



Wilma L. West Library Resource Notes

Added Stress to Mentally Ill after 9/11

October 2001

References on the role of occupational therapy in addressing anxiety, panic, fear, stress, or crisis intervention.

Baldwin, L.C. (1995). Spirituality, Health, and Occupational Therapy. IN: American Occupational Therapy Association, Inc. Conference Abstracts and Resources 1995. Bethesda, MD: AOTA, pp. 165-166.

ABSTRACT: Humans have demonstrated the ability to overcome tremendous adversity. They find meaning and hope in the most deplorable of circumstances. Frankl (1962) wrote of the ability of concentration camp victims to grow spiritually in spite of physical and mental torture. But what is spirituality? Colliton (1981) defined spirituality as "the life principle that pervades a person's entire being, including volitional, emotional, moral ethical, intellectual, physical dimensions, and the capacity for transcendent values" (p.248). Occupational therapists, as holistic practitioners, have traditionally stressed the interconnectedness of body, mind, and spirit (White, 1986). A rapidly increasing number of health care professionals have begun to investigate spirituality and how it affects one's health. One indicator of spirituality used by many researchers is spiritual well-being, "...an affirmation of life and of the lives of others, together with concerns for one's community, society, and the whole of creation" (Moberg, 1979, p.2). Spiritual well-being has been operationalized by Paloutzian and Ellison (Ellison, 1983) who developed the spiritual well-being scale. This scale measured both religious and existential well-being. Using the scale, a variety of researchers have found spiritual well-being to relate in a positive manner with hardiness (Carson & Green, 1992); acceptance of morality and feelings of well-being among the terminally ill (Reed, 1987); hope (Carson, Soeken, and Grimm, 1988); acceptance of mortality and feelings of loneliness (Miller, 1985); decreased anxiety (Kaczorowski, 1988); and purpose of life (Burns and Smith, 1991). Spiritual well-being has been found to be negatively correlated with depression (Fehring, Brennen, and Keller, 1989). Individuals who are terminally ill, those who are depressed, have limited function, or have chronic pain may experience feelings of hopelessness, isolation, loneliness, alienation, and decreased self worth. Caring, concerned occupational therapists can learn to facilitate spiritual growth through the use of art, music, photography, literature, dance, and story telling.

Courtney, C. & Escobedo, B. (1990). A stress management program: Inpatient-to-outpatient continuity. *The American Journal of Occupational Therapy*, 44(4), 306-310.

ABSTRACT: Stress is a factor in many modern illnesses. The development of coping skills to deal with stress is an occupational therapy goal for many patients. The program presented here uses stress management techniques to improve the situational coping skills of adult psychiatric

patients. When discharged to the outpatient clinic, the patients in this program continue to learn and practice stress management techniques to increase relaxation and lessen anxiety. A case example is presented.

Feder, J. (1990). Occupational stress and the depressed female client. *Work: A Journal of Prevention, Assessment & Rehabilitation*, 1(2), 55-62.

ABSTRACT: Occupational stress and stress management are hardly modern topics, even though in recent years there has been an increased emphasis on the role of stress in illness. If the 1960s was termed the Age of Anxiety, then the 70s and 80s brought us into the Age of Stress. However, the recognition of stress management programs developed for, and implemented in, psychiatric hospitals are rarely mentioned in the psychiatric literature. To fill that void, this article presents an overview of occupational stress theories and research. It then shifts focus to discuss how occupational stress affects the female worker and compounds depression. In addition, occupational stress management intervention techniques will be presented as part of a brief focused rehabilitation strategy for depressed female office workers.

Halford, M.R. (1985). Anxiety management: Application in acute psychiatry and within the community. *The Journal of the New Zealand Association of Occupational*, 36(1), 16-18.

Jacobs, T. (1982). An occupational therapy view of crisis intervention. *The Australian Occupational Therapy Journal*, 29(4), 153-160.

ABSTRACT: The following paper outlines the roles and functions of a multidisciplinary team working on a controlled experiment to assess the feasibility of introducing a permanent crisis intervention team to a regional mental health service. Rationale for forming the team and some results of the research are included. The research has shown similar results to those found in comparable experiments overseas.

Larson, K.B. (1990). Activity patterns and life changes in people with depression. *The American Journal of Occupational Therapy*, 44(10), 902-906.

ABSTRACT: The Activity Pattern Indicator (API) (Diller, Fordyce, Jacobs & Brown, 1978) and the Schedule of Recent Experience (SRE) (Holmes, 1981) were used to determine activity patterns and life changes for 15 depressed patients admitted to an acute care mental health unit. Eight categories on the API were correlated with six categories on the SRE to determine the relationship between activity patterns 1 week and 1 month before hospitalization and life changes for the past year. Two correlations indicated that as the total number of life changes and home and family life changes increase, activity related to personal care decreases. Other correlations showed that as life changes related to health, work, and finance increase, such activities as passive recreation, homemaking, socializing and personal care also increase. Because activity is the cornerstone of occupational therapy, occupational therapists, in treating patients with depression, might include facilitating close inspection of the patients' activity patterns in relation to the changes that have occurred in their lives.

Miller, R.J., Cullen, B. & O'Brien, R. (1981). Are you sitting comfortably? Psychological approaches to the management of stress and anxiety. *The British Journal of Occupational Therapy*, 44(1), 5-9.

Miller, V. & Robertson, S. (1991). A role for occupational therapy in crisis intervention and prevention. *The Australian Occupational Therapy Journal*, 38(3), 143-146.

ABSTRACT: This paper presents some of the basic concepts in crisis intervention theory and crisis prevention and their application to current service provision in mental health. Occupational therapists already possess many of the skills required to intervene in a crisis. The authors present these concepts with a view to encouraging therapists to regard crisis work as a legitimate area of practice in mental health care. The "buck stops here" level of responsibility is a new challenge for occupational therapists.

Mueller, S. (1983). Starting A Stress Management Programme. *Mental Health Special Interest Section Newsletter*, 6(2), 1-3.

Prior, S. (1998). Determining the effectiveness of a short-term anxiety management course. *The British Journal of Occupational Therapy*, 61(5), 207-213.

ABSTRACT: The effectiveness of a 6-week anxiety management course at a mental health day hospital was researched. The author was motivated to research these sessions due to her own observations of the clients' progress in the groups. There was also an increasing demand for anxiety management groups with many clients being referred by general practitioners. The subjects were 37 clients. The diagnosis of the clients varied but anxiety must have been identified as a problem. Four of the 6-week courses were run over a period of 10 months. The course was evaluated using three questionnaires: the Hospital Anxiety and Depression (HAD) Scale, the Spielberger Questionnaire (state and trait) and the Fear Questionnaire. The clients completed the questionnaires four times: pre-treatment, at the beginning and at the end of the course, and 2 months post-treatment. A control group was used. The data collected from the questionnaires were analyzed using paired t-tests. The results showed that the anxiety management course was effective, with statistically significant reduction in symptoms by the end of the course. The control group did not show significant change. It was the HAD scale that showed the statistically significant positive change. The state section of the Spielberger Questionnaire followed the same pattern as the HAD Scale and showed a reduction in symptoms, although it was not statistically significant. The results of the Fear Questionnaire suggested that the clients' phobias were not treated by the anxiety management course. A client satisfaction questionnaire was used and participants made positive comments about the value of the course.

Prior, S. (1998). Short report: Anxiety management: Results of a follow-up study. *The British Journal of Occupational Therapy*, 61(1), 284-285.

Rosenfeld, M.S. (1984). Crisis intervention: The nuclear task approach. *The American Journal of Occupational Therapy*, 38(6), 382-385.

Rosenfeld, M. (1982). OT Education Bulletin: The nuclear task approach - A unified system for teaching crisis intervention methods to occupational therapy students. *Occupational Therapy News*, 36(9), Insert 4-6.

Rosier, C., Williams, H. & Ryrie, I. (1998). Anxiety management groups in a community mental health team. *The British Journal of Occupational Therapy*, 61(5), 203-206.

ABSTRACT: Just as the delivery of care to people with mental health problems has evolved, so too has the role an occupational therapist plays in the multidisciplinary mental health team. This paper highlights the valuable role of occupational therapists within a particular community mental health team by, first, acknowledging their specialist skills and then describing one component of their work: a 7-week closed group for anxiety management. Finally, it provides recommendations for others who may wish to set up a similar group, which have been drawn from the authors' own experiences.

Wykoff, W. (1993). The psychological effects of exercise on non-clinical and clinical populations of adult women: A critical review of the literature. *Occupational Therapy in Mental Health*, 12(3), 69-106.

ABSTRACT: A critical review of the research indicates that studies examining the psychological effects of exercise on both non-clinical and clinical populations of adult women of various age groups have increased and improved since the late 1970's/early 1980's. In general, positive results are implied in terms of alleviating symptoms of anxiety, depression, mood, and reactivity to psychosocial stressors as well as improving cognition for both populations. Overall, however, even the more recent research continues to suffer qualitative shortcomings. Virtually absent are studies specific to minority and/or lower class non-clinical or clinical female subjects, studies specific to clinical female subjects in general, empirical studies with comparable control groups, and longitudinal and/or follow-up studies. Moreover, the positive results of existing research are limited due to the use of small sample sizes, the use of surveys rather than outcome measures, and the use of personality measures (normally administered to detect psychopathology in clinical populations) on non-clinical populations. Many outcome studies also suffer from an over-reliance on the combination of men's and women's data for purposes of analysis in much of the research conducted on adult subjects of both genders. Overall, the review indicates that improvements in the current research are warranted and specific changes are suggested.

A few on-line sources to assist individuals with mental illnesses to cope with recent terrorism are:

[American Psychological Association](#)

["Resources for responding to trauma and terrorism"](#)

[National Mental Health Association](#) (On home page have "Mental health in troubled times" and "Coping Resources")

[National Institute of Mental Health](#)

[American Medical Association](#) (full-text article on bioterrorism)