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Counseling to Reduce Stress and Anxiety: A Mixed Methods Study

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Abstract

This mixed method study examines the relationship between general counseling and stress and anxiety in individuals seeking counseling services. A brief historical background and terms associated with stress and anxiety are presented. Specific diagnoses associated with stress and anxiety and implications for treatment of these diagnoses are addressed. Recommendations for counseling individuals with stress and anxiety are made based on research findings and evidence-based practices. Implications for counselors working with individuals who have stress and anxiety or related disorders are made. The need for continued research and limitations of this study are addressed.

Counseling to Reduce Stress and Anxiety: A Mixed Methods Study

Mental health is becoming more acknowledged in today's society. Practitioners from various backgrounds are beginning to view a person's overall health with physical, mental and emotional components (Stoklosa, Patterso, Rosielle, & Arnold, 2011). Some people who experience mental or emotional distress are referred to or seek out on their own, counseling services, in hopes to better their situation. An individual may seek counseling services for a multitude of presenting issues such as depression, anxiety, relational problems, family problems, crisis, trauma, physical or emotional abuse, drug or alcohol abuse, grief, loss and more. However, regardless of the presenting concern for counseling, it has been noted that most people experience stress and anxiety to varying levels. Researchers have found that increasing stress and anxiety can be damaging to the people affected (Bitsika & Sharpley, 2012). It is important to understand the relationship between counseling and stress and anxiety.

Review of the Literature

Stress and anxiety are common psychiatric conditions that effect many people. These psychiatric conditions are so common that 31% of the United States population experience an anxiety disorder at some point in life (Bitsika & Sharpley, 2012). One of the chief predictors for a person to develop an anxiety disorder is the amount of stress that is prevalent in an individual's life. Life stressors may consist of financial difficulties, relational problems, grief or loss of a loved one, traumatic events, legal issues, educational troubles, vocational tribulations and more. Reduction of stress and anxiety is important in hopes of reducing current difficulties and preventing further difficulties. Counseling is an intervention strategy that may assist in reducing stress and anxiety, as

well as improving an individual's overall quality of life. This is done through therapeutic skills fostered by the counselor, such as being present in the moment with clients, participation in active listening, fostering a strong therapeutic relationship, and reflecting empathy for client feelings, all in a non-judgmental way (Kaplan, Tarvydas, & Gladding, 2014). This review of the literature focuses on the prevalence of stress and anxiety in today's society and implications of counseling services as an intervention to reduce overall stress and anxiety in peoples lives.

Anxiety and Stress

Anxiety is a physiological and psychological state in which a person experiences high levels of arousal in the brain and body (Stoklosa, Patterso, Rosielle, & Arnold, 2011). It is a common human reaction to fear. This fear can be rational or irrational; it can also be a fear of current or future threats to oneself. Anxiety is one of the leading mental health disorders diagnosed in adults today (Muris & Broeren, 2009). Not only are there many different types of anxiety disorders classified in the DSM-IV, anxiety is a common symptom of many other mental health disorders. Symptoms of anxiety disorders include muscle tension, fatigue, restlessness, difficulty sleeping, irritability, edginess, difficulty concentrating, repetitive or ruminating thoughts and more. Untreated stress and anxiety in children can lead to higher risk of developing anxiety, depression or substance abuse in adulthood (Muris & Broeren, 2009).

There is a strong correlation between anxiety symptoms or disorders, and the development of other mental health conditions. One term that is frequently used amongst mental health professionals is comorbidity. Comorbidity refers to the presence of two different diagnoses occurring at the same time. A common disorder that is linked with

various anxiety disorders is Major Depressive Disorder (MDD). It has been noted that approximately 17% of individuals diagnosed with an anxiety disorder will experience at least one major depressive episode at some point in life (Bitsika, & Sharpley, 2012). It has also been noted that individuals who experience the comorbidity of anxiety and depression may be at a higher risk of developing other serious mental health conditions such as Bipolar Disorder (Bitsika, & Sharpley, 2012).

It is not only important to examine the possible effects of anxiety, but also consequences of untreated anxiety. As noted above, untreated anxiety can lead to the development of other serious mental health and physical health conditions. People who experience high levels of anxiety for prolonged periods of time may develop high blood pressure, increased risk of heart attack and other physiological conditions (Stoklosa, Patterso, Rosielle, & Arnold, 2011). Untreated anxiety also puts people at a higher risk for developing alcohol or substance abuse issues. Alcohol and substance abuse have their own health risks, separate from anxiety. It is possible to develop liver problems, cardiovascular problems, and risk of overdose and death (Goodwin, & Stein, 2013).

Anxiety and Children

Research suggests that 10%-20% of children suffer from some form of anxiety (Oliveira, Fernandes, & Sisto, 2014). Anxiety in children can look much like anxiety in adults. However, there are more specific symptoms that research has found to be prevalent in a classroom setting. Some children may be misdiagnosed with behavioral problems, ADD or ADHD when demonstrating symptoms of anxiety in schools (Oliveira, Fernandes, & Sisto, 2014). These symptoms may include but are not limited to physical characteristics of anxiety, social problems, avoidant behavior, behavioral

problems and excessive fear of being evaluated, tested or social situations. Furthermore a child in a classroom setting may display poor social interactions with peers and teachers, lower test scores, excessive sweating, stomachaches, dizziness, avoidance of evaluative situations and interactions with peers and teachers (Oliveira, Fernandes, & Sisto, 2014). This shows that although anxiety can serve as a warning sign to possible fear and danger, it can also be very debilitating to youth in classrooms.

Researchers Muris and Broeren (2009) noted that there has not been as much published research on anxiety in children as there is for adults. However, the research is on the rise as researchers explore early intervention strategies to decrease anxiety disorders amongst adults. Through continued research, it has been found that anxiety disorders are one of the most common of disorders also found in youth. It has also been noted that a significant portion of childhood anxiety disorders are chronic conditions and carry on through adulthood (Muris & Broeren, 2009). Researchers continue to try to identify specific and concrete predicting factors for developing anxiety.

There are many possible predicting factors for the development of anxiety. Vrshek-Schallhorn et al., 2014, specifically examine early life exposure to adversity as a predicting factor. Distinct adversities that were measured in this study were, separation or loss of a caregiver, neglect by a caregiver, emotional abuse, physical abuse, witnessing violence, and sexual abuse or assault. This study found that the more adversities that a person experienced or the more intense the adversity that the person experienced, the higher the prevalence of anxiety. Other possible predictors for the development of childhood anxiety were discussed; Intrinsic and extrinsic factors have been found to attribute to a child experiencing stress and anxiety as well. Such factors may include

brain chemistry, family history of stress and anxiety, early childhood attachment to caregivers, fear, environment, socioeconomic status and more (Vrshek-Schallhorn, et al., 2014).

Drahota, Sterling, Hwang and Wood (2013) suggest that children with anxiety are less likely to be independent at home and at school. Common activities of daily living have been explored between children with and without anxiety. Children who can perform these activities on their own have been found to be more successful in their social lives and in the classrooms. Their study also noted that children with anxiety struggle to perform such activities on their own because they become dependant on caregivers and teachers for assistance. This study also showed that dependence on caregivers and teachers increase as children advanced in grade level (Drahota, Sterling, Hwang, & Wood, 2013). Because anxiety can cause multiple areas of concern for children, it is important to explore ways of coping with anxiety for children.

Anxiety in Adolescents

There are many factors that may attribute to stress and anxiety in adolescents. One factor is a continuation of untreated childhood anxiety symptoms. As a child experiencing anxiety symptoms continues to grow and develop, so will the anxiety symptoms (Allan, MacPherson, Young, Lejuez, & Schmidt, 2014). Much like childhood anxiety symptoms, adolescent anxiety may be attributed to parental anxiety.

Rasing, Creemers, Janssens and Scholte, (2013), note that 68% of adolescents of parents who have an anxiety disorder will eventually develop one as well. Further, adolescents of parents with anxiety are pre-disposed to higher stress; these teens may also develop anxiety symptoms based on learned behavior from their primary caregivers.

Another notion is the genetic component of anxiety. It is possible that adolescents of parents with anxiety disorders may be at higher risk for developing anxiety disorders themselves due to family genetic makeup (Rasing, Creemers, Janssens, & Scholte, 2013).

As with adults, anxiety is often a symptom of other mental health disorders and also has a higher prevalence of comorbidity with other mental health disorders. Bilgiç, et al., (2013), found that about 25% of teens with anxiety are also diagnosed with Attention-Deficit Hyperactivity Disorder (ADHD). ADHD is generally classified in the DSM-IV TR as inattention, hyperactivity and impulsivity. Individuals diagnosed with ADHD often experience difficulties focusing for long periods of time, controlling reactions or behaviors, difficulty following directions or rules, sitting still or staying in one place for a period of time and struggles to complete tasks or follow through with assignments or obligations (American Psychiatric Association, 2000). ADHD has also been linked with the development of other severe mental health diagnoses such as Oppositional Defiant Disorder, Conduct Disorder and other disruptive behavioral disorders (Bilgiç, et al., 2013).

Adolescents with anxiety may experience other detrimental effects. Adolescents suffering from anxiety encounter difficulties in many areas of their lives. Such areas include academic struggles, impairment of social relationships, increased risk for substance abuse, increased risk for developing other mental health disorders and increased risk for suicide (Rasing, Creemers, Janssens, & Scholte, 2013).

Anxiety in Adults

Anxiety in adulthood may take on very similar characteristics as anxiety found in children and adolescents. However, adults are held to a higher standard as they expected

to function adequately in society by sustaining a job, generate income, provide food and shelter for themselves and their families and maintain relationships. All of these expectations may be challenging for an adult who suffers from an anxiety disorder (Kashdan & Farmer, 2014).

Social Anxiety Disorder (SAD) is a common anxiety disorder amongst the adult population in the United States. About 12%-16% of adults diagnosed with SAD have a lifetime prevalence of this disorder. SAD results in individuals experiencing intense fear of negative attention in social or public situations (Kashdan & Farmer, 2014). Such feelings may result in occupational problems, difficulty in daily functioning, interpersonal relationship struggles and more social impairment.

As mentioned previously, anxiety and/or anxiety disorders are often comorbid with other mental health problems and other mental health disorders. For adults who suffer from anxiety, Major Depressive Disorder (MDD) is highly prevalent as a comorbid disorder. It has been noted that anxiety may be a precursor for the development of MDD in later adulthood. Research has suggested that the development of MDD is much more prevalent in older adults and adolescents (Potvin et al., 2013). MDD is a serious mental health condition and leads many individuals who suffer to attempting or committing suicide. As MDD can be a very serious and life threatening disease resulting in suicide, suicide is one of the top ten leading causes of death in the United States today (Perlis, Ruderfer, Hamilton, Ernst, & Potash, 2012). Researchers also suggest that anxiety and MDD in older adults may be an attributing factor for health and cognitive decline and possibly leading to Alzheimer's disease (Potvin et al., 2013). There are many treatment options for people who suffer from anxiety and depression. Research suggests that the

best treatment outcomes are a combination of medications and individual therapy (Kashdan & Farmer, 2014). Some may be against taking medications for mental health conditions; it would be of benefit to better understand the effect individual therapy alone has on improving symptoms.

Counseling

Counseling is a recognized treatment for anxiety. Watson, Bryan and Thrash, (2014), found that it is common for individuals to seek out counseling services when there is a discrepancy between the person they perceive themselves to be and the person they hope to be. Such discrepancies may cause much anxiety and/or depressive symptoms. In this instance, it would be the counselor's position to work with such individuals on recognizing their own emotions and better understanding them. It is also the job of the counselor to work with the client on recognizing their motivation and desire for change in his or her life.

In the field of psychology, different mental health experts participate in performing psychotherapy with clients in need of emotional support, emotional regulation and symptom management. Mental health professionals typically have received, at minimum, a master's degree in counseling, social work or other related fields. Not only are there different degrees and credentials for these mental health professionals, there are also different therapeutic styles and techniques. Regardless, the main goal of counseling is to generally assist clients in attaining a better sense of themselves and to increase their quality of life. It is also essential for the counselor to be able to foster a strong therapeutic relationship with his or her client.

The power of the therapeutic relationship between a therapist and a client is difficult to measure. Geller and Porges, (2014), reviewed current literature on therapeutic presence and the therapeutic relationship. They found that it is necessary for clients to feel safe and comfortable with their therapist in order for therapeutic gain. This illustrates the importance of the role of the counselor in establishing and maintaining a strong trusting relationship with clients. Counselors may establish trust by being fully present and in the moment with their clients. It is also essential for counselors to be non-judgmental but transparent. In summary, these researchers found that clients who feel safety and security within the therapeutic relationship often lead to positive outcomes (Geller & Porges, 2014).

Summary

Stress and anxiety are very prevalent for all people in today's society. Anxiety affects many people from childhood to older adulthood. Stress and anxiety can lead to many other physical and mental health issues. Such physical and health issues may be so severe that they could result in death through suicide. It is important for people who suffer from stress and anxiety to seek treatment in attempts to prevent further life lasting injury.

Mental health professionals help people lead a higher quality of life by utilizing counseling and the power of the therapeutic relationship. They do so by providing necessary coping skills and assist in symptom reduction. Establishing a strong, safe and secure therapeutic relationship is necessary for clients to make changes in their lives. Counseling services may provide assistance for individuals experiencing stress and anxiety.

As shown through the literature review, limitations are still prevalent in the knowledge regarding the direct effects of counseling on stress and anxiety. Although medication management and individual therapy have been noted to be the most effective treatment, it is still unknown if the effects of counseling alone can be as beneficial. It would be of benefit to further investigate the effects of counseling as an unaccompanied treatment for stress and anxiety.

Method

This study is designed to measure the effects of general counseling services on individual's perceived stress and anxiety. To do so, the clinical director of an outpatient mental health agency was contacted to request permission to invite current clients of the agency to take part in a research study being done as part of a Master's Capstone Research Project. The information about the research study was shared with the agency and with the clients of the agency. Each client of the agency was individually invited to participate in the study. They were invited to participate before their counseling session by the researcher. Prior to participation, written consent was obtained. All participants had already been participating in counseling services at the agency for varying amounts of time.

Setting

General demographic information includes a small non-for profit counseling agency located in a rural area of the northeastern United States. The agency does not accept insurance for payment of services, however, it does offer economically affordable services. Professionals of this agency have varying clinical degree's such including Licensed Mental Health Counselor (LMHC), Licensed Clinical Social Worker (LCSW)

and Licensed Masters Social Worker (LMSW). This agency offers individual counseling, couples counseling, marriage and family counseling and works with several different school districts, providing counseling and play therapy for youth.

Participants

Participants recruited were 18 years of age and above. Their experiences and amount of time working with a counselor at this agency varied. All participants asked to participate in this study, agreed. Race, ethnicity and gender varied but were primarily Caucasian females. There were a total of 5 participants in this research study. Demographic, background and other identifying information were not gathered to ensure participants confidentiality.

Procedure

This study is considered a mixed-method study because both qualitative and quantitative data were gathered. The primary research believed this to be important to be able to better examine stress levels on a number rating system while also gathering specific data from each participant to better understand how counseling may be beneficial or not in the treatment of overall stress and anxiety. After agreeing to be a part of this study and signing an informed consent, each participant was asked to complete the Cohen Perceived Stress Scale (CPSS). Attached to the CPSS was a three short answer questionnaire titled, Stress and Anxiety Short Answer Survey, that each participant was given a pen or pencil and asked to complete. All participants' surveys were numbered, not in any specific order, just to keep them organized. The CPSS was stapled to the Stress and Anxiety Short Answer Survey to ensure that they did not get mixed up. Not even the researcher has the participants identifying information that goes with each

survey to ensure confidentiality. This was also done in hopes that participants would not feel pressured by the researcher to answer the questions in any particular way. Upon completion of the CPSS and three short answer questions, participants' participation in this study concluded.

Data Analysis: Quantitative

For the quantitative portion of the research gathered, each participant was asked to complete the Cohen Perceived Stress Scale (CPSS). The CPSS was developed in 1983 and has since been used widely for individuals to rate overall stress in their lives. The CPSS is a 10-item scale designed for adults measuring participants' perceptions of stress over the past month. Each item on the scale are indicated by a five-point Likert-Scale representing 0 'Never', 1 'Almost Never', 2 'Sometimes', 3 'Fairly Often' and 4 'Very Often'. Examples of questions include, "In the past month, how often have you felt nervous or stressed?" or "In the past month, how often have you found that you could not cope with all the things you had to do" (Barbosa-Leiker et. al., 2013). There are 4 of the 10-items on the CPSS that are positively stated items that are scored on a different numbering scale, for example 4=1, 3=1, 2=2, 1=3 and 0=4. Each participants total score is all numbers from each question added together to obtain they're perceived stress level. According to the makers of the CPSS, a total score of 13 is considered an average stress level. Scores of 20 or higher are considered to be high levels of stress. Creators of the CPSS attribute high levels of stressed individuals to be at a greater risk of developing cardiovascular disease, sleep difficulties, high cholesterol, decreased immune support, decreased sleep and other physical health problems (Barbosa-Leiker et. al., 2013).

The primary researcher totaled all of the participant's self-rated scores to help ensure accuracy. After the primary researcher gathered a total score for each individual participant, all of the participant's total scores were added together and divided by the total number of participants to come up with the mean or average number for all participants in this study.

Data Analysis: Qualitative

Upon completion of the CPSS, each participant was asked to complete a written short answer survey created by the primary researcher for this study titled "Stress and Anxiety Short Answer Survey". Questions on this survey include; "How long have you been receiving counseling services? Do you think that your participation in counseling has helped to reduce stress and anxiety in your day-to-day life? If yes, how do you think counseling has helped to reduce stress and anxiety in your day-to-day life?" This qualitative questioner was created to obtain greater insight into participant's perception of counseling and how it has helped or not helped them to reduce stress and anxiety in their lives.

For the qualitative portion of the research gathered, the answers to the short answer survey, the researcher reviewed and recorded each participant's answers to all three questions. The first two questions, "how long have you been receiving services" and "do you think that your participation in counseling has helped to reduce stress and anxiety in your day-to-day life" were linked with each participant's total score on the CPSS. This coding was done to compare participants perceived stress level with their duration in counseling services and if they think counseling has helped them to reduce stress and anxiety in their lives. It was anticipated by the primary researcher that the

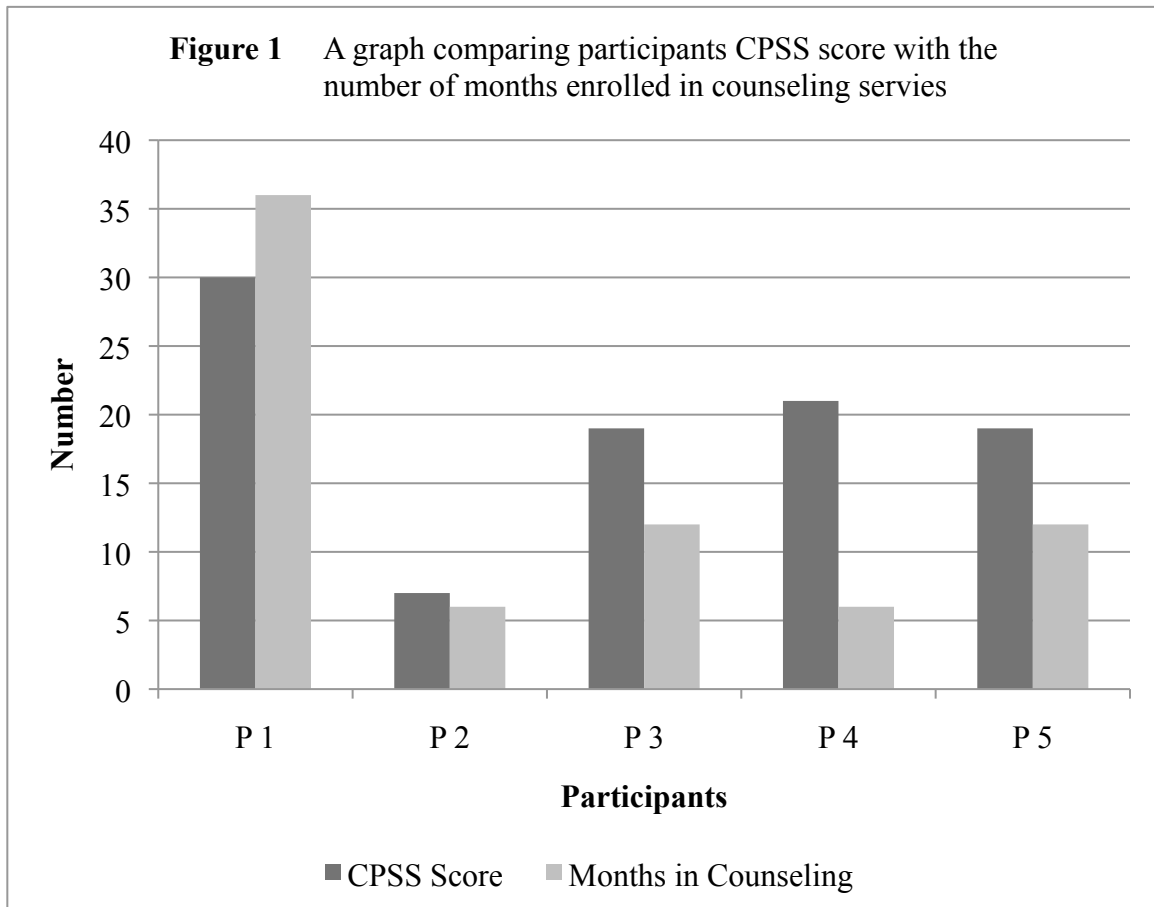
longer each participant was participating in counseling services, the less they're perceived stress rating would be. This was anticipated in thinking that the longer a person is participating in counseling services, the more time they have to learn coping strategies to help manage stress and anxiety. This assumption also takes into account the time that it might take for a participant to establish a working therapeutic relationship with their counselor.

The second portion of the qualitative research was gathered and coded by the primary researcher. This section was based off of the last question on the survey, "how do you think counseling has helped you to reduce stress and anxiety in your day-to-day life?". These short answer questions were coded differently than the first two questions of the survey because these short answer questions were wordier and complex than the previous short answer questions. Participants' answers to this question were grouped by the researcher into three different categories that were noted in the responses of the participants. The categories formed were learning of coping skills, building hope and the therapeutic relationship. The primary researcher chose these three categories, as they were seen as themes in the participant's results. The number of participants who answered questions in each category is noted and specific quotes from the participants are included to gain a better understanding of what was most helpful for participants in the reduction of stress and anxiety.

Results

In beginning to ask individuals to participate in this study, the primary researcher was impressed with how open and willing each participant was to participate. Each participant seemed interested in wanting to provide this writer with as much feedback as

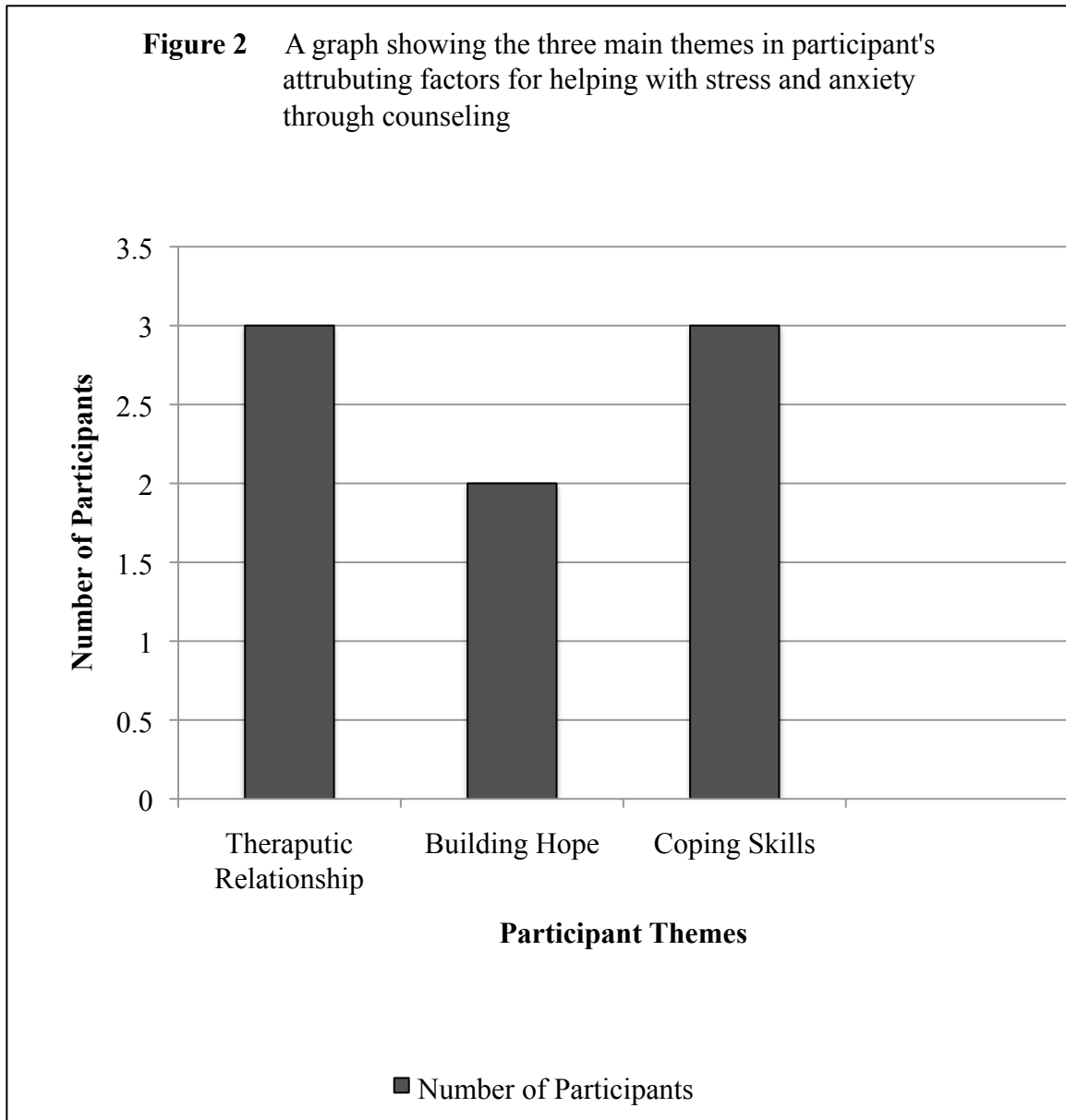
possible. First, participant’s scores of the CPSS were calculated and compared to the “norm” score. Participants’ total scores varied from 7 being the lowest score and 30 being the highest score. Participant One’s total score was 30, participant Two’s total score was 7, participant Three’s total score was 19, participant Four’s total score was 21 and participant Five’s total score was 19. The mean of all the scores was 19.2. As the creators of the CPSS indicated that a typical stress rating is about a 13, this indicates that the average of scores from these participants have a higher perceived stress level then the “norm”. Figure 1, below, demonstrates this visually. Participants are listed as participants One is ‘P 1’, participant Two is ‘P 2’ and so on. Each participant is listed in figure 1 comparing each individual’s CPSS score with the duration of time the individual has been participating in counseling services by number of months.



Considering the information in figure 1, each participant was asked how long he or she has been participating in counseling at this agency. Participation in counseling varied from 6 months to 3 years. Participant One, reported “3 years”, participant Two, reported “6 months”, participant Three, reported “1 year”, participant Four, reported “6 months” and participant Five, reported “1 year”. Each participant was then asked if they believed counseling has helped to reduce stress and anxiety in their day-to-day life. Three out of five participants answered “yes” and the other two participants answered “yes very much so”. Participant One reported “yes”, participant Two reported “yes very much so”, participant Three reported “yes very much so”, participant Four reported “yes” and participant Five reported “yes”. All participants reported that counseling has helped them to reduce stress and anxiety in their lives.

The primary researcher found that participants’ short answers to the last question on the survey varied in length and context. Some short answers were as short as a sentence and other answers took up the entire page that they were given to write their response. Participants’ answers were coded into three different areas attributing reduction of anxiety and stress including, learning coping skills, counselor helping participants to build hope for the future and the impact of the therapeutic relationship between the counselor and the participant. Out of five participants, two participants attributed their reduction of anxiety and stress to the counselor helping them to build hope for their future. These two participants were participant One and participant Three. The two most significant attributing factors to the reduction of stress and anxiety for participants was reported to be the impact of the therapeutic relationship and learned coping skills through counseling. Three participants attributed their reduction of anxiety

and stress to learned coping skills. These three participants were participant One, participant Two and participant Four. Three participants also reported that the impact of the therapeutic relationship was a significant factor in the reduction of their anxiety and stress. These three participants were participant One, participant Three and participant Five.



Recalling the three areas in which participants reported and after reviewing figure 2, it is evident that participants believed that counselor's helping them to build hope, learn new and effective coping skills and the therapeutic relationship were factors in the reduction of stress and anxiety. Each participant spoke to specific aspects of counseling that they found beneficial. Participant One had the most feedback to give and was also the participant who has been participating in counseling for the longest amount of time of all the participants. Participant One reported, "with counseling I have someone to talk with about the situation. I have help understanding what I can control or fix and find new ways to deal with what I can't". This spoke to learning of coping skills to help address stress and anxiety. Participant One spoke to the power of the therapeutic relationship by stating, "I feel I have a safe place where I can remove some of the stress", "I can say whatever I need to say and cry if I need to cry without being ashamed" and "no one here will judge me if I can't handle something going on". Participant One also spoke to building hope by sharing, "because of the help I have received I have found strength, hope and learned to cope, also learned to believe in myself". Another significant quote from participant One that could be categorized under learning coping skills is that if this person has not received counseling, "I would be in a mental hospital or worse, dead". This was a very powerful and meaningful quote, as it showed how counseling can be utilized as a preventative factor in helping to keep people from being hospitalized for mental illness or inability to cope with life stressors.

The remaining participants did not go into as much detail as participant one but they all have a significant amount of time that they have been participating in counseling. Participant One has been attending counseling for at least two years longer than all other

participants in this study. Participant Two reported, “counseling has given me strategies for dealing with reducing anxiety and stress”. This quote addressed the coping skills that were addressed in counseling. Participant Three reported, “knowing that my feelings are normal and that things will get better”. This quote spoke to the development of hope through counseling. Participant Four reported counseling, “helped me manage personal crisis” and “reduce stress to a manageable level”. This quote addressed learning coping skills to deal with stress and anxiety through counseling. Participant Five noted that in counseling he or she is “able to talk freely about what is on my mind” and “helped me focus on where I need to be to accomplish my goals”. This quote spoke to the impact of the therapeutic relationship between the counselor and the participant.

Discussion

Findings

There are many things to consider when understanding the implications of this study. Two factors to consider are both the quantitative results and the qualitative results. Both results include information that may be beneficial in supporting previous research for individuals seeking treatment for stress and anxiety.

The quantitative portion of this study was focused on the participants’ CPSS scores in general (average) as compared to the “norm” average and the approximate number of months each participant had been participating in counseling services. Through this portion of the study it was noted that the total average of all participants perceived stress was higher than the “norm” average stress level. This could indicate that individual’s who have sought counseling services may already be pre-disposed to a higher level of stress than the “norm”. This finding supports the notion that it is common

for individuals to seek out counseling services when there is a discrepancy between the person they perceive themselves to be and the person they hope to be (Watson, Bryan Thrash, 2014). However, the quantitative portion of this study also suggested that there was no significant correlation between each individual participant's perceived stress score and the amount of time each individual participant had been engaging in counseling services.

The qualitative portion of this study focused on whether or not each participant believed that counseling has helped to reduce stress and anxiety and if so, how it has helped. Through this portion of the study it was noted that all five participants reported that they did believe counseling helped them to reduce stress and anxiety. This portion of the study also found three main themes of what was helpful in the reduction of stress and anxiety for these five individuals. The three themes that were gathered by the primary researcher were that counseling helped to build hope in the individuals lives, taught coping strategies for managing stress and anxiety and providing a safe non-judgmental place by establishing an effective therapeutic relationship between client and counselor. These findings support that counseling can be an effective treatment for stress and anxiety reduction. The findings also support the power of the therapeutic relationship between the counselor and client. As previous researchers have noted, it is important for clients to feel safe and comfortable with their counselor for therapeutic gain. This study supports this claim by showing three out of five participants reported the therapeutic relationship as a factor in stress and anxiety reduction. To foster this empowering relationship it is important for counselor's to remain non-judgmental, present in the

moment with their client, show empathy and have unconditional positive regard (Geller & Porges, 2014).

Another finding in the qualitative portion of this study was the importance of participants learned coping strategies to help manage and deal with stress and anxiety. After a client and a counselor establish a trusting and effective relationship, the counselor can then introduce specific coping skills that may assist an individual in not taking away the stress or anxiety but being able to better manage the severity of the stress and anxiety they experience. Such learned coping skills could be utilized not only in the counseling session but also in day-to-day life activities that may cause individuals stress or anxiety (Geller & Porges, 2014).

Another theme found through the qualitative portion of this study was the building of hope for the future for these participants. Two out of five participants noted that counseling has helped to change their patterns of thinking from a negative outlook to a positive outlook. This has found to be helpful in counseling for counselors and clients to set obtainable goals for the future. Working towards these goals and achieving them can be very empowering and uplifting for individuals who suffer from stress and anxiety. It is important for the counselor to help the client focus on the clients' strengths and building off of those for positive outcomes (Marques, Lopez & Pais-Ribeiro, 2011).

Limitations

Although there were many findings in this research study there were also many limitations. This study had a small sample size of five participants. Race, ethnicity, gender, age, culture, spirituality and countless other important information was not gathered for the purposes of this study. Gathering more personal information of each

participant could have been beneficial in obtaining a better overall view of each participants life as well as particular areas of life that were of higher stress levels. Participant reasons for seeking counseling services could have also been beneficial in better understanding each individual's stress and anxiety level. For example, if a person has more personal crises going on, their stress level may be higher.

Another limitation of this study is the population is located in a very rural area in the northeastern part of the United States. It could be helpful in better understanding a more widespread area or gather participants from other locations to gain a more generalizable view of stress and anxiety. People located in different areas may be experiencing different levels of stress and anxiety or have a different perception of what is beneficial for the reduction of stress and anxiety.

As there was a time limit to this study, it might be helpful to be able to have a more extended period time to gain a closer look at stress levels of individuals seeking counseling services. It would have been beneficial to use the CPSS as a pre and post test to measure participants perceived stress levels upon their intake at the agency and upon discharge from counseling services. This could be more useful in better understanding clients perceived stress levels in beginning counseling and then again after they have had time to work with a counselor on resolving issues surrounding stress and anxiety in their lives.

Implications

Stress and anxiety are common responses to life stressor for many people. It is important to better understand more specifically what these stressors are and how counseling itself can be beneficial for reduction of stress and anxiety for people seeking

counseling services. Stress and anxiety have been reported to affect people of all ages for various reasons and experiencing a range of stress levels. This psychological response can cause current and future psychological and physiological damage for people experiencing such symptoms (Stoklosa, Patterso, Rosielle, & Arnold, 2011).

Furthermore, it would be of benefit to counseling as a profession, the profession of mental and physical health as well as society as a whole to better understand the best treatment options for people suffering from stress and anxiety. As noted in this research study as well as other research studies, the importance of the therapeutic relationship between counselor and client has been shown to be an important factor in effective therapeutic outcomes. It would be beneficial to better understand more specifically how this relationship can be most effective and how counselor's can assist their clients in obtaining the best outcomes to reduce stress and anxiety.

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