nutrition education, and prevention education (LIFT-Levántate, 2014). The stress management and self-care curriculum follows a template that is used in the Workplace Wellness program at LIFT-Levántate, which includes an explanation of the lesson procedures, materials needed, objectives, and length of lesson (LIFT-Levántate). My overarching view has been informed by the theoretical framework of systems theory. From the curriculum design perspective, I have drawn from methods of health promotion program design and educational theories.

Social Work Theoretical Framework

Systems theory. Systems theory has been used as an overarching lens in the conceptualization of the development of this curriculum. Looking through this lens, various factors at work influencing organizational health and performance, employee satisfaction and health, management and employee relationships, and the broader communities involved in employee, employer and organizational interaction can be viewed as separate yet interrelated systems. Systems theory delineates an understanding of systems, classifying each individual system (also known as a ‘holon’) as follows: a
focal system is the primary system of focused discussion; subsystems are systems that are smaller and/or internal component of the focal system; and suprasystems are systems that are external to the focal system (Robbins, Chatterjee, and Canda, 2006).

The focal system in this sense is the worker, employee, community member, or workshop participant. The subsystems are the internal physiological and psychological systems at work in each individual. The primary suprasystem involved in this regard is the company or organization where the curriculum will be facilitated, although additional macrosystems are at work including the broader community, society and environment. Seeking to gain understanding of the interactions and relationships between these various holons has been a factor in the development of this curriculum.

Potential outcomes of the implementation of this curriculum and program include increasing health and psychological well-being of the focal system (the individual or employee), which is caused by changes within the subsystems within the body including physiological systems such as the circulatory system and respiratory systems which are directly affected by stress reduction techniques.

Suprasystems are also affected by the positive changes experienced by the focal system, which affects the suprasystems involved including the employer, family, and community. Systems theory understands that every system is either open or closed (Robbins et al., 2006). Since all of the systems at play here in this discussion are open systems that allow for reciprocal interaction between systems, the potential benefits of the program include increasing synergistic relationships and outcomes between systems.
Curriculum Design and Development

The process of developing the curriculum included meetings with the Associate Director, discussions with colleagues, literature review, analysis of theoretical frameworks, and review of LIFT program materials. During the development process the following goals were identified for the curriculum:

1) Follow a simple format, offering ease and accessibility to facilitators.
2) Contain relevant information and materials.
3) Support an atmosphere of cultural competency.
4) Offer concise lessons and activities that can be conducted in short time periods.
5) Include a variety of activities and discussion prompts.
6) Emphasize offering tools and strategies that participants can use immediately.
7) Strive to reach an audience diverse in cultural, educational and socioeconomic backgrounds.

After a review of pertinent community health education approaches the following were identified as methods to reach the curriculum goals: social-cognitive theory, theory of multiple intelligences and multicultural educational theory.

Social cognitive theory. An understanding of social cognitive theory is an influencing element to the curriculum design. Social cognitive theory provides a framework to understand how human behavior change is continually influenced by environmental factors, personal history and current behaviors (Bensley and Brookins-Fisher, 2009). When looking at designing and implementing this stress management
program, the following components of social-cognitive theory influenced the design: reciprocal determinism, behavioral capability, expectations, reinforcement, self-efficacy, and observational learning (Bensley et al., 2009).

Reciprocal determinism is an understanding of the influence, beneficial or harmful that the environment, be it work, home, school, etc. has on a person (Bensley et al., 2009). From a stress management perspective, it is important to be aware of environmental stressors in order to develop strategies to overcome or mitigate them; the curriculum includes a section on identifying harmful influences, or stressors on participants’ lives as a beginning step towards managing stress. The concept of behavioral capability outlines the importance of education and teaching of skills in order for behavioral changes to manifest (Bensley et al., 2009).

In regards to the next component of social cognitive theory (expectations), it is important that any educational program or health promotion program educate participants on the benefits of the material and activities being taught and the intended outcomes. This will lead to an understanding of expected outcomes and create incentives if participants value the proposed benefits (Rosenstock, Strecher, and Becker, 1988). Inclusion of benefits and intended outcomes of the program and specific activities are included in the curriculum to utilize this theory. Reinforcement occurs when results of certain activities are consistent (Bensley et al., 2009). For example, the statement, “when I exercise and eat healthy, I feel better” is an example of someone understanding the concept of positive reinforcement. Reinforcement also occurs when someone sees a negative correlation to a behavior. The activities, lessons, and material in the curriculum strive to present self-care
and stress management activities and tools that will give participants tools to increase their wellness and ideally begin to experience the benefits.

Self-efficacy is the ability to take actions and make decisions for oneself (Bensley et al., 2009). Increasing self-efficacy enhances coping skills and can reduce vulnerability to stress (Bandura, 1977). This concept fits in with a goal of the stress management and self-care program to empower individuals to make healthier decisions for themselves. Observational learning is the ability to learn by observing (Bensley et al., 2009). Ideally facilitators of the curriculum have had the opportunity to integrate the material into their own lives to tap into this element. Individuals and professionals can be invited to lead specific activities that may be their area of expertise, which can connect with the benefits of utilizing observational learning.

**Multicultural education.** The curriculum strives to reach diverse audiences and is influenced by theories of cultural competence and multicultural education; a guide for facilitators was developed that presents this information to those conducting the presentations. Cultural competence as it relates to facilitating health education can be understood as possession of academic knowledge and interpersonal skills that encourage an increased appreciation and understanding of another group’s differences and similarities (Bensley et al., 2009); with this in mind, facilitators are encouraged to incorporate this into the delivery to specific groups.

Multicultural health education is understood as learning opportunities that are designed with sensitivity to diversity in culture, beliefs, and values (Bensley et al., 2009). Another component of multicultural health education is the offering of programs in
relevant languages (Bensley et al., 2009). While the initial version is in English, additional language versions could be added. Guidelines for creating a culturally competent learning environment have been included in the guide for facilitators.

**Multiple intelligences.** Gardner’s theory of multiple intelligences has informed the curriculum development. Gardner identified nine intelligences, which are areas where individuals have natural inclinations, capabilities, or skills and indicate preferences in learning approaches (Northern Illinois University). These are: verbal-linguistic, logical-mathematical, spatial-visual, bodily-kinesthetic, musical, interpersonal, intrapersonal, naturalist, and existential (Northern Illinois University). Consideration of the audience demographics, needs and learning styles are all recommended to reach a diverse group and give effective presentations (Bensley et al., 2009).

To foster inclusion and engagement, activities have been included throughout the curriculum that can connect with several different intelligences, or learning styles including: group discussion and partnered activities (interpersonal); reading and writing (verbal-linguistic); drawing and art activities (kinesthetic and visual); listening to music (musical); dance and yoga (bodily-kinesthetic); self-assessment and identification of goals (intrapersonal and existential); observing and use of visuals (spatial-visual); nature inspired activities (naturalist); and budgeting and planning (logical-mathematical).
RESULTS

Overview

The development process of this project led to the completion of a curriculum of sixteen lesson plans centered on the core subjects of stress management and self-care. The development of the lessons were informed by the aforementioned social work theoretical framework and health education methods; the input and direction from the community partner; and a review of relevant literature and published materials. The curriculum development went through a process of meetings to review the curriculum, discussion on revisions and acceptance. A guide for facilitators was also created as a resource for those delivering the curriculum to discuss theoretical underpinnings influencing the curriculum design and present strategies for effective class facilitation.

Curriculum Structure

The current structure of the Workplace Wellness program delivery is bi-weekly workplace presentations that offer support and education on topics related to health and wellness including topics such as nutrition education, physical activity, heart health, and diabetes prevention (LIFT, 2015). The presentations include the delivery of information by methods of lecture, handouts, visuals, participatory activities, reading, discussion, and/or take home materials. The stress management and self-care curriculum fits into this format and includes sixteen lesson plans that include topics related to stress, health,
nutrition, coping mechanisms, and self-care; and includes activities such as meditation, nature inspired activities, self assessments, goal planning, yoga, and art.

Most of the lessons are designed to be conducted between 20 and 40 minutes in duration with a couple of options for 60-minute sessions, though they can be modified and structured to work within a particular organization’s schedule. The sessions include lecture/presentation, class discussions, experiential activities, and/or small group activities. The presentations can be adapted to accommodate various class sizes from approximately 3-60.

Most require only chairs for the attendees to use, though one or two activities require tables for the participants to use which can be planned in advance, or adapted if necessary. Other materials needed for the facilitators are identified with each lesson plan and may include music, handouts, booklets, whiteboard or flipcharts, writing instruments, and for some, food, herbs, essential oils, and/or art supplies. For classes that integrate yoga or physical activities, space will be required to allow for participants’ movement in the room.

Guidelines for Facilitators

The guide for facilitator’s was created to introduce educators to the curriculum design and content, educate them on curriculum goals and intended outcomes, and provide suggestions for smooth and successful presentations. The introduction section includes an overview of the purpose, objectives, rationale, and theoretical underpinnings of the stress management and self-care program. An overview of the curriculum design
approach is presented next that explains how social-cognitive theory, multicultural education theory and theory of multiple intelligences informed the design and approach of the curriculum and specific lessons. In addition, a list of the class topics is provided, as well as time and equipment considerations for conducting the presentations. Recommendations for successful group facilitation and dealing with challenges are also discussed to aid in the preparation of facilitators.

Development Process

Initial discussions with LIFT focused on orienting me to their programs and mission, with emphasis on the Workplace Wellness program. They provided an overview of how they would like to see the stress management and self-care education curriculum fit in with the broader program. Since the Wellness program is already in operation, they were looking for a series of lessons and activities that could be added to the existing program offered bi-weekly in workplaces. A combination of the presentation of information relevant to the aims of the program as well as experiential activities was decided on. Drafts of lesson plans were created that went through a process of review, revision and acceptance.
DISCUSSION

Recommended Plan for Assessment and Curriculum Development

I am recommending as a best practice, ongoing needs assessment and continued development of the curriculum to meet the needs of current partner/host organizations. Some ideas to consider for future development include expansion or consolidation of activities and content depending on organizational needs, and continued collaboration and dialogue between participants, employers and health educators.

The curriculum could be expanded and developed to include additional activities and lessons centered around the core subjects, or lessons could be combined to fit within a different time frame. Ideally, educators and facilitators can give feedback and recommendations for further development after a cycle through the classes. The community participants’ experience and feedback is an important component to inform any additions and revisions. A questionnaire could be given to the participants prior to experiencing the program, and then after to assess their experience.

Further activities could be inserted depending on the time spent at a particular organization, their schedules and needs. For example, each topic could have three parts or three activities that could be delivered after the initial lesson on three different days, such as ‘Yoga 1, 2, and 3’, and ‘Self-care 1, 2, and 3’. This expansion could be an avenue to integrate and highlight some of the specialties of the presenters, and/or target specific interests of the employers and organizations where the program is being conducted.
Integrating graphic elements and supporting technological tools can add another layer to the program. According to Lobb and McDonnell (2009), technology can improve public health education by enhancing student engagement with materials, fostering interactive learning and support achievement of learning objectives. Areas to explore are the development of graphic handouts, booklets or pamphlets; using supporting videos; identifying appropriate music to accompany specific lessons; and linking the lessons to relevant apps, programs or other technological tools. These additions could also aid the participants in integrating the lessons and support them in integrating lifestyle changes into their daily lives.

**Relevance to Communities**

Ongoing attention should be paid to strategize ways to customize the delivery of the lessons in the most easily accessible and culturally relevant approach for the specific audience. Additional versions in different languages could also be considered. Resources should be made available specific to the locations of the workshops being offered in order to refer participants to local mental health care, support groups, counseling, health and fitness opportunities. Inviting community members from the focus populations to be involved in planning sessions, advisory groups or planning councils can promote inclusion; groups that are empowered and involved in the processes of program development are likely to have more relevance and foster a sense of ownership (Bensley et al., 2009).
Intended Outcomes

This curriculum and program aim to support participants’ health and wellness and potentially reduce the well-documented problems that occupational stress has on organizations by educating participants on stress and health, offering tools and strategies for stress management, and providing opportunities to engage in self-care practices. The curriculum and wellness program also seek to support organizational goals by potentially decreasing losses in time, money and productivity (Cooper and Cartwright, 1994) that occur as a result of occupational stress. Specific potential outcomes for organizations implementing stress management programs include: increasing overall employee health and engagement (Ward, 2010), fostering teamwork (Ward, 2010), saving employers’ money (O'Connell, 2004), and increasing productivity (O'Connell, 2004).

The goals of this curriculum are specific to the current parameters and needs of LIFT, which is to be easily integrated and understood by participants, encourage participatory interaction, and be inclusive to a variety of cultures, learning styles and backgrounds. Information and activities are presented in a way that can be understood by an audience that is diverse in cultural, educational and socioeconomic backgrounds. Discussion prompts and activities have been chosen with the goal of stimulating meaning and personal relevance for the participants.

Curriculum goals can be identified to target specific foci of potential future partner communities, specifying content and goals specific to organizational contexts and professions. For example, self-care to prevent burnout and compassion fatigue has
particular relevance to those in caregiving professions such as nursing, counseling, etc. Other sectors and populations may have slightly different approaches and require more emphasis on particular sections of the program; materials and approaches can be developed that are tailored to specific fields, organizations, or demographics.

Professional Relevance

The aims of this curriculum can connect with the scope of practice as identified by the National Association of Social Workers. The primary goal of the social work profession, according to the NASW is to “enhance human well-being and help meet the basic human needs of all people, with particular attention to the needs and empowerment of people who are vulnerable, oppressed, and living in poverty” (NASW, 2015). Specifically relevant to the goals of this program is the social work profession’s focus on “…individual well-being in a social context and the well-being of society” (NASW, 2015), and the effects that environmental forces have on living (NASW, 2015). With a goal of the curriculum to include empowering individuals and communities to improve their health and wellness; improve occupational well-being; and deliver strategies to mitigate internal and external stressors, this curriculum and broader Workplace Wellness program are aligned with the social work field.

While this curriculum has been written through the lens and framework of a Master of Social Work student, it carries a breadth of relevancy and applicability to other fields and professions, having cross-disciplinary utility. The stress management and self-care education program fit in with broader efforts towards building healthy communities
through health promotion and prevention. The National Prevention Strategy has identified mental and emotional well-being as essential to overall health and has identified this area as one of their seven priorities to improve health and wellness in the United States; they acknowledge the importance of the inclusion of prevention efforts to include those that support people to realize their potential, assist in coping with life stresses, have productive work, and make meaningful contributions to their communities (U.S. Department of Health and Human Services, 2015). Health promotion can be understood as processes that enable people to increase their control over and to improve their health and can include individual, social and environmental interventions (World Health Organization, 2015).

Lessons Learned

In looking back and assessing the process of conducting this project, it has been a very positive experience that has expanded my knowledge and experience. Perhaps in future projects, I might consider developing such a curriculum within an interdisciplinary committee to add additional depth and breadth of a multi-disciplinary team, however, this is being recommended for future development of the program. Going forward, conducting needs assessments with each employer or organization interested in offering the program could be valuable to identify areas of concern, narrow the focus, specify goals and objectives, and tailor the content and methods of delivery to their goals and population.
Conclusion

Teaching stress management and self-care approaches can be supportive measures to take in approaching health prevention, health maintenance, and the promotion of a healthy and productive workplace and workforce. This curriculum has been developed with goals of supporting improved health, wellness and psychological well-being for participants; as well as potentially increasing positive outcomes for employers and organizations offering the program. The sixteen lesson plans and supplemental information have been developed for ease of use and relevance for a diverse audience. I look forward to continued discussion and collaboration in the ongoing development, implementation and assessment of this program.
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Guidelines for Facilitators

Stress Management and Self-Care Education Curriculum

LIFT-Levántate Workplace Wellness Program

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**Introduction**

The Stress Management and Self-Care curriculum is a new addition to the Workplace Wellness program that is offered at workplaces around the Bay Area and Los Angeles. LIFT focuses on preventive health education and health promotion activities that aim to speak to a diverse population and be relevant to individuals and organizations of varying cultures, ages, sexual orientations and socio-economic backgrounds. This program component has been developed to expand upon the current health education curriculum and include additional focus on stress management and self-care to address occupational stress, expand health resources and offer additional support for improved psychological health and wellness.

The current community served by LIFT’s Workplace Wellness program includes primarily health care and care-giving professionals. With a high rate of burn out and compassion fatigue among those in health and care-giving professions, the need for education on stress management strategies and self-care practices is great. LIFT has identified a need among their partner organizations to expand their Workplace Wellness program to include this additional focus on stress management and self-care. The purpose of this is to offer additional support for overall physical and psychological health and wellness as well as to address the additional needs of health care workers to receive support and education to manage stress and learn self-care practices.

**Rationale**

Preventive health programs are a mainstay in many corporations and educational settings. Much focus has been placed on promoting the benefits of eating for health and engaging in physical exercise for disease prevention in health education endeavors; this curriculum will build upon these tenets and add to them holistic and multi-culturally relevant approaches to stress-management strategies and self-care education.
Many companies are seeing the benefits of workplace wellness programs for a multitude of reasons including decreasing costs, increasing morale and increasing productivity (Kibbe, 2008). Palm (2000) points out that the current movement in workplace wellness includes much more than the traditional focus on aerobic exercise and nutrition, and states that more non-traditional activities are being incorporated into workplace health programs such as tai chi, massage, yoga and meditation. A specific stress reduction strategy, workplace mindfulness has shown to increase employee well-being, decrease employee stress and increase work engagement (Aikens, Astin, Pelletier, Levanovich, Baase, Park, & Bodnar, 2014).

**Purpose and Objectives**

Teaching stress management strategies and self-care approaches to develop positive coping mechanisms is the primary goal of this curriculum. A secondary goal is to educate employers and organizations on the importance of stress management and reduction in operating a successful, healthy business entity. Specific objectives include supporting employee health and wellness through health promotion activities and education. Self-care has become an important factor in career satisfaction and career longevity for those in helping professions. Providing self-care education and stress management education opportunities can help to prevent burnout and compassion fatigue; therefore potentially reducing employee turnover and fostering increased satisfaction and well-being in the workplace (AHNA, 2015).

Occupational stress is a well-documented issue costing businesses money, time and productivity (Cooper & Cartwright, 1994). Potential outcomes for organizations implementing stress management programs include: increasing overall employee health and engagement (Ward, 2010), fostering teamwork (Ward, 2010), saving employers’ money (O’Connell, 2004), and increasing productivity (O’Connell, 2004).

We aim to achieve these goals by providing a curriculum that has the following priorities:
1. Easy to integrate material and format.
2. Contains relevant information and materials.
4. Able to be implemented in a short amount of time while providing relevant information.
5. Includes a variety of activities and discussion prompts.
6. An emphasis is placed on offering tools and strategies that participants can use immediately.
7. Strives to reach an audience diverse in cultural, educational and socioeconomic backgrounds.

**Theoretical Underpinnings**

**Overview**

The overarching views in the process of conceptualizing the program have been informed by the theoretical frameworks of empowerment theory and systems theory. The values and ethics embedded in the social work profession have also been an influencing factor; the goals of the development of this curriculum and implementation of the program will have impact on communities and individuals that are in-line with the social work competencies as set forth by the Council on Social Work Education (CSWE), and the social work ethics as outlined by the National Association of Social Workers (NASW). From the curriculum design perspective, approaches have been drawn from existing theories in the areas of health promotion program design and educational theories including multiple intelligences theory, social-cognitive theory and multicultural education theory.

**Systems theory**

Systems theory has been used as a lens in the conceptualization and implementation of the development of this curriculum. Looking through this lens, various factors at work influencing organizational health and performance, employee satisfaction and health, management and employee relationships, and the broader communities
involved in employee, employer and organizational interaction can be viewed as separate yet interrelated systems. Systems theory has a conceptual understanding of systems and classifies each individual system or ‘holon’ as follows: a focal system is the primary system of focused discussion; subsystems are systems that are smaller and/or internal component of the focal system; and suprasystems are systems that are external to the focal system (Robbins, Chatterjee, & Canda, 2006).

The focal system this sense is the ‘worker’, ‘employee’, ‘community member’, or workshop participant. The subsystems are the internal physiological and psychological systems at work in each individual. The primary suprasystem involved in this regard is the company or organization where the curriculum will be facilitated, although additional macrosystems are at work including the broader community, society and environment. Seeking to gain understanding of the interactions and relationships between these various holons has been a factor in the development of this curriculum.

Potential outcomes of the implementation of this curriculum and program include increasing health and psychological well being of the focal system (the individual or employee), which is caused by changes within the subsystems within the body including physiological systems such as the circulatory system and respiratory systems, which are directly affected by stress reduction techniques.

Suprasystems are also affected by the positive changes experienced by the focal system, which affects the suprasystems involved including the employer, family, and community. Systems theory understands that every system is either open or closed (Robbins, et al., 2006). Since all of the systems at play here in this discussion are open systems that allows for reciprocal interaction between systems, the potential benefits of the program include increasing synergistic relationships and outcomes between systems. While systems theory has provided an overarching framework to assess, analyze and develop this project, the nature of the theory allows for additional theories and methods to be utilized to meet the goals of associated systems.

*Empowerment theory*
The curriculum seeks to empower individuals to have more control over their reactions to stress and experiences of stress through the learning of healthy coping skills and strategies to decrease and manage stress. While teaching self-care approaches to develop positive coping mechanisms is a primary goal of this project, a secondary goal is to educate employers and organizations on the importance on reducing or managing occupational and environmental stressors. While teaching methods to empower individuals to cope with stress is a foundation of a successful health promotion and prevention program, employer education should also be addressed in order to attempt to reduce occupational stressors (Giga, Cooper, & Faragher, 2003). In this respect empowering the organization as well as the individual through education and intervention is a goal of the program.

**Curriculum Design**

*Social-cognitive theory*

An understanding of social-cognitive theory is an influencing element to the curriculum design. Social cognitive theory provides a framework to understand how human behavior change is continually influenced by environmental factors, personal history and current behaviors (Bensley, Brookins-Fisher, 2009). When looking at designing and implementing a stress management program the following components of social-cognitive theory were considered:

1. Reciprocal determinism,
2. Behavioral capability,
3. Expectations,
4. Reinforcement,
5. Self-efficacy, and
6. Observational learning (Bensley et al., 2009).

‘Reciprocal determinism’ is an understanding the influence, beneficial or harmful that the environment, be it work, home, school, etc. has on a person (Bensley et al.,
2009). From a stress management perspective, it is important to be aware of environmental stressors in order to develop strategies to overcome or mitigate them. The concept of ‘behavioral capability’ gives an understanding of the importance of education and teaching of skills in order to influence change (Bensley et al., 2009).

In regards to the next component of social-cognitive theory (‘expectations’), it is important that any educational program or health promotion program educate participants on the benefits of the material and activities being taught and the intended outcomes. ‘Reinforcement’ occurs when results of certain activities are consistent (Bensley et al., 2009). For example, the statement, ‘when I exercise and eat healthy, I feel better’ is an example of someone understanding the concept of positive reinforcement. Reinforcement also occurs when someone sees a negative correlation to a behavior.

‘Self-efficacy’ is the ability to take actions and make decisions for oneself (Bensley et al., 2009). Increasing self-efficacy enhances coping skills and can reduce vulnerability to stress (Bandura, 1977). ‘Observational learning’ is the ability to learn by observing (Bensley et al. 2009). Ideally facilitators of the curriculum have had the opportunity to integrate the material into their own lives to tap into this element. In addition, individuals and professionals can be invited to lead specific activities that may be their area of expertise.

**Multicultural education**

The curriculum strives to reach diverse audiences and is informed by theories of cultural competence and multicultural education. Cultural competence can be defined as a “characteristic of those individuals who hold academic and interpersonal skills which allow an increased understanding and appreciation of another group’s differences and similarities” (Bensley et al., 2009, p.33); with this approach, facilitators are able to incorporate this consideration into the delivery to specific groups. Concepts of multicultural health education have also been considered.

Multicultural health education is understood as offering educational opportunities that are designed with sensitivity to culture, beliefs, values and practices, ideally offered
in the recipients’ first language (Bensley et al., 2009). While the initial version is in English, additional language versions could be added.

The following guidelines for creating a culturally competent learning environment are recommended:

1. Using inclusive language;
2. Taking into account literacy levels;
3. Attempting to understand the cultural parameters of communities involved in the program;
4. Including various methods to be inclusive of different learning styles;
5. Establishing discussion guidelines that foster respect and inclusiveness;
6. Choosing materials appropriate for the population; and
7. Recommending that facilitators engage in continual development of facilitation and cultural sensitivity skills (Bensley et al., 2009).

**Multiple intelligences theory**

Gardner’s theory of multiple intelligences has informed the curriculum development. Gardner identified nine ‘intelligences’, that is areas where individuals have natural inclinations or abilities in understanding, organizing or processing information around (Northern Illinois University). These are:

- Verbal-linguistic,
- Logical-mathematical,
- Spatial-visual,
- Bodily-kinesthetic,
- Musical,
- Interpersonal,
- Intrapersonal,
- Naturalist, and
- Existential (Northern Illinois University).

Throughout the curriculum, activities have been included that can engage in several different intelligences, or learning styles including:
1. Group discussion and partnered activities (interpersonal);
2. Reading and writing (verbal-linguistic);
3. Drawing and art activities (kinesthetic and visual);
4. Listening to music (musical);
5. Dance and yoga (bodily-kinesthetic);
6. Self-assessment and identification of goals (intrapersonal and existential);
7. Observing and use of visuals (spatial-visual);
8. Nature inspired activities (naturalist); and

**Curriculum Structure**

The lessons have been designed for the format of LIFT-Levántate’s Workplace Wellness program and will be implemented within the already existing program. The current structure of the program delivery is bi-weekly workplace presentations that offer support and education on topics related to health and wellness (current topics include nutrition education, physical activity, heart health, and diabetes prevention) (LIFT, 2015). The presentations include the delivery of information by methods of lecture, handouts, visuals, participatory activities, reading, discussion, and/or take home materials. The stress management and self-care curriculum will fit into and build upon this format and includes the following sixteen topics:

1. ‘The Physiology of Stress’,
2. ‘Stress and Your Health’,
3. ‘Know Your Stressors’,
4. ‘Coping Mechanisms’,
5. ‘Nurturing Positive Coping Strategies’,
6. ‘The Importance of Self-Care’,
7. ‘Nutrition for Stress Management’,
8. ‘The Benefits of Exercise and Physical Activity for Stress Management’,
9. ‘Yoga and Stretching for Stress Management’,
10. ‘Introduction to the Benefits of Meditation’,
11. ‘Art as a Stress Management Tool’,
12. ‘How Engaging with Nature can Improve Well-being’,
14. ‘Time Management and Budgeting’,
15. ‘Strategies for Managing Emotions’, and

Time and Equipment Considerations

The lessons are designed between 20 and 40 minutes with a couple of options for 60-minute sessions, though they can be modified and structured to work within a particular organization’s schedule. The sessions include lecture/presentation, class discussions, experiential activities, and/or small group activities. The presentations can be adapted to accommodate various class sizes from approximately 3-60.

Most require only chairs for the attendees to use, though one or two activities require tables for the participants to use which can be planned in advance, or adapted if necessary. Other materials needed for the facilitators are identified with each lesson plan and include music, handouts, booklets, whiteboard or flipcharts, writing implements, and for some, food, herbs, essential oils, and/or art supplies. For classes that integrate yoga or physical activities, space will be required to allow for participants’ movement in the room.

Intended Outcomes

This curriculum and program aim to increase opportunities for health and wellness education to enhance employee health and wellness and thereby reduce the well-documented problems that occupational stress has on organizations. The curriculum and wellness program seek to support organizations in decreasing the losses in time, money and productivity (Cooper & Cartwright, 1994) that occur as a result of occupational
stress. Specific outcomes for organizations implementing stress management programs include:

- Increasing overall employee health and engagement (Ward, 2010),
- Fostering teamwork (Ward, 2010),
- Saving employers’ money (O'Connell, 2004), and
- Increasing productivity (O'Connell, 2004).

Additionally, curriculum goals can be identified to target specific goals of foci of potential future partner communities, specifying content and goals to specific to organizational contexts and professions. For example, self-care education has particular relevance to those in helping professions such as nursing, counseling, etc. (American Holistic Nurses Association, 2014). Other professional domains may have different angles and potential applications specific to their particular fields, which could be considered and worked into program implementation.

**Successful Group Facilitation**

The following components have been identified as essential for successful group facilitation:

1. Rationale or overall goal
2. Objectives
3. Practical Considerations
4. Procedures
5. Evaluation (Bensley et al., 2009).

These should be communicated to the participants in the workshops in the beginning of the program. In regards to the evaluation piece, there is no formal test or evaluation, however a self-assessment or program assessment could be implemented.

Setting the tone and ground rules for class and small group discussion can be valuable to assure appropriate behavior and conversation. The following are some recommended guidelines for establishing discussion guidelines:
1. Respect the confidentiality of all participants
2. Have sensitivity for other group members’ personal experiences
3. Understand there are varying levels of expertise among the group
4. Do not make assumptions about cultural or ethnic backgrounds of other participants
5. Allow privacy and the right to pass on any discussion topic that arises
6. Other guidelines that develop that foster tolerance and respect (Bensley et al., 2009).

**Dealing with Challenges**

Logistical challenges may come up such equipment not working or a change in room or location. The format has guidelines, however does allow flexibility to adapt to different circumstances. Challenges may arise with the group or individuals such as having different expectations about the class, distracting or disruptive behavior, or personal issues being brought into class. Maintaining flexibility and a positive, upbeat approach can help diffuse these situations. Sometimes a lesson may end up taking a shorter amount of time than planned, if that is the case, other lessons or activities can be combined.

Lessons and activities can also be repeated if a group has expressed interest in revisiting a prior topic. Certain activities that groups find rewarding could also be scheduled regularly such as once a week or once a month. Additionally, being in a supportive space discussing stressors could possibly allow an emotional response in participants. Encouraging openness and being non-judgmental can be supportive; having referrals to local support groups, support hotlines and counselors is recommended to offer further support for people experiencing emotional distress, or who discover they would like to explore these as part of their stress management plan.