

An Exploratory Study of the Benefit of an Emotionally Focused Therapy Program on the Relationship Quality of Couples living with Multiple Sclerosis



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Background

- The diagnosis of Multiple Sclerosis (MS) affects both the patient and family system requiring adjustments over time to perceived changes in identity, self-esteem, family roles, and caregiving expectations while also requiring significant ongoing commitment to navigating complex medical treatments and supportive care.
- Negative affect, mood disorders, and maladaptive personal interactions intensify stress and anxiety, impair cognitive processing, and increase the burden of fatigue. Avoidant behaviors in the couple's relationship further isolates each partner and disrupts communication which impairs problem solving skills and reduces social support.
- Exposure to chronic worry and anxiety is particularly stressful on immune and nervous system function increasing the patient's risk of disease progression and disability while also increasing the care partner's risk of developing stress-related health complications.

- Relationship distress is associated with decreased caregiver empathy increasing the risk of partner abandonment and divorce further limiting access to medical care and resulting in poorer health outcomes for both partners.

Objectives

- Explore the acceptability and tolerability of a community-based couples relationship education (CRE) program adapted for couples living with MS.
- Assess systemic levels of anxiety, depression, and fatigue associated with relationship distress in couples where one partner is diagnosed with MS.
- Align with national clinical practice guidelines which encourage interdisciplinary approaches to promote and sustain meaningful health and wellness for patients diagnosed with MS, their caregivers, and families.

(AANN, ARN, IOMSN)

Methods

Adults (N=18) , where one partner is diagnosed with MS and who self-referred to attend a community-based couples relationship education (CRE) program were recruited and enrolled in this study.

Each subject independently completed self-reported health surveys to measure levels of anxiety, depression, fatigue, and relationship distress as evidenced with administration of the following standardized scales:

- Revised Dyadic Adjustment Scale (R-DAS)
- Hospital Anxiety and Depression Scale (HADS)
- Modified Fatigue Impact Scale (MFIS)

Data was collected at two time points: (1) Baseline prior to the CRE program and (2) 4 weeks after the conclusion of the program. Acceptability and tolerability was measured at baseline by the percentage of subjects who completed the 5-hour group program.

Results

Table 1. Demographic characteristics.

| Characteristics | Demographic Data | |
|-----------------|------------------|--------------------|
| | Patients N(%) | Care Partners N(%) |
| Gender | | |
| Female | 8 (89%) | 1(11%) |
| Male | 1(11%) | 8(89%) |
| Age | | |
| 18-40 yrs | 5(56%) | 5(56%) |
| 41-60 yrs | 1(11%) | 0(0%) |
| >60 yrs | 3(33%) | 4(44%) |



Table 2. P-values from comparison of quantities.

| | Care Partners N=9 | | Patients N=9 | | Baseline vs Week 4 p |
|---------------------------|-------------------|---------------|----------------|---------------|----------------------|
| | Baseline M(SD) | 4 Weeks M(SD) | Baseline M(SD) | 4 Weeks M(SD) | |
| HADS | | | | | |
| Anxiety | 6(4) | 4(3) | 6(3) | 4(2) | 0.05 |
| Depression | 4(3) | 3(2) | 4(2) | 3(2) | 0.07 |
| MFIS | | | | | |
| Fatigue | 8(4) | 5(4)* | 9(4) | 8(4) | 0.01* |
| R-DAS | | | | | |
| Relationship Distress | 47(6) | 55(5)* | 51(6) | 57(4) | 0.01* |
| Program Completion | 100% | | 100% | | |

P-values are from Wilcoxon signed rank tests for measures and from McNemar's test for derived measures. * indicates significant comparison at 0.05 level.

Discussion

- 100% of consented study subjects successfully completed the 5-hour CRE program indicating that the group format and program design were tolerable, acceptable, and accommodated the needs of the attendees.
- At baseline, care partners reported significant levels of fatigue comparable to the levels of fatigue reported by their partners diagnosed with MS.
- Fatigue is recognized as a significant contributor to relationship dissatisfaction and distress.
- Care partners were twice as likely as their partners with MS to report relationship distress (66% vs 33%) as evidenced by a total R-DAS score of <47.
- MS patients reported an overall reduction in mean scores of anxiety and relationship distress while their care partners reported significant reductions in fatigue and relationship distress scores indicating positive and sustainable improvements in quality of life health measures at Week 4.

Conclusions

Despite the small sample size, positive study results indicate further clinical correlation of CRE programs with health outcomes is warranted in the care of this complex patient population . Published data has shown that behavioral health interventions which empower emotional regulation, coping skills, and stress management overall improve quality of life and long-term health outcomes despite the diagnosis of a chronic illness. By addressing the social determinants of health through development of relationship-centered interdisciplinary MS teams, we have identified an opportunity to advance evidence-based practices which transform the patient experience, support and build trust with caregivers, and deliver meaningful, compassionate care that promotes a lifetime of wellness.

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