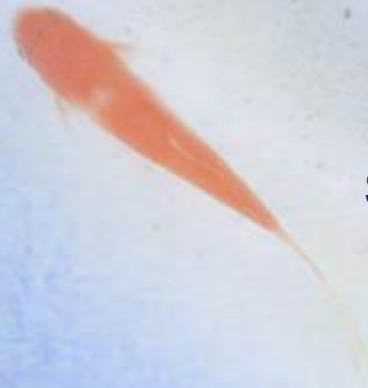


Promoting Recovery through a Wellness Program

Zenovia Ursuliak MD, PhD, FRCPC



Schizophrenia Society of Nova Scotia
23rd Annual Conference
November 4, 2011

Impact of Schizophrenia

- Schizophrenia in world's top ten causes of disability-adjusted life-years¹
- increased risk of medical illness (cardiovascular) and mortality²
- Decreased quality of life at first presentation³

1) Murray CJL, Lopez AD. Cambridge, Mass.: Harvard University Press; 1996.; 2) Goff et al, J Clin Psychiatry, 2005; 66:183-194; 3) Browne et al., Br J Psychiatry. 2000 Feb;176:173-6

Impact of Schizophrenia

- Cognitive deficits 1 -2 standard deviations below normal healthy population¹
- 9X higher rates of unemployment² (early psychosis)
- Stigma leads to reduced self-esteem, hope, self-efficacy and depression³

1) Savilla et al., A and NZ J of Psych, 2008,42; 496-504; 2) Turner M et al., Soc Psychiatry Psychiatr Epidemiol. 2009 Mar 3; 3) Lysaker et al. Schizophrenia Res, 2008,98:194-200

Is Recovery Possible?

What does it mean to be recovered?

- Scientific/Outsider Definition

- Consumer/Insider Definition

Recovery (Consumer/Insider)

All individuals with mental illness can develop (Resnick et al. 2005):

- Hope for the future
- Participate in meaningful activities
- Exercise self-determination
- Live in a society without stigma and discrimination

Factor analysis from large data set to empirically conceptualize recovery:

- | | |
|--------------------|-------------------|
| -Empowerment | -Knowledge |
| -Hope and optimism | Life Satisfaction |

Recovery – Consumer/Insider

Recovery is “marked by an ever deepening acceptance of our limitations . . . we find our personal limitations are the ground from which spring our own unique possibilities. It is a way of life, an attitude of approaching the day’s challenges”

Deegan 1992

“It is an experience of personal growth and learning, taking risks, failing and trying again, being able to live with oneself and with others, and being part of a living community”

Turner 2002

Evidence for Recovery

- Harding, Brooks, Ashikaga, Strauss and Breier (1987) –began in mid 50's and followed 82 people with schizophrenia for 20-25 years:
 - 73% “led a moderate to full life”
 - 81% “able to meet basic needs”
 - 68% “displayed slight or no symptoms”
 - 44% “employed in last year”

Can we promote recovery?



NSEPP Wellness Program

- Fellowship project (September 2006 – August 2007)
- Funded by Eli Lilly Neurosciences Wellness Education Grant
- Objective
 - To create an intervention that promotes wellbeing through healthy lifestyles

Wellness Program Overview

- 12 week group-based program (twice weekly for 2 hours and 3 hours)
- 8 to 10 participants per group
- Experiential education based in the spirit of Motivational Interviewing (collaboration, autonomy, and evocation)
- Attention to therapeutic atmosphere:
 - Culture of young adults
 - Positive and fun
 - Non-judgmental and non-hierarchical

Wellness Program Overview

- Piloted in 3 cohorts over a year starting Oct. 2006.
- 12 week group-based program that has four components:
 - Healthy Eating
 - Physical Activity/Recreation
 - Stress Management
 - Group therapy (motivational interviewing, cognitive behaviour therapy, peer support)

Wellness Program Staff

MAIN: Recreation therapist, psychiatrist, peer motivator

ADJUNCTIVE: dietitian, occupational therapist, spiritual therapist

Role of the Peer Motivator

- To represent a client's perspective in the planning of Wellness assessments and sessions
- To act as liaison between the Wellness staff and the participants
- To provide positive role modeling in recovery
- To facilitate peer support in the group
- To provide individual peer support

Wellness Program – Healthy Eating

Healthy Eating

4 sessions

Dietitian, Psychiatrist and Peer Motivator

Healthy food choices and menu planning on a budget

Grocery shopping and food label reading at local supermarket

Sampling new foods at healthy eating and group psychotherapy sessions

Meal preparations (guests invited to share a meal)



**PLANET
ORGANIC™**
M A R K E T

Atlantic
superstore
www.atlanticsuperstore.ca

Wellness Program - Recreation

Physical Activity/ Recreation

22 sessions

Recreation Therapist and Peer
Motivator

Benefits of physical activity.
Safe exercise practices.

Various sport, dance and
fitness sessions on site and
with community partners

Community outings: Walking
trails, rock climbing, bowling,
pottery, attendance at
hockey game

Overnight camping trip



YMCA

We build strong kids, strong families, strong communities.



Wellness Program – Stress Management

Stress Management

4 sessions

Peer Motivator, Psychiatrist and Occupational Therapist

Physical and mental effects of stress

Identifying triggers and positive and negative coping behaviours

Stress reduction practices (breathing retraining, muscle relaxation, Qigong, meditation, yoga)




Addiction Services

the **Yoga Loft**

Wellness Program – Group Therapy

Group Psychotherapy

6 sessions

Peer Motivator, Psychiatrist and Spiritual Therapist or Occupational Therapist

Peer Support – exploring issues relevant to the participants, identifying with others and instilling hope

Motivational Interviewing: stages of change, understanding motivation, Decisional Balance and Values Exercise

Goal Setting (SMART GOALS) and using cognitive behavioural therapy to explore obstacles to change



Evaluating the Wellness Program

Quantitative Evaluation

- Did improvements occur on health outcomes measured before and after the program?

Qualitative Evaluation

- Did participants report any benefits from the program during exit interviews
- What aspects of the program did participants find beneficial?
 - Were those program aspects linked to any specific benefits?

Methods : Outcome Measures

Physical Health	Health-Related Behaviours	Psychological Health	Quality of Life
<ul style="list-style-type: none">• Weight• Body Mass Index	<ul style="list-style-type: none">• Leisure Competence Measure	<ul style="list-style-type: none">• Positive and Negative Symptom of Schizophrenia Scale• Profile of Mood States	<ul style="list-style-type: none">• SF-36

Statistical Analysis:

- Completers were defined as having attended at least 60% of the group sessions (n=13)
- Non-parametric test, Wilcoxon Signed rank test, used to analyze pre- to post- differences in outcome measures

Leisure Competence Measure

significant improvements

Leisure Competence Measure	n	Mean- Pre (sd)	Mean- Post (sd)	Mean – Change (sd)	p value
Total Score	13	43.5 (7.7)	49.1 (6.9)	-5.5 (4.0)	.001*
Leisure Awareness	13	5.6 (1.5)	6.5 (1.0)	0.9 (1.0)	.016*
Leisure Attitude	13	5.1 (1.3)	6.0 (1.3)	-0.9 (1.2)	.020*
Leisure Skills	13	5.8 (1.1)	6.5 (0.9)	-0.6 (1.0)	.066
Social Appropriateness	13	6.8 (0.4)	6.8 (0.4)	-0.1 (0.3)	.317
Interpersonal Skills	13	6.0 (1.2)	6.5 (0.8)	-0.5 (0.5)	.014*
Community Integration Skills	13	4.9 (1.4)	5.8 (1.3)	-0.8 (0.6)	.002*
Social Contact	13	5.0 (1.6)	5.5 (1.5)	-0.5 (0.2)	.053
Community Participation	13	4.4 (1.2)	5.5 (1.5)	-1.1 (1.0)	.006*

Qualitative Study Design

- 10 participants consented to having their interviews analyzed
- 2 researchers identified themes in the interviews:
 - Benefits participants reported from the program
 - Aspects of the program participants found beneficial

Benefits of Program

7 Themes identified:

- | | |
|---------------------------------|------|
| 1) self-confidence | 90% |
| 2) hope | 80% |
| 3) motivation | 80% |
| 4) lifestyle changes | 40% |
| 5) acceptance of mental illness | 40% |
| 6) self-awareness | 30% |
| 7) feeling well | 30 % |

Hope

- **Diane:** “I feel a lot better about my chances of getting recovered. I feel like there is hope for me now.”
- **Kevin:** “I guess I had very little hope at one point and the group was – just talking to the group and sharing ideas and sharing experiences, just kinda built some of that hope back up”
- **Lisa:** “its very hard when you’re 19 and you know, you’re really just suppose to be starting your life and you feel like its over... I did get over that. I was able to move on. Talking to other people and knowing that, “you know what, yesterday was bad but today is better” definitely helped me.”

Self-Confidence

- **Kevin:** “totally gained confidence back, confidence that was taken, confidence that I had lost somewhere along the way.”
- **Steve :** “Yeah I feel like if I set my mind on something I could do it... I push myself to do good things. So it has definitely given me the sense of pride in myself.”
- **Kiera:** “it was really helpful just to get up and go and do these things. It made it seem much easier to do, like it was “oh, its not that hard, I can actually do this again.”
- **Kyle:** “Realized I was good at sports...made me feel a little better about myself...be more independent”

Motivation

- **Steve:** “I’m quitting smoking on my 20th birthday so that’s my goal.”
- **Lisa:** “next year I really want to go into social work.”
- **Kiera:** “it made me feel I got more in touch with my motivation because sometimes I find when you go through psychosis your motivation is really low at the end of it and it seems like things that you want to try to do are insurmountable...it was really helpful just to get up and go and do these things.”

Beneficial Aspects of the Program

- 4 themes reflecting what the majority of the participants thought was helpful about the Wellness Program:
 - **Social Interactions** 100%
 - **Activities** 90%
 - **Positive Atmosphere** 90%
 - **Structure/Routine** 50%

Social Interactions

- **Lisa:** “that sense of a community is really important.”

Identification

- **Keira:** “Its nice just to be around young people and to feel like you can really engage and try new things and do what other young people are doing”.

Social Interactions

Peer Support/Role modeling

- **Natasha:** “It really helped to have someone who had already gone through it to tell you that its going to be okay. Give you ideas or heads up on what’s good.”

Social Interactions

Support

- **Diane:** “Pretty much all the friends that I do have or had were into drugs so when I told them I quit doing drugs they say “no you didn’t” and they weren’t supportive of it but when I came to the Wellness Program and told you guys that I quit drugs, you guys were really supportive of me and happy that I was quitting drugs.”

Activities

Diverse

- **Lisa:** “It was a good mix...healthy eating, exercise, emotional stuff”

Novel

- **Brittany:** “Enjoyed it because it gave me new experiences.”

Active

- **Keira:** “I’m not a gym person. Once I got moving it felt really good.”

Positive Atmosphere

Fun

- **Matthew:** “The atmosphere, we had some people in there who were jokey and just great personalities.”

Relaxing

- **Natasha:** “I knew we were going to be doing something that wasn’t going to be stressful.”

Positive Atmosphere

Voluntary

- **Lisa:** “if people wanted to say something they could say and if they wished not to say it then they didn't have to...It didn't feel fake or that people were trying too hard and trying to pull information out of someone.
- **Natasha:** “I'm totally not an athletic person at all- you didn't have to be. It was just to get you moving, doing stuff like that. No pressure so that was good.

Positive Atmosphere

Safe

- **Lisa:** “It’s okay to say what you feel. Not everyone may agree with you but like, it’s okay to say it. Having a safe environment was huge for everyone.”

Routine/Structure

- **Natasha:** “the fact that it was scheduled...it gave me a jump start to get back into it. Because after the illness, you’re like “I don’t want to start”. It kinda gives you the basis for getting back to normal.”

Are hope, self confidence
and motivation important
outcomes?

Hope

- essential to recovery
- associated with more adaptive coping skills
- improved quality of life
- Hope is diminished in people with schizophrenia
 - associated with suicidality
 - poorer social and vocational outcomes

Self-Confidence

- Essential factor in recovery (Self-Efficacy)
 - associated with more adaptive coping strategies
 - decreased risk of relapse
- People with schizophrenia
 - higher self-stigma and lower self-efficacy and empowerment
 - associated with depression and reduced quality of life.

Motivation

- Lack of intrinsic motivation can be a core deficit in schizophrenia

Motivation linked to:

- maintaining employment
- abstaining from substance misuse

How did the program
increase hope, self
confidence and
motivation?

Instilling Hope

Through peer role models:

- **Natasha:** “It didn’t really change until I talked to Wyatt that day. Cause I really didn’t have much a future. Not that I didn’t have much hope but I really couldn’t see it. So when we sat down and started talking about how it went for him. It kinda gives you hope that may be its not impossible. If he did it, I can do it too.”

Increasing Hope

Through social interactions and FUN!

- **Kevin:** “You know when I was in the hospital; there really wasn’t anyone in my unit that I could really relate to. Just exchange all the stories, all the experiences, all the fun we had together, gave me a more positive outlook.’”

Building Confidence

Through doing activities:

- **Steve:** “Yeah I feel like if I set my mind on something I could do it. All those times we were working out, push myself. I push myself to do good things. So it has definitely given me the sense of pride in myself.”

Building Motivation

Through a Voluntary Atmosphere:

- **Brittany:** “You do it on your if you want to do it and that makes you want to do it. Cause your not being pushed for it.”

Through Peer Role Models:

- **Diane:** “When I met people who did what they needed to do to get better, it motivated me to try it.”

Summary

The Wellness Program benefitted participants by:

- **increasing hope, self confidence and motivation**
- **Improving leisure competence**

Participants identified the helpful aspects of the program:

- **Social Interactions (identification, peers, support)**
- **Activities (diverse, novel, active)**
- **Positive Atmosphere (fun, relaxing, voluntary and safe)**
- **Structure and Routine**

Future Considerations

- Measuring Hope and Self-Efficacy with rating scales in future programs
 - Hope Scale – 12 item self-report scale (Snyder et al., 1991)
 - Empowerment Scale – 28 item self report scale with 5 subscales including self efficacy-self esteem (Rogers, Chamberlin, Ellison and Crean, 1997)
- Does Motivational Interviewing promote recovery?

Acknowledgments: Diana Bennett, Wyatt George, Joe Leger, Drs. Neal Morgan, Michael Vallis and Heather Milliken, Roy Ellis, Alison Carter, Margie Crown and all the participants of NSEPP Wellness program

Wellness Program Sponsored

By: an Educational Grant from Eli Lilly • Addictions Prevention and Treatment Services • Bowlarama • Capoeira Group Dende Do Recife • Atlantic Superstore • The Yoga Loft • The Dance Doctor • Halifax Mooseheads • YMCA • Home Grown Organic Foods • Climb Nova Scotia • Turnstile Pottery

