
eAppendix. SUPRIM Stress Management Intervention Program

This supplementary material has been provided by the authors to give readers additional information about their work.
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Treatment Format

Patients entered the program within a year after the index CHD event. The treatment groups consisted of 5 to 9 participants. The program offered 20 two-hour sessions over the course of 1 year. Sessions were held weekly for the first 10 weeks, and approximately bi-weekly for the rest of the year. Each group was assigned one group leader, especially educated for this purpose, and the same group leader remained with that group for the whole treatment period. The groups were single-gendered, so that male and female patients were treated separately. The group leaders though could be same or opposite sex as the participants.

The overall goal of the treatment was to develop emotional and behavioral coping strategies for dealing with stress. The focus was particularly on stress reactivity and stress behaviors characterized by negative affect like hostility, anxiety, and depressive mood reactions.

Treatment Goals and Methods

There were 5 key components of the program with specific goals.

- **Education:** The goal was to develop knowledge about basic anatomy and physiology of the cardiovascular system; manifestations of and treatment procedures for CHD; emotional consequences of a CHD event; health behaviors and lifestyle; symptoms and signs of stress reactions; and the relationship between stress and CHD. The session agendas contained discussion of case illustrations, and use of slide presentations, written, audio- and videotaped material.

- **Self-monitoring:** The goal was to become more alert to body signals, such as muscular tension, heart rate, and pain, noticing behavioral and cognitive cues, observing, reflecting, and drawing conclusions about contingencies of behavior. This was achieved by observing and monitoring own reactions and behaviors by use of ”diaries,” systematic observation of specific behaviors, and use of group processes to enhance observational skills and understanding.

- **Skills training:** The goal was to reduce negative affect and learn to act constructively, rather than merely react, to everyday problems of life. In order to develop behavioral skills as alternatives to anger, frustration, and depressive reactions, a “drill book” was used for daily behavioral exercises. Problem solving and communication skills were practiced in and outside the group. The group format was important in setting the stage for modeling and group processes as an arena for development of coping skills.

- **Cognitive restructuring:** The goal was to be able to recognize negative, hostile, and stress-triggering cognitions and attitudes, and to develop self-talk to reduce stress reactivity. A special focus was on hostility, worries, and self-defeating attitudes. Ways to achieve this goal was to use group discussions to review attitudes and beliefs, self-monitoring of thoughts, attitudes, and interpretations that were evoked by skills training and everyday life experiences, restructuring of attribution styles, and development of specific cognitive techniques.
Spiritual development: The goal was to reflect on spiritual and life values in order to see the change process in the broader context of a future meaningful life. Particularly toward the end of the program, group discussions focused on quality of life issues, goals and values, and the importance of significant others. The social and emotional support of the group was instrumental for the development of self-esteem, optimism, trust and emotional intimacy.

Rationale and Structure

The structure of the program was similar to most cognitive-behavioral treatment programs. Each session had an agenda and a specific theme. The session started with a few minutes of progressive muscular relaxation. Next, homework assignments were reviewed and reflected upon. The current theme was discussed and elaborated, and new themes and issues were introduced, building on previous discussions. The session ended with agreements on continued or new homework assignments that were mostly shared by all group members, and sometimes individually tailored. A variety of educational material was used, such as case illustrations, readings, working material, slides and films, and handouts. Diaries were used throughout the treatment period, as well as a booklet with daily behavioral exercises.

Within the structure of the program, the specific contents and themes were tailored to particular and typical daily life experiences of men and women, respectively. The examples from and applications to daily life experiences were solicited through self-monitoring diaries. For the women, skills training needed to focus on self-confidence and self-assertion, while in contrast, many men with CHD in these groups needed to develop skills to cope with aggressive and hostile behavior. Another example of how focus could differ for men and women in the groups was the role of the social network. Many women were over-involved in social ties to the point where their own needs were subdued, while social network for most men provided unconditional support. Also, when dealing with the issue of anger and hostility, the triggers as well as the expression of such affect generally differed between the men and the women, reflecting the gender roles. Therefore, single-gender groups provided shared experiences and good mutual understanding between the participants, thus enhancing therapeutic efficiency.