

For Professionals

Greg Sazima, MD

### Stress Management

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- I Introduction
- Definitions, Types and Models of Stress
- Direct and indirect benefits of stress management
- II "Diagnostic" tactics
- Symptom scales/journals/diaries
- Apps: health, nutrition, sleep, stress management

III "Therapeutic" tactics: extending your treatment

- Sleep Hygiene and Rx's
- Relaxation Breathing
- Progressive Muscle Relaxation (PMR)
- A cognitive/behavioral tactic: ADAPT
- Meditation and Mindfulness

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# What is stress?

It's your body and mind's fight/flight/freeze response to the novel and unfamiliar.....

(....and thus possibly a threat!)

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# Stress: Everybody's got some....

Pathologic Stress ("Dis"-tress) vs. "Eu"-stress: A little stress can be good

Pathologic Stress Response: A lack of "fit"

An ongoing mismatch in internal resource vs. external threat

Eustress ("good stress"): No stress is not necessarily the goal, either Lack of stress can suggest an unfulfilled, less-than-challenging life

Symptoms or signals?: stress can be also viewed as complex neuropsychological phenomena that have meaning (so pay attention...)

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# Why "Management"?

The stress response is built in.... not to be "cured", but tamed

Costs: stress a major factor in the six leading causes of death in US

(Cancer - heart dz - Accidents - lung dz – Cirrhosis - Suicide)

• Up to 90% of all 1º MD visits impacted

Benefits: reduced anxiety, muscle tension, fatigue; higher self-esteem; lower rates of chronic heart, immune, inflammatory disease, dementia

But.... Requires ongoing patient effort..... Impact is gradual

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# Stress and the "OS's" of mind

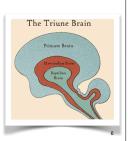
Survival Brain (brain stem/cerebellum - "1.0"): earliest, wired for action

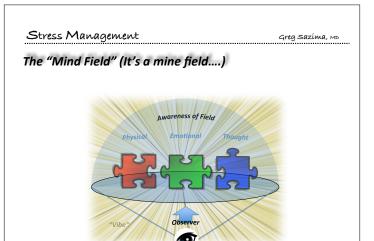
Relational Brain (limbic - "2.0"): emotion, relationship

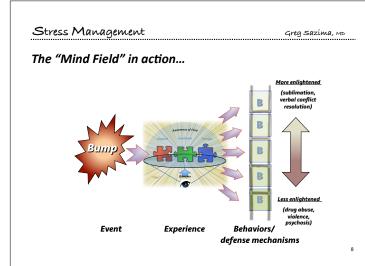
"Conceptual" Brain (cortex - "3.0"): later to develop; verbal/intellectual/imaginative brain

("4.0" PFC: Under dev't - awareness/integrative)

Anxiety: deeply rooted in 1.0 and 2.0, and with manifestations in soma, affect, thought, awareness/attention







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### The Holmes-Rahe Scale: Both "good" and "bad" stress

Life Events L	ife Crisis units	Life Events Life Crisis	units
Death of spouse /child	100	Change in financial state	38
Divorce	73	Death of close friend	37
Martial separation	65	Incr. # of arguments with spouse	37
Jail term	63	Mortgage over \$100K (\$500K?)	31
Death of close family member	63	Foreclosure of mortgage or loan	31
Personal injury or illness	53	Change in work responsibilities	29
Marriage .	50	Son/Daughter leaving home	29
Fired at work	47	Outstanding personal achievement	28
Dr. Saz's tedious attempts at hi	umor 45.9	Begin or end school	26
Retirement	45	The fish or the chicken?	23.5
Marital reconciliation	45	Trouble with boss	23
Pregnancy	40	Change in residence	20
Sex Difficulties	39	Change in sleeping habits	16
Gain of new family member	39	Vacation	13
		Holmes & Rahe (1967). Holmes-Rahe es scale. Journal of Psychosomatic f Vol. 11, pp. 213-218.	

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# What Do Attorneys Consider Most Stressful?

"Exterior shame" (public error, peer judgment)

"Interior shame" (tactical errors insecurity about competence in work)

Giving bad news to clients

Malpractice/misconduct

Loss of control over practice security, income

Lack of time/resource with and for family and friends

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# Attorneys: What characters!

Johns Hopkins Study: Two major character traits separated from other professionals...

- perfectionism: control issues....
- pessimism: "we're paid worriers"; trained to look for error, risk, mistake
- .... both traits predict for higher rates of anxiety

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# Resilience: "Raising the curve"

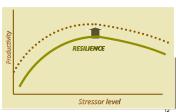
"Resilience" is the ability to navigate through stressful challenges, and grow from them , improving/sustaining productivity and wellbeing

Building resilience requires preventive skills and tools in stress management and increased self-awareness

There is a "peak" at which stress cultivates productivity

Beyond it, there are diminishing returns (and more suffering)

While reactive treatments bring relief, resilience training improves productivity at all levels of stressors



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# Tools: Rating scales, Symptom diaries, Reinforcers

- Enlists/reinforces the patient and their MD as partners
   Reinforces taking control of own health care
- De-emphasizes regression, improves compliance
- Examples:
  - Pain scales
  - Sleep records
  - Apps and wearables

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# Health, Exercise, Sleep, Nutrition Apps



Symple: Health and symptom tracker



MyNetDiary: complete food and exercise tracker



My Fitness Pal: comprehensive health/nutrition/exercise app



Sleepbot: sleep quantity/quality tracker



Fooducate: healthy food rating app - uses barcodes, grading⁴

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# **Stress Management Apps**



SAM: anxiety monitoring and rating; self-help calming routines



 Stop Panic and Anxiety Help: More specific information and audio "walk-throughs" for panic events



Headspace: popular, progressive guided meditation practices



Calm: More basic breath meditation with nature sounds

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# Sleep Hygiene

 Poorly controlled sleep leads to cycle of daytime fatigue, loss of performance, heightened arousal/shame, more insomnia

"Honoring sleep": includes coaching in sleep hygiene skills

- Rigid sleep cycle, Limit napping/ "unauthorized use"
- Limit evening caffeine, alcohol
- Daily exercise
- Conditions: cool, dark, quiet/white noise
  - Evening "wind-down": reduce stimuli, slow down
  - Reading much better than TV
  - Watch "backlit" e-readers"... blue light mimics sunrise!

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# Insomnia: treatment tips

- Assess sleep difficulty...
  - Early ("DFA"): anxiety, interior tension, pain
  - Middle ("FFS"): Anxiety/ruminations; can be W/D symptoms
  - Late (EMA): melancholic MDD, pain Rx wear off, PTSD
- Address distorted thinking about sleep
  - "earlier = better"; "8 hours is necessary"; "If I don't sleep, then..."
- Coach on managing wake-up's
  - Up or even out of bed if awake >15-30 minutes; try again
    - (don't "condition" bed as a place of struggle...)
  - Grin and bear it after ~ 2 am... try to stay up the following day
    - avoid "sleep inversion" pattern emerging

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# Exercise: A Good Stress Buster

- Builds stamina, nervous and immune system
- Represents routinized locus of control/ autonomy ("got my walk in, even if the rest of day went to
- Lower the bar on a beginning routine ("20 minutes, sneakers, gravity") then build

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# Give it Away....

- Multiple studies show higher rates of self-rated contentment in those who volunteer time/effort
- The \$20 experiment....
- Consider activity thru ... schools, church, volunteer/ non-profit board work; hospitals/hospice; advocacy; animal rescue/aid; mentoring/ child guidance
- (Book tip .... "The Book of Joy")

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# Relaxation Breathing: An essential tactic

- Moderates "fight or flight" versus "rest/relax"
- Works via volitional control of respiration rate, slowing heart rate; resultant sino-atrial feedback calms, changes EEG!
- Most effective with....
  - full extension of diaphragm downward, full expansion of lung volume
  - Slow, gradual inhalation, even slower exhalation

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# **Relaxation Breathing: Instructions**

One hand on abdomen, other on chest

- Breathe through nose, filling lungs on a slow count to two. Lower lungs first (to push diaphragm down and abdomen out) and continuing to inhale into upper chest.
- Rest at full breath for a count of two.
- Exhale slowly through mouth on a count of four (TWICE as slowly as inhalation).
   Visualize tension leaving the body.
- Rest at the "bottom" of the breath for a count of two.

Repeat a minimum of four breaths.



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# **Progressive Muscle Relaxation (PMR)**

- Targets a common somatic manifestation of stress - muscle tension
  - Neck, shoulders, back, intercostals
  - Chronicity leads to trigger points; insomnia
- PMR: "finding" the muscle (via conscious tensing), then relaxing it
  - Move through muscle groups sequentially
  - Visual imagery, RB can be employed

Family Health Center

Progressive Muscle Releastion (FMR)

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### **PMR: Instructions**

First: Comfortable seating, all muscles at gravity; rate tension

Place attention on one hand - clench for a count of 4, then release slowly to a count of 4. Breathe deeply and slowly during tightening and release. Compare one hand to other. Repeat exercise with other hand.

Repeat process sequentially with muscle groupings...

Ending: Note pre- and post- differences in tension 1-10 rating)

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# ADAPT: A cognitive/behavioral routine

- Helps with "mindless" ritualized behaviors, intense interior states
  - panic anxiety
  - cravings
  - compulsions
- Define the item to be managed (not "cured"); function is job #1
- Explore experience of that sensation as fully as possible
  - Break it into physical, emotional and cognitive components
  - Try to nail down "earliest reliable signal"
  - "Don't wait 'til the horse is out of the barn" (peak intensity)

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### ADAPT: The Routine

"A" for Accept: Accept the momentary state (say "hello")

"D" for Data: gather 3 bits of information on your state

• 1-10 scale; Time Stamp: When is it happening?; Why now?

"A" for Ahhhh...: (think spa treatment, not a shriek of terror...)
Take a minute or 2 for a brief relaxation break

"P" for Productive: Go back to whatever you were doing

"T" for Trending: Go back and reassess if/when you get stuck

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# **Meditation for Stress Management**

Mindfulness: non-judgmental, moment-to-moment awareness

Meditation: an organized, intentional practice of cultivating mindfulness

Core benefit - gradual adaptation to varied states of mind

### Success factors:

A quiet place to practice, a fairly regular time of day (consider a timer)

Sitting, comfortable but alert, eyes slightly open trained on a spot

A "fresh", non-judgmental attitude...

Suggest starting with 1-2 minutes at a time, slowly building to 15-20 minutes/day

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# Meditation 101: Start with the breath

Place attention on the sensation of breathing

A few relaxation breaths to start, then just
witnessinal

- The mind will invariably wander to thought...
   when that happens, without judgment, note it,
   and return to watching the breath
- Goal: "pitch and catch" with attention; building adaptation to experience

# Basic Autoremess Medication However, and the property of the

# Meditation 102: The "3-pointer" variation

Witness the IN breath, then the OUT breath... at the end of exhalation, open attention out to the whole "felt sense of the body" - then to the next in-breath

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# Mindful Movement

Using physical motion as the anchor for attention

Often more effective for those with poor baseline attention, physical conditions that preclude sitting

Examples:

Walking meditation

Yoga

Tai Chi

Qi Gong (Chi Kung, Chi Gong) - "energy practices"

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### Summary

Stress represents the body heart/mind's response to novelty and uncertainty - to be tamed rather than eliminated

Attorneys have some specific temperamental attributes that set up for stress: shame, pessimists, perfectionism

Predictors for lower stress, higher contentment: sleep hygiene, healthy nutrition, regular activity/ exercise.... and compassionate action (volunteering, etc.)

Consider use of both "dx" tactics (journaling, self rating, apps) and "tx" tactics (relaxation breathing, PMR, cognitive tactics, mindfulness practices)

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# FINIS

... thanks for listening.

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