Children facing a family member’s acute illness: a review of intervention studies

Spath M L

CRD summary
The review concluded that further studies using methodological rigour were needed to evaluate the benefits of psycho-educational programs to help children adapt to illness of family members. Due to methodological limitations of the review, the reliability of the results are unknown.

Authors’ objectives
To evaluate psycho-educational interventions to benefit children adapting to a family member’s acute illness.

Searching
MEDLINE (from 1966), CINAHL (from 1984), Health Source: Nursing/Academic Edition (from 1975), PsycARTICLES (from 1985) and PsycINFO databases were searched to 2005 for English-language articles. Search terms were reported. Reference lists of selected articles and a review were scanned for additional studies.

Study selection
Studies evaluating educational, psychological and supportive interventions aimed at children with close family members (parents, siblings or grandparents) with acute illness were eligible for inclusion. Qualitative studies, case studies, dissertation abstracts and anecdotal reports on interventions were excluded.

The included studies evaluated clinical facilitated group therapy with telephone support, five-day residential camp, structured group therapy providing psychosocial support, education and a hospital tour. Fifty per cent of the studies used a theoretical framework with a psycho-educational model to form the basis of the interventions. Some interventions included parents and children; some were aimed directly at children only. Duration of intervention varied between studies. Some studies included preliminary sessions for parents.

Studies included in the review mostly focused on programs for children adjusting to family members with cancer, mental illness and HIV. Age of the included participants ranged from five to 18 years and included first time and repeat participants. The proportion of females included ranged from 42.7% to 66%. Outcomes assessed in the included studies were change in child understanding of parental illness, change in knowledge, anxiety and life skills.

The author stated neither how papers were selected for the review nor how many reviewers performed the selection.

Assessment of study quality
The author did not appear to assess validity.

Data extraction
The author did not state how the data were extracted.

Methods of synthesis
The studies were combined in a narrative synthesis. Each study was described in the text and additional descriptive information was presented in tables.

Results of the review
Six studies (n=567) were included in the review: one randomised controlled trial (RCT) and five observational studies. One study reported random assignment of groups. No studies used power estimates. Only three studies reported attrition of data.

One study involved a structured group intervention that provided psychological support, a tour of an oncology ward and education (n=24) and reported that anxiety scores were significantly improved for girls aged seven to 12 years after an intervention (p<0.05). There were no significant reductions in anxiety scores for boys or for adolescent girls aged 13 to
18 years. Children whose siblings were diagnosed with solid or brain tumours exhibited less anxiety reduction post intervention than children with siblings diagnosed with haematologic cancers (data not reported).

A study that implemented a structured group intervention in a residential camp (n=90) found significant post-intervention increases in medical knowledge in returning participants (p<0.05). Decreases in fear were reported in most study groups, but this only reached significance for young new and returning participants (p<0.05).

A multiple-session therapist facilitated program (n=121) found a significant improvement (p<0.001) of child understanding of parental illness compared with a two-lecture intervention. Improvements in child-related behaviours were not statistically significant.

Two studies (n=37) that assessed psychosocial interventions reported improvements in knowledge and life skills, but these did not reach statistical significance. One RCT (n not reported) that assessed a multiple-session clinician-facilitated intervention in addition to routine case management services reported improvement in psychosocial abilities, employment, school enrolment, self expectations and socio-economic stability compared to routine case-management services only, but did not reach statistical significance.

Authors’ conclusions
The paucity of intervention studies and lack of systematic empirical precision to evaluate the effectiveness of interventions meant that further methodologically robust studies were needed to evaluate the benefits of psycho-educational programs to help children adapt to illness of family members.

CRD commentary
Inclusion criteria were broadly defined in terms of participants, intervention, study design and outcomes. Several relevant sources were searched, but no attempts were made to minimise publication and language biases. Methods used for study selection and data extraction were not described, but the single authorship suggested that they may not have been performed in duplicate, which could have led to reviewer errors and bias. Study validity was not assessed, so it was not possible to adequately comment on the reliability of the results presented. Although no formal validity assessment was reported, some aspects of study quality were considered in the text. In view of the small number of diverse studies included, a narrative synthesis was appropriate.

Implications of the review for practice and research
Practice: The author did not state any implications for practice.

Research: The author stated that further studies using rigorous methodology were needed to evaluate the effectiveness of psycho-educational programs aimed at helping children adapt to illness of family members.

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