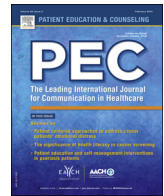




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Review article

Exploring the effectiveness of couples interventions for adults living with a chronic physical illness: A systematic review

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ABSTRACT

Objective: Partners have a significant role in a person's ability to adjust to a chronic physical illness, which warrants their inclusion in couples interventions. However to deliver more specific, tailored support it is necessary to explore which types of couples interventions are most effective across certain chronic illness populations and outcomes.

Methods: Five databases were searched using selected terms. Thirty-five articles met the eligibility criteria for inclusion.

Results: The majority of studies were from the US, and most interventions targeted cancer populations. Couples interventions fell into two categories according to therapeutic approach; Cognitive Behavioural Skills Training (CBST) and Relationship Counselling (RC). When compared with a patient-only intervention or controls, CBST interventions effectively targeted behavioural, physical/somatic and cognitive outcomes, while RC more effectively targeted interpersonal outcomes.

Conclusion: Couples interventions can be more effective than patient-only interventions or controls across various patient and partner outcomes. Couples interventions tend to favour a skills-based or a relationship-based approach, which strongly influences the types outcomes effectively targeted.

Practice implications: Our findings suggest it could be therapeutically useful to integrate these two approaches to more holistically support couples living with chronic illness. We also identify the need to target understudied illness groups and ethnicities.

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1. Introduction

1.1. Background

Living with a chronic physical illness such as cancer, arthritis, or diabetes, is both physically and psychologically demanding. The challenges of managing a chronic illness are not isolated to the individual, but also impact social relationships within families. According to the family adaption model, in families where an individual is chronically ill, all members will experience some degree of impairment to their physical and psychosocial wellbeing [1]. Chronic illness requires families to develop resilience and to positively adjust to unfamiliar and challenging circumstances [2,3]. Chronic illness may impinge on family dynamics, for instance through ‘role reversals, where children assume the role as the carer [4]. This can be psychologically and physically demanding for the young caregivers involved, and demoralizing for the individual requiring care [5]. Partners/spouses may also experience psychological distress and caregiver burden related to their loved one’s diagnosis of diabetes [6] or chronic pain [7,8]. In turn, partners’ emotional responses to chronic illness can influence how patients appraise their illness, and the coping strategies they engage in, both individually and as a couple [9].

Living with chronic illness is a strongly shared experience for couples, as patients and partners each face significant psychological and interpersonal challenges, which fluctuate overtime [10,11]. Illness type can greatly influence how couples respond and adjust to a diagnosis. For example in couples living with HIV, the potential impact on partners can be physical as well as psychological, due to the risk of disease transmission [12]. Likewise, whether or not the illness is a progressive condition, such as diabetes, or an episodic condition such as asthma, and whether or not there is a substantial emphasis on self-management at home or hospital admissions, can also influence adjustment [10,11].

Research suggests that the coping strategies utilized by couples living with chronic illness are determined largely by the degree to which patients and partners appraise the illness as something happening to them as *individuals*, or as a team [10,13]. It is suggested that when couples appraise chronic illness as something happening to both of them, they are more likely to engage in ‘dyadic’ coping behaviours. These are defined as coping strategies which are born out of shared emotional responses to the illness-stressor, and are shaped by collective health-related motives and goals [10,14,12]. When couples’ emotional responses to a cancer diagnosis and journey are mutual, they are more likely to engage in collaborative decision-making about treatment options [15,16]. Coping that is dyadic in nature can reduce emotional distress [17] and improve relationship outcomes in couples living with cancer [18], and strengthen self-efficacy in couples living with Type 2 diabetes [19]. Conversely, when chronic illness is not interpreted as a shared challenge, patients and partners are more likely to appraise the illness differently, and to engage in unhelpful coping behaviours [10,12]. For example, overprotectiveness in partners is significantly associated with greater emotional distress in persons with Type 2 diabetes [15]

and in individuals with cancer [20], and is predictive of depression in people with arthritis [21].

Relationship quality also influences health-related outcomes in couples living with chronic illness [10,22]. Lower marital satisfaction is related to greater pain perception [23], and poor psychological adjustment in couples living with arthritis [24]. Relatedly, marital quality significantly predicted survival rate in individuals with chronic heart failure [25], and intimacy was shown to mediate the association between quality of communication and global distress in couples living with cancer [26].

1.2. Couples interventions

Despite evidence demonstrating the significant impact of chronic illness on the partner and wider family, there is a propensity in traditional health care to only treat and support the person who is ill. Couples intervention work attempts to address this gap in current health support. The majority of existing couples interventions are among cancer populations. Such studies have demonstrated positive effects on physical, interpersonal, and emotional outcomes among couples living with cancer [27–29]. Other systematic review work exploring the benefits of couples interventions in coronary heart disease, has shown significant improvements on quality of life and blood pressure in patients, and depression in both patients and partners [30]. Previous research has examined the effectiveness of couples interventions across different chronic physical illnesses. The most recent review demonstrated that couples interventions can significantly reduce depression and pain perception, and improve relationship quality when compared to controls, or a patient-only intervention [31].

This previous review demonstrated that partner involvement can be beneficial across various illness groups, and presented the possibility of developing a standardised couples intervention, applicable to different types of chronic physical illness. However as previously demonstrated, each type of chronic illness is unique in terms of the challenges it poses for couples, and how couples respond to intervention may be contingent on the appropriateness of the intervention content. In this regard, it would be of practical benefit to investigate whether certain illness populations respond better to specific therapeutic approaches or techniques (e.g. cognitive skills, behaviour therapy, relationship counselling). This would also provide scope to identify which illness-related outcomes among couples are best targeted through the use of specific therapeutic methods.

1.3. Rationale

This review will update the literature exploring the benefits of couples interventions across different types of chronic physical illness (referred to as chronic illness hereafter). Building on previous work [31], we will assess the effectiveness of couples interventions according to their main therapeutic approach, and across different outcomes. This will provide practical guidance on which techniques are best suited to improving particular outcomes for couples, and which approaches used by couples interventions are most appropriate for targeting which chronic illness groups.

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