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EFFICACY OF STRESS INOCULATION TRAINING IN TREATING ADJUSTMENT DISORDER

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Abstract

The research investigated the efficacy of Stress Inoculation Training for the management of Adjustment Disorder in 29 years old male from Pakistan. Case study employing ABA research design was conducted. The clinical treatment carried out over a period of 4 months constituted 13 sessions of 45 minutes each. The client presented with the complaints of frequent concentration issues, forgetfulness and headache and while these symptoms appeared in stressful situations, he experienced difficulty in dealing with financial issues involved in his business due to concentration problem. It was hypothesized that Stress Inoculation Training would reduce the symptoms of the client. In phase-A, psychological assessment was done that revealed Adjustment Disorder with Anxiety. During Phase B, the treatment phase, the client was given the training of Stress Inoculation Training. Post-assessment showed improvement in client's condition which reflected Stress Inoculation Training as an effective mode of treatment for the symptoms of Adjustment Disorder.

Keywords

Adjustment Disorder, Anxiety, Cognitive Behavior Therapy, Stress Inoculation Training.



1. Introduction

According to the American Psychiatric Association's (2013) Diagnostic and Statistical Manual of Mental Disorders (5th ed.; DSM-5), any

individual experiencing emotional or behavioral complications under the influence of some specified stressful event occurring within 3 months of the

happening of the event. The complication includes experience of distress whose severity is more than normally expected in response to the specific stressful event. Moreover, the behavioral and emotional disturbance is also creating difficulty in efficacy of various occupational, familial, educational and daily life areas. The disorder is also characterized by the reduction of symptoms within 6 months as the stress and related triggers are removed. The DSM-5 (2013) focuses on the mood related symptomatology along with the diagnosis of adjustment disorder. Individuals may experience symptoms of depression, anxiety, conduct related issues etc. Moreover, approximately 5-20% of individuals undergoing outpatient mental health treatment are diagnosed with adjustment disorder (Mitchell *et al*, 2011). This case is an illustration of adjustment disorder with anxiety in Pakistan. According to Klink and Dijk (2003), the therapeutic protocols of adjustment disorders are not as well established as other psychological disorders such as depression. The studies published in previous researches are very scarce and most are written by a single author. However, as Adjustment Disorder comes under the category of trauma and stressor related disorders; previous literature related to the management of stress can be used to study the effective stress management protocols. Based on previous researches and meta-analyses, one of the protocols is Stress Inoculation Training (Frankel, 2001). Stress Inoculation Training is considered as the effective management approach to deal with stress related issues (Meichenbaum, 2007).

As described by Meichenbaum (1985, 2017), Stress Inoculation Training begins with an educational phase. In this phase, the role of thinking patterns, emotions and physical aspects of stress are explained to the client. After the client understands the underpinnings of stress, he is guided about the techniques that help in dealing with stress.

This phase is named as skills training phase in which specific types of coping skills and relaxation exercises are taught to the client. Finally, during an application phase, the client actually tests out the skills in a hypothetical stressful situation. After this exercise, the client is ready to apply the skills in the real situations as well. The duration of each phase is determined by the nature and severity of each client. This research was conducted to cover the gap of indigenous literature in Pakistan.

This research was conducted after translating Stress Inoculation Training (Meichenbaum, 2017) in Urdu language. Although the translated protocol has not been standardized but the results of the efficacy of this protocol provide us a promising head start to develop and apply culturally adapted protocols for clients with Adjustment Disorder.

1.1.Objectives of the Study

The objective of the study was to assess the efficacy of Stress Inoculation Training in optimizing treatment outcomes for Adjustment Disorder.

1.2.Hypothesis of the Study

Stress Inoculation Training will reduce the client's symptoms of concentration problems, forgetfulness and headache.

2. Method

2.1 Research design

Single case ABA research design was used.

2.2. Sample

The sample comprised of 29 years old male (N=1) from Pakistan.

2.3. Case Description

According to the client, his problem started in December 2015 when he bought a new firm. The management of the new firm while working on the dealings of shipment of the old firm was a challenging job for the client. Meanwhile he had conflicts with one of his business partners who was not doing his job properly and was not cooperating with him to share the workload. The client was going through difficult working schedule as he was overly occupied with his job. He was finding it hard to do multiple tasks of both firms at the same time. Moreover, some midnight shipments affected his sleep routine. These factors led him to experience concentration issues and forgetfulness so frequently as he started forgetting important family responsibilities like parents' doctors' appointments, business meetings, family dinners, etc. He started to experience frequent headaches and got easily fatigued. He felt exhausted most of the time. He became irritable and worried about the firm's performance. Due to the severity of his symptoms, he had to hire an assistant at his office to lift his burden to some extent as he reminded him of his daily schedule and did some chores for him. As he eventually employed the team for the new firm, in

February 2016, his symptoms gradually started to improve. He did not get any treatment for this.

Client remained symptom free for five months as the stressful situation had subsided. Moreover, he reported that he did not experience being irritable, fatigued, having concentration problem or headache.

Personally, the client had been engaged to be married, but in August 2016, the engagement ended due to irreconcilable differences about the future wife's spousal role. He felt stressed and unable to resolve the clashes assertively. He became irritated due to family's over involvement and used to leave the meetings without resolving the issue. He started experiencing headache and again started forgetting his daily appointments, meetings and plans. He felt that he was not able to concentrate on his routinely tasks as well. Although he felt irritated and stressed, he continued working on his shipments and business matters. Although client took time to process the distressful events, he recalled that symptoms escalated gradually and he was symptom free in November 2016. In February 2017, the client's partner did not supervise the shipment properly which led to the loss of money to the company. Moreover, this event caused frequent clashes with his partner. His partner did not show up at the time of arrival of shipment. Client had to work for extra hours without getting enough rest. Due to additional work and time requirements. He felt fatigued and exhausted more than other days. He visited psychiatrist for help. The psychiatrist gave him Lexotanil which he did not take because he felt he

would get addicted to it. He, further, came to the therapist for the assessment and management of his condition. Michenbaum’s (2017) Stress Inoculation Training, which is based on Cognitive Behavior therapy, was applied for the management of the client’s presenting complaints. Initially, detailed history was taken from the client who revealed that client had experienced difficult life circumstances. He was the first born in the family. In his family culture, the role of the first born carries certain responsibilities, therefore these obligations created challenges, including interrupting his studies. During his adolescence, he had to manage the finances which affected his studies also.

Moreover, he always felt overwhelmed due to being unable to meet the family’s needs. The nature of his job and lack of support from his business partner added to his difficulties to which led to the maintenance of the illness.

2.4. Assessment Measures

Baseline Chart. Baseline chart was provided to client to study the severity, frequency, precipitating factor, feeling and coping strategies used by the client. The baseline chart was filled by the client. The frequency was determined by averaging the number of incidents mentioned in the baseline chart by the client.

Table 1

Showing average frequency and intensity of forgetfulness/concentration issues

| Areas | Pre-treatment ratings |
|---------------|-----------------------|
| Av. Frequency | 3/day |

Table 2

Showing different areas of baseline chart including precipitating factors, symptoms, misinterpretations, feelings and coping strategies used by the client

| Areas of DTR | Functional Analysis |
|-----------------------|---|
| Precipitating factors | Conflict with partner Father’s illness Stress about visit to lawyer, Checking of performance in firm, talk of client’s proposal |
| Negative thoughts | I will not be able to handle this situation/multiple tasks I will not be able to reject the proposal |
| Feelings | Tensed, irritable, fatigued |
| Symptoms | Concentration issues Headache |
| Coping strategies | Writing tasks in diary sometimes (not regular), sharing issues with sister |

Based on the history and assessment, he was diagnosed with having (F43.22) Adjustment Disorder with Anxiety by the psychologist. His symptoms of forgetfulness, concentration issues, headache, and not feeling competent enough to deal with challenging business and family situations, after the onset of the stressful situation, all pointed out towards having Adjustment Disorder.

2.5 Course of Treatment

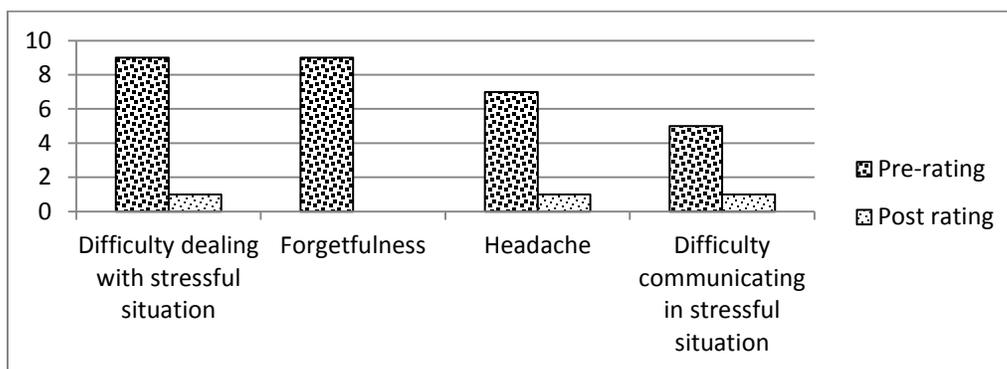
Rapport was easily built with the therapist as the client was educated and willing for treatment. He was educated about the process of therapy. He was assessed informally through Dysfunctional Thought Record. In the third session, he was provided with the feedback of the informal assessment based on the DTR and history. He was educated about the adjustment disorder and its relation to stress in case of client. Idiosyncratic conceptualization of Folkman and Lazarus' (1986) model of transactional nature of stress and management plan was devised through

collaborative empiricism. The client was informed about the significance of psychological resources (techniques which help in managing the stress related issues) in managing external and internal sources of stress. Furthermore, he was also explained that the stress produces physical and psychological responses such as concentration problems etc. These problems, if not managed through psychological resources, maintain the stress. At first, client was guided about the use of memory notebook, as a short-term management technique, which helped him in remembering the major activities of daily life which he used to forget due to stress. After that, Stress Inoculation Training was implied which included breathing retraining, applied relaxation technique (abbreviated version in four sessions), Verbal challenging (questioning the mechanism, questioning the evidence, reviewing counter evidence/alternative responses), assertiveness training, and problem solving. Follow up sessions were also conducted.

3. Assessment of Progress/Results

Figure 1

Outcome of the therapy



4. Discussion

According to the American Institute of Stress, headache is the top most symptom of stress while forgetfulness being 29th most common symptom out of 50 common stress symptoms. Moreover, with reference to DSM-5 (2013), it was noted that none of the episodes of the client reached the duration of six months. The client experienced symptoms within the same month of the onset of stressor and it reduced as the episode was over. He felt irritable, exhausted, easily fatigued, had concentration issues and headache. The problem was affecting his family, social and occupational life. According to DSM-5 (2013), environmental factors such as early disadvantaged life circumstances lead to vulnerability towards stress and difficulty managing problematic situations healthily hence leading to increased risk of adjustment disorder. As client had stressors from his adolescence as he had been trying to take the financial responsibility of the family and had experienced conflicting relationship of parents along with his father's episodes of illness, there are the risk factors of client's present condition.

The diathesis–stress model or the stress-vulnerability model attempts to explain the emergence of Adjustment Disorder by stating behavior as a pre-dispositional vulnerability together with problematic experiences of life as triggers of stress and the vulnerability in terms of biological and psychological chronic or situational factors. The model emphasizes that every individual has a limit of tolerating stress and if the

stressors are stronger than the coping, psychological problems start to emerge (Lazarus, 1993; Ingram & Luxton, 2005). In client's case, the genetic predisposition of father's illness along with client's circumstances from childhood has led to his current symptoms. He was stressed about family as he overtook family's responsibility at very young age. He wanted to study but had to take breaks and his grades were also affected due to his responsibilities (Carta, Balestrieri, Murru, & Hardoy, 2009). As Meichenbaum (1985) devised Stress Inoculation Training on Transactional Model of Stress by Folkman, Lazarus, Dunkel-Schetter, DeLongis, and Gruen (1986) which has its basis in CBT, this theory posits that stress is a product of the transaction between the individual and the environment. The strength of the transaction or the inter-relationship is in the cognitive capacity and thought processes of the person about his environment. Basically, the stress is the result of interaction between the individual (cognitive capacities and coping skills) and the situational factors (Lazarus, 1999, 2001). According to the model, the individual's thought about the coping resources and capability to handle the stressful situation enables them to conclude whether they are able to successfully encounter the stressful situation or not (Lazarus, 1999, 2001). It is the individual who establishes or reestablishes (based on thought pattern) the person and environment interaction (Lazarus, 2001; Payne & Cooper, 2001). Client had been experiencing various stressors including family

and business-related problems while he considered himself unable to manage them. According to his thoughts, he felt unable to deal with such situations and thought of not having enough resources to counter those situations such as not being able to reject the proposal directly and asking sister for help.

4.1.Evaluation of the Therapy

The client was communicative during verbal challenging which were the helpful techniques for the client. Writing diary, questioning the mechanism, and problem solving were the most effective techniques. Moreover, the client was able to formulate and prioritize the list of solutions for the problem. He used assertiveness training, especially assertive delay, which helped the patient to overcome and learn to convey his meaning in clear and concise way. This was also evident by his discussions during the therapy. Lastly, in the follow up session, the client reported that they shifted their residence from one city to another. This shifting was smooth and client handled it easily provided that he had been doing relaxation exercise daily and preferred to prioritize solution to every problem in his mind that he learned through problem solving. He added that he preferred following two techniques from assertiveness training. First being 'Reinforce the possibility of getting what you want' by selling the benefit of your solution to the other party after expressing your need and emotion assertively as it helped him in business. Another technique, 'developing a workable compromise', as he used it

to describe the roles of each partner for the purpose of a smoother working relationship and a successful business model. One factor that complicated the therapy was that the client had to drive for about one and a half hour to meet the therapist. Due to the distance and the traffic issues, he, sometimes, experienced difficulty in managing time. Lastly, the Stress Inoculation Training was translated into Urdu language by the therapist but the translation is not standardized. So, it is highly recommended that the clinicians and students should standardize the SIT protocol for more effectiveness.

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