Review: some psychosocial interventions can help children and families cope with chronic conditions


Objective
To evaluate the effectiveness of psychosocial interventions for children with chronic health conditions.

Data sources
English language studies published in peer reviewed journals were identified by searching Medline and PsycINFO from 1979–93. Additional studies were identified by scanning the bibliographies of retrieved articles and by contacting experts.

Study selection
Studies were selected if the intervention targeted children with a chronic health condition or their family members; a planned psychosocial intervention designed to achieve psychosocial benefits was evaluated; psychological or social outcomes were examined; ≥ 15 participants were included in the experimental group; and the study included a random control group, a matched comparison group, or a convenience comparison group.

Data extraction
Data were extracted on type and intensity of intervention, target group, degree of programme integration with medical care, level of training of the interventer, consistency of delivery of the intervention, extent to which a theoretical model was used to develop the intervention, study design, sample size, patient baseline characteristics, type of chronic illness, follow up, and outcome measures.

Main results
266 articles were identified and 15 studies met the selection criteria. 7 studies evaluated a psychosocial intervention in children with asthma, 3 with cancer, 2 with epilepsy, and 3 with mixed diagnoses. A meta-analysis was not done because the studies were heterogeneous. 10 studies were randomised controlled trials, 7 of which showed a positive effect on at least one outcome (table).

Conclusion
Some psychosocial interventions can help children and families cope with the psychological and social consequences of chronic health conditions.

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Many children and their families are vulnerable to psychological, developmental, and social problems secondary to serious chronic health conditions. Although many interventions have been studied, few have been evaluated properly. Bauman et al have completed the first comprehensive review of the literature on this topic. They scrutinised studies using a sound methodological approach, critically appraising the studies’ intervention programmes, methodology, and theory base.

The major message from this review is that there are many positive effects for a number of programmes. Disappointingly, however, Bauman et al found that many studies had serious methodological flaws that limit the interpretation of results.

Of the 15 studies that met the selection criteria, 10 were randomised trials, 7 of which reported positive outcomes. The programmes that were effective involved interventions typically provided by nurses, such as health education; relaxation training; coping exercises; assertiveness training; parent counselling; and programmes to improve decision making; problem solving; coping skills; disease management, and social support. These interventions were directed at the children, their families, or both. The children involved in the studies which showed positive findings had asthma, epilepsy, cancer, or mixed diagnoses. The interventions ranged in duration from 3 weeks to 15 months; none, however, included a long term follow up to determine whether the intervention had a lasting effect.

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Interventions evaluated in randomised trials which showed positive results

<table>
<thead>
<tr>
<th>Type of intervention</th>
<th>Target population</th>
<th>Improved outcomes</th>
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<tbody>
<tr>
<td>Health education in schools</td>
<td></td>
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<tr>
<td>Focus: self management, parent involvement, self efficacy</td>
<td>Children (8–11 y) with asthma</td>
<td>Self management, self efficacy, child’s influence on parents</td>
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<tr>
<td>Health education</td>
<td></td>
<td></td>
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<tr>
<td>Focus: illness mechanisms, relaxation training, contingency coping exercises</td>
<td>Children (6–14 y) with asthma and their parents</td>
<td>Behaviour</td>
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<tr>
<td>Focus: peer learning, knowledge of illness, decision making, parent support</td>
<td>Children (7–14 y) with epilepsy</td>
<td>Self competence</td>
</tr>
<tr>
<td>Focus: acknowledgement of normal child, family functioning assessment, decision making, social support</td>
<td>Children (7–14 y) with epilepsy and their families</td>
<td>Anxiety</td>
</tr>
<tr>
<td>Focus: social skills, cognitive problem solving, assertiveness training, how to handle teasing</td>
<td>Children (5–13 y) with cancer and their parents</td>
<td>Behaviour, social support, social competence</td>
</tr>
<tr>
<td>Focus: parent counselling, crisis intervention, disease management, coping skills</td>
<td>Families of children (4–16 y) with mixed diagnoses</td>
<td>Adjustment</td>
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<td>Home care programme</td>
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<tr>
<td>Focus: health education, coordination of care, family responsibility for management and decision making, support, advocacy</td>
<td>Children (0–10 y) with mixed diagnoses and their families</td>
<td>Adjustment, personal adjustment and role skills, psychiatric symptoms, maternal satisfaction</td>
</tr>
</tbody>
</table>

Commentary

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