

Purpose

Vulnerability–stress models suggest that training in specific stress management techniques should yield benefits to those suffering from schizophrenia. Some studies suggested the superiority of coping-oriented cognitive behaviour methods compared with other psychological interventions (e.g., Mojtabai, Nicholson, & Carpenter, 1989). This poster communication describes the development and testing of a cognitive-behavioural stress management program for such patients.

Methods

- **Participants:** 14 Portuguese persons diagnosed with Schizophrenia (Age Md = 33.0; SD = 6.67; 67 % males).
- **Instruments:**

Ways of Coping Questionnaire (Portuguese version by Ribeiro & Santos, 2001) was administered to assess the participant's cognitive and behavioural coping strategies. The WQC – Portuguese Version is a 48-item, 4-point Likert-type instrument that assesses eight fundamental dimensions of the coping process – confrontation, distancing, self-control, seeking social support, accepting responsibility, escape/avoidance, planful problem solving, and positive reappraisal. These eight dimensions measure two general functions of coping, problem-focused coping and emotion-focused coping.

Perceived Stress Scale (Portuguese version by Ribeiro & Marques, 1999) assesses the degree to which situations in one's life are appraised as stressful. It is a 14-item, 5-point Likert-type instrument ranging from *never to very frequently*. Items were designed to tap how unpredictable, uncontrollable, and overloaded respondents find their lives. The scale also includes a number of direct queries about current levels of experienced stress. Moreover, the questions are of a general nature and hence are relatively free of content specific to any sub-population group. The questions in the PSS ask about feelings and thoughts during the last month. Higher scores correspond to higher perceived stress.

The Quality of Life Interview for Chronically Mentally Ill (Portuguese version by Marques, Queirós & Rocha, 2005) is a structured interview that assesses an individual's objective and subjective quality of life. It consists of 74 items concerning eight life domains – living situation, daily activities and functioning, family relations, social relations, finances, work and school, legal and safety issues, and health. Interview questions elicit information about objective quality of life and then subjective quality of life (rated on a fixed interval (1-7) delighted-terrible scale for each life domain. General life satisfaction is assessed at the beginning and end of the interview.

• Procedures:

The cognitive-behavioural stress management program was implemented in 21 group sessions (90 minutes each), occurring twice a week, 9 months long. It was based in the "Practical Coping and Empowerment Strategies for people with Psychiatric Disability" (developed in 1994 by the Center of Psychiatric Rehabilitation - Boston University), in the relaxation principles of Jacobson, Schutz, and Desoille techniques and in other methodologies related to the coping strategies development (Aranzábal, Morais & Platas, 2002; Guerra & Lima, 2005).

• Data Analysis:

Wilcoxon paired-sample test analysis were computed in the SPSS 15.0 in order to determine the relationships between variables.

Results and Conclusions

Table 1. Quality of Life Interview for Chronically Mentally Ill Results (before and after the intervention)

Item	Stage	Mean	SD	p
Living Situation				
1. Current living situation	Pre	4.86	1.17	0.230 NS
	Post	5.29	1.07	
2. Privacy	Pre	4.79	1.31	0.417 NS
	Post	5.21	1.11	
3. Expected permanence length	Pre	4.71	1.44	0.755 NS
	Post	4.79	1.48	
Daily Activities and Functioning				
Leisure activities undertaken	Pre	13.14	1.75	0.928 NS
	Post	13.14	1.51	
Performance perception	Pre	1.79	0.80	0.160 NS
	Post	2.14	1.03	
Satisfaction with leisure activities	Pre	3.79	1.25	0.254 NS
	Post	4.29	1.49	
Opportunity to hear nice things	Pre	4.50	1.56	0.632 NS
	Post	4.14	1.56	
Time dedicated to have fun	Pre	3.86	1.56	0.721 NS
	Post	4.21	1.72	
Relaxation feeling	Pre	3.29	1.59	0.136 NS
	Post	4.07	1.44	
Family Relations				
Contact by telephone	Pre	3.93	1.14	0.490 NS
	Post	4.14	0.86	
Personal Contact	Pre	3.93	0.92	0.006**
	Post	5.00	0.00	
Satisfaction with family interaction	Pre	4.14	1.03	0.417 NS
	Post	4.43	1.45	
Satisfaction with family relationship	Pre	3.57	0.76	0.004**
	Post	4.86	1.51	
Social Relations				
Social Activity	Pre	13.29	5.62	0.079 NS
	Post	10.07	5.31	
Satisfaction with the performed activities	Pre	3.86	1.17	0.169 NS
	Post	4.43	1.51	
Satisfaction with the time dispensed with others	Pre	4.29	1.43	0.822 NS
	Post	4.14	1.56	
Satisfaction with the persons relating socially	Pre	3.29	2.07	0.024*
	Post	4.57	1.16	
Finances				
Money available to cover expenses	Pre	9.29	1.44	0.416 NS
	Post	8.93	1.98	
Satisfaction with incomes	Pre	3.71	1.38	0.280 NS
	Post	4.14	1.51	
Satisfaction regarding financial situation	Pre	3.36	1.01	0.546 NS
	Post	3.57	1.70	
Satisfaction with the money available for fun	Pre	3.64	0.84	0.256 NS
	Post	4.29	1.73	
Health				
Perceived general health condition	Pre	2.71	1.07	0.190 NS
	Post	2.36	0.93	
Satisfaction regarding physical condition	Pre	3.79	1.42	0.075 NS
	Post	4.43	1.40	
Satisfaction regarding emotional wellbeing	Pre	3.00	1.04	0.009**
	Post	3.00	1.04	

*p<0,050 **p<0,010

Table 2. Ways of Coping Questionnaire Results (before and after the intervention)

Item	Stage	Mean	SD	Z	p
Confrontation	Pre	2.42	0.70	-0.797	0.426 NS
	Post	2.43	0.76		
Self-control	Pre	2.20	0.47	-2.701	0.007**
	Post	2.68	0.43		
Seeking social support	Pre	2.55	0.62	-0.211	0.833 NS
	Post	2.60	0.72		
Accepting responsibility	Pre	2.27	0.60	-2.949	0.003**
	Post	2.86	0.42		
Planful problem solving	Pre	2.37	0.64	-0.421	0.674 NS
	Post	2.35	0.79		
Distancing	Pre	2.33	0.48	-0.355	0.723 NS
	Post	2.30	0.62		
Escape/Avoidance	Pre	2.21	0.52	-0.315	0.753 NS
	Post	2.16	0.61		
Positive reappraisal	Pre	2.16	0.61	-2.949	0.003**
	Post	2.65	0.50		

*p<0,050 **p<0,010

Table 3. Perceived Stress Scale Results (before and after the intervention)

Item	Stage	Mean	SD	Z	p
Global Stress Level	Pre	3.36	0.45	-2.167	0.030*
	Post	3.04	0.58		

*p<0,050 **p<0,010

Significant differences were found between pre and post test evaluation, revealing decrease in stress levels and increase in coping strategies, especially those related with "self-control", "assuming responsibility" and "positive reevaluation". Simultaneously, it is possible to identify several impacts of the program in terms of participant's quality of life, specially in what concerns "Family Relations", "Social Relations", and "Health", with emphasis on satisfaction regarding emotional wellbeing. The relapse and re-hospitalized rate (6,7%), drop out rate (0%), attendance rate (91%), and punctuality rate (85%) verified are the example of the high level of participants motivation and satisfaction, which have to be considered as other program success indicators.

The results point out that this cognitive-behavioural stress management program might be an interesting methodology in the promotion of coping strategies and reduction of perceived stress in people with psychiatric disabilities. However, considering that this research represents only a pilot study (obviously with some limitations, such as the inexistence of control group or the reduced number of participants), it is essential that further investigation is made on this field.

Bibliography

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