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Sydney Coyle
California State University, Monterey Bay

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Teaching Adults on Coping Techniques With Stress

Sydney Coyle

A Capstone Project for the Bachelor of Arts in Human Development and Family Studies

Introduction

For average adults, managing stress may be a challenge. Adults with disabilities may be particularly challenged because they may not have the cognitive abilities to process information and emotions as the typical adult. Adults who have disabilities such as down syndrome and autism may have difficulty finding stress reduction strategies that best suit them and their experiences. To address this issue, I will be conducting three days of curriculum and activities on stress management and coping for the adults receiving services at Hope Services in Salinas, California .

Needs Statement

Adults with disabilities who suffer from stress may not be aware of the many different ways they can either cope with or control stress. According to a study with adults who have autism, written by Hirvaki and Blomqvist, (2015) stress is very high and can not controlled as easily as those without autism. Additionally, Hirvaki and Blomqvist found these challenges can affect social communication and relationship building skills. For example, building ways to depend on themselves when stressed may be good for adults with disabilities because they may not have skills to find coping mechanisms. Helping adults with disabilities, to understand that stress is a normal reaction to positive and negative daily stimulants, allows adults with disabilities to learn about coping strategies, (Hirvikoski and Blomqvist, 2015). In addition, Sperry and Mesibov state, “It is possible that adults with disabilities do not know how or when to utilize available and social support as effective as a stress reliever. “Additionally, adding to my argument on self esteem, Sperry and Mesibov continue, “awareness of one's own social difficulties”, proving thus my theory that self esteem is entangled with in the being (Sperry and

Mesibov, 2005). The lack of resources for adults with disabilities poses a threat on self esteem when coping with stress. Some studies show that giving chores to those with disabilities helps them feel responsible, helps them to learn daily tasks, and daily occupations. Due to little to no education on daily occupations children with disabilities develop poor self esteem and low self-care engaging activities, which leads to poor hygiene habits in adulthood (Luther, 2001). This effect can cause stress among adults with disabilities because once they are on their own they do not have the right coping skills to be able to know what activities help them relax their nerves.

Adults who have intellectual disabilities experience stress through not only communication, but lack of support. A lot of adults with disabilities live on their own or with a partner, however do not get the support they are used to getting from county services and/or family. When living independently, it may be difficult to feel accepted by the community. As discussed in an article on adults with disabilities and their mental health, Stress can be caused by the lack of the ability to communicate their stress and what their stress triggers are, McBrien (2003). Stress is a higher factor for developing depression and other mental health issues within adults who have disabilities. Cooper and Collacott argue that depression is something that is common among adults however adults with disabilities have a higher chance of experiencing depression. “The point prevalence of depression in the general population is around 2% (Meltzer et al 1995), whereas in adults with a learning disability it varies between 1.3 and 3.7%” (Cooper and Collacott 1996, Deb et al 2001). Depression is proven to cause adults who have disabilities to lose the ability to control their everyday activities.

Given that low support, lack of communication and self soothing techniques are factors related to stress levels and coping among adults with disabilities. I have created a three day workshop for the adults at Hope Services in Salinas, California in an effort to educate clients on stress reduction and coping skills.

Theory Application

Teaching adults with disabilities about stress triggers and how to cope with them will be beneficial for the clients at Hope Services. The approach to my project utilizes Bandura's Social Learning Theory. Bandura's theory is the idea that if someone were to do something positive there is a reward; in this case, the clients would be learning and practicing different techniques to lower stress levels, leaving them happier. During the lesson, the participants will have models to structure their work and I will provide feedback on how well they do the job. Repetitive modeling behaviors are more of an advanced type of learning. (Hermanse, Emily, & McCoy, Kathleen, 2007). By teaching the clients of Hope Services about stress I will also be trying to keep their stress levels down through modeling that I too go through stress but can overcome it.

Consideration of Diversity

My project focuses on teaching adults with disabilities from Hope Services about stress and coping mechanisms. My project will include a total of 23 clients from Hope Services. The clients of Hope Services ages range from 19 to 70, according to the Hope Service Demographic Report.. The clientele at Hope services consist of 570 female clients, 889 male clients, and 30 unassigned gender clients. According to Hope Service's Demographic Report 2016, 12% of clients have an unassigned ethnic code, 1% Japanese, 1% Missing Ethnic Group/Asian, 3% Black, 42% Caucasian, 1% Hispanic, 26% Hispanic/Missing sub group, 1% Somalian, and 1%

Unknown Ethnic Group. I don't expect the diversity among the clients participating in my project to be different from the overall population of those who use Hope Services. Because the study will be conducted in English, it would be recommended that the clients at least understand English to be able to do the activities and understand the lesson. These lessons and activities are geared for adults with disabilities who have difficulty when experiencing stress and how to cope with stress. One factor of diversity involves the disabilities that they clients have.

Learning outcomes

1. Clients will indicate 3 everyday techniques for coping with stress.
2. Clients will be able to demonstrate an activity that helps cope with stress.
3. Clients will implement a daily stress management technique.

Method

Day 1

I introduced myself and the topic of the next three days. I explained on the first day that stress is a normal thing for every person, and we all go through stress.

The clients on the first day watched a 10 minute video on 3 coping techniques that help lower stress levels. <https://www.youtube.com/watch?v=9dD3WFiURuA> After each segment of the video, I paused the video and let the clients fill out each space one out one by one. This way they were able to take time to write down their answer and not have to also focus on the video for the next segment. The video has three segments.

They filled out a worksheet (see Appendix A) that contained three empty lines, and they filled out the lines with the three coping strategies they learned in the video, along with an example of the technique.

Day 2

On this day, I showed a 5 minute video on some activities that are good to help lower stress. <https://www.youtube.com/watch?v=0fL-pn80s-c>. The activity I did with the clients on the second day was a drawing lesson. By me having the clients draw something that they think of that helps them reduce stress, and everyone else drew something that they think of setting where their stress levels. Drawing a stress reducing activity can leave them happier.

Day 3

I asked the clients the three techniques that they learned on the first day. I also had them give me ideas they learned from the video on Day two, then told them we were doing an activity that helps with reducing stress. I instructed the clients how to make both a beaded bracelet or a keychain, something they can have with them that they make themselves.

Results

Learning Outcome 1 was that the participants would be able to provide three coping skills they can use to help control or lower their stress levels. In the first activity after watching the video, I asked the clients on a worksheet to come up three different responses for “three coping skills.” The participants had a result of 36 different coping skills from the worksheet. There was a small amount of techniques that were written down by clients but were not discussed in the video. Twenty-one clients wrote “Calming Central Nervous System”, twenty-one wrote “Resilience”, and all of the clients wrote “Putting Life Into Perspective.”. The answers stated above are the ones discussed in the video. Three clients put “meditation”, four clients wrote “seeing good in negatives”, and one client wrote “walking”. These are techniques that they came up with rather than writing down the technique from the video.

Learning Outcome 2 was not met because the instruction was unclear. The outcome was that clients will be able to demonstrate an activity that helps lower stress. The activity for this outcome was having a client volunteer and be the “artist” to draw on a pad in front of the other clients of something that reminds them of what calms his or her stress. I failed to make clear in the instructions that each client should draw what he or she would do to cope with stress. The result was that the clients all followed exactly what the volunteer artist had drawn which was a picture of a walk in nature with mountains, trees, the sun, clouds, and birds. Although some may have also indicated a stress-reducing a walk in nature, I do not think the results accurately reflects the participants learning stress-reducing activities as noted in the Learning Outcome.

Learning Outcome 3 was that clients would be creating a coping mechanism for stress that can help in everyday life. The activity I implemented for this outcome was making bracelets and keychains out of different colored beads. The craft activity was a fun activity, but I believe I was more focused behind the idea of the activity being more interesting, different, and fun for the clients rather than meeting the Learning Outcome. I thought that, since crafting is often noted as a stress-reducing activity, the clients would benefit from such an activity. I do feel that even though the activity did not meet the learning outcome, the clients could have obtained the idea of using crafts as a stress coping strategy.

Discussion

I believe this project was partly successful and also unsuccessful for a handful of reasons. The first day, after watching the video, the clients met the first learning outcome which was being able to provide three coping mechanisms with stress. Participants completed the worksheet with the mechanisms stated in the video but also added some other mechanisms that were not in

the video. The second learning outcome was not met because my instructions were unclear on what to do after watching a five minute video and then doing a drawing activity. My instructions could have been more direct around the fact that everyone was to draw their own activity that they do when experiencing stress. The outcome for that activity was that the clients would demonstrate an activity that helps lower stress, but my results do not indicate that the participants were able to do so. Next time, I might demonstrate doing stretches and deep breathing as stress-reducing activities they would learn to do anytime they want outside of the project. The third and last learning outcome was that clients will be creating a coping mechanism that they can use in everyday life. The beaded bracelets and keychains were a fun activity, but the learning outcome was not met through the activity. I lost sight of the instructional aspect and I thought crafting was a strong suit but a stronger activity that would be better for this outcome would be a 25 minute meditation process.

This project used Bandura's Social Learning Theory in providing coping mechanisms for the participants to imitate. Through the activities, the participants had a chance to describe coping mechanisms they may use. In addition, they were able to learn from others in the discussions about things that the participants do to relieve stress. Hopefully, with more practice, the clients will learn the effects of the coping techniques in their lives.

The diversity of the clients was broad but it did lead to a few challenges. There are two clients who are legally blind, so when filling out the worksheet, drawing and making the crafts, they needed assistance either from myself or two of the supervisors at Hope Services. The clients themselves also offered to help the clients who were either unable to do something or simply could not because of their disability. Now knowing that some of the clients had disabilities that

require them to receive help with the activities, I would find something that is more suitable to their disabilities.

This project was something that was a learning experience for not only the clients about stress and the different ways of coping with it, but also for myself because it helped me learn that not everyone learns the same way. Even though they need accommodations, it does not mean that only the clients at Hope, but any adults with disabilities who have stress can find a way to cope.

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Table 1**Coping Techniques From Video**

Coping Technique	Number Of Clients Noting Outcome
Calming Central Nervous System	21
Resilience	21
Putting Life Into Perspective	23
<i>Meditation</i>	3
<i>Seeing Good in Negative</i>	4
<i>Walking</i>	1

Italicized Outcomes are those noted by Participants that were not mentioned in the video.

Appendix A

- 1) After watching the video on stress coping skills and techniques, list 3 techniques that were talked about in the video below on the blanks. Follow each technique with an example you do or will try in the future.

A.

B.

C.
