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An evaluation of a stress management program for individuals with schizophrenia

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Abstract

Vulnerability–stress models suggest that training in specific stress management techniques should yield benefits to those suffering from schizophrenia and related disorders. In this paper, we describe an evaluation of the impact of adding a stress management program to other medical and psychosocial interventions for such patients. Outcomes were compared for 121 patients randomly assigned to receive either a 12-week stress management program with follow-up sessions or participation in a social activities group. The two treatment conditions did not differ in levels of symptoms, perceived stress or life skills immediately after completion of treatment or at 1-year follow-up. Patients who received the stress management program did have fewer hospital admissions in the year following treatment. This effect of stress management was most apparent for those who showed high levels of attendance for treatment sessions. It was concluded that training in stress management may provide patients with skills for coping with acute stressors and reduce the likelihood of subsequent acute exacerbation of symptoms with need for hospitalization. © 2002 Elsevier Science B.V. All rights reserved.

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1. Introduction

While pharmacological treatment of schizophrenia is necessary for alleviation of psychotic symptoms and prevention of relapse, it is not enough in itself for effective treatment of a majority of patients. It is now generally recognized that effective treatment of schizophrenia requires both biological and psychosocial

intervention (Falloon et al., 1998; Lehman, 1999; Malla et al., 1998). In recent years there have been definite advances in the pharmacological treatment of this disorder (Kane, 1999; Jibson and Tandon, 1998) and accumulating evidence for the effectiveness of psychosocial interventions (eg., Barbato and D'Avanzo, 2000; Fenton and Schooler, 2000; Huxley et al., 2000; Lauriello et al., 1999). With reference to psychosocial interventions, the most consistent evidence can be found for the benefits of social skills training (Benton and Schroeder, 1990; Heinssen et al., 2000); family psychoeducation (Barbato and D'Avanzo, 2000; Dixon et al., 2000; Lam, 1991) and

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provision of individualized case management support services (Chamberlain and Rapp, 1991; Mueser et al., 1998).

Despite the advances that have been made, there is still much work to be done in developing and disseminating interventions to further improve treatment outcome (Bustillo et al., 1999; Kissling and Leucht, 1999; Meltzer, 1999; Schultz and Andreasen, 1999). In this paper, we report the results of a study designed to evaluate the impact of an additional intervention when delivered in the context of a treatment and rehabilitation program that already combines pharmacological treatment with such psychosocial interventions as case management, social skills training and family psychoeducation.

The particular intervention being evaluated has its roots in the stress vulnerability model of schizophrenia (eg., Fowles, 1992; Nicholson and Neufeld, 1992; Nuechterlein and Dawson, 1984). Evidence for the influence of stress on the course of schizophrenia comes from numerous studies examining the relationship between stressful life events and variation in intensity of symptoms (eg., Doering et al., 1998; Dohrenwend and Egri, 1981; Norman and Malla, 1993, 1994; Ventura et al., 1989) as well as research on the effects of stressful family milieu on the course of illness (eg., Falloon and McGill, 1985; Butzlaff and Hooley, 1998).

One of the implications of a stress–vulnerability model of schizophrenia and related disorders is the possible benefits of a program designed to help clients cope more effectively with stress. Many studies have systematically evaluated the effectiveness of stress management programs in the general population or in individuals suffering from disorders other than schizophrenia (eg., Johnston, 1991; McCrady et al., 1991; Shaw et al., 1991). On the other hand, there have been only sporadic reports of individual case studies and descriptions of programs for schizophrenic clients using such interventions as relaxation training or training in problem-solving skills (eg., Starkey et al., 1995; Slade, 1972; Bellack et al., 1989). There is evidence that schizophrenic clients may sometimes develop and use comparable techniques for dealing with stressors associated with their symptoms (Breier and Strauss, 1983; Carr, 1988; Falloon and Talbot, 1981). Up until the inception of this study, however, there had not been reports of well controlled evaluations of the effects of

adding specific stress management training to pharmacological and other psychosocial interventions that have been found effective in the treatment of schizophrenia.

2. Methods

2.1. Overview

As our objective was to examine the effectiveness of adding a program for improving skills for coping with stress to already widely used treatment and rehabilitation interventions for schizophrenia, we examined the differential effectiveness of stress management and a control condition within the context of a treatment and rehabilitation program, which already provided the most validated interventions for schizophrenia–psychopharmacology, case management, social skills training and family psychoeducation.

The stress management program being evaluated was designed to broadly cover a range of techniques for coping with stress, while recognizing that specific techniques would differ in their degree of relevance to individuals. For this reason the intention was to evaluate the entire program rather than its specific components. The impact of the program was evaluated using a pre-test/post test control design. A nonspecific social activities program was chosen as the control condition. The stress management and control conditions were matched for overall length of the intervention, number of sessions, group size and staff contact.

2.2. Subjects

All subjects were clients of the Community Treatment and Re-integration Program for Psychotic Disorders situated in London, Ontario. Criteria for entry into the study included: a DSM-III-R diagnosis of schizophrenia as confirmed by a SCID interview (Spitzer and Williams, 1985); age between 17 and 50; and being clinically stable (i.e., not having required hospitalization or increases in medication over the previous 3 months as a result of an exacerbation of acute symptoms). Within matching by gender and number of previous hospitalizations, subjects were randomly assigned to treatment condition.

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