**Patient Coping and Adjustment:**

Patients with Parkinson's Disease (PD) use behavioral and cognitive strategies to cope with physical and psychological problems associated with the illness (Montel, Bonnet, & Bungener, 2009).

- Problem-focused coping (activity-oriented) ways to attempt to overcome the difficulties presented by the illness
- Information seeking
- Expression of emotion
- Assistants to daily living
- Cognitive restructuring
- Seeking social support
- Behavioral disengagement
- Fatalism
- Positive reappraisal
- Avoidant disengagement

Throughout PD, the coping process is continuous and ever-changing along with progressing symptoms (Tihonen, Lankinen, & Viemero 2008).

There are two different models used to explain ways of coping over time:

- **Contextual Approach**: coping is dynamic and responsive to the situation
- **Dispositional Approach**: coping is a stable personality component (Frazier, 2002).

Spousal Adjustment and Coping:

Caregivers [including spouses] can experience high levels of distress, and the severity of their distress is influenced by the events that take place while they are giving care to the person in need (Kinney & Stephens, 1986).

- **Frustration**: minor events that are viewed by a person as a threat to his or her well-being
- **Iffy**: minor events that are supposed to buffer a person from the negative effects of handling

- Coregiver characteristics are strong predictors of upfiffs & care-repient characteristics are strong predictors of hassles

- Four key sources of caregiver hassles and upfiffs
  1. Assisting patients in activities of daily living (ADL)
  2. Patient's caregiver functioning
  3. Patient behavior
  4. Practical/educational aspects of coping

- Factors influencing caregiver's well-being:

  - **Most influence on caregiver's well-being**
    - Patient's cognitive functioning
    - Patient's behavior
    - Coping strategies
  - **Least influence on caregiver's well-being**
    - Most influence on caregiver's well-being
    - Patient's cognitive functioning
    - Patient's behavior

- **Why?**

  - Coping strategies used by caregivers (Kinney & Stephens, 1986)

  - Emotional support can be provided in the context of the stressful event

  - When coping with stress derived from an illness, couples who can reciprocate the supportive efforts of each other are better adjusted to the illness and have higher marital satisfaction.

  - Emotional support has been shown to provide more positive outcomes for couples' adjustment than problematic support efforts. (FeKete, Stephens, Mickelson, & Druley 2007).

**Interventions for Patients:**

Interventions such as mindfulness-based cognitive therapy (MBCT) can assist patients with the coping process (Fitzpatrick, Simpson & Smith, 2010).

- **Mindfulness** is the act of being purposely aware of oneself in the present moment (through meditation).
- **Problem-focused coping**
  - e.g. overcoming avoidance: mindfulness was evidenced to play a part in accessing inner resources that can be used to confront the situation and offer a clear example of altering specific, maladaptive coping patterns
  - changing negative coping strategies: the experience of the illness can be accepted and tolerated rather than seen as something negative

- Consoling existing coping strategies in situations concerning base (physical and cognitive)
  - mindfulness can complement already existing coping strategies by allowing patients to focus on the present moment and improve concentration on the task at hand

- **Offering group support**
  - the MBCT groups offer patients a chance to socialize, share common experiences, learn, and gain confidence

  "Everybody was a bit unsure of everybody at first... it became like a family setting. Everybody was so friendly..." 

- Creating a unique dual experience between physical aspects of Parkinson’s and the psychological effects of meditation
  - meditation allows patients to escape the restrictions imposed by the physical symptoms of PD
  - during meditation, patients report feelings of strength, relaxation, and healing (Fitzpatrick, Simpson, & Smith 2010)

Structured psychological interventions (self-help groups) have also been useful in the process of changing negative cognitive patterns in patients (Charlton & Barrow, 2002).

- Self-help groups provide an atmosphere of social support that allows patients to cope with their difficulties in a productive way.
  - Both members and non-members of self-help groups rely mainly on cognitively oriented coping strategies that can assist in alleviating psychological distress, but members seem to acknowledge and attempt to make life adjustments in recognition of PD or a great deal more than non-members.

- Group members used more contextual, problem-focused coping strategies where non-group members were shown to use more dispositional, emotion-focused strategies. 

**Interventions for Caregivers:**

Social support provided to the caregiver can help alleviate feelings of loneliness in the caregiver.

- Support groups can enhance and supplement existing, and possibly diminishing, social networks

- Caregiver support groups also allow the person giving care to express their emotions in a manner that will not create more stress for the patient or the relationship

Caregiver education can also assist in reducing negative effects on caregivers.

- Educated caregivers have a variety of resources to utilize in times of new or especially difficult challenges

**References:**