

STRESS BUSTERS TOOLKIT for Community-Based Organizations

Full toolkit:
acesaware.org/
managestress/cbotoolkit/

Strategies to help clients prevent and heal from toxic stress



Physical Activity

You would like to collaborate with the client on using physical activity as a Stress Buster! Before getting started, ask yourself:

- Has the client been connected to services and programs to address immediate needs or stressors?
- Has the client been presented with a brief overview of all seven Stress Busters?
- Oid the client express interest in learning more about physical activity?

Use the information and trauma-informed steps presented here to ask and **listen** for what clients want to prioritize, **partner** with clients to find things they can do every day to help calm the stress response for long-term healing, and **connect** clients to programs and services if they want more support. **For more, see this chapter's** What you can do: Listen, Partner, Connect and A trauma-informed approach for physical activity sections.



Exercise is good for our overall health. Physical activity makes our bones and muscles stronger, our heart healthier, and over time lowers our blood pressure. Physical activity is also very effective for managing stress. It helps us weather the storms in our lives!¹⁻⁴ Being routinely active over time can help us regulate our nervous system and metabolic and immune function, as well as our emotions. In fact, research shows that physical activity may be more effective than medication for managing depression.⁵⁻⁷

Also, physical activity gives our brains "practice" in having a positive stress response. Physical activity, when not overdone, causes a short-lived stress response with brief increases in heart rate and blood pressure (for more about the stress response, see The science of Adverse Childhood Experiences (ACEs) and toxic stress section of the toolkit).

This helps build up our brain's and body's resilience to stress and our ability to recover.

Physical activity is associated with improved8:

- > physical health
- > immune function
- > memory and attention
- > academic achievement
- > mental well-being
- > breathing
- > heart health
- > healthy weight
- muscle growth and development









How much physical activity do we need? The U.S. Department of Health and Human Services (HHS) recommends that adults and kids get an average number of minutes of aerobic activity each day –

- For adults: at least 150 minutes of moderate-intensity or 75 minutes of vigorous-intensity activity each week
- For children and teens: at least 60 minutes of physical activity per day,⁹ which may take the form of active play¹⁰

It can be hard for any of us to find time to be more active. It can be even harder to be active when we need it most, such as if we are depressed, anxious, or have experienced ACEs and toxic stress.

So while it is important to aim for the HHS recommendations, this Stress Buster recognizes that it is OK to start slow. You can work with clients (and yourself) in a trauma-informed way to explore how to get the body moving and build up to the levels of physical activity needed for improved health and well-being. The essential thing is to start. In fact, research shows that even short periods of light physical activity can benefit our health.^{11,12}

Recognizing the physical activity people already do

There are many different ways to be physically active. Being physically active doesn't mean having to go to the gym to work out (unless that is what a person finds enjoyable and fulfilling). Collaborate with clients to find activities that are fun for them – or at least somewhat enjoyable – that can be incorporated into their daily lives.

Be aware that some clients may have jobs that involve a lot of physical activity or labor, which can affect people in different ways. Physical work can be tiring and stressful, but it also can be enjoyable and have positive health benefits. A study showed that just knowing about the benefits of physical activity within their routine work day helped workers feel better about their work and have better health outcomes.¹³

Caregivers do a lot of their physical activity running around and being active with their children. This counts! Activities that center around physical activity for children can bring fun, build supportive relationships, and improve health for both the adult caregivers and children.

Talk with individuals and families to understand their concerns and how they can incorporate enjoyable and accessible physical activity (or needed rest) into their regular routines. Even taking short physical activity "breaks," such as stretching, jumping, and chair exercises can help improve our health.









Different levels of physical activity

There are different levels of physical activity that we can do. ¹⁴ But when someone says, "Get some moderate exercise," what does that mean? Levels of activity are based on how we feel and our heart and breathing rates. Explaining the different levels can help clients understand how they can incorporate physical activity into their day. If a client has concerns about increasing their physical activity, recommend that they check with their health care provider to discuss what types of physical activity are safe for them.

- **Light activity:** Regular daily activities like casual walking and light housework, stretching, and relaxed sports that require minimal effort, such as fishing and playing catch.¹⁴
- Moderate activity: Activity that raises the heart rate and makes a person break a sweat but is not exhausting, such as a fast walk, riding a bike, and yoga.¹⁴
- Vigorous activity: Activity that makes the heart, lungs, and muscles work hard, such as running, step aerobics, martial arts, and swimming.¹⁴

For children, physical activity means play. This includes light to vigorous active play (e.g., moving the body during unorganized free play) and structured activity (e.g., a game, going on a walk).¹⁰ Specific ideas for physical activity and level of play may vary by age. Here are some examples¹⁵:

- > Infants: Tummy time, singing to encourage movement, peek-a-boo
- > Infants and young children (through age 1-2 years): Floor play such as rolling a ball back and forth, making creative crawl tunnels
- > Young and school-aged: Family walks, running around a park or enjoying a playground together, having a family or group dance party at home









🕸 The science: How physical activity is a Stress Buster

Stress response	Physical activity can help build up our brain's ability to have a positive stress response. ^{2-4,8,16} Brief physical activity breaks can help us let go of extra stress energy and be able to better respond to stressors. ⁸
Brain health	Physical activity can boost brain health, ease feelings of anxiety and depression, and help to improve memory, attention, cognition, mental health, and self-esteem. ¹⁷⁻²⁴
Immune health	Regularly engaging in moderate physical activity (e.g., fast walking, yoga), can help improve blood circulation and support overall immune system function. It also helps the body fight against viruses and infections, which we may be more susceptible to when stressed. ^{4,17-20}
Heart health and overall well-being	Moderate physical activity, such as brisk walking, has been shown to reduce the risk of heart disease, type 2 diabetes, and obesity, and strengthen our bones and muscles. It improves both the quality and the length of our lives. ²¹⁻²⁵

Challenges

Many different factors – including those beyond our individual control – can affect our ability to engage in physical activity. Recognizing that there are structural/systems-level factors that can cause challenges to getting physical activity can reduce feelings of blame and shame. And, asking about these challenges can allow for more targeted individual-level solutions for clients.

Following are some examples of challenges; this is not an exhaustive list. In addition, racism, discrimination, and inequities at all levels can contribute to and exacerbate any of these challenges.

Structural/systems-level challenges

Environmental factors	Availability of nearby activities, facilities, transportation, and ADA-compliant spaces (i.e., a building or park that is physically accessible to people with disabilities); access to safe spaces (free from violence and emotionally safe)
Societal or cultural factors	Societally and culturally influenced perceptions about what constitutes socially acceptable physical activity (e.g., dancing, preference for certain sports over others, etc.)









Interpersonal/individual-level challenges

Physical health factors	Physical differences and disabilities
Psychological and cognitive factors	Mental health conditions (e.g., depression, anxiety); experiences of racism, discrimination, sexism, fatphobia, or even just feelings of not fitting in; feeling a lack of time to participate in exercise or organized activities
Socioeconomic factors	Income and resources at the family, household or individual level may make it difficult to travel to activities and facilities, especially if they are not easily available; gym memberships and activity fees may be expensive; schedule and availability (e.g., work priorities, family structure, other commitments)

This toolkit provides individual and organizational-level approaches to mitigate challenges (**see the chapter, Promoting Stress Busters at the organizational level**). Working together with clients, you can provide information and support to identify physical activities that take these and other challenges into account.^{26,27}

What you can do: Listen, Partner, Connect

The way you talk about Stress Busters with clients matters. ACEs Aware community and clinical partners shared that in their experience, it is more effective to engage clients with Stress Busters through conversation and partnership versus telling a client how to "fix it."

Using the **Listen, Partner, Connect Framework** is a way to remember how to structure a client conversation about Stress Busters and how to interact with clients using trauma-informed and strength-based approaches.

Listen Partner Connect

Listen

Ask open-ended questions and use compassionate active listening to understand clients' needs and desires around the physical activity Stress Buster from their perspective.

Example questions:28,29

- > What activities or exercise do you enjoy?
- > What makes being active fun for you? (e.g., being with friends or family, being outdoors)
- > From your perspective, what are some benefits of exercising? What do you not like about exercising? Is there any physical activity you would not do?
- > How would you like things to be different when it comes to physical activity? (e.g., prefer to exercise more, less, find different options)
- Can you think of ways you could be more physically active in your regular routine?









- > How can I support you in being more physically active?
- > What do you see as your next steps?

For more information about how to do active listening, see the toolkit chapter *Listen, Partner, Connect: Framework and skills for a trauma-informed approach with clients.*

Reminder: Create safety and trust

- Respect clients' personal space and physical boundaries.
- Set expectations, structures, and routines for activities and programs that feel comfortable for the client.
- Acknowledge that everyone has different levels of ability and fitness and that is OK.

For more examples of how to apply SAMHSA's six key principles, see <u>A trauma-informed approach for physical activity</u> section of this chapter.

Partner

Base the conversation and next steps on what a client needs or wants. There is no need to lecture or tell someone what to do. This is a partnership and a collaboration. If a client gets stuck or is not sure what to do, check in with them by asking, "How do you see me being able to help?"

- > Use the ACEs Aware handout as a guide in the conversation if helpful:
 - "Being Physically Active Can Prevent and Manage Stress" (from www.ACEsAware.org/managestress).
- > Use strengths-based and collaborative approaches with the client, such as motivational interviewing, to discuss strategies for adding physical activity³⁰ and for them to choose activities that work best for them that fit with their health goals, physical abilities, and fitness levels, such as the following ideas from community partners and clinicians:
 - Make small changes in the daily routine, such as parking farther away from the grocery store.
 - Go on a walk every day.
 - Make exercise social by scheduling activities with friends or family.
 - Try gentle exercise, such as seated chair exercises, Tai Chi, resistance band exercises, physical therapy
 exercises, water exercises, and stretching.
 - Add moderate- or high-intensity activities to help strengthen muscles, such as yoga, stretching, gardening, or lifting weights.
 - Try different types of activities and break up activity into shorter sessions throughout the week to make exercising more interesting and fun.

For more information about how to use motivational interviewing techniques, see the toolkit chapter *Listen, Partner, Connect: Framework and skills for a trauma-informed approach with clients.*









Take it slow!

Individuals are more likely to stick with a physical activity if they start slowly and gradually increase their practice or participation (e.g., slow daily 15-minute walk for 2-3 months; for wheelchair users, a 15-minute daily wheelchair ride). This builds up strength and prevents injuries.

Reminder: Focus on strengths and collaboration

- ☑ Use invitational language, such as "Would you be interested in...?" or "Would you like to join?"
- Provide information about activities and classes ahead of time so that clients can choose what to participate in. Do not make assumptions about clients' fitness levels, gender identity, and comfort levels with activities.

For more examples of how to apply SAMHSA's six key principles, see <u>A trauma-informed approach for physical activity</u> section of this chapter.

Connect

If clients are experiencing toxic stress and have stress-related mental or physical health issues (see a list of <u>ACE-Associated Health Conditions</u>), they may be interested in connecting to resources, programs, and services that can support them in using physical activity as a Stress Buster to reduce stress, heal, and thrive.

Share online resources	 Help clients find free workouts, planning tools, tip sheets and videos. See a list of resources at www.acesaware.org/managestress/cbotoolkit.
Sign up for an exercise class or program	 Help clients find groups, trainers, programs led by promotoras; clinic-based exercise programs, activities that combine physical activity with self-regulation skills and breathing techniques (e.g., martial arts, yoga). See a list of resources at www.acesaware.org/managestress/cbotoolkit.
Find trauma-informed physical activity programs	Some programs and coaches may have training in trauma-informed coaching and exercise leadership that recognizes the needs of people who have experienced trauma and violence.









Refer to primary care doctor

- > For individuals with medical conditions or with limited mobility, or if a client has concerns about increasing their physical activity, recommend that they check with their health care provider to discuss what types of physical activity are safe for them.
- If the client is interested, connect them with an <u>ACEs Aware-trained</u> <u>clinician</u> to help them get needed interventions and referrals.
- > For clients without health insurance, you can find help with Medi-Cal, health coverage, and other benefits on the California Department of Health Care Services (DHCS) website and find free primary care services at the California Association of Free and Charitable Clinics.
- > For resources, visit <u>www.acesaware.org/managestress/cbotoolkit</u>.









A trauma-informed approach for physical activity

When we say "take a trauma-informed approach," what does that mean? There are six key principles of SAMHSA's trauma-informed approach.³¹ The following table provides examples from lived experience from community partners, clinical expertise, and the literature showing how to apply this Stress Buster across the six key principles. You can follow these practices with clients who are participating in group classes or programs, or when working one-on-one with a client using Listen, Partner, Connect.

SAMHSA's principles of a trauma- informed approach	Ways to put the principles into action Examples from community partners, clinicians, and the literature ³⁰
Safety	 Respect clients' personal space and physical boundaries. Consider a "no touch" policy in group physical activity classes; use consent cards for classes like yoga so that participants can flip the cards to either "yes, I'd like hands-on adjustments or assists" or "not today, thank you, guidance of your voice is enough." (For more about nuances of supportive touch, see the <i>Listen, Partner, Connect: Framework and skills for a trauma-informed approach with clients</i> chapter of the toolkit).
Trustworthiness and transparency	 Set expectations, structures, and routines for activities and programs that feel comfortable for the client. Acknowledge that everyone has different levels of ability and fitness and that is OK. Enable participants to pre-select activities ahead of an event and avoid publicly disclosing personal information, such as disabilities, allergies, or accessibility needs. Advise clients of possible risks or consequences (informed consent) from participating in activities (e.g., physical injury).
Collaboration and mutuality	 Use invitational language, such as "Would you be interested in" or "Would you like to join?" Let clients know that you understand things get in the way of doing physical activity, such as having the time, managing health issues, or coping with daily stressors – and that you can work together to address them. Provide information about activities and classes ahead of time so that clients can choose what to participate in. Do not make assumptions about clients' fitness levels, gender identity, and comfort levels with activities.









Peer support	 Identify strengths. Notice when people are doing things right and comment on it ("It's great that you went for a walk yesterday!"). Use a calm voice when explaining activities, actively listen, and ask engaging questions to clarify. Encourage people to be kind to themselves; e.g., reassure them, "It's OK to go at your own pace or modify what we're doing."
Empowerment, voice and choice	 Level feelings of power imbalances, such as between instructors/ coaches and participants (for more about leveling power differentials, see the Listen, Partner, Connect: Framework and skills for a trauma-informed approach with clients chapter of the toolkit). For classes or programs, provide options, modifications, and adaptations (e.g., movements or exercises that can be done sitting down). Offer people the choice to "opt in" and "opt out" of participating (e.g., do not pressure participation if someone is uncomfortable). For activities such as yoga or relaxation techniques, offer options such as for participants to leave their eyes open or closed, and keep the lights on or turn them off.
Cultural, historical, and gender issues	 Recognize and honor the different cultural, historical, religious, and other customs that can influence how we can or want to engage with physical activity. Learn about the customs of clients and bring this learning into your conversations and programming. Let clients lead. Ask how clients identify and about ways to honor this in the work you are doing together. For example: Acknowledge that different forms of activity may be preferred in certain cultures or communities (e.g., cultural dance and music, societal or cultural favoring of certain sports over others). Consider the historical contexts of places of physical activity which are based in community (e.g., history of YMCA facilities related to practices of racial segregation, perception of periods of higher rates of shared sexual identity among members). Be aware that some physical activity-related environments (e.g., gyms, locker rooms, sports teams) carry gender-specific facilities and may or may not be gender inclusive; support clients in finding social support and environments in which they feel comfortable and safe.

With these tools and strategies, you can use the physical activity Stress Buster to support individuals, families, and staff in preventing and treating toxic stress.









Take Stress Busters to the next level:

For ideas for integrating Stress Busters into your organization's operations, services, and physical environment, see the chapter, *Promoting Stress Busters at the organizational level*.









References

- 1. Dhabhar FS. The short-term stress response Mother nature's mechanism for enhancing protection and performance under conditions of threat, challenge, and opportunity. Frontiers in Neuroendocrinology. 2018;49:175-192. doi:10.1016/j.yfrne.2018.03.004
- 2. Rimmele U, Seiler R, Marti B, Wirtz PH, Ehlert U, Heinrichs M. The level of physical activity affects adrenal and cardiovascular reactivity to psychosocial stress. Psychoneuroendocrinology. 2009;34(2):190-198. doi:10.1016/j.psyneuen.2008.08.023
- 3. Chen WJ, Mat Ludin AF, Farah NMF. Can Acute Exercise Lower Cardiovascular Stress Reactivity? Findings from a Scoping Review. Journal of Cardiovascular Development and Disease. 2022;9(4):106. doi:10.3390/jcdd9040106
- 4. Fleshner M. Physical activity and stress resistance: sympathetic nervous system adaptations prevent stress-induced immunosuppression. Exerc Sport Sci Rev. 2005;33(3):120-126. doi:10.1097/00003677-200507000-00004
- 5. Singh B, Olds T, Curtis R, et al. Effectiveness of physical activity interventions for improving depression, anxiety and distress: an overview of systematic reviews. Br J Sports Med. 2023;57(18):1203-1209. doi:10.1136/bjsports-2022-106195
- 6. Craft LL, Perna FM. The Benefits of Exercise for the Clinically Depressed. Prim Care Companion J Clin Psychiatry. 2004;6(3):104-111.
- 7. Martinsen EW. Physical activity in the prevention and treatment of anxiety and depression. Nordic Journal of Psychiatry. 2008;62(sup47):25-29. doi:10.1080/08039480802315640
- 8. Bhushan D, Kotz K, McCall J, et al. The Roadmap for Resilience: The California Surgeon General's Report on Adverse Childhood Experiences, Toxic Stress, and Health. Office of the California Surgeon General; 2020. doi:10.48019/PEAM8812
- 9. Physical Activity Guidelines for Americans | odphp.health.gov. Accessed February 10, 2025. https://odphp.health.gov/our-work/nutrition-physical-activity/physical-activity-guidelines
- 10. Lloyd-Jones DM, Allen NB, Anderson CAM, et al. Life's Essential 8: Updating and Enhancing the American Heart Association's Construct of Cardiovascular Health: A Presidential Advisory From the American Heart Association. Circulation. 2022;146(5):e18-e43. doi:10.1161/CIR.000000000001078
- 11. Garcia L, Pearce M, Abbas A, et al. Non-occupational physical activity and risk of cardiovascular disease, cancer and mortality outcomes: a dose-response meta-analysis of large prospective studies. Published online August 1, 2023. doi:10.1136/bjsports-2022-105669
- 12. Dohrn IM, Kwak L, Oja P, Sjöström M, Hagströmer M. Replacing sedentary time with physical activity: a 15-year follow-up of mortality in a national cohort. CLEP. 2018;10:179-186. doi:10.2147/CLEP.S151613









- 13. Crum AJ, Langer EJ. Mind-set matters: exercise and the placebo effect. Psychol Sci. 2007;18(2):165-171. doi:10.1111/j.1467-9280.2007.01867.x
- 14. National Heart, Lung, and Blood Institute (NHLBI). Physical Activity and Your Heart Types | NHLBI, NIH. March 24, 2022. Accessed January 27, 2025. https://www.nhlbi.nih.gov/health/heart/physical-activity/types
- 15. ACSM Blog. ACSM_CMS. Accessed February 10, 2025. https://www.acsm.org/blog-detail
- 16. McEwen BS. Brain on stress: How the social environment gets under the skin. Proceedings of the National Academy of Sciences. 2012;109(supplement_2):17180-17185. doi:10.1073/pnas.1121254109
- 17. Campbell JP, Turner JE. Debunking the Myth of Exercise-Induced Immune Suppression: Redefining the Impact of Exercise on Immunological Health Across the Lifespan. Front Immunol. 2018;9. doi:10.3389/fimmu.2018.00648
- 18. Pedersen BK, Hoffman-Goetz L. Exercise and the immune system: regulation, integration, and adaptation. Physiol Rev. 2000;80(3):1055-1081. doi:10.1152/physrev.2000.80.3.1055
- 19. Gleeson M, Bishop NC, Stensel DJ, Lindley MR, Mastana SS, Nimmo MA. The anti-inflammatory effects of exercise: mechanisms and implications for the prevention and treatment of disease. Nat Rev Immunol. 2011;11(9):607-615. doi:10.1038/nri3041
- 20. Jedrychowski W, Maugeri U, Flak E, Mroz E, Bianchi I. Cohort study on low physical activity level and recurrent acute respiratory infections in schoolchildren. Cent Eur J Public Health. 2001;9(3):126-129.
- 21. CDC. Benefits of Physical Activity. Physical Activity Basics. October 29, 2024. Accessed February 4, 2025. https://www.cdc.gov/physical-activity-basics/benefits/index.html
- 22. WHO. Physical activity. June 26, 2024. Accessed February 4, 2025. https://www.who.int/news-room/fact-sheets/detail/physical-activity
- 23. Powell KE, Paluch AE, Blair SN. Physical activity for health: What kind? How much? How intense? On top of what? Annu Rev Public Health. 2011;32:349-365. doi:10.1146/annurev-publhealth-031210-101151
- 24. Nocon M, Hiemann T, Müller-Riemenschneider F, Thalau F, Roll S, Willich SN. Association of physical activity with all-cause and cardiovascular mortality: a systematic review and meta-analysis. Eur J Cardiovasc Prev Rehabil. 2008;15(3):239-246. doi:10.1097/HJR.0b013e3282f55e09
- 25. Thompson PD, Buchner D, Pina IL, et al. Exercise and physical activity in the prevention and treatment of atherosclerotic cardiovascular disease: a statement from the Council on Clinical Cardiology (Subcommittee on Exercise, Rehabilitation, and Prevention) and the Council on Nutrition, Physical Activity, and Metabolism (Subcommittee on Physical Activity). Circulation. 2003;107(24):3109-3116. doi:10.1161/01.CIR.0000075572.40158.77
- 26. Clark CJ, Lewis-Dmello A, Anders D, et al. Trauma-sensitive yoga as an adjunct mental health treatment in group therapy for survivors of domestic violence: a feasibility study. Complement Ther Clin Pract. 2014;20(3):152-158. doi:10.1016/j.ctcp.2014.04.003









- 27. Darroch FE, Varcoe C, Montaner GG, Webb J, Paquette M. Taking Practical Steps: A Feminist Participatory Approach to Cocreating a Trauma- and Violence-Informed Physical Activity Program for Women. Violence Against Women. 2024;30(2):598-621. doi:10.1177/10778012221134821
- 28. Homelessness Resource Center (HRC), SAMHSA. Motivational Interviewing: Open Questions, Affirmation, Reflective Listening, and Summary Reflections (OARS). HomelessHub. 2007. Accessed January 25, 2025. https://homelesshub.ca/resource/motivational-interviewing-open-questions-affirmation-reflective-listening-and-summary-reflections-oars/
- 29. Rollnick S, Miller WR, Butler C. Motivational Interviewing in Health Care: Helping Patients Change Behavior. Guilford Press; 2008.
- 30. Jerome GJ, Boyer WR, Bustamante EE, et al. Increasing Equity of Physical Activity Promotion for Optimal Cardiovascular Health in Adults: A Scientific Statement From the American Heart Association. Circulation. 2023;147(25):1951-1962. doi:10.1161/CIR.000000000001148
- 31. Substance Abuse and Mental Health Services Administration (SAMHSA). Practical Guide for Implementing a Trauma-Informed Approach. National Mental Health and Substance Use Policy Laboratory. Substance Abuse and Mental Health Services Administration; 2023. Accessed February 4, 2025. https://library.samhsa.gov/sites/default/files/pep23-06-05-005.pdf





