

SESSION 2: COPING

Review

Since our last session, you explored strategies for managing guilt, worries about being a good caregiver, or stress and appointments. You also practiced diaphragmatic (belly) breathing.

- How was your practice this week?
- What types of things got in the way?
- What was helpful or unhelpful?

AGENDA

In today's session, we will:

- 1 Review your practice since our last session
- 2 Learn different coping strategies and how to choose the most helpful strategy for a situation

Coping

Since the person you are caring for was diagnosed, you may be so overwhelmed with stress that you start to wonder how you are getting through each day. The build-up of stress may lead to feelings of not doing well or coping well. However, feeling overwhelmed and stressed out does not mean that you are not coping well.

Take a step back and recognize how you have managed to find ways to get through each day, and maybe even how you are getting better at this with each day and each challenge. You may realize that in

fact you are coping quite well considering the tremendous emotional and physical difficulties of your current situation.

On the other hand, when we are dealing with great uncertainty, we can find ourselves doing too much searching around online or spending too much time ruminating about our worries (thinking over and over). These habits might not be helpful in the long run.

Let's take a closer look at how you are coping and if there is anything you want to change. Coping can be an active process and a skill that you can get better at, because we always get to choose how we cope with stress or worry.

Here are two main ways we can cope:

1. **Action-Oriented Coping:** What action can I take to resolve the situation?
2. **Emotion-Oriented Coping:** If I can't resolve the situation, what can I do to manage the stress I feel?



To choose a strategy, start by pointing out what parts of a stressor are in your control and out of your control. Almost every stressor has controllable and uncontrollable parts. Let's look at an example:

Stressful Situation 1

A severe snowstorm is expected to hit your city. What are the controllable and uncontrollable parts of this situation?

Controllable	Uncontrollable
Stock up on supplies (food, water, batteries, shovel)	The fact that a snowstorm is coming and how much snow there will be
Get a hotel room or stay with a friend closer to work	What areas will get hit the hardest
Leave early from work to avoid dangerous driving conditions	Whether there will be power outages
Move your car off the street to avoid towing or snow plow damage	Whether there will be road closures, delays in transportation

Stressful Situation 2

Your loved one received a cancer diagnosis and is undergoing treatment with chemotherapy and radiation. What are the controllable and uncontrollable parts of this situation?

Controllable	Uncontrollable

Action-Oriented Coping (Controllable)

For parts of a stressor that are controllable, choose an **Action-Oriented** Coping strategy.

Action-Oriented Coping involves changing a problem, or aspect of a problem, that is causing distress. Action-oriented coping may involve:

- Making a decision
- Resolving a conflict
- Seeking information or advice
- Setting a goal
- Engaging in problem-solving
- Requesting help

Problem:

“I am not sure if there is a clinical trial that my loved one may be eligible for.”

Action-Oriented Coping:

“I will talk to the doctor or nurse and get more information.”

Exercise

Can you think of a stressor that you were able to do something about or change in some way? If so, what action did you take?

Problem:

Action-Oriented Coping:

Emotion-Oriented Coping (Uncontrollable)

For aspects of a stressor that are uncontrollable, choose an **Emotion-Oriented** Coping strategy.

Emotion-Oriented Coping involves managing the emotional response from a stressful situation. Emotion-oriented coping strategies may involve:

- Expressing emotion
- Engaging in any enjoyable or self-soothing activity
- Reducing physical stress with relaxation, deep breathing, or massage
- Cognitive reframing and adaptive thinking (session 3)

Problem:

"I am worried about how my loved one's physical or cognitive functioning may change as treatment continues."

Emotion-Oriented Coping:

"I can't control the future, and worrying about it will only make me more upset, so I will go for a walk with a friend and get some fresh air and exercise."

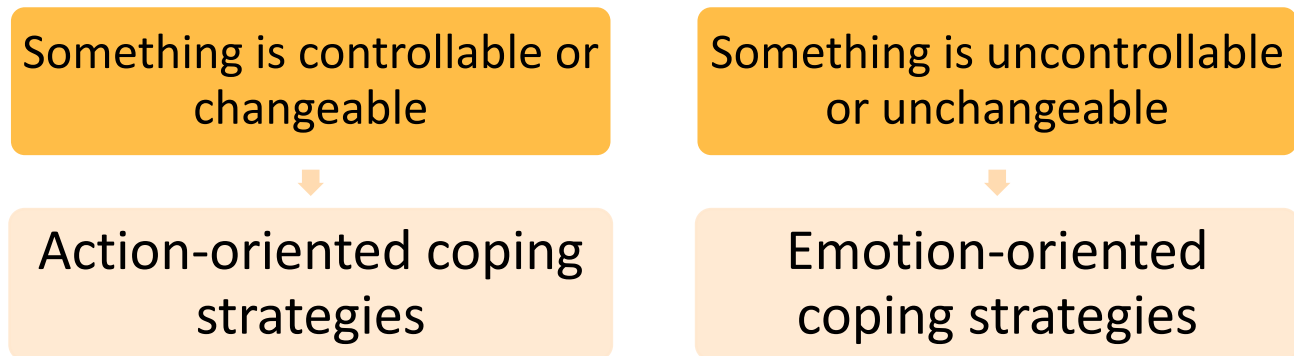
Exercise

Can you think of a stressor that you were not able to control; how did you manage your emotions?

Problem:

Emotion-Oriented Coping:

When do I use action-oriented coping, and when do I use emotion-oriented coping?



The importance of matching the coping strategy to the controllability of the stressor:

Using an action-oriented coping strategy to try to change something that you cannot control or using an emotion-oriented coping strategy to avoid doing something that is in your control can lead to more problems. **It is often beneficial to use a combination of action- and emotion-oriented approaches and to switch between them as needed.**

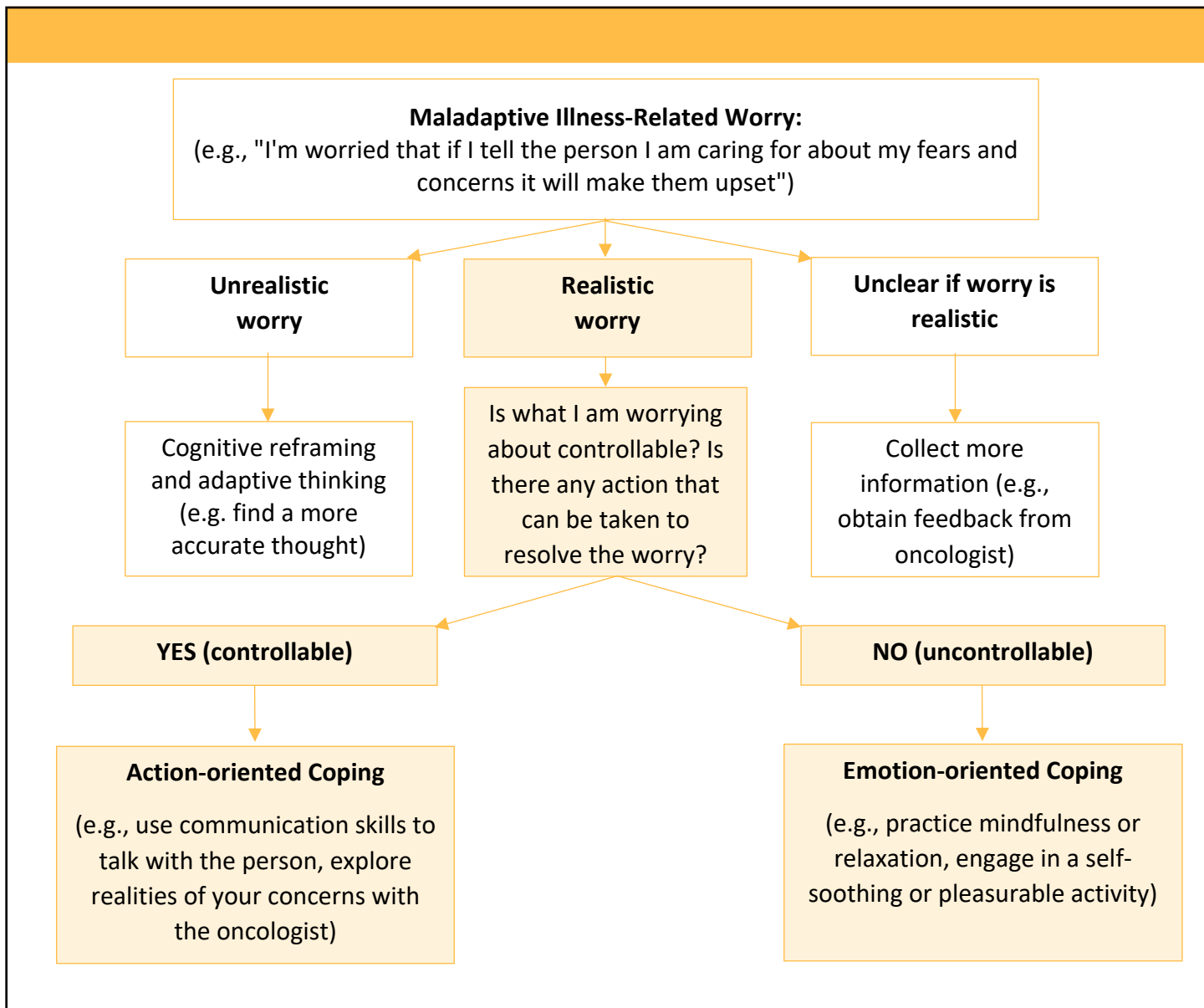
For example, following a loved one's cancer diagnosis, there are aspects of the treatment process that are controllable. Together, you could gather information and advice from doctors and nurses to make well-informed decisions about treatment (action-oriented coping). However, if you continue to gather too much information and engage in too much Internet research, you might start to second-guess your decisions or worry if you missed something that could be helpful, leading to increased worry and an unhealthy obsession with gathering information rather than deciding.

Alternatively, once you have made a joint decision about the treatment you may need to manage the stress around this (uncontrollable), you could turn to friends and family for support or do something self-soothing such as relaxation or massage (emotion-oriented) to cope.

Adapted from Antoni et al., 2002

Coping with worries about caring for your loved one:

It is normal to have concerns about your loved one, your relationship, the future, and your own emotional and physical health. Our goal is to help you feel more in control of your worries so that you aren't overwhelmed or paralyzed by them. When you are not sure what skills to use to manage your worry thoughts, use this figure as a guide:



Adapted from Springer Nature *Resolving Treatment Complications Associated with Comorbid Medical Conditions* by Joseph Greer, Jessica Graham, Steven Safren 2010

Unhelpful Coping Strategies

Sometimes, without realizing, we choose ways to cope that make us feel better in the moment but in the long term create additional challenges or make things worse. Do you notice yourself engaging in any habits that might not work so well in the end? Can you replace any of these less helpful coping strategies with a more helpful action-oriented or emotion-oriented coping strategy?

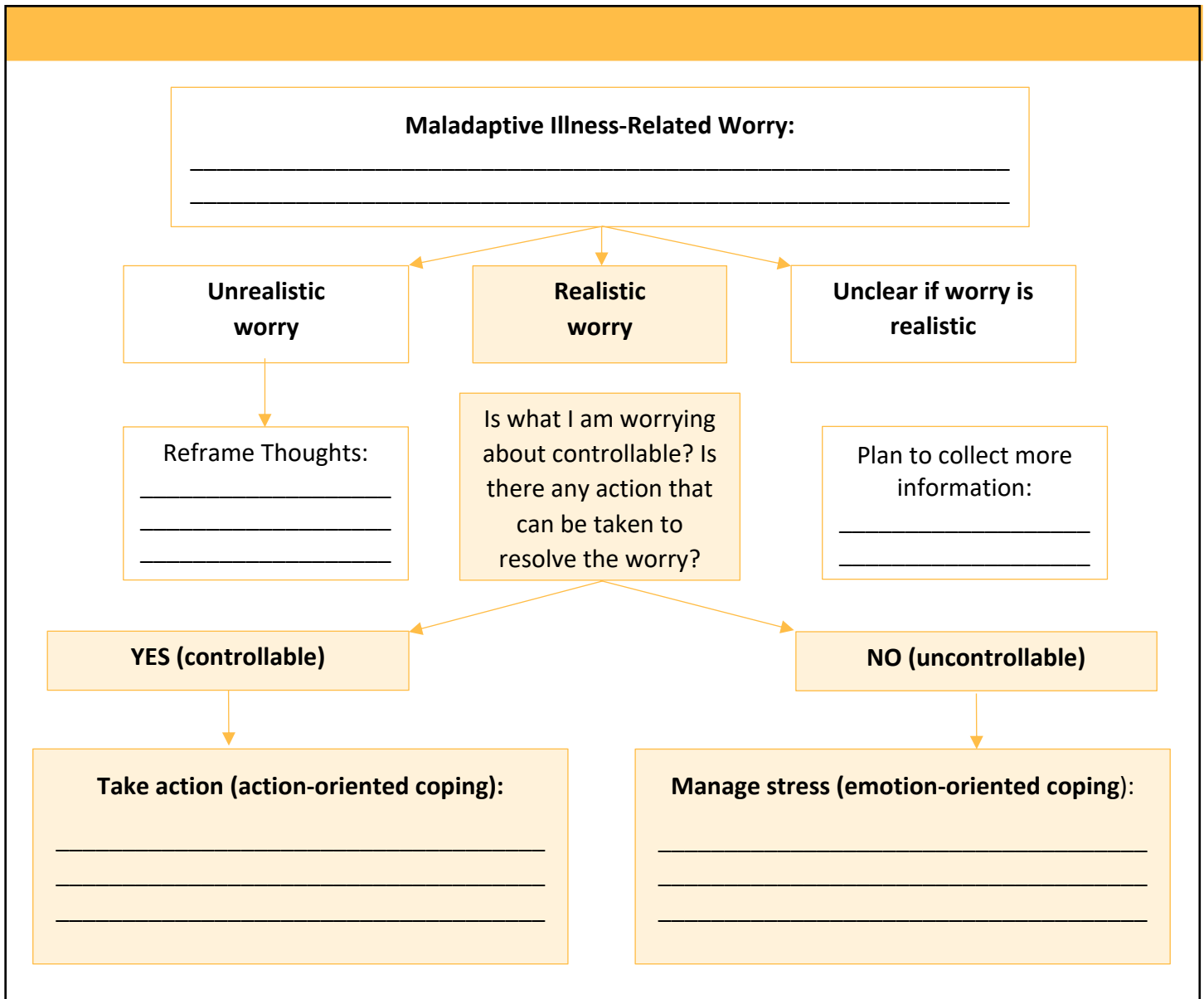
Unhelpful coping strategies might include:

- Researching on the internet/Googling
- Ruminating/perseverating (thinking about something over and over again)
- Drinking too much
- Smoking
- Denying that something is happening
- Using drugs
- Withdrawing from friends and/or family
- Procrastinating
- Avoiding life activities
- Shutting down/shutting off emotions
- Over-eating
- “White-knuckling” through something
- Lying in bed for long periods of time
- Snapping or yelling at others



Home Practice

1. Choose a stressor or worry and complete the Worry Algorithm below, filling in which coping strategies you used to take action (action-oriented coping) and which you used to manage stress (emotion-oriented coping).



Adapted from Springer Nature *Resolving Treatment Complications Associated with Comorbid Medical Conditions* by Joseph Greer, Jessica Graham, Steven Safren 2010

2. Practice diaphragmatic breathing 5-10 minutes per day.

