A Wellness Approach in Multiple Sclerosis Care: Integration of a Case Study

Kimberly Beckwith McGuire, Ph.D.
Kessler Institute for Rehabilitation, West Orange, NJ

Abstract

Physical, emotional, and cognitive factors affect overall functioning in multiple sclerosis (MS). Interventions addressing these factors may lead to improvement of overall quality of life for individuals with MS. A Wellness concept is a fairly new construct within medical care, receiving increased attention over the last 10 to 20 years. The biomedical model has been the predominant model of health care for most of the 20th century and into the 21st century. The biomedical model’s focus is on physical causes of illness. The biopsychosocial/spiritual model encompasses the biological model and expands on it to include the importance of considering the impact of psychological and social factors in medical illness. The wellness model discussed herein emphasizes that through gathering information and learning how to cope effectively with symptoms of a disease such as MS, the wellness model/approach is an important complement to medical biological treatment.

Background

Individuals diagnosed with multiple sclerosis (MS) are faced with the challenge of living with the unpredictable process of a neurodegenerative disease. Psychological and social adaptation to this process can be optimized with adequate resources, support, and education. Accordingly, an outpatient wellness program was developed at the Kessler Institute for Rehabilitation to address the specific biopsychosocial/spiritual needs of individuals living with MS. A case study is presented here to highlight the importance of a wellness approach in improving quality of life outcomes for individuals living with MS.

• Objectives: The overall aim of the wellness program was to improve quality of life experience by increasing awareness of the various social, intellectual, emotional and spiritual factors that can affect one’s overall well-being.

Methods

A biopsychosocial model and wellness approaches were used in the development and administration of the wellness program to 1) complement and support medical treatment, 2) teach individuals how to develop lifestyle strategies to enhance quality of life, and 3) put emphasis on personal responsibility. A 56-year-old African American female with a 20-year history of MS participated in a clinical diagnostic interview, a neuropsychological evaluation, and a 10-week Multiple Sclerosis Wellness Program, pre- and post-program self report questionnaires.

Psychoeducational Group Topics

Week 1: Mind/Body Interaction
Week 2: Adjusting to Your Changing Self
Week 3: Coping Mechanisms
Week 4: Loss, Grief, and Spirituality
Week 5: Managing Fatigue
Week 6: Communication/Relationships—Part I
Week 7: Communication/Relationships—Part II
Week 8: Stress Management: Emotional Well Being
Week 9: Cognitive Challenges
Week 10: Review/Closure/Process

Results

Self-report questionnaires from the Multiple Sclerosis Quality of Life inventory (MSQOL) were administered at baseline (T1) and completion of the 10-week program (T2). Findings showed a decrease in self-report of anxiety, depression, pain experience, and perceived cognitive deficits from T1 to T2. Additionally, at completion of the program, this individual reported that she felt empowered and able to implement many of the skills and information she had gathered during the course of the program. Quotes from this individual reflecting the positive impact on her overall quality of life included the following: “I think the quality of life has changed. I love it!” 2) “It was a spiritual connection of mind, body, and soul based on facts”; “3) ‘I now have tools for understanding my process of healing’; and 4) “It allowed me to understand the wide range of choices available to me about how to tackle the disease.”

References