Stress Management for Everyday Life: Practitioner Guide

THE TALKING THERAPIES UK PRACTITIONER GUIDES



Stress Management for Everyday Life: Practitioner Guide

Delivering the programme as guided self-help

A practitioner guide · 8 contacts · to accompany the workbook

TALKING THERAPIES UK

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First edition, 2026.

This guide accompanies the Stress Management for Everyday Life programme on the Talking Therapies UK self-help platform and its workbook. It is drawn from the programme and is kept current with it: whenever the programme changes, the guide is set again.

Revised and expanded edition, November 2026: the approach and its evidence, written practitioner notes and a worked example for every contact, the module's own teaching set out for the practitioner, and the answers to every sorting task and quiz.

Revision 7. This printing was set on 8 November 2026 from the programme as it stood that day.

A note on clinical responsibility. This guide supports qualified practitioners delivering guided self-help within their competence, their supervision and their organisation's policies. It does not replace clinical judgement, and its thresholds are guidance: where your service's policy differs, follow your service's policy.

Set in Poppins and Roboto, the Talking Therapies UK typefaces.

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How to use this guide

This guide is for qualified practitioners who support clients through the Stress Management for Everyday Life programme as guided self-help: a short supported contact after each of its 8 modules, with the client working through the programme or its workbook in between.

Part 1 sets out the model the programme is built on, what the research shows, and who the programme is for. Part 2 covers what every contact needs: your part in guided self-help, how to structure a contact, how to review each kind of worksheet, what to do when the work is not being done, how to adapt the programme, the check-ins and when to step up, and risk. Read Parts 1 and 2 before you begin with a client.

Part 3 has a chapter for each contact, to read before that contact: what the client has read in the module, why the skill matters, the messages to reinforce, a plan, the questions to ask, a worked example with dialogue, how to review the week's worksheets with their answers, and what to do when the skill is hard, how to adapt it and its cautions. Part 4 covers ending the work, supervision, and the checklist.

The guide follows the programme as it stands on the platform, so its plans name the programme's own modules, teaching and worksheets, and it is set again whenever the programme changes.

What this guide covers

- The model the programme is built on, and what the research shows
- Who the programme suits, how to assess for it, and when it is not enough on its own
- Your part in guided self-help, and how to structure each contact
- For each of the 8 contacts: what the client has read, why it matters, a worked example with dialogue, a plan, and the worksheets with their answers
- What to do when a skill is hard to learn or use, how to adapt it, and its cautions
- Keeping the work going, adapting the programme, the check-ins and stepping up, and risk at every contact
- Ending well, supervision, and a checklist for delivering the programme as designed

PART 1

The approach and the evidence

The model the programme is built on, what the research shows, and who the programme is for.

In this part

- Chapter 1, The model behind the programme: stress as an evolved response that is meant to complete, the appraisal model, and how the eight modules are built
- Chapter 2, What the research shows: the scale of work-related stress, the evidence for stress management and its components, and where individual work stops and the workplace must act

CHAPTER 1

The model behind the programme

What stress is

The programme starts from a premise the practitioner should share: stress is not a personal failing but what the human body does when it meets a demand. The stress response evolved for short, finite challenges, and it is very good at them. A demand is detected, the sympathetic nervous system and adrenaline prepare the body for action within seconds, and a slower hormonal system, the HPA axis, releases cortisol to sustain energy and alertness. When the demand is met, the system is meant to stand down and the body recovers. Module 1 teaches this cycle in plain terms, and the client's relief at hearing that their body is working as designed, rather than breaking down, is often the first change the programme produces.

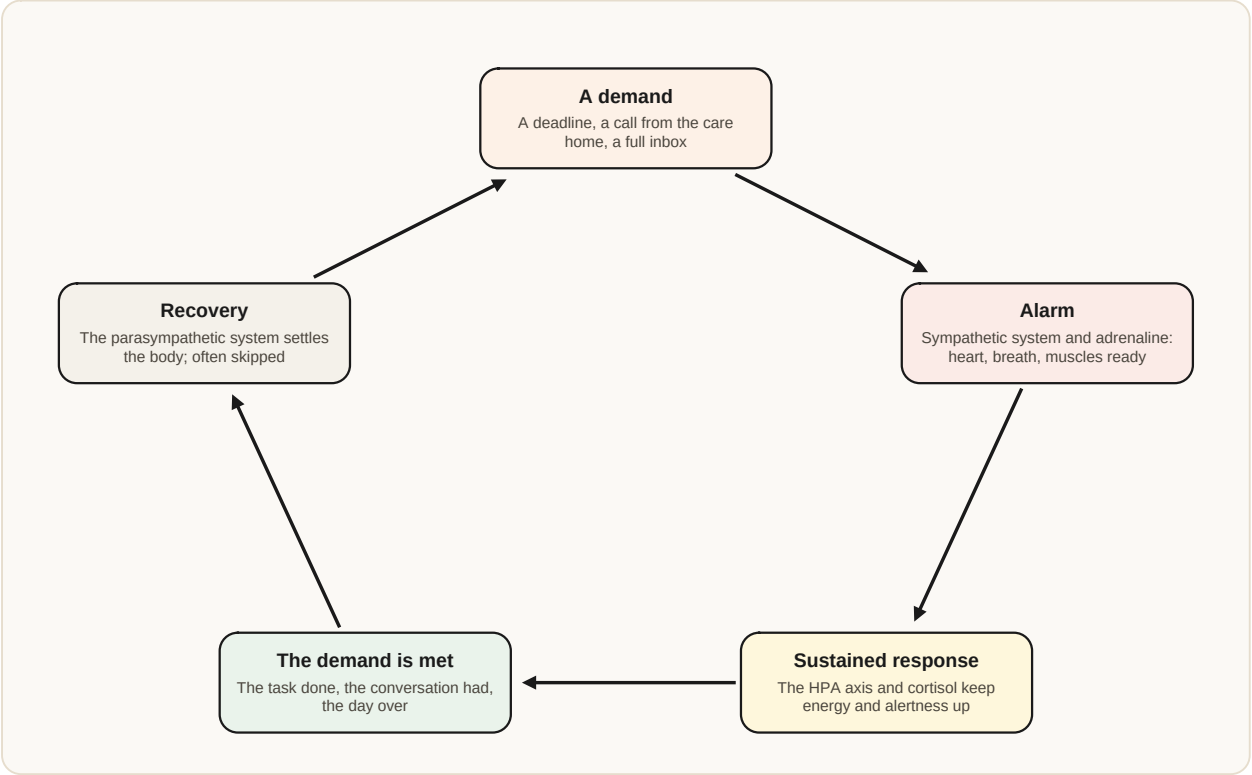


FIGURE 1.1 The stress response, and the step that chronic stress misses
Module 1 describes stress as a cycle that is meant to complete. A demand brings the fast alarm response and then the slower, cortisol-driven one; when the demand is met, the settling branch of the nervous system brings recovery. Chronic stress is the cycle without its last step: the next demand arrives before recovery has happened.

The trouble begins when the cycle does not complete. The deadline is met and the next arrives the same day; the argument ends but the tension does not; the working week finishes and the weekend brings its own demands. McEwen (1998) described the cost of this pattern as allostatic load: the wear and tear that results when the body's stress responses are called on too often, fail to adapt to a repeated demand, or fail to switch off when the demand has passed. The concept explains why people who are coping, in the sense of getting everything done, can still be paying a heavy price in sleep, digestion, mood, concentration and long-term health. It also explains the logic of the programme, which is as concerned with restoring recovery as with reducing demand.

The appraisal model

The cognitive core of the programme is the account of stress developed by Lazarus and Folkman (1984). Stress, in their model, is not a property of an event but of a transaction between a person and their circumstances. In primary appraisal the person judges whether a situation is routine, a challenge or a threat to something they value; in secondary appraisal they judge whether they have the resources to meet it; and as the situation unfolds they reappraise. The same email from a manager can produce no stress response at all in one person and a lost afternoon in another, and the difference lies in the two appraisals. The same authors distinguished problem-focused coping, which acts on the stressor itself, from emotion-focused coping, which manages the response to a stressor that cannot be changed, and the skill the programme teaches in module 5 is to know which a situation calls for.

How the programme works

The programme follows the order most clinicians would use. Module 1 explains stress, distinguishes eustress, distress and burnout, and sets goals. Module 2 is a stress audit, sorting the client's stressors by where they come from and whether they can be changed. Module 3 starts with the body, because stress shows there first, and teaches paced breathing, the body scan and a daily diary. Module 4 works on appraisals with a stress-thought record, and module 5 on behaviour: the four As (avoid, alter, adapt, accept) and time management. Module 6 builds the resources that set a person's capacity for stress, module 7 protects recovery with micro-recoveries and boundaries, and module 8 turns the work into a personal plan with early warning signs.

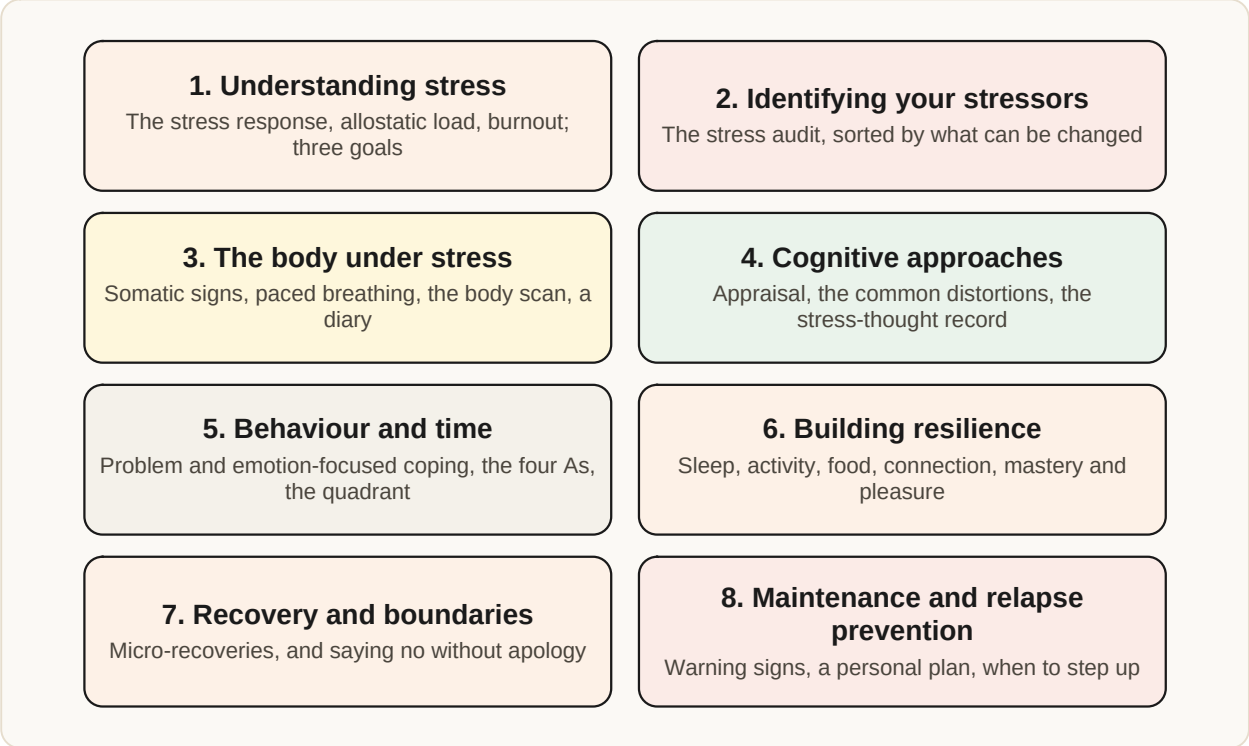


FIGURE 1.2 The eight modules and what each works on

The programme follows the order in which most clinicians teach stress management: understanding first, then the body, the mind and behaviour, then the resources that build capacity and the recovery and boundaries that protect it, and finally a plan that travels with the client.

How the modules are built

Each module has an introduction, one to three teaching sections, a sorting exercise that gives the client practice in recognising the module's ideas in other people's situations, a practical worksheet, a closing summary with practice for the week ahead, and a reflection, "Taking this forward", which asks what the client most wants to keep, when it will be hardest to use, and what exactly they will do then. The check-ins come in modules 1, 4 and 8: the PHQ-9 and the Work and Social Adjustment Scale in module 1, and the PHQ-9, GAD-7 and WSAS in modules 4 and 8. Take the GAD-7 at assessment too. Where your service uses it, the Perceived Stress Scale of Cohen, Kamarck and Mermelstein (1983), which measures how far a person appraises the situations in their life as stressful, is a useful addition, because it tracks the appraisals the programme works on more directly than the symptom measures do. The worked examples in this guide follow one

composite client, Sunil, through all eight contacts.

What the practitioner adds

The programme carries the teaching. The practitioner's part has three particular demands in stress. The first is to keep the work specific. Chronic stress is experienced as a fog that comes from everywhere at once, and the contact's most useful question is nearly always "which pressure, exactly, and what kind is it?" The second is to hold the balance between changing the situation and changing the response. Clients are often offered one or the other: either they are told to be more resilient about a workload that is genuinely unreasonable, or they spend months waiting for circumstances to change. The programme insists on both, and the practitioner's questions should too. The third is to notice the client's internal rules, such as "I should be able to handle it all" or "if I don't answer, it will all fall apart", which convert ordinary demands into chronic stress and which clients rarely see as stressors at all. Chapter 5 shows how a thirty-minute contact can keep its attention on all three.

CHAPTER 2

What the research shows

The scale of the problem

Stress is among the commonest reasons people seek help. In Great Britain, 964,000 workers reported stress, depression or anxiety caused or made worse by their work in 2024/25, and mental health conditions remain the largest single source of work-related ill health (Health and Safety Executive, 2025). Many more experience stress whose main source is outside work, in caring, money, housing or health, and the programme is written for both.

Burnout

Clients increasingly arrive describing themselves as burnt out, and the term deserves care. Maslach, Schaufeli and Leiter (2001) described burnout as a prolonged response to chronic emotional and interpersonal stressors at work, defined by three dimensions: exhaustion, cynicism and a sense of inefficacy. The World Health Organization (2019) included burn-out in the eleventh revision of the International Classification of Diseases as an occupational phenomenon, not a medical condition: a syndrome resulting from chronic workplace stress that has not been successfully managed, characterised by energy depletion or exhaustion, increased mental distance from one's job or feelings of negativism or cynicism about it, and reduced professional efficacy. The definition applies specifically to the occupational context. Module 1 uses a broader sense that includes caring roles, which is reasonable for a self-help programme, but the practitioner should know the formal definition, and should remember that exhaustion, withdrawal and a loss of efficacy are also features of depression, which needs to be assessed in its own right.

Stress management works

Richardson and Rothstein (2008) brought together 36 experimental studies of stress management programmes at work, representing 55 interventions and 2,847 participants. The overall effect was moderate to large, and cognitive behavioural programmes produced larger effects than the other kinds, such as relaxation, organisational or multimodal programmes. This is the strongest support for the shape of this programme, whose core is cognitive behavioural: appraisal and thought records, problem-solving and the four As, activity scheduling and boundaries, with the body-based skills alongside.

The components

Several components have their own evidence. Slow breathing is the most direct route to the settling branch of the nervous system that a client has. A systematic review of fifteen studies of breathing at fewer than ten breaths a minute found that it generally increased heart rate variability, a marker of parasympathetic activity, and was associated with greater emotional control and wellbeing, while noting that the evidence is still limited and the findings on anxiety mixed (Zaccaro et al., 2018). The recovery work of module 7 draws on research into how people recover from work. Sonnentag and Fritz (2007) identified four recovery experiences that protect wellbeing:

psychological detachment from work, relaxation, mastery, and control over one's own time; the module's end-of-day boundary and its micro-recoveries are practical routes to the first two. The emphasis on social connection in module 6 rests on a substantial evidence base: a meta-analysis of 148 studies, with 308,849 participants, found that people with stronger social relationships had a 50 per cent greater likelihood of survival over the periods studied (Holt-Lunstad, Smith and Layton, 2010). That is a finding about health and mortality rather than stress itself, but it explains why the programme treats connection as a resource rather than a luxury.

Where individual work stops

NICE's guideline on mental wellbeing at work (National Institute for Health and Care Excellence, 2022) is clear that individual-level approaches, such as stress management training, are not a substitute for organisational ones: employers should start with the organisation of work, and individual approaches add to that rather than replacing it. For employees with poor mental health, it identifies cognitive behavioural therapy, mindfulness and stress management as effective. This matters for how the practitioner frames the programme. A client whose stress comes from a workload or a workplace that is genuinely unreasonable should not be left with the impression that the problem is their resilience. The programme's audit, its four As and its boundary work are designed to help the client act on the situation, including by raising it with their employer, as well as on their response to it.

What the research does not show

No trial has tested this programme in its present form, and there is no NICE guideline for stress as such, which is not a diagnosis. The programme applies well-supported methods and is suitable for guided self-help where stress is the main difficulty and has not become depression, an anxiety disorder or burnout severe enough to stop the client working. The stepping-up guidance in Part 2 and in module 8 is the safeguard for clients for whom it is not enough.