Exploring wellbeing and involvement in the rehabilitative care of a partner with limb loss: Implications for clinical psychology input to service provision.

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Presentation Aims

- Background and rationale
- Study aims
- Research design
- Challenges
- Reflections/Tips
Research Background

• Focus on impact of amputation on amputees.
  - Hawamedeh, Othman and Ibrahim (2008) – higher rates of anxiety and depression among amputees than general population
  - Williams et al. (2004) – partner support (emotional and practical) aids recovery

• Limited exploration of effect of amputation on partners
  - Thompson and Haran (1985) – “key helpers”, self-reported anxiety and depression, poor sleep, changes in work hours, little sustained contact with healthcare professionals.
  - Verschuren et al. (2013) – “I am his wife; I’m not his caregiver”.
Service Background

- Inconsistent service provision
  - Often includes counsellors, social workers or psychologists.

- Services frequently want to include partners in rehabilitation (Van Ross & Larner, 2002), but until recently, the effect of this on the psychological wellbeing on partners wasn’t considered.

- Increasingly, clinical psychologists are being consulted for guidance into service provision
  - Queries relating to psychological needs of individuals and their families following limb loss.
Rationale

- Quantitative study (Murray, Simpson, Eccles & Forshaw, 2015)
  - Effect of involvement in rehabilitative care on partners’ wellbeing
  - Quantitative design
  - 22% moderately severe/severe range of PHQ-9 (depression)
  - Greater involvement predicts less depressive symptomology
  - A desire to share their story
Aims

To explore the lived experience of partners/spouses of individuals who have suffered limb loss…

- Partners’ experiences of the rehabilitative care for the person with an amputation.
- The degree to which they felt involved in this care and its impact on their own psychological wellbeing.
- Identifying implications for service provision for people with limb loss and their partners.
Research Design

- Qualitative study
- IPA
  - Provides a detailed picture of how each individual makes sense of their environment by examining how meaning is ascribed to situations; the focus of an IPA is on the individual’s personal experience (Smith, Flowers & Larkin, 2009).
- Spouses/partners of people who have experienced limb loss
- 6-10 participants
Recruitment

- Through charitable organisations
- Details distributed to individuals on mailing lists and forums
- Twitter
- Back up plan – recruit from three local NHS departments
Challenges

- Ethics
  - application submitted late (September 2015)
  - working on ethics with two supervisors
  - post-application amendments

- Recruitment
  - difficult to get study publicised
  - lack of replies
  - Fall back – recruit through NHS organisations…
Overcoming challenges

• Utilise knowledge of field supervisor
  • Contact at amputee charity

• Listening to responses, and adapting eligibility criteria
  • Ethics amendment form
  • Amended ethics application

Current situation: 2 participants confirmed, waiting on 2 more.
Reflections/Tips

- Do ethics early, don’t wait to create the perfect application. Send application to both Supervisors at the same time.

- Step back and think practically about recruitment

- Discuss logistics of back-up plan at the start (NHS ethics)
Reflections/Tips

- Create a timeframe with Supervisor for when to start thinking of your back-up plan.
- Break it down into smaller parts.
- Communicate with Supervisor – especially if you’re struggling.
References


References continued


Thank you for listening