Emotionally focused marital therapy decreased marital distress and improved marital functioning in couples with ill children


Objective
To evaluate the effectiveness of emotionally focused therapy (EFT) in decreasing marital distress in couples with chronically ill children.

Design
Randomised controlled trial with 5-month follow-up.

Setting
Tertiary care paediatric hospital in Ottawa, Ontario, Canada.

Patients
32 couples (mean age 37 y) having marital distress (indicated by a score of 110 on the Dyadic Adjustment Scale [DAS]) and living with a chronically ill child. Exclusion criteria were marital violence, psychiatric history, a current desire to divorce, alcohol or drug abuse, or primary sexual dysfunction.

Intervention
16 couples were allocated to EFT and 16 to a wait-list control group. EFT evolved through 9 steps focusing on conflicts and establishing new solutions to marital problems provided over ten 90-minute periods held every week or every other week.

Main outcome measures
Scores on the DAS, the Miller Social Intimacy Scale (MSIS), Communication Skills Test (CST), and the Couples Therapy Alliance Scale (CTAS).

Main results
Couples receiving EFT had a higher overall level of marital adjustment (on DAS) than did the control group immediately after treatment and at 5-month follow-up (P = 0.01). At 5-month follow-up, couples receiving EFT showed greater intimacy (on MSIS) than did those in the control group (P = 0.01). Couples receiving EFT had a lower level of negative communication (on CST) than did those in the control group (P = 0.05). At 5-month follow-up, more couples receiving EFT had improved on the DAS than did those in the control group (12 (75%) vs 4 (25%), P = 0.005). The absolute risk improvement (ARI) of 50% means that 2 couples would need to be treated (NNT) with EFT (rather than a wait-list control treatment) for 1 additional couple to experience improvement on the DAS at 5-month follow-up, 95% CI 1 to 6; the relative risk improvement (RRR) was 200%, CI 36% to 661%, P = 0.03; ARI 32%; NNT 4, CI 2 to 34; RRI 500%, CI 12% to 3507%.

None of the couples receiving EFT deteriorated by ≥ 6 points on the DAS, whereas one third of couples in the control group deteriorated by ≥ 6 points (P < 0.05).

Conclusion
An emotionally focused marital intervention decreased marital distress and improved marital functioning in couples with chronically ill children.

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For article reprint: Dr. J. G. Walker, Department of Psychology, Children's Hospital of Eastern Ontario, 401 Smyth Road, Ottawa, Ontario K1H 8L1, Canada. FAX 613-738-4202.

*Numbers calculated from data in article.

Few controlled trials evaluating EFT in family members who provide caregiving functions have been done. Given the small sample size in the study by Walker and colleagues, the positive and enduring benefits of marital therapy reflect strong underlying effect sizes, which, in turn, are consistent with the generally observed benefits of marital therapy (1).

It is noteworthy that only half of the couples recruited met the inclusion criteria (64% of the couples initially interested declined to participate because the father was subsequently unwilling) and that the dropout rate during therapy was low. The authors' difficulty in getting control couples to complete the 5-month follow-up is of importance for clinical researchers because this reflects the continuing problem of choosing the right control groups.

The children's diseases represented in this study were quite different (e.g., diabetes, asthma, and cancer). Although the resultant strain on parents may be similar even when the diseases are different, it would be interesting to determine whether EFT was equally effective across all disease groups. It is hoped that this study will encourage other researchers to do more fine-grained analyses of childhood disease (e.g., parent-problem matches).

What makes this study important, however, is its value in the current context of health care changes. Public health care systems are capable of dealing with medical crises, but they are poorly equipped to cope with chronic diseases. This inability is currently held to be a prime reason for the cost explosion in health care. Patients with strong family support cope much better with chronic health problems and are less likely to be a drain on health care dollars.

Family members as caregivers are therefore important players in a seamless system of care for chronically ill patients, and they can (and will) burn out. Providing emotional and, if necessary, professional support to caregivers of chronically ill patients can be a cost-effective means of complementing the necessary medical (and expensive) care. Walker and colleagues are the first to make a strong case for the emotional drain that caregiving for chronically ill entails and then to describe an intervention that can reduce caregiver distress.

Wolfgang Linden, PhD
University of British Columbia
Vancouver, British Columbia, Canada

Reference