Learn how to work through your stress responses by creating more healthy patterns of thinking, acting and feeling

CHOOSING BALANCE

The ABCs of Stress® Management

Book 1 in The ABCs of Stress® Series

DAN MCGEE, PhD

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CHOOSING BALANCE

The ABCs of Stress® Management

DAN MCGEE, PH.D.

Published by



P.O. Box 121301 Arlington TX 76012

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Manufactured in the United States of America

Author photograph by Studio Works Photography

Published March 2012

I would like to dedicate this issue of
Choosing Balance: The ABCs of Stress® Management
to my former colleague, the late Dan Taylor,
former CEO of DTA Resources, who helped me
transform an academic research publication
into a viable tool for thousands of people.

I would like to express my gratitude to colleague,
Annette Miller, M.B.A., for management of the
publishing process and design of the form,
"My ABC Stress Management Plan."

I would also express my appreciation for the work of
Linda Cross, M.A., for the editing skills
that she brought to Choosing Balance.

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FOREWORD



In a 1984 research project with stress-prone individuals, I demonstrated in an eighthour, month-long training program that stress-prone people have the capacity to reduce overall stress levels. Using pretesting, post-testing, treatment and control groups, I taught participants how to improve specific coping skills. Since that time my approach has been successfully used by many corporations, psychiatric hospitals, mental health professionals and U.S. federal agencies to reduce stress levels among employees and clients.

Your careful and thoughtful response to the information and instructions in this book will provide you with a personalized stress management program based on events which have happened to you and your habitual responses to them. This program has evolved through regular review and revision to improve and simplify it. I am indebted to hundreds of participants in recent years who have contributed to its effectiveness.

My hope is that you will benefit from their experience. Any serious program of personalized stress management will not be "quick and easy." People who want a quick fix for life-long problems will continue to be frustrated. If, however, you are willing to give this program a serious effort, you will reap benefits for years to come.

Dan McGee August 2011 Arlington, Texas

introduction

INTRODUCTION



"Dan, stress management can no longer be considered a trend. More than ever the public needs the tools you began developing over twenty years ago. Nothing I know of is more relevant to the economic crisis, terrorism threats and the day-to-day stresses of the twenty-first century." These words from a research psychologist were still ringing in my ears as my team sat around the conference table reviewing drafts for this book.

A corporate executive once told me that the best ideas out there have a lifespan of five years. I feel very fortunate that *ABCs of Stress*[®] has been used since the mid-1980s by various hospitals, government agencies, major employers and private consultants to help patients, employees and clients find balance in their lives.

As my life shifted from CEO to college professor, I said goodbye to my obsession with stress...until terrorists altered the landscape of New York City, September 11, 2001. In the years that have followed that event, we have as a people experienced the longest and most expensive war in our country's history and the gravest economic crisis since the stock market crash of 1929.

The cumulative psychological stress that erupted during the first decade of this millennium made a significant impact on the health of Americans. It should come as no surprise that today stress is linked to the number one cause of death in the United States, heart disease, and the number three cause of death in our country, stroke. Depression is reportedly the number one cause of absenteeism among American employees. And this is the tip of the iceberg.

In Stress Management: Approaches for Preventing and Reducing Stress, a 2011 Harvard Medical School Special Health Report, edited by Herbert Benson, MD, and Aggie Casey, MS, RN, stress was linked with a variety of illnesses. Chronic stress not only influences high blood pressure and heart disease, but ". . . may also suppress the

introduction

immune system and have implications for asthma, gastrointestinal disorders, cancer and ulcers." The report then adds, "Additionally, emerging research now supports the popular notion that high levels of stress somehow speed up the aging process."

I'm often asked if stress is the cause of this or that disease or disorder. My standard response is that no part of the human anatomy is safe from the effects of chronic stress.

Not every disease is caused by stress, but every disease is affected by it. As a family therapist I could say the same regarding the impact of stress on relationships.

In this book we cannot give the space needed to discuss the impact of stress on us psychologically, biologically, socially or spiritually. Neither can we cover how each of these dimensions of life can contribute to the solution. These are discussed thoroughly in our workshops. Nor can we identify and discuss each of the approaches to the treatment of stress, many of which we incorporate in other publications.

Our emphasis in *Choosing Balance* is on showing you how cognitive-behavioral intervention can help you find balance – balance in your thinking, your emotions and your behaviors.

The book is divided into Parts 1 and 2. Part 1 discusses the definition of stress, breaks psychological stress into components and considers healthy and unhealthy patterns of responding to stress. In addition, I discuss techniques for developing healthy responses to replace unhealthy ones. Part 2 walks you through exercises to begin changing your responses, to reset your default settings to offset irrational and nonproductive thoughts and to establish healthier beliefs and attitudes.

To this end on behalf of my wonderful colleagues, we offer you here a personalized resource for a healthier life.

part one



PART ONE



dynamic equilibrium

PART 1

DYNAMIC EQUILIBRIUM

The future belongs to those who can learn, unlearn and relearn.

-Adapted from Alvin Toffler



If you are reading these words, you probably don't need to be told how stress affects our daily lives. You know the relationship between stress and most major illnesses. You've read the statistics on healthcare costs and lost productivity. You may have experienced the sheer misery of relentless, grinding stress. Even reading these words may be causing you stress.

The good news is that you can choose to find a healthy balance in your life by developing appropriate responses to stressors. This book will walk you through the process that has enabled thousands of people over the past twenty-plus years to change their stress levels by learning and continuing to practice healthy thinking patterns that produce healthy behaviors and healthy emotions.

The concept of balance is deeply embedded in every aspect of our lives. Whether we are observing the planets in their orbits or microorganisms within the human body, balance is central to survival and life as we know it.

Exceptional feats of balance, as in gymnastics, are the result of discipline and hard work. Yet your primary source of balance is controlled by your involuntary nervous system.

dynamic equilibrium

Your body is constantly adjusting your heartbeat and respiration, regulating your body temperature, and sending and receiving messages by way of neurons and nerves throughout your body.

Early on, this process describing the body's capacity to remain stable when its environment is changing was called biological homeostasis. Today we call it dynamic equilibrium.

defining stress

DEFINING STRESS



Although there are other forms of stress, *Choosing Balance* focuses only on psychological stress. The psychological dimension of stress is able to create disease or speed healing, enhance a relationship or destroy it, contribute to resilience or lead to depression.

Some stress is necessary, even productive. Other stress is unnecessary, nonproductive and debilitating. It takes a toll on us emotionally and physically. This negative stress, i.e., *dis*tress, is based on and fueled by unhealthy, distorted thinking. We have the capacity to identify these nonproductive thought patterns, correct them and change the behaviors and emotions they produce.¹

There are a wide range of definitions given to the study of stress. My **definition of stress** and the definition I use throughout this book actually describes *the condition existing* when the stress response occurs:

Psychological stress is the mismatch between an individual's coping skills and the demands of the environment.

My definition of the stress response is:

The biophysical means by which the body attempts to mobilize itself for resolving a real or perceived threat to its survival.

¹ In our workshops, titled *Choosing Balance: ABCs of Stress® Management*, we use a four-dimensional model of stress, which includes biological, social and spiritual aspects of stress, as well as psychological stress. It is my hope that you will have the opportunity, if you haven't already, to participate in one of our workshops. All four dimensions of stress are dealt with in depth.



THE ABCS OF STRESS®



The psychological dimension of stress may be divided into three functional domains:

- A Affective Domain or emotions
- B Behavioral Domain or actions
- C Cognitive Domain or thoughts

It is sometimes difficult to determine which came first when experiencing a stressful event. Emotions, thoughts and actions interact and seem to take

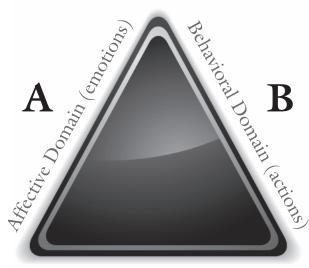
turns "causing" each other.

The ABCs of Stress® Model helps us consider how these domains interact in our distinct and personal stressful events. You will use this model in your work. A detailed model is located in Resources.

In addition to the ABC triangle, a second tool has been developed to help you analyze your stress events, "McGee's ABC Stress
Assessment[®]." Together these tools give you a structure for identifying the origin of your stress and how you might respond differently.

ABCs of Stress® Model

Three Functional Domains of Psychological Stress



Cognitive Domain (thoughts)

C

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automatic focus

"AUTOMATIC" FOCUS



Before we continue, let's stop for a moment to consider your "automatic" focus.

Imagine yourself in a bakery approaching the desert counter. The cake is already sliced but still in the cake pan. On which piece of cake do you focus? The largest? The one with the most icing on it? Why? We *choose* to focus on one piece.

When someone writes on the board and misspells a word, where do you focus? All the other words are fine. Why not focus on them?

In a crowd of people do you tend to notice a certain person? Perhaps your focus is on a person behaving badly or dressed "inappropriately." Or perhaps you focus on someone held in high regard, or on someone of a particular skin color or ethnicity. Why do you choose to focus as you do? You are free to focus on any person in the crowd.

There is a history of choices, opinions and experiences that shapes your responses to the stimuli in these examples. Your choices have become nonconscious. You are not immediately aware of the thoughts, beliefs, attitudes and conclusions about life that govern your everyday choices.

Wherever you find your focus, there is a history behind that choice. Our learned filters are those unique systems that are developed over time in our brains: our choices from exposure to certain events and the influence of significant people. These predispose us to focus on certain things. Is your focus realistic, rational, healthy and productive for you?

An unhealthy focus that has become automatic can be reset in the same way the old one was created. By considering your range of cognitive options and by exercising your freedom to focus, you can find balance.

automatic focus

When you sit down to think about your day or your life in general, it is important that you be aware you have an entire continuum of choices to focus on. There are things that are negative, right? There are also things that are positive, and there are things that fall somewhere in the middle between negative and positive.

Two individuals exposed to the same situation may respond in totally opposite ways. Why does one see it as a disaster and the other an opportunity? Their differing responses reflect the stored beliefs they each bring to that situation. One person zeros in on what potential good might exist in this event – good for his/her career, good for building skills, good for developing group support. The other sees only what terrible possibilities for failure the situation brings.

the cognitive continuum

THE COGNITIVE CONTINUUM



Every event of our lives falls somewhere on a continuum – a line of desirability from disaster to delight. It is our perception, our perspective, our appraisal based on accumulated thinking and acting over years that determines where on the continuum we focus.

I prefer to view our external and internal universes in terms of interactive systems, each impacting the course of the other. For the purpose of our dialogue in stress management, however, I want you to consider the cognitive process as a continuum in constant need of balancing.

The Cognitive Continuum

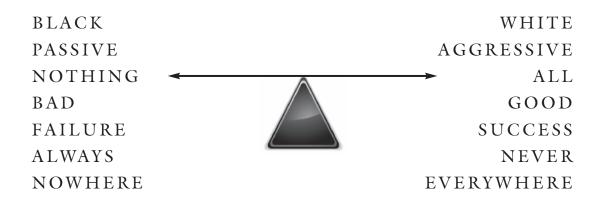


We have the capacity to activate thoughts ranging from the worst possible perspective to the best case scenario. We already know that events and circumstances in life do not determine our destiny. Rather, how we interpret those situations – a cognitive process – determines our response to life's circumstances and events. Our perceptions in life are the sum total of our conclusions gathered from previous experiences.

These conclusions, which are sometimes referred to as attitudes, are heavily influenced by significant others. Researchers attribute approximately fifty percent of brain development to genetics (nature) and fifty percent to environmental influences (nurture). Obviously, the hardwiring present at birth is always a factor in how strong or weak environmental influences become. Yet these genetic givens are undoubtedly shaped by the values and continuous reinforcement of one's family of origin and early environment. Over time, your own observations, interpretations of experiences and decisions become habitual and nonconscious.

the cognitive continuum

THE COGNITIVE CONTINUUM



faulty focus

FAULTY FOCUS



Faulty Focus Beliefs

Early in my career as a psychotherapist I came to the conclusion that many, if not all, of us are predisposed to think in extremes – to appraise situations from either one end of the cognitive continuum or the other.

First consider the person always on the positive extreme. Perhaps no one is more obnoxious than the eternal optimist.

There is a story I like to tell about the boy who always saw the bright side of everything. He considered himself fortunate no matter how tough life got. He worked for a weather-beaten, hardnosed horse trainer who liked to poke fun at the boy in

The Cognitive Continuum



front of the other workers. One day the trainer ordered the foreman to assign the boy a stall where they stored horse manure, which was by then six feet deep. His instructions were to shovel the manure from one stall to the next – with no explanation as to the reason for such a task.

At the end of the day the old trainer and foreman made their way to the smelly, fly-infested stall where the boy was still shoveling as fast as he could. "How's it going, kid?" the trainer asked with a grin and wink at the foreman. "Well, sir," the boy replied, mopping his brow with his shirttail, "I'm not done yet, but there's a pony in here somewhere!"

faulty focus

While we tend to admire the optimist for always seeing the glass half full, there are those whose point on the continuum is *always* positive – to the extreme. When a budget is being proposed they want to go for the most improbable and unrealistic amount possible. When all facts point to the contrary there are those who envision a victory in war. There is that person whose self-perspective and self-value are so extreme as to qualify as a narcissist – always right, always best, always most important, to the detriment of the group. There are people so unrealistic as to believe that everything will always happen in their best interests, or the best interests of their team, group or nation. Each of these would ask that we not confuse the situation with the facts.

Since most of us, however, seem to suffer from an obsession with the negative, I want to draw our attention to the unnecessary stress we suffer which results from our focusing on the negative extreme.

I am always the one left out!

I never get a promotion!

It's clear that he did it on purpose!

I'm stupid!

There is no way this is going to work!

There is no way this is going to work!

This kind of distorted thinking is determined by where on the continuum a person is inclined to focus. It is as though there is a default setting that preselects an extreme response.

They are all selfish!

We know, in fact, that two individuals exposed to the same stimulus may act in polar opposite ways. We have learned that their responses are governed by nonconscious thoughts or beliefs which predispose them to think about the stimulus in different ways. Through these individualized filters each of us views the world and forms our responses.

In an effort to help us see the absurdity of thinking in the extreme, I composed the following:

Neither Here. . . Nor There

Black is black
And white is white,
From an objective source they say.
But it doesn't square
With the life I share
Among those who are shades of gray.

Good is good
And bad is bad,
Certain reasonable people agree.
But if I must choose one
And the decision is done
Why do I find both in me?

All is all
And none is none,
Say the rich and the poor as one.
But so distant the space
From praise to disgrace
I think I had rather have some.

Whenever you think of the world in extremes

And the Polar Regions you see

Consider, my child, where most of us live

And the reasons we be where we be!

choosing your focus

CHOOSING YOUR FOCUS



When you consider the entire spectrum of responses available to an individual, why do some choose such extreme responses? Do they not realize they have a choice?

Consider how different their thinking would be if they focused on another place on the continuum:

The Cognitive Continuum

There are times when I've been included. Perhaps I will be included. If not, I will survive.



It would be nice if I got promoted, but if not, perhaps there is something better for me down the road.

I really don't know what was in his mind, but I will assume the best and ask him to interpret for me what he did.

I make mistakes, as everyone does, but I'm smart enough to handle most situations.

Let's see how I can make this work. Perhaps I will succeed. If not, I will learn from it and succeed next time.

Some people appear to be selfish who, when you know the circumstances, really are not. There are many people I know who are very unselfish.

You and I have choices we can make. We can change our default settings by identifying the unhealthy beliefs and substituting healthy ones, practicing them over time until the new ones become our default setting. In other words, we must make our nonconscious beliefs conscious, recognize their distortions and reconstruct them into beliefs that bring balance to our thinking.

managing reflexive responses

MANAGING REFLEXIVE RESPONSES



I call cognitive distortions "Faulty Focus Thinking" that results in "Faulty Focus Beliefs." These Faulty Focus Beliefs tend to be opposite ends of a continuum. For example, "nothing good ever happens to me" or "everything bad happens to me." In reality, there is a mixture of good and bad that happens to all of us, most of which would be represented by a place on the continuum somewhere in the middle between the extremes. Healthy minds normally do not operate in absolutes and opposites but rather on a continuum.

recognizing rational responses

RECOGNIZING RATIONAL RESPONSES



I am a strong advocate of positive thinking. When we have a choice, positive thinking certainly beats negative thinking. Yet, there is a difference in positive thinking and rational thinking.

I may believe I could be the lead baritone with the Metropolitan Opera or throw touchdown passes for the Dallas Cowboys. Those are positive thoughts (from my perspective), but they are not rational.

Not everything in life *is* positive. Some things are extremely painful. It is hard to see what is positive about children dying of hunger or the senseless murder of citizens by a vengeful dictator. There rests the difference in positive thinking and balanced thinking.

Are we ever faced with situations that demand what we would otherwise consider a negative stress response? Of course. There are times when an extreme circumstance requires an extreme but rational response. But then it is not an extreme response if it is rational – if the thought processes, the emotions and the action represent a reasonable, healthy response based on reality instead of distorted thinking. Consider the following example.

Stimulus: if someone is holding a gun to your back and asks for your purse, your rational emotional response is fear, perhaps anger. Your rational action is compliance. Some of your rational beliefs might be:

- People who use guns to rob people are usually capable of firing them.
- People shot in the back at close range either die or suffer painful injury.

recognizing rational responses

- Life or life without painful injury is more valuable than money.
- When life or injury is threatened for no good purpose, reasonable people act to protect their lives.

You could certainly make a case that fear or anger, accompanied by compliant actions, based on any one of the above beliefs would be rational.

Some questions I like to consider when trying to differentiate between healthy, appropriate and unhealthy, nonrational or nonproductive beliefs are:

- Is this belief based on my perception or on objective fact?
- Is this belief healthy for me physically, emotionally and relationally?
- Is this belief consistent with my own values and goals?
- If everyone acted as if this belief were true, would it make for a better world?

THREE KINDS OF THINKING



Automatic and often distorted responses represent the default setting in your brain. Faulty Focus can drive you to an unhealthy point on the continuum. This Faulty Focus does not empower you to reach your goals – and may, in fact, prevent your doing so. What you may need is a change in your default setting.

The good news is that you can choose to find a healthy balance. You can change your default settings by repeatedly practicing healthy thinking that produces healthy behaviors and healthy emotions.

As we move toward a more productive understanding of stress, keep in mind that there are three kinds of thoughts involved in the ABCs of Stress[®]: conscious thinking, nonconscious thinking and the use of imagery.

1. Conscious Thinking: Thoughts I Know I'm Thinking

If I asked you to stop and share with me the thoughts going through your mind at this very moment, you could do it. It's easy to repeat thoughts you know you are thinking. You would have no problem writing them down.

That is precisely what I will ask you to do when I walk you through "McGee's ABCs Stress Assessment" form. These are called "conscious" thoughts because you are conscious of them when the event takes place.

2. Nonconscious Thinking: Thoughts I Don't Know I'm Thinking

I have already discussed the cognitive continuum and how Faulty Focusing on that continuum impairs our responses to important events in our lives. We have looked together at how unhealthy focusing can become entrenched and automatic over time. Now let us look more deeply into the nature of nonconcisous thinking.

If I ask you to share with me your nonconscious thoughts, it takes a little more effort to identify them because you are not aware of them. It is possible, however, to become aware of them through deductive reasoning.

Let's consider an event in which you reacted in a counter-productive way. This event is the "stimulus." What were the emotions and behaviors that followed the stimulus?

Now ask yourself, "What beliefs would I have to hold for those feelings and actions to have been produced by that event?"

You will learn that the emotions and behaviors were not produced by that event, but by the beliefs you hold related to that event. This is why it is so important to identify your beliefs and assumptions.

Perhaps two examples of nonconscious thinking would be helpful.

Learned and stored skill sets:

Skill sets are thought-behavior responses that become linked over time through repetition. When you got into your car this morning, you did not have to think about how to start the car, what gear to select, how to turn the steering wheel or initiate a left turn signal. Most of the time we reach our destination without any conscious thought of the driving skills so important to our safety. Otherwise, we would have to relearn these skills every morning.

Learned and stored beliefs:

Let us imagine a social event to which you are invited. The invitation arrives and you stare at the RSVP for several minutes. You feel yourself becoming anxious. Soon your breathing becomes labored, your palms perspire and you feel yourself becoming unsteady on your feet. That night you create all kinds of terrible scenarios in your mind. Finally, you take a deep breath, call the RSVP number and decline, reporting that you will be out of town on that date (not true).

The stimulus is the invitation. The response is anxiety. The behavior is calling to decline the invitation and offering an untrue reason for not attending.

Nonconscious beliefs you may hold that create these responses are: "I'm inadequate," and "for me to enjoy the evening everyone present must like me." How did you identify these beliefs? By reviewing your responses to other similar events in the past when you felt anxiety, accompanied by physiological stress symptoms, and by examining your behavior, i.e., declining the invitation, in response to the invitation.

The brain has this marvelous capacity to record, package and store thoughts in assimilated packages (neurons connected by repetition of impulses) so that you do not have to *consciously* think about them each time you need them. This amazing organ connects and integrates cognitions in such a way that even as you approach a new challenge altogether you bring with you a network of related thoughts that enable you to know how to respond instantaneously.

Applying Stored Thoughts to a New Challenge

For example, an American driving in England, where they drive on the "wrong" side of the road, may be temporarily frustrated. But the brain is equipped to retain the skills that remain important and develop new ones necessary to negotiate new conditions.

In our brains are stored beliefs, attitudes and conclusions we have made about every aspect of our lives. Here lie our ingrained thoughts about other races, people of other ages, gender roles, clothing styles and certain behaviors that are indicators of things we have been taught in the past. Within these attitudes lies the source of emotions and behaviors that can be either destructive or productive. The good news remains that we have the capacity to alter irrational and nonproductive thoughts, beliefs and attitudes, and construct new ones that represent the values by which we choose to live.

3. Imagery: Mental Pictures

Thoughts are not limited to words assigned meanings by languages. Thoughts can and do often take the form of images. An image, a graphic representation, a mental "snapshot" frequently accompanies word thoughts. They can occur consciously as you observe a stimulus or they may be a nonconscious picture stored in your memory from past experiences. An image can be positive or negative, but they will reflect the

point of focus on the cognitive continuum.

In the example above about the invitation and RSVP, you will recall that upon receiving the invitation to the social event, the individual imagined all kinds of scenarios for that evening. It is believed that the more right-brained an individual is, the more likely thoughts will include seeing, envisioning or picturing an event or setting. In the case mentioned above, this person likely envisioned certain people upon entering the room frowning or turning away.

Sometimes these images flow in a string or chain of negative thoughts, becoming more and more distorted with the potential of producing serious levels of depression. Amazingly, much like distorted word thoughts produced by Faulty Focus, negative images can be transformed into healthy, rational, positive images by altering our point of focus on the cognitive continuum.

Let's begin the process starting with "McGee's ABC Stress Assessment"."

part two



PART TWO



abc stress assessment

PART 2

How to Use

MCGEE'S ABC STRESS ASSESSMENT®



Use a blank copy of "McGee's ABC Stress Assessment®" from the RESOURCES pages. Examples of completed assessments are in the EXAMPLES pages.

Select a recent event in your life which resulted in *counter-productive* stress for you. In response to the *event*, you felt depressed, hostile or anxious, or a combination of these. You then acted negatively, doing something you later regretted. In order for this assessment to work, you need to use only *one* event. The event, however, may be representative of other stressful

experiences in your life.

Stimulus: Beside the word "Stimulus" briefly record the trigger which seemed to cause the stress of this event. The stimulus may be an event, a person, a particular environment or even an idea which led to bad feelings and actions. Do not interpret or elaborate. All that is needed here is a short, simple statement of facts.

Stimulus (a re	McGee's ABC Str Please refer to Choosing Balance is Workshops are also available by DMA-Certified Con- eccut event which resulted in stress for you]:	
	WHEN STIMULUS OCCURRED:	WHEN STIMULUS OCCURS AGAIN:
Step A	Emotions I felt	Emotions I want to feel
Step B	Behaviors I acted out	Behaviors I want to act out
Step C	Conscious thoughts I had	Conscious thoughts I want to have
	Nonconscious thoughts/beliefs I had	Beliefs I want to hold
	Images I had	Images I want in mind
signment After completing	; above, return to shaded area, ous thought and circle it. Select one belief and circle it. Select one image	Copyright of 1984, 2010 by P. Dywiell McGing, Ph.D., Adengton, Tispus, All rights arraved, Unsubdivinged displaces prohibility.

Here are some examples of a stimulus:

- I received a phone call indicating that the company had hired another person.
- Our new friends called to say they had to cancel the dinner engagement for this Friday evening.
- I received an email following the art exhibition with these words, "Is this your only painting?"
- I was asked by my teacher to be prepared to "defend" my paper in front of the class next week.
- My best friend said my idea was stupid and would never work.



When the Stimulus Occurred

Using the left side of the stress assessment form, complete each of the three steps below.

A – Affective Domain Emotions I Felt

List the emotions you felt when the stimulus occurred, such as

- Hostility (anger, bitterness, resentment)
- Anxiety (nervousness, fear, the jitters)
- Depression (feelings of hopelessness, negative feelings, the blues)

B – Behavioral Domain Behaviors I Acted Out

Describe the behaviors you acted out, what you did or said in response to the stimulus.

- Actions are observable behaviors.
- Avoidance or withdrawal can also be a behavior.

C – Cognitive Domain Thoughts, Beliefs and Images I Had

There are three elements to consider under the Cognitive aspects of your event: conscious thoughts, nonconscious thoughts and beliefs, and images that came to mind. To review these Cognitive aspects, turn to "Three Kinds of Thinking."

- 1. **Conscious Thoughts:** Remember what you were thinking as the stimulus occurred and record your conscious thoughts on the stress assessment.
 - These thoughts are usually reactionary and often are not completely rational when evaluated later.

- Don't correct your thoughts now. Write them as they occurred.
- Remember these were conscious thoughts in reaction to a stimulus. You were aware you were thinking them.
- If a thought took the form of a question, a statement was probably implied. Change the question into a statement which carries the true meaning of the question.
- Nonconscious Thoughts, Faulty Beliefs and Conclusions: In this space record the beliefs you likely held in order to have felt and acted as you did when the stimulus occurred.
 - These are beliefs or conclusions about life which are foundational to your conscious thoughts, actions and feelings.
 - If you find this difficult, and many people do, ask yourself, "What must I believe about this subject to have felt and acted as I did when the stimulus occurred?"
- Images: Record any images you may have seen in your mind when the stimulus occurred.
 - Many people seem to visualize or picture something in response to events.
 - Recall carefully the stimulus and determine whether your thoughts took the form of a scene. If so, describe it/them here. If not, leave this section blank.

This completes the left side of the assessment which describes the past. The right side of the assessment addresses the future.

NEGATIVE THOUGHT CHAINS



Before we continue with the future component of the ABC stress assessment, it is necessary to take a few moments to consider negative thought chains.

Negative thoughts often generate additional negative thoughts, producing a chain of deepening despondency and increasingly counterproductive thoughts. Due to the accompanying biochemical imbalance associated with depression, the thoughts literally become absurd unless intervention occurs. This explains how an otherwise rational person can reach the extreme point of suicide or even homicide.

It is urgent to stop the counterproductive spiral before it creates such an emotional and biochemical imbalance that survival is in question. Sometimes drug therapy is a reasonable temporary alternative, if enough stability to work on thought processes can be gained. The unhealthy cognitive-behavioral (thinking/acting) patterns must ultimately be re-learned, however, in order to achieve a healthy emotional balance. All of this can be done while considering both the developmental needs of the individual and the dynamics of the environment.

Here is an example of a negative thought chain in the example of receiving an RSVP and becoming anxious:

No way! I can't talk in front of that group. I will make a fool of myself. They will know how stupid I am! Everyone will reject me and I will never get the promotion. I will get fired. I will never find another job. I will be homeless.

In negative thought chains, one distorted thought leads to another, each one more catastrophic than the last, until rational reasoning simply drops off the horizon altogether.

When the Stimulus Occurs Again

Using the right side of your "McGee's ABC Stress Assessment[©]," complete each of the three steps to describe the responses you would like to have when the stimulus occurs again.

A – Affective Domain Emotions I Want to Feel

List the *positive*, *healthy* or *appropriate* emotions you would like to feel should the stimulus occur again.

- 1. Remember that on some occasions negative emotions, i.e., hostility, anxiety or depression, are appropriate.
- 2. Only when you are truly thinking rationally are you qualified to determine whether your response was appropriate.
- 3. Ask yourself, "At my healthiest self, is my negative emotion here appropriate?"
 - If your answer is, "No, my emotions were not appropriate," list in this space the emotions you want to experience should the stimulus occur again.
 - If your answer is, "Yes, my emotions were appropriate," then write the same emotion on the right side that you recorded earlier on the left.

Examples of positive emotions are calmness, peacefulness, happiness, joyfulness and hopefulness.

B – Behavioral Domain Behaviors I Want to Act Out

Describe the way you would prefer to behave if the stimulus should occur again.

- 1. Remember, these are actions, things you'd like to do differently if confronted with the same conditions again.
- 2. If you choose to behave as you have acted before (refer to the left side again), make certain that you have made the healthiest choice possible.

Some examples of healthy behaviors:

- I will greet my critic with calm confidence.
- I will spend more time with those supportive of me.
- I will write myself a note acknowledging things I do well.
- I will acknowledge my mistake as a part of being human and describe what I have learned from it.

C – Cognitive Domain Thoughts, Beliefs, Images I Want to Have

Again, as in your past event, there are three elements to consider under the Cognitive aspects of a future event: conscious thoughts, nonconscious thoughts and beliefs, and images that come to mind.

- 1. Conscious Thoughts I Want to Have: Consider those thoughts you would like to have move through your conscious mind should the stimulus occur again.
 - What might be a healthier thought-response next time?
 - Your thought-response to the stimulus last time may seem to have been automatic and thus uncontrollable. It only seems so because you learned that thought-response long ago and have acted on it repeatedly.
 - Choose a healthy thought-response now and record it on the assessment.
- 2. **Beliefs I Want to Hold**: Beliefs are *attitudes* or *conclusions about life* which are held in the mind. These beliefs are *learned*. At one time they were *conscious*. After a time, however, of thinking and acting on them repeatedly, the mind stores them for automatic response. Without this process we would have to rethink every response, wasting mental energy and valuable response time.
 - Are there *healthy* beliefs, attitudes or conclusions about life related specifically to this stimulus which you would like to hold in your mind for future response?
 - Record the belief(s) you want to hold.

Some examples of affirming beliefs:

- I do not have to be an expert in everything. I will do my best and be happy with the outcome.
- When unexpected changes occur I will picture the best possible outcome.
- I will give myself a few minutes to think about this problem and make the best choice I can, and move on.
- Not everyone has to approve of me or my choices. I'm pleased with my decision.
- 3. **Images I Want in Mind:** Consider the *healthy, positive images, pictures or scenes* you would like to see in your mind should the stimulus occur again.
 - Some people seem to "see" thoughts more often than other people do.
 - Clinicians continue to report that most patients/clients have the capacity to develop this skill.
 - The use of imagery in sports continues to grow. For example, "Imagine in slow motion the precise desired path of the tennis ball just prior to your serve."
 - Imagery has proven to be an effective tool for changing behavior, one which you may now choose to develop for yourself with this assignment.
 - Images are powerful, so make certain you choose *healthy* picture-thoughts to record here.

Some examples of healthy images, pictures or scenes:

- I see a snapshot of myself crossing the finish line smiling.
- I picture myself at the podium being applauded.
- I see myself in a group of people enjoying myself.
- I picture myself smiling gracefully when she criticizes me and calmly thanking her for her opinion.

POSITIVE THOUGHT CHAINS



Earlier we discussed the effect of *negative* thought chains which are held together by unhealthy thoughts escalating in intensity, which may lead to serious depression and even violent behavior. Like most things in the human experience, whatever is negative has a positive expression (and vice versa).

We have the power to take a *spiraling* negative thought chain, intervene with a healthy thought-link and reverse the process.

Use this section of this assignment to practice positive thought chains.

The next time a negative thought chain is underway, stop it by asking, "What is the *best* possible outcome?" Begin using positive, healthy verbal statements and images immediately and watch what happens! Not only will you *feel* better (**Affective Domain**), but your physical body will respond with a biochemical change which, in turn, will make it easier to *think* healthy thoughts...a *natural high!* You will then find it easier to *act out* healthy behavior (**Behavioral Domain**).

Perhaps it is becoming clearer how you may *live* healthier: *Think healthy, act healthy. Think healthy, act healthy.* Think healthy, act healthy. Then comes the part we spend billions annually to achieve (unsuccessfully): we *feel* healthy.





Now you are ready to develop your own ABC Stress Management Plan. It's based on your own assessment of your past behavior in a stress event and the desire you have expressed for a new, healthier behavior should the stressor reoccur.

You will need the "McGee's ABC Stress Assessment[®]" that you just completed. You will use the right side of the assessment and work through steps C, B and A. Also, you will need "My ABC Stress Management Plan."

Exercise 1: Developing Conscious Thoughts I Want To Have

Look again on the right in the shaded area of your completed "McGee's ABC Stress Assessment[©]," Step C.

- 1. Select one healthy *thought-response* which you would like to develop.
- 2. Circle it.
- 3. Condense the statement into as few words as possible, capturing your main idea.

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- 4. Write this statement under Exercise 1 on "My ABC Stress Management Plan."
- 5. Set aside two minutes, three times a day and re-create in your mind the stimulus, substituting your new healthy thought-response each time you recall the stimulus (whatever triggered the bad feelings and actions last time).
- 6. Continue the stimulus/new thought-response exercise daily for fourteen days, three times a day, two minutes each.

The above exercise focuses on developing an immediate automatic healthy thought-response to the stimulus which, in the past, triggered a negative thought-response, resulting in negative feelings and actions.

Sometime in the distant past, with the help of significant others, you created and repeated over time the old negative thought-response each time the stimulus occurred. This habit established your knee-jerk response to the stimulus. By seriously practicing the above mental exercise you create a new stimulus-response using the same process which created the original one.

Exercise 2: Affirming Beliefs I Want to Hold

Continuing down the right side shaded area under Step C, consider the beliefs you have listed there.

- 1. Select one healthy belief you would like to act on.
- 2. Circle it.
- 3. Copy this affirming belief to Exercise 2 on "My ABC Stress Management Plan."
 - State the belief in a brief, easy-to-remember sentence.
 - Use positive words, avoiding the use of negatives.
- 4. After completing the above thought-response in Exercise 2, take an additional two minutes, three times a day to rehearse your newly chosen belief.

This exercise focuses on development of a healthy underlying belief or attitude related to this particular stimulus as well as other related stimuli. It is my belief that while the first assignment (above, Exercise 1) establishes a healthy stimulus-response habit, this assignment (Exercise 2) works at a deeper level in establishing foundational healthy attitudes which may affect other responses.

Exercise 3: Creating Images I Want to Keep in Mind

Again, continuing down the right side shaded area under Step C, focus on the *image*, *picture* and/or *scene* you recorded there.

- 1. Select one healthy *image*, *picture or scene* you would like to enact.
- 2. Circle it.
- 3. Copy this to Exercise 3 on "My ABC Stress Management Plan."
- 4. Following the above two-minute exercises, take one additional minute to rehearse your newly created image. Remember this exercise will be more effective if the image represents a positive, healthy outcome.

This exercise may well be the most important of the three above assignments. Research is mounting in support of the use of imagery in achieving goals. If the imagery selected is realistic, positive, healthy and directly related to the above newly chosen thought-response and the newly chosen belief, then you have a powerful three-pronged attack likely to result in short and long-term change.

Exercise 4: Behaviors I Want to Act Out

Finally, looking again to the right side, this time concentrate on Step B. Reflect on the *behaviors* you identified as healthy and the *actions* you want to take should the stimulus occur again.

You are not always able to rehearse these actions as you are able to rehearse thought, beliefs and images. You *are* able, however, to prepare for new healthy behavior by selecting actions which express your newly chosen thought-response, your newly chosen belief and your newly chosen image.

- 1. Identify two *actions or behaviors* you can perform which express your new thought-response, belief and image.
- 2. Circle these actions or behaviors.
- 3. Copy this to Exercise 4 on "My ABC Stress Management Plan."
- 4. Determine to *act out* these new behaviors within this fourteen-day assignment period.

You should find it much easier than ever before to accomplish your goals. Your cognitive processes, such as thoughts, beliefs and attitudes, and mental images, will be pulling you in this new direction.

Be brave and choose supportive actions as you succeed in your new behavior.

Results: Emotions I Want to Feel

This brings us back to "A" of *ABCs of Stress*® Model. Look at Step A, on the right side of "McGee's ABC Stress Assessment®," "Emotions I want to feel."

- 1. When you discipline your mind with healthy thought-responses, substantive beliefs and positive mental images, your thinking and your acting become healthy.
- 2. Interestingly, the end result of all this work proceeds not from A to B to C, but actually the reverse: Cognitive (healthy thinking), Behavioral (healthy acting), Affective (healthy feelings.)

Assignment Summary

Use the bottom section of "My ABC Stress Management Plan" to check off your exercises as assigned.

1. Rehearse three times a day, five minutes each time, for fourteen days.

The five minutes are divided into:

- Exercise 1: Two minutes of *Stimulus/Thought-Response* exercise,
- Exercise 2: Two minutes of *Belief* exercise,
- Exercise 3: One minute of *Imagery* exercise.
- 2. Select two behaviors expressive of the above thought, belief and image chosen.
- 3. Act on them.

While it must always be remembered that these exercises are not meant to replace psychotherapy or other necessary forms of medical treatment, it should never be overlooked that many people have found these recommendations to be effective in dealing with a wide range of problems.

REMEMBER!



The process works when you...

Think healthy. Act healthy.

Think healthy. Act healthy.

Think healthy. Act healthy.

Cognitive. Behavioral.

Cognitive. Behavioral.

Cognitive. Behavioral.

What does all this healthy thinking and acting produce?

BALANCE

And balance makes us

Feel Good!



RESOURCES



abcs of stress® model

ABCs of Stress® Model

Three Functional Domains of Psychological Stress

Please refer to *Choosing Balance* for complete instructions.



Cognitive Domain (thoughts)

"What I Thought"

Conscious Thoughts Non-conscious Thoughts Imagery

Workshops are also available by DMA-Certified Consultants.

Contact www.drdanmcgee.com.

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Date:_

McGee's ABC Stress Assessment

Workshops are also available by DMA-Certified Consultants. Contact www.drdanmcgee.com. Please refer to Choosing Balance for complete instructions.

Stimulus (a recent event which resulted in stress for you):

	WHEN STIMULUS OCCURRED:	WHEN STIMULUS OCCURS AGAIN:
Step A	Emotions I felt	Emotions I want to feel
Step B	Behaviors I acted out	Behaviors I want to act out
	Conscious thoughts I had	Conscious thoughts I want to have
Step C	Nonconscious thoughts/beliefs I had	Beliefs I want to hold
	Images I had	Images I want in mind
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- 1. After completing above, return to shaded area.
- 2. Select one conscious thought and circle it. Select one belief and circle it. Select one image and circle it.
- 3. Set aside five minutes three times each day for two weeks. Use the first two minutes to practice recreating the stimulus (top of page) using the new conscious thought circled above. Use the next two minutes to rehearse the new belief circled above. Use the final one minute to rehearse the new image circled above.
- 4. Select two actions which will express the thoughts, beliefs, and images recorded in the above shaded area and act these out at appropriate times over the next two weeks.

Date:_

McGee's ABC Stress Assessment

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Stimulus (a recent event which resulted in stress for you):

	WHEN STIMULUS OCCURRED:	WHEN STIMULUS OCCURS AGAIN:
Step A	Emotions I felt	Emotions I want to feel
Step B	Behaviors I acted out	Behaviors I want to act out
	Conscious thoughts I had	Conscious thoughts I want to have
Step C	Nonconscious thoughts/beliefs I had	Beliefs I want to hold
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- 4. Select two actions which will express the thoughts, beliefs, and images recorded in the above shaded area and act these out at appropriate times over the next two weeks.

Name:	Date Started:	

My ABC Stress Management Plan

Copy your circled responses from "McGee's ABC Stress Assessment[®]" to the matching exercises here. Condense each statement into as few words as possible.

Exercise 1: My healthy thought-response I want to have when the stimulus occurs again is:
Exercise 2: My affirming belief I want to hold when the stimulus occurs again is:
Exercise 3: My healthy image, picture or scene I would like to enact when the stimulus occurs again is:
Exercise 4: Two actions or behaviors I can perform to support the exercises above are:

Assignment Summary: Rehearse the above exercises (1, 2, and 3) three times a day, five minutes each time, for 14 days. Follow up with Exercise 4 at least twice during this period.

Check off a box each time you rehearse an exercise.		DAY 1 Date		DAY 2 Date		DAY 3 Date			DAY 4 Date			DAY 5 Date			DAY 6 Date			DAY 7 Date			
Exercise 1 Thought Response (2 minutes)	1																				
Exercise 2 Belief (2 minutes)																					
Exercise 3 Imagery (1 minute)																					

Check off a box each time you rehearse an exercise.	DAY 8 Date		DAY 9 Date		DAY 10 Date			DAY 11 Date			DAY 12 Date			DAY 13 Date			DAY 14 Date			
Exercise 1 Thought Response (2 minutes)																				
Exercise 2 Belief (2 minutes)																				
Exercise 3 Imagery (1 minute)																				

Exercise 4: Behavior #1: Date acted on	Behavior #2: Date acted on	
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Name:	Date Started:

My ABC Stress Management Plan

Copy your circled responses from "McGee's ABC Stress Assessment[®]" to the matching exercises here. Condense each statement into as few words as possible.

Exercise 1: My healthy thought-response I want to have when the stimulus occurs again is:
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Exercise 3: My healthy image, picture or scene I would like to enact when the stimulus occurs again is:
Exercise 4: Two actions or behaviors I can perform to support the exercises above are:

Assignment Summary: Rehearse the above exercises (1, 2, and 3) three times a day, five minutes each time, for 14 days. Follow up with Exercise 4 at least twice during this period.

Check off a box each time you rehearse an exercise.		DAY 1 Date		DAY 2 Date		DAY 3 Date			DAY 4 Date			DAY 5 Date			DAY 6 Date			DAY 7 Date			
Exercise 1 Thought Response (2 minutes)	1																				
Exercise 2 Belief (2 minutes)																					
Exercise 3 Imagery (1 minute)																					

Check off a box each time you rehearse an exercise.	DAY 8 Date		DAY 9 Date		DAY 10 Date			DAY 11 Date			DAY 12 Date			DAY 13 Date			DAY 14 Date			
Exercise 1 Thought Response (2 minutes)																				
Exercise 2 Belief (2 minutes)																				
Exercise 3 Imagery (1 minute)																				

Exercise 4: Behavior #1: Date acted on ______ Behavior #2: Date acted on _____

McGee's ABC Stress Assessment

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Stimulus (a recent event which resulted in stress for you): I looked up and saw my boss coming into ow department

	WHEN STIMULUS OCCURRED:	WHEN STIMULUS OCCURS AGAIN:
•	Emotions I felt	Emotions I want to feel
Step A	anxiety, fear	calm, at ease
	Behaviors I acted out	Behaviors I want to act out
Step B	Frantically grabbed the phone pretending to make	greet boss confidently; ask how his son in college is
	Conscious thoughts I had	Conscious thoughts I want to have
	Dh my gosh! I'm getting fired!	(He's Keeping in touch with our department;) he may
		be heve to thank us for the last project.
	Nonconscious thoughts/beliefs I had	Beljefs I want to hold
Sten C	I'll never find another job; we will go bankrupt	(I'm really good at what I do;) I'm an asset to
)	and lose our home; have to move; have to	this company; if I were not here I'd find a
	divorce; Everyone will know I'm a loser	better job and be an asset there, too.
	Images I had	Images I want in mind
	I see myself sitting under a bridge alone!	It picture myself confident at work being
		appreciated by others
Assignment		Copyright ©1984, 2010 by P. Daniel McGee, Ph.D., Arlington, Texas. All rights reserved. Unauthorized duplication prohibited.

- 1. After completing above, return to shaded area.
- 2. Select one conscious thought and circle it. Select one belief and circle it. Select one image and circle it.
- 3. Set aside five minutes three times each day for two weeks. Use the first two minutes to practice recreating the stimulus (top of page) using the new conscious thought circled above. Use the heaving the new image circled above.
- 4. Select two actions which will express the thoughts, beliefs, and images recorded in the above shaded area and act these out at appropriate times over the next two weeks.

McGee's ABC Stress Assessment

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nothing. Stimulus (a recent event which resulted in stress for you). I walked past Josh in the hallway greeted him, and he looked right past me and said

	WHEN STIMULUS OCCURRED:	WHEN STIMULUS OCCURS AGAIN:
•	Emotions I felt	Emotions I want to feel
Step A	anger, resentment, fear	calm, peaceful
	Behaviors I acted out	Behaviors I want to act out
Step B	went to my office, slammed the door and avoided him: told collegate about it	"Hely Josh, you OK?" "You seem distracted—anything I can
		as to make respond appropriately and return to my project.
	Conscious thoughts I had	Conscious thoughts I want to have
	Josh is angry at mel	Josh is distracted.
	what did I do to cause this?	I'll ask if everything is OK.
	Nonconscious thoughts/beliefs I had	Beliefs I want to hold
C+02	I did something wrong; I made him angry; I'm always	when people are distracted, they are not
Step C	doing something wrong; surely others won't speak to	themselves; (I'm confident in my ability to have
	me; I don't blame them; I will end up alone.	nealthy relationships, even when things go wrong.
	Images I had	Images I want in mind
	I can see myself sitting in my office, day after	I see myself comfortable and confident visiting
	day all alone.	with colleagues aluning our next staff meeting.
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- 1. After completing above, return to shaded area.
- 2. Select one conscious thought and circle it. Select one belief and circle it. Select one image and circle it.
- 3. Set aside five minutes three times each day for two weeks. Use the first two minutes to practice recreating the stimulus (top of page) using the new conscious thought circled above. Use the next two minutes to rehearse the new belief circled above. Use the final one minute to rehearse the new image circled above.
- 4. Select two actions which will express the thoughts, beliefs, and images recorded in the above shaded area and act these out at appropriate times over the next two weeks.

McGee's ABC Stress Assessment

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Stimulus (a recent event which resulted in stress for you): At last month's meeting a team member tore my recommendations apart (in front of group).

	,		
		WHEN STIMULUS OCCURRED:	WHEN STIMULUS OCCURS AGAIN:
	~	Emotions I felt	Emotions I want to feel
	Step A	Now-depressed. At first-angry and embarassed	confident, calm
	F	Behaviors I acted out	Behaviors I want to act out
	Step B	walked out of meeting, avoided my critic and other team members	address those points one by one, asking questions to every team member, weighing their perspectives against mine
		Conscious thoughts I had	Conscious thoughts I want to have
		I will never vecover. No one will ever take me seriously	I will consider these points carefully (These are all nothing more
		I'll have to look for another position No one will hive me.	(than opinions, mine don't reflect who I am as a person.
		Nonconscions thoughts/beliefs I had	Reliefe I want to hold
		That person was right and they reflect and control	(I am competent, intelligent, insigntful. Not all my ideas)
	Step C	everyone's opinion. My ideas are worthless. No one	are going to be accepted, and that's ok.) I can hear
		values my opinion.	criticism without feeling bad about myself.
		Images I had	Images I want in mind
		I see Myself sitting all alone with people passing by	I see myself interacting with team members with
		avoiding eye contact.	humor and good responses.
V	Assignment		Copyright ©1984, 2010 by P. Daniel McGee, Ph.D., Arlington, Texas. All rights reserved. Unauthorized duplication prohibited.

- 1. After completing above, return to shaded area.
- 2. Select one conscious thought and circle it. Select one belief and circle it. Select one image and circle it.
- 3. Set aside five minutes three times each day for two weeks. Use the first two minutes to practice recreating the stimulus (top of page) using the new conscious thought circled above. Use the above. Use the next two minutes to rehearse the new belief circled above. Use the final one minute to rehearse the new image circled above.
- 4. Select two actions which will express the thoughts, beliefs, and images recorded in the above shaded area and act these out at appropriate times over the next two weeks.

appendices

APPENDICES



appendix a

APPENDIX A



Underlying Principles of the ABCs of Stress®

Dr. Dan McGee's *ABCs of Stress®* approach is designed to address the underlying causes of psychological stress in most people: unhealthy thinking habits that are acted upon repeatedly until they are habitual, automated, and thereby largely unconscious in nature. His belief is that embedded in these thinking habits (beliefs/attitudes/conclusions about life) are patterns that are unhealthy, nonproductive, even irrational. He believes that the foundational principle of the universe, at the macro (cosmic) level as well as the micro (molecular) level, is *balance*.

Beliefs about oneself and the world (world-view) become obvious in test scores measuring the Personality Mediators, Environmental Events and Emotional Stress Responses contained in the DSP® (*Derogatis Stress Profile*®). High scores consistently illustrate a self-driven need to accomplish, an exaggerated self-importance, an inability to be aware of and sensitive to one's environment, and a lack of trust in others. Woven into these unconscious beliefs is a tendency to judge self and others by material and observable accomplishments rather than see oneself and others of inherent worth regardless of their stature in life.

McGee's *ABCs of Stress® Management* workshop helps an individual identify longheld beliefs that are incompatible with reality and construct beliefs that are more in harmony with a healthy lifestyle. Accompanied by behaviors that naturally emerge from these new beliefs, he believes that one can not only reduce the stress in day-to-day living but can "re-form" his/her life to achieve previously elusive goals.

appendix a

As an advocate of systems theory, McGee also believes that "no man is an island." Each of us is shaped by our genetics and early environment and continues to be influenced by the culture and significant people throughout our lifespan. The balance principle is also at work in our impact on others, including other systems we encounter throughout life. He believes that the individual brain does not exist in isolation but is organically, neurologically and biochemically changing as we build upon past experiences and adapt accordingly in order to survive and thrive.

Dr. McGee holds that there are many ways we can intervene to make needed changes, but to varying degrees, they all involve neurobiological changes, behavioral changes and changing emotions, all within a social context.

appendix b

APPENDIX B



Research Findings

*Findings of Original Research Project on Stress-Prone Individuals

First research project on stress-prone individuals using a comprehensive stress instrument based on Interactional Theory of Stress

One of the earliest studies separating cognitive-behavioral intervention from other techniques like relaxation training, meditation, biofeedback, etc., and thereby *identifying* cognitive-behavioral intervention as a legitimate stress reduction approach in itself

One of first research projects to demonstrate that you can significantly impact an individual's ability to relax without ever using relaxation techniques

First research project to use an *index of irrational beliefs* (created by the author) targeting specific personality mediators, interpretation of environmental events, and emotional responses identified by the DSP® (Derogatis Stress Profile®)

Demonstrated that this approach could significantly improve a stress-prone person's self-reported concept and behavior regarding time pressure

Demonstrated this approach could significantly improve a stress-prone person's capacity to relax in day-to-day events of life

Demonstrated this approach could significantly reduce a stress-prone person's total stress score as measured by pretesting and posttesting, using the DSP®.

Demonstrated this approach could *reduce a stress-prone person's Personal Domain* (*personality traits*) *score* on the DSP®, which represents a combination of all 5 of the DSP®'s Personal Mediator Scales

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Demonstrated that this approach could *significantly reduce a stress-prone person's overall Global Stress Score*, which is a combination of the Total Stress Score (TSS) and the Subjective Stress Score (SSS); In other words, *a statistically significant stress reduction occurred*, but so did the feeling level of stress within the individual.

Neither age nor sex impacted the study, so that the conclusion may be drawn that regardless of the age or sex of the stress-prone individual, this approach is an effective means for the treatment of stress among stress-prone individuals.

^{*} Research by P. Daniel McGee as partial requirement for the Ph.D. degree at Texas Woman's University, Denton, Texas. Published as *Cognitive-Behavioral Intervention in Stress Management* in *Dissertations International*, August, 1984. ©1984 by Paul Daniel McGee. All rights reserved.

appendix c

APPENDIX C



About Dan McGee, Ph.D.

Stress-Related Honors and Board Certifications:

- Fellow of The American Institute of Stress
- Fellow and Diplomate, American Board of Medical Psychotherapists
- Diplomate in Behavior Medicine, International Academy of Behavioral Medicine, Counseling and Psychotherapy, Inc.
- Diplomate, American Academy of Pain Management (inactive)

Related Experience:

- Original research and doctoral dissertation in Cognitive-Behavioral Intervention in Stress Management, Texas Woman's University, 1984; directed interdisciplinary research project for cardiac care patients, 1985
- Based on original research in behavioral medicine, received Outstanding Doctoral Student Award, 1985
- Continuing education in Behavioral Medicine, Society of Behavioral Medicine, Duke University, 1990
- Advances in Behavioral Medicine, Harvard Medical School, New England Deaconess Hospital, McLean Hospital, under direction of Herbert Benson, MD, Boston, 1989
- Teaching undergraduate and graduate psychology courses full-time as Associate Professor of Psychology; Director of Graduate Program in Family Psychology, and clinical supervisor of psychology interns at Hardin-Simmons University, 1997-2000

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- Director, Counseling & Psychological Services, Baptist General Convention of Texas, 2001-2008
- Adjunct Faculty, George W. Truett Seminary, Baylor University, 2006-2007
- Thirty-five years in private practice, treating stress-related issues, training in research-based stress management program and clinical supervision of mental health providers
- Fifteen years of corporate and governmental stress management training
- Ten years of psychiatric hospital stress assessment and group therapy and supervision and training of therapists and clinical hospital staff in stress-related treatment
- Eight years appeared weekly as guest expert on stress-management on coast to coast cable television network show, COPE; frequent writer of published articles on stress issues, author of two books, professional journal issue editor, and creator of "McGee's ABC Stress Assessment[©]" and related products, audio recordings and videos; served as resource on panic disorder on internationally distributed audio product
- Thirty years conducting workshops, serving as guest speaker, key-note speaker, guest lecturer on stress-related issues at universities, professional associations, corporate and governmental agencies
- Administrative and managerial experience as president and CEO of three corporations; director and management position with large state-wide denomination; ministry and administrative experience in large metropolitan churches

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Bringing Help Now

There is a growing need for practical tools to help people survive and thrive during these times of high stress. For more than twenty years, individuals and organizations have adopted Dr. Dan McGee's practical and research-based *ABCs of Stress® Management* as a key resource for measurably reducing specific indicators of negative stress.

You can use this personalized stress management program to work through your stress responses. Step-by-step instructions and exercises guide you through this proven process. Create more healthy patterns of feeling, acting and thinking by learning to reprogram your brain.

- Identifies counterproductive beliefs
- Enhances leadership effectiveness
- Improves individual performance

This book is designed for every person that wants to choose balance in their responses to stress. Use this program and you will experience a more balanced and healthy life!

This guidebook is also used in Choosing Balance: The ABCs of Stress® Management workshops led by DMA-Certified Stress Management Consultants.

Empowering Others

Dan McGee Associates, Inc., is now certifying individuals in the use of ABCs of Stress® Management. As a counselor, consultant, coach or trainer, you may choose to add ABCs of Stress® Management to your current offerings.



Dan McGee, Ph.D., is an acknowledged leader in the fields of stress management and leader development. Since the mid-eighties his ABCs of Stress® approach to stress management has been widely accepted and successfully implemented across a broad spectrum of organizations. He has been honored at the highest levels in his profession by national and international academies and for eight years generated widespread interest in his unique approach to stress management on COPE, a live coast-to-coast television show.

www.DrDanMcGee.com

