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DE4PP
Death Education For Palliative Psychology

UNIVERSITÀ DEGLI STUDI DI PADOVA

UNIVERSITÄT KLAGENFURT

אוניברסיטת חיפה
University of Haifa
جامعة حيفا

FONDAZIONE ANT
1978 ONLUS
Assistenza Nazionale Tumori

ULBS
Universitatea "Lucian Blaga" din Sibiu

KATOLICKI UNIWERSYTET LUBELSKI JANA PAWŁA II
KUL 1918

22 October 2022
09.30 – 13.00

**Plana Institute, Room P
Via Plana 10
Torino, Italy**

DE4PP
Death Education For Palliative Psychology

Multiplier Event

The DE4PP Multiplier Event will be hosted by FEPTO Research Committee Meeting 2022

To attend the event, please register by filling out the form at the following link:
https://docs.google.com/forms/d/e/1FAIpQLSdUfFZjZyc-u9AxwuYcALPA05hGow15f4lN7gLkX1p6q8rvRA/viewform

You can attend the event:
- **In person**
- **Online, clicking the following Zoom link:**
  https://us02web.zoom.us/j/87495937186?pwd=THlvR2d2clhxeUk3VlgzYUM1dGhJZz09

Speakers:

Prof. Ines Testoni, Gianmarco Biancalani, Lucia Ronconi – University of Padova (Italy)

Prof. Michael Wieser, Alexandra Leitner - University of Klagenfurt (Austria)

Prof. Hod Orkibi, Dr. Shoshi Keisari – University of Haifa (Israel)

Melania Raccichini, Luca Franchini, Andrea Giannelli – ANT Foundation (Italy)

Prof. Mihaela Bucuta, Prof. Raluca Sassu – University Lucian Blaga of Sibiu (Romania)

Prof. Krzysztof Ciepliński – John Paul II Catholic University of Lublin

TORINO MEETING

DE4PP Italian Multiplier Event

22/10/2022

University of Torino
School of Psychology
Plana Institute
Via Plana 10, Torino (Italy)

Secretary: Gianmarco Biancalani
Contact phone: +39 333 43 32 045

EVENT PROGRAMME

09:30 - 09:40 Welcome greetings
Ines Testoni

09:40 - 10:00 Death Education for Palliative Psychology: Description of the Erasmus+ Project
Ines Testoni and Gianmarco Biancalani

10:00 - 10:40 Creative Arts Therapies in Death Education and Palliative Psychology
Photovoice (Gianmarco Biancalani), *Social Atom* (Michael Wieser, Alexandra Leitner and Krzysztof Ciepliński), *Intermodal Psychodrama* (Shoshi Keisari and Hod Orkibi), *Psychodrama for caregivers* (Mihaela Bucuță and Raluca Sassu)

10:40 - 11:00 Discussion

11:00 - 11:15 Break

11:15 - 12:00 Presentation of the collective Quantitative and Qualitative Analysis Results
Lucia Ronconi and Mihaela Bucuță

12:00 - 12:15 Erasmus Experience in Bologna at ANT
Melania Raccichini, Luca Franchini and Andrea Giannelli

12:15 – 12:45   **The testimony of the students and illustration of their artistic works**

12:45 – 13:00   **Artworks exhibition and award ceremony**

School of Creative Arts Therapies
University of Haifa, Israel
Dr. Bracha Azoulay, Dr. Shoshi Keisari & Prof. Hod Orkibi

Course Structure

Online	An opening: 1.5-hour live zoom session	9 recorded sessions	Three 3-hour live zoom workshops
1.5-hour live zoom session with a palliative medical doctor – the Israeli situation	An ongoing group chat with the course teachers	A course closure: 1.5-hour live zoom session	A focus group with students

Intermodal Psychodrama

▶ **Phase 1: Pain and Grief Process via Roles** - expressing the pain of grief and memories of the deceased via role theory towards accepting the reality of the loss and identifying hindering roles. A role can be a behavior, a pattern, a part of oneself, or a trait. Facilitating externalization: "I understand that you are dealing with the role of avoidance, anger, obsessiveness, etc." Exploring gains and losses from the role.

▶ **Phase 2: Strength Reinforcements via Supportive Roles** - emphasizing relationships and strengths, identifying and developing new positive supportive roles, resources, and responsibilities. Development of the "**choosing self**" (the Meta-Role).

▶ **Phase 3: Positive Future Projection and Termination** – Moving on with the force of life, while remembering the deceased's positive influence heritage (meaningful messages, values, and beliefs). Creating a continuing bond with the deceased and meaning-making of his/her death.

Student feedback:
Finding the right distance from death

"Two years ago, I worked with patients dealing with the death of a close one, and it was hard for me to be there. It was hard for me to open (the conversation about death), to approach. I didn't know how much was allowed, to come near, to move further away. And I think that (after the course) […] I have more tools […] to be with them in it. […] I sense something inside that is more mature to touch these contents." (Shlomit)

Student feedback:
The course is important for out training

"As therapists even if we won't work at palliative care, we will meet death. I see it this year with a child who's eight years old, and his mother is sick. We will meet this theme, this complexity, these families. And I think […] how important it is to have it in the creative arts therapies training program. As an intensive, as a course, I don't know."

(Naomi)

Student feedback: Processing life and death through the course

"I think that it helped me […] to know that there are other students that are interested in this topic [death], and that we are not freaks of nature. […] this contact with the theme kept taking me to the place of thinking about life, how I live my life now […], and then sort of sorrow that it doesn't matter, everybody will arrive the same to the finish line. […] Something, both instilling hope and letting go of this hope. […] This acceptance."

Student feedback: The importance of using the arts in PC

"It's hard to say in words, but I thought about the part when […] we transferred the role from a title to plasticine. And for me it had so much meaning, I actually remember the experience, I had a catharsis there and I didn't really understand why. And now I think that like, something in the arts, in the context of death […] a product of concretizing […] that it's also some kind of protection, this art. To illustrate something out of myself." (Madonna)

Student feedback: Challenges

- A lot of practice from drama therapy and psychodrama, we wish to have more practice from other disciplines like visual art therapy and dance movement therapy

- The students reported they need more examples and case studies

- Not enough time to cover everything

- Too much caution….

- Hard to open up in the zoom

Satisfaction Time 2

	Implementation of the art-based activities	Clarity of the theoretical basis	Variation of the arts-based activities	Examples and illustrations	Relevance for future work	Experiential workshop	Contribution for my futute work	Contribution for personal development	Recommendation to other colleagues
Serie1	3,57	4,00	3,74	3,78	4,00	4,05	4,17	4,30	4,00

Titolo asse (vertical axis label)

Death Education For Palliative Psychology

Creative Arts Therapies in Death Education and Palliative Psychology

Photovoice workshop

Gianmarco Biancalani

Photovoice steps:

1. The student divided into groups composed of 5 people;

2. Each group member took one photograph concerning a topic dealt with during lectures and create a caption for the photograph of no more than 12 words;

3. In each group the most representative picture was selected after a collective discussion;

4. After having selected the photograph for each group, group members could revise and possibly change the caption for the selected photograph, in order for it to meet the group's preferences;

Photovoice steps:

4. Each group created a Word file containing:

- the name of each group member

- the selected photograph with its caption and a short text describing what the photograph represents, why it was chosen and which topic it is linked to;

- the others non-selected photographs with their respective captions.

Italian students' photovoice work

Cavallarin Denise

THE LIGHT OF ART THROUGH THE SHADOW OF DEATH.

We focused on the death anguish and we transformed it, looking for a way to overcome it, which is psychodrama (represented by the two masks). Anguish takes shape in the figure of the crow, whose shade is thrown on one of the masks' eye, representing how the psychodrama lets us see beyond the corporeal death phenomenon (and the negative feelings related). The double meaning of the earth that surrounds the scene encloses in the cycle of life both birth (green leaves) and death (dry leaves).

The illuminated masks are the manifestation of the soul and of the breath of life, which the psychodrama itself wants to represent. Psychodrama is an effective way to deal with the complexity of the end of life, including the phenomenon of loss and mourning. Our aim is to raise awareness of the issues of death and dying, mourning and methods of resolution. To achieve this goal, we need to stage the inner theatre of lights and shadows, anxieties and fears and lost people to generate new possibilities, giving voice to words that haven't been spoken and to realities and emotions that haven't been dissolved.

Austrian students' photovoice work

© Frederike Becker

It is up to me to let go and you to let me go

The photo can be interpreted in a different way by each person. The tree can stand for the fact that death is something natural. The deceased person, like the bent tree, returns to the flow of life.

The clear turquoise-blue river where the tree stands can also represent the beautiful memories that once again flow past the dying person at the end of life.

We see in the photo above all a visualization of the difficulty of letting go in the mourning phase, both for patients and for relatives.

Israeli students' photovoice work

Leftovers life

Adi Malka Art therapist   שאריות היים

While driving on the way to work I noticed that on the windshield of my car flying insects were crushed to death and left marks. I thought about the remnant left over from our body and the remnants, physical and emotional that we leave behind.

I decided not to wash the windshield so I could take a picture, I thought about the role of the witness in the palliative care and I also felt the fear of the "dirt", the impurity of death. I have come to the conclusion that I am willing to pay a little bit of the joy of my life to help others and bear resilience for myself.

After I took a picture, I cleaned the windshield and thought of possible ways to keep myself and my mind clean if I take palliative care

Polish students' photovoice work

Grief is the path that leads to our hearts. This is where our beloved ones are present. The picture shows a grieving person looking into the mirror. In the reflection you can see a hand holding a candle and right next to it there are figures that symbolise the relatives who have passed away. It's a metaphor for what's inside of us. When we suffer loss, the people close to us remain in our hearts, we can feel their presence and support. This picture was chosen by the group because of its symbolism, the reference to the perceived spiritual presence of those who are physically no longer among us. The photo can give hope to the people who are grieving.

Natalia Wiśniewska, *Lustro, wewnętrzne odbicie*

Natalia Wiśniewska, *Mirror, the inner reflection*

Romanian students' photovoice work

A stealthy drop of death

When the last role reversal of life takes its rights, when life makes place to the first drop of physical death, existence continues its way to the next level: the transition, adaptation, and the soul transformation.

The reversal of role means in this sense the gaze of death from the perspective of life and the contemplation of life from the death perspective.

We are used to see death through the filters of our existence on this earth, seeing it as something that takes away our loved ones and also, she takes us away from those close to us. However, if we change the perspective and the dimension, it would be possible to understand that something what can induce a state of fear in the first phase, what can induce doubt, despair, fear, darkness, and pain, evolves towards clarity, transparency, and absolute light.

Moving on from the initial stage of trauma means accepting a new dimension, which is evolution. I chose this moment to highlight the most powerful transformation of life.

Death Education for Palliative Psychology: Description of the Erasmus+ Project

Multiplier Event hosted by FEPTO RC meeting
22 October 2022 Torino, Italy

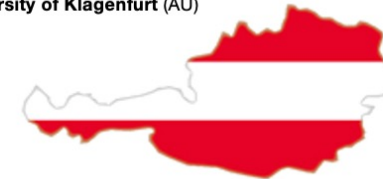### Ines Testoni and Gianmarco Biancalani

Partners

The Lucian Blaga University of Sibiu (RO)

University of Padua (IT)

ANT Italia Onlus Foundation (IT)

The John Paul II Catholic University of Lublin (PO)

University of Haifa (ISR)

University of Klagenfurt (AU)

Priorities

- Understand the European situation concerning death education and palliative psycholgy

- Train students from European universities who may in the future take part in a multidisciplinary team of palliative care and bereavement management

- Propose psychological strategies to manage these issues in order to keep death anxiety under control

Objectives

- Know the fundamentals of palliative care and bereavement

- Know the basic elements of palliative psychology and psychological bereavement support

- Know the different art therapy techniques and psychodrama useful for psychological support in the end of life

Contact with mortality can be an important opportunity for one's maturation and personal growth

Participants

- About 20 per each Country who in the future could take part in multidisciplinary palliative care and pain management groups → they followed the e-learning course about the themes of the project;

- 20 students (5 per each Country) among those who have followed the e-learning course were selected to participate in international learning, teaching and training activities

- The 20 students were selected based on the best photo-voice project

Phases of the project

First phase

- Creation of an e-learning platform (Moodle) of the course;

- Literature review of existing courses and organisations in each country;

- At least 20 students per country completed a questionnaire and 5 of them were also interviewed to understand their interest about DE and PC

- On the basis of these results → creation of didactic material for the e-learning course

DE4PP Exploratory study results:

The purpose of this exploratory study was to assess how master's degree students in psychology and the arts therapies self-rate their interest and confidence in DE, palliative and bereavement care.

Participants and Procedure

- Students were invited to answer an anonymous online questionnaire in their local language
- 344 master's degree students (85% female) were recruited: Italy (n = 102), Poland (n = 91), Romania (n = 64), Austria (n = 47), and Israel (n = 40).
- Students were also invited to indicate if they agree to participate in a short interview on the topic.

Data Collection

- The online questionnaire included:

  ▪ Demographic questions (age, gender, marital status,…);
  ▪ Previous knowledge of death education, bereavement, loss, grief, palliative care, arts therapies, psychodrama;
  ▪ Background information such as experience as a formal caregiver to end-of-life clients or loss of someone close in the last two years;
  ▪ Which degree students are currently studying, year of study, and if it includes any of the abovementioned course topics
  ▪ <u>Questions of degree of interest in:</u> 1. the general topics of the project; 2. obtaining clinical competence for working with clients coping with end-of life conditions and/or bereavement; 3. acquiring theoretical knowledge about end-of-life conditions and/or bereavement; 4. actually working with these clients; and 5. learning about arts therapies and/or psychodrama interventions for these clients.

Results of preliminary research

The training curriculum should consider:

- Knowledge about the history and current situation of the DE and PC;

- Students' self-awareness and reflective processes;

- Developing of care planning skills and collaborative practices;

- Cross-cultural perspectives on death;

- Spiritual influences on the experience of death and terminal illness;

- Knowledge of the bereavement patterns of anticipatory mourning and complicated bereavement;

- Skillful and sensitive communication with patients, their families and the interprofessional team;

- Experiential training can include psychodrama approaches and artistic therapies.

Phases of the project

Second phase

- Creation the online pilot course on death education and palliative psychology consisting of 9 modules and 4 three-hour-long workshops of practical activities of Arts Therapies (psychodrama, photovoice, intermodal arts therapies)

  1) **Death Education and loss**

  2) **Palliative Care and Quality of Life**

  3) **Communication in palliative care**

  4) **Advanced Care Planning**

  5) **Psychological interventions in palliative care**

  6) **Phototherapy in Death Education: Continuing Bonds + Photovoice workshop**

  7) **Psychodrama, Social Atom and Death + Social atom workshops**

  8) **Intermodal Arts Therapy with Bereaved Adults + Intermodal arts therapy workshop**

  9) **Psychodrama for Self-Care: Taking Care of the Carer + Psychodrama workshop**

Phases of the project

Second phase

- Creation of the quantitative assessment: pre and post course questionnaires

- Creation of qualitative assessment: focus group;

- Recruitment of the students of experimental and control group;

- Delivery of the online pilot course and pre/post questionnaire for the students both of experimental and control group;

- Conduction of the post-course focus group for 10 randomly selected experimental group students per Country.

Phases of the project

Third phase

- Elaboration of quantitative and qualitative results and writing of scientific articles;

- Erasmus experience for the group of students who did the best photovoice work;

- Creation of a poster regarding the Erasmus experience in Bologna (Italy) at ANT Foundation;

- Opening the online courses for all those who want to use them in the future: https://www.de4pp.org/moodle/

DE4PP – Open Access Courses

Death Education For Palliative Psychology

The **DE4PP** project is a Death Education project aimed at training European university students orpostgraduates in psychology in the field of palliative care and grief management.

Primarily, **DE4PP** is aimed at defining the content that must be taught to students in these two fundamental areas of intervention, the teaching methodology, the psychological strategies that must be acquired by the students so that they can work in the future with mourners and in health facilities that cure the dying.

Here you can find open-access courses on the topics of Death Education, Palliative Psychology and Arts Therapies applied to end-of-life care created through the project, choose the language you prefer and register !

Death Education for Palliative Psychology - **English Course**

Death Education for Palliative Psychology - **Corso in Italiano**

Death Education for Palliative Psychology - **Austrian Course**

Death Education for Palliative Psychology - **Polish Course**

Death Education for Palliative Psychology - **Romanian Course**

Melania Raccichini – Psychologist
Fondazione ANT Italia Onlus

2nd step:
PSYCHODRAMA

3rd step:
HOME CARE VISITS

Felice Eubiosia

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Thanks for your attention

DE4PP
Death Education For Palliative Psychology

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PRESENTATION OF THE COLLECTIVE QUANTITATIVE AND QUALITATIVE ANALYSIS RESULTS

FEPTO RC MEETING 20-23 OCTOBER 2022 TORINO, ITALY

JOINT EVENT WITH ERASMUS+ PROJECT DEATH EDUCATION FOR PALLIATIVE PSYCHOLOGY

LUCIA RONCONI, MIHAELA BUCUȚĂ

DESIGN

- Two groups: Experimental Group (N=165, university students of the pilot course of Death Education for Palliative Psychology) and Control Group (N=111, university students of other courses)

- Two time administration: at the beginning (Time I) and at the end (Time II) of the pilot course for Experimental Group and with the same time interval for Control Group

STUDY VARIABLES

- Testoni Death Representation Scale (TDRS): investigates the representations of death as a passage or annihilation

- Death Attitude Profile- Revised (DAPR): investigates attitudes toward death with regard to 1. Fear of Death, 2. Death Avoidance, 3. Neutral Acceptance of Death, 4. Approach Acceptance of Death, and 5. Escape Acceptance of Death

- Career Commitment Scale (CCS): measures professional commitment and vocation, specifically modified for end-of-life care

STUDY VARIABLES

- Creative Self-Efficacy Scale (CSE): measures imaginative ability and perceived competence in generating novel and adaptive ideas, solutions, and behaviors, specifically modified for end-of-life care and arts therapies

- Frommelt Attitude Toward Care of the Dying (FATCOD) Scale – Form B.: measures the attitudes of medical and psychological personnel regarding the care of dying patients

- Compassion Scale (CS): measures the psychological construct of compassion, understood as kindness, a sense of humanity, mindfulness, and attention to the suffering of others only two subscales were used: 1. Kindness and 2. Indifference

DESCRIPTIVE STATISTICS FOR DEMOGRAPHIC VARIABLES BY GROUP[1]

Demographic Variable		Experimental Group (N=165)	Control Group (n=111)	Group difference p-value
Country:				0.351
	Italy	64 (39%)	56 (51%)	
	Austria	30 (18%)	20 (18%)	
	Romania	23 (14%)	12 (11%)	
	Israel	22 (13%)	10 (9%)	
	Poland	26 (16%)	13 (12%)	
Age:		20-56; 27.16 (7.05)	21-51; 26.91 (7.39)	0.779
Gender:				0.049*
	Female	140 (85%)	102 (93%)	
	Male	25 (15%)	8 (7%)	
Religion:				0.635
	Christian	91 (55%)	60 (54%)	
	Jew	19 (12%)	9 (8%)	
	Moslem	0 (0%)	1 (1%)	
	Other	1 (1%)	1 (1%)	
	None	54 (33%)	40 (36%)	
Religious level		1-4; 2.36 (0.92)	1-4; 2.95 (0.85)	<0.001*
Formal caregiver to end-of-life clients:				0.141
	No	154 (93%)	108 (97%)	
	Yes	11 (7%)	3 (3%)	
Lost someone close to you in the last two years:				0.471
	No	103 (62%)	74 (67%)	
	Yes	62 (38%)	37 (33%)	
Year of master's degree:				0.821
	1st (or 4th in Poland survey)	90 (55%)	62 (56%)	
	2nd (or 5th in Poland survey)	60 (36%)	37 (33%)	
	3rd	15 (9%)	12 (11%)	

[1]The values reported in the table are the Range, Mean, (Standard Deviation) for continuous variables and frequency, (percentage) for nominal variables.

*p<0.05

DESCRIPTIVE STATISTICS FOR STUDY VARIABLES AT TIME 1 BY GROUP[1]

| Study Variable	Experimental Group (N=165)	Control Group (n=111)	Group difference p-value
TDRS Total	7-30; 19.30 (5.88)	6-30; 18.80 (5.89)	0.488
DAPR Fear of Death	1-5; 3.06 (0.88)	1-5; 3.12 (0.87)	0.631
DAPR Death Avoidance	1-5; 2.31 (0.93)	1-5; 2.48 (0.96)	0.131
DAPR Neutral Acceptance of Death	2-5; 4.02 (0.53)	2-5; 4.04 (0.57)	0.967
DAPR Approach Acceptance of Death	1-5; 2.55 (0.97)	1-5; 2.54 (0.94)	0.905
DAPR Escape Acceptance of Death	1-5; 2.72 (0.85)	1-5; 2.64 (0.82)	0.414
CCS Total	5-25; 13.19 (3.69)	5-25; 11.43 (3.37)	<0.001*
CSE Total	5-25; 13.72 (4.59)	5-24; 12.45 (4.81)	0.028*
CS Kindness	11-20; 16.93 (2.04)	8-20; 16.91 (2.05)	0.926
CS Indifference	4-15; 7.33 (2.11)	4-14; 7.39 (2.18)	0.837
FATCOD Total	3-5; 3.91 (0.31)	3-5; 3.78 (0.35)	0.001*
[1]The values reported in the table are the Range, Mean, (Standard Deviation).			
*p<0.05			

REPEATED MEASURES ANOVA RESULTS[1]

Variable	country	group	time	time x group	time x group x country
TDRS Total	7.12*	0.00	3.71	8.67*	3.38*
DAPR Fear of Death	2.91*	1.88	10.38*	10.00*	0.91
DAPR Death Avoidance	3.36*	2.50	5.68*	6.12*	1.38
DAPR Neutral Acceptance of Death	5.87*	0.16	0.12	6.06*	0.23
DAPR Approach Acceptance of Death	20.78*	0.03	3.82	0.16	0.09
DAPR Escape Acceptance of Death	9.06*	0.53	0.75	1.72	0.06
CCS Total	2.16	12.33*	13.54*	14.89*	1.18
CSE Total	8.46*	11.10*	24.52*	28.66*	0.38
CS Kindness	5.41*	0.24	4.37*	4.01*	0.68
CS Indifference	2.99*	0.62	0.17	0.47	0.89
FATCOD Total	1.23	13.93*	13.12*	16.23*	1.78

[1]The values reported in the table are F test for each effect

*$p<.05$

TESTONI DEATH REPRESENTATION SCALE (TDRS)

Means of TDRS
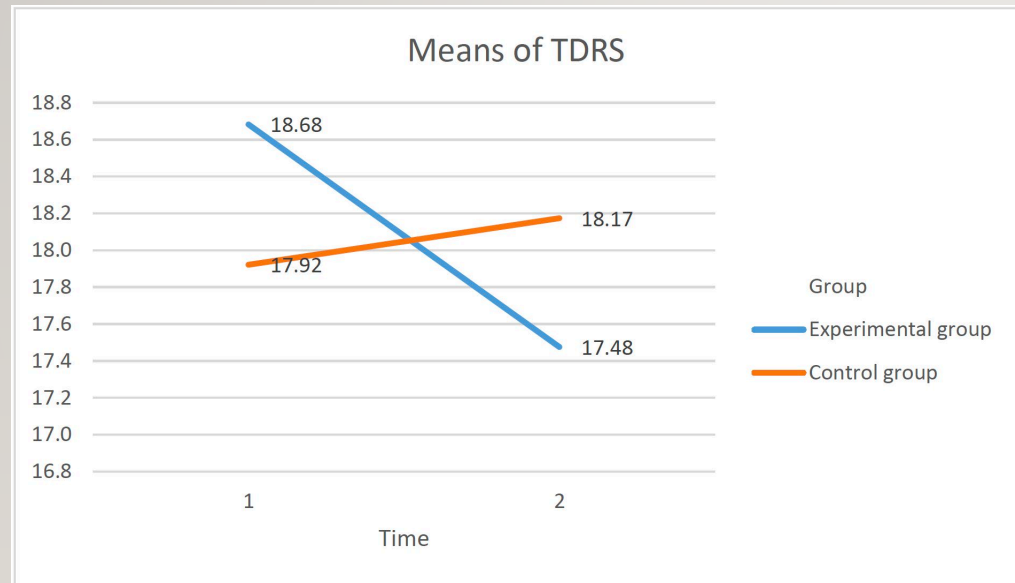
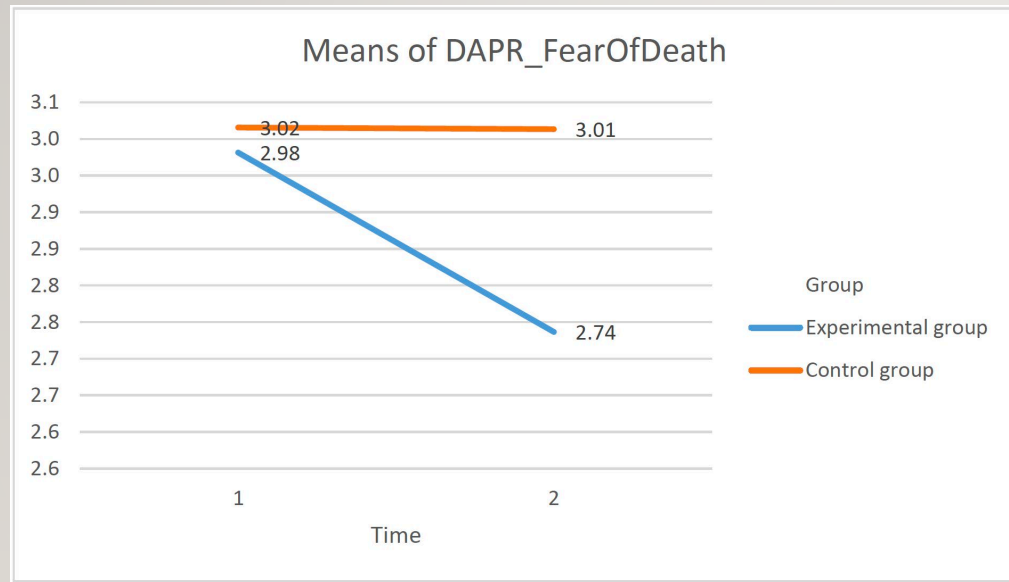|	t	p	df	Cohen's d
experimental group	4.13	<.001	164	0.64
control group	-0.63	.528	110	-0.12

Small time effect
Moderate time effect
Strong time effect

Time x Group x Country interaction for TDRS is detected because Time x Group interaction is only in Italy
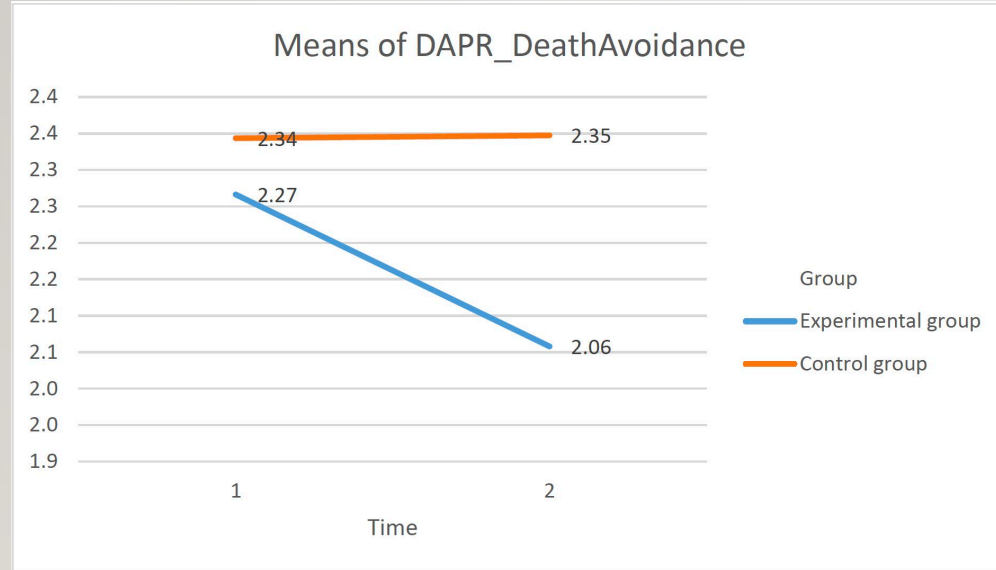
FEAR OF DEATH (DAPR)

Means of DAPR_FearOfDeath

	t	p	df	Cohen's d
experimental group	5.52	<.001	164	0.86
control group	0.04	.971	110	0.01

Small time effect
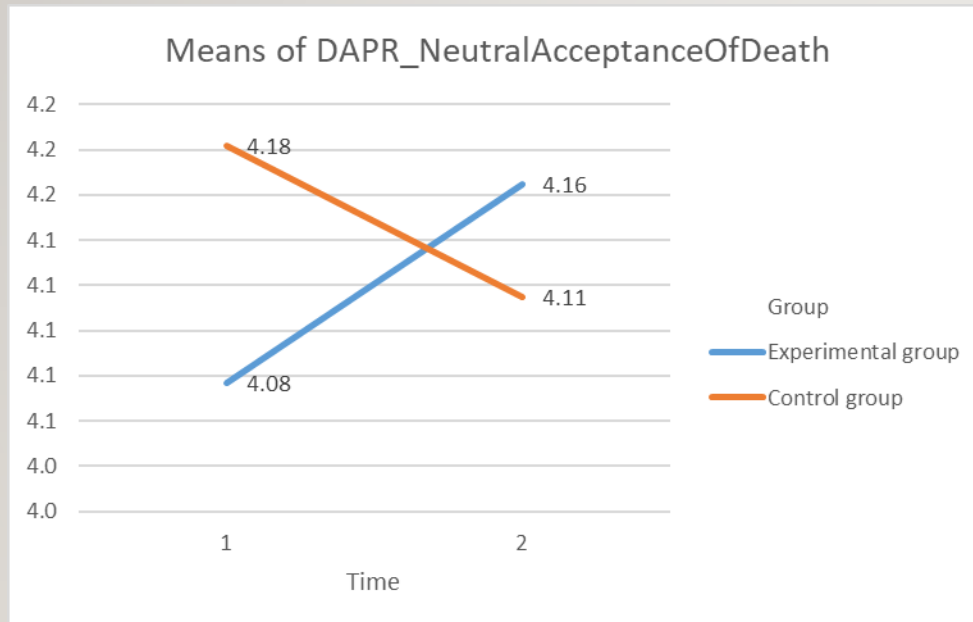Moderate time effect
Strong time effect

DEATH AVOIDANCE (DAPR)

Means of DAPR_DeathAvoidance

	t	p	df	Cohen's d
experimental group	4.14	<.001	164	0.65
control group	-0.06	.955	110	-0.01

Small time effect
Moderate time effect
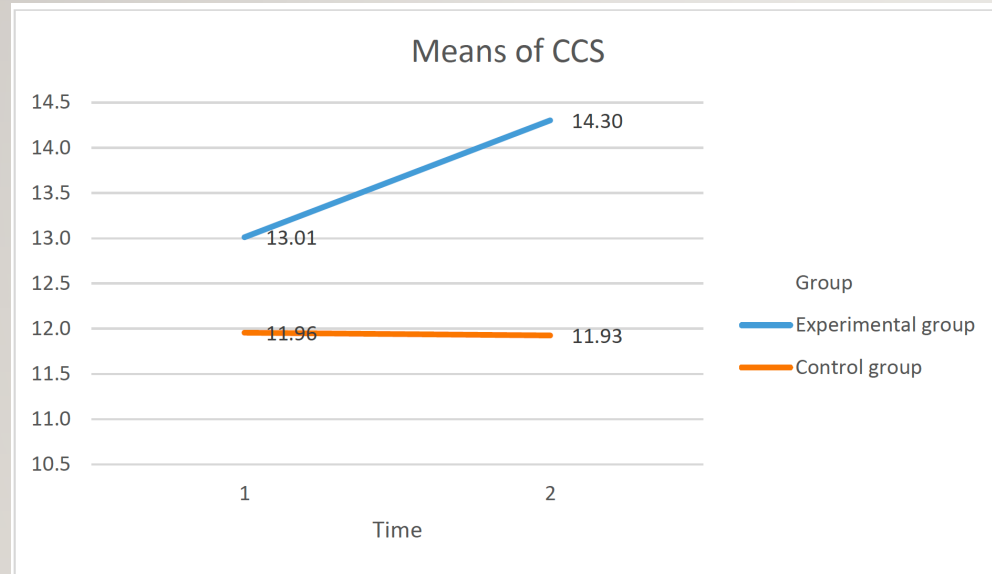Strong time effect

NEUTRAL ACCEPTANCE OF DEATH (DAPR)

Means of DAPR_NeutralAcceptanceOfDeath

	t	p	df	Cohen's d
experimental group	-2.42	.019	164	-0.38
control group	1.32	.189	110	0.25

Small time effect
Moderate time effect
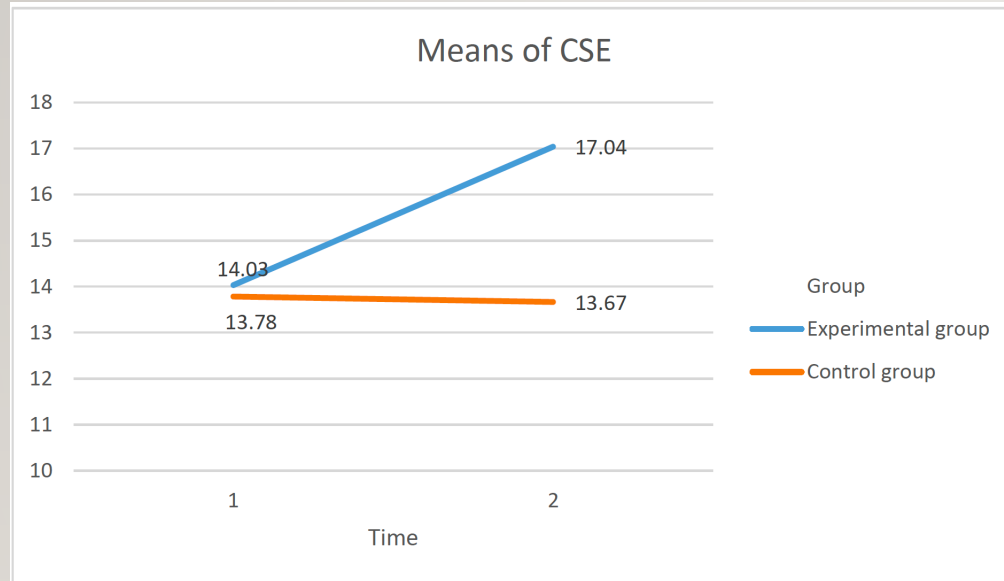Strong time effect

CAREER COMMITMENT SCALE (CCS)

Means of CCS

- Experimental group: 13.01 (Time 1), 14.30 (Time 2)
- Control group: 11.96 (Time 1), 11.93 (Time 2)

	T	p	df	Cohen's d
experimental group	-6.37	<.001	164	-0.99
control group	0.11	.912	110	0.02

Small time effect
Moderate time effect
Strong time effect
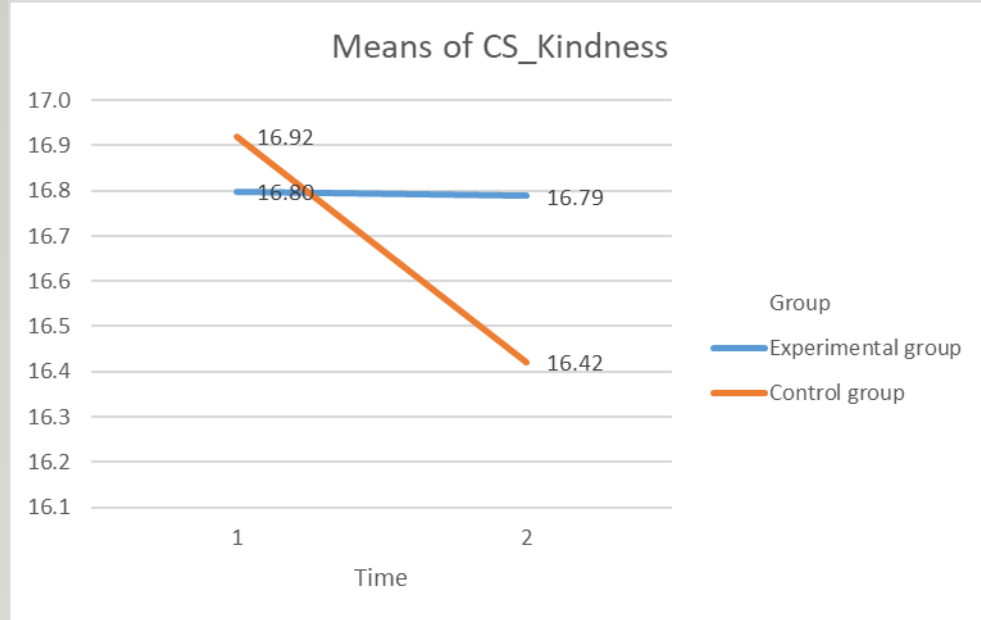
CREATIVE SELF-EFFICACY SCALE (CSE)

Means of CSE

	t	p	df	Cohen's d
experimental group	-8.73	<.001	164	-1.36
control group	0.25	.803	110	0.05

Small time effect
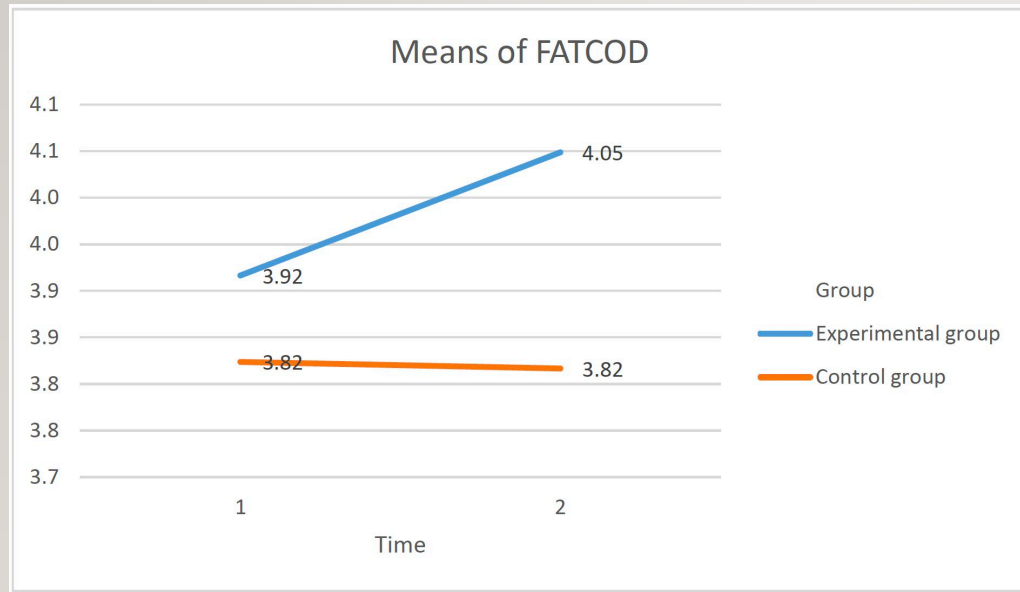Moderate time effect
Strong time effect

KINDNESS (CS)

Means of CS_Kindness

	t	p	df	Cohen's d
experimental group	0.08	0.939	164	0.01
control group	2.53	.012	110	0.48

Small time effect
Moderate time effect
Strong time effect

FROMMELT ATTITUDE TOWARD CARE OF THE DYING (FATCOD) SCALE – FORM B

Means of FATCOD

	t	p	df	Cohen's d
experimental group	-6.43	<.001	164	-1.00
control group	0.25	.802	110	0.05

| |
|---|
| Small time effect |
| Moderate time effect |
| Strong time effect |

CHANGE SCORES

- Factor Analysis results on Change Scores (Differences from Time 1 to Time 2) in experimental group show two components with a small correlation (r=0.16): the first component concern changes on death measures (TDRS, Fear of Death, Death Avoidance, FATCOD) and the second component concern change on self-efficacy and career commitment (CSE, CCS)

- Hierarchical regression analysis on the two components adding predictors in three steps: the control variables (age, gender, religious level, care and loss experience) in the first step; target variables at Time 1 in the second step (TDRS, Fear of Death, Death Avoidance, FATCOD, CCS, CSE) and significant interaction of target variables at Time 1 with moderator in the last step.

HIERARCHICAL REGRESSION ANALYSIS -1

Hierarchical regression analysis results on the two components show a no significant quote of variance explained by control variables (R-square of 5% for the first component and 6%, for the second component); a significant quote of variance explained by variables at Time 1 (Delta R-square of 29% for the first component and 16% for the second component) with a positive contribute of initial scores of TDRS, Fear of Death, Death Avoidance and CCS for the first component and a negative contribute of initial CSE for the second component; and, finally, a significant quote of variance explained by moderation of TDRS for the first component (Delta R-square of 6%) and of FATCOD for the second component (Delta R-square of 6%).

HIERARCHICAL REGRESSION ANALYSIS -2

Significant moderation of TDRS for CCS on the first component: positive changes at the end of the course depend on CCS only for those with High TDRS (B = 0.09, SE = 0.04, p = .044) while they are not influenced by CCS for those with Low TDRS (B = -0.03, SE = 0.02, p = .175). The positive sign of the parameter indicates that there were more positive changes at the end of the course with higher initial CCS.

Moderation of TDRS
(Lower TDRS dotted line; Higher TDRS continuos line)
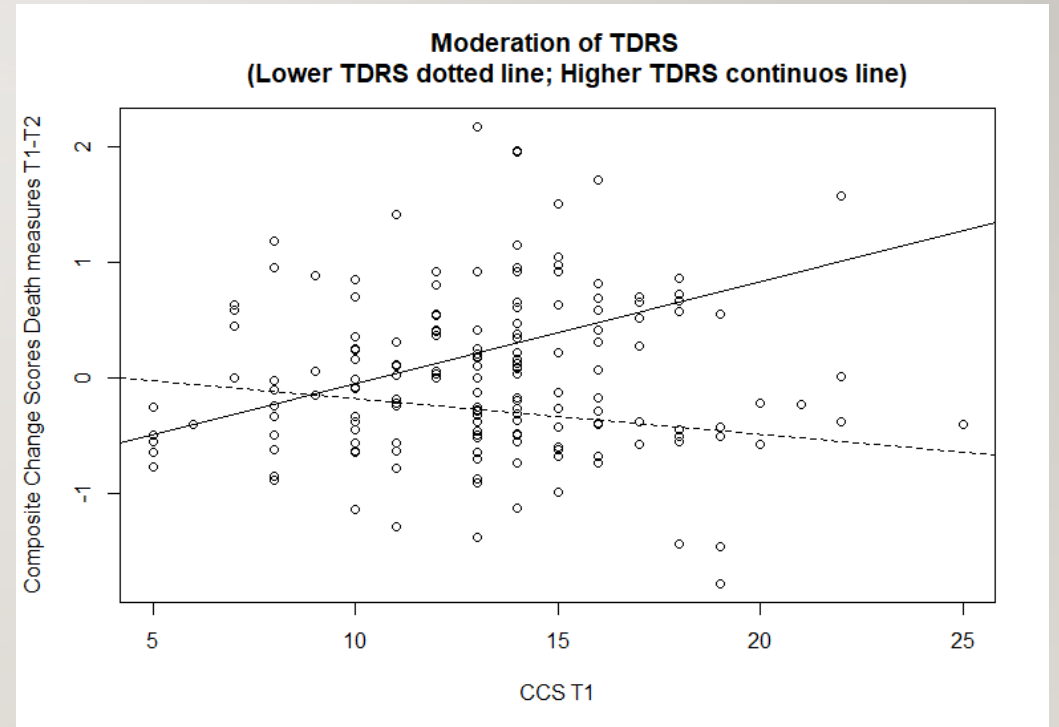
HIERARCHICAL REGRESSION ANALYSIS -3

Significant moderation of FATCOD for CSE on the second component: positive changes at the end of the course depend on CSE only for those with Low FATCOD (B = -0.15, SE = 0.04, p = .004) while they are not influenced by CSE for those with High FATCOD (B = -0.03, SE = 0.04, p = .474). The negative sign of the parameter indicates that there were more positive changes at the end of the course with lower initial CSE.

Moderation of FATCOD
(Lower FATCOD dotted line; Higher FATCOD continuos line)
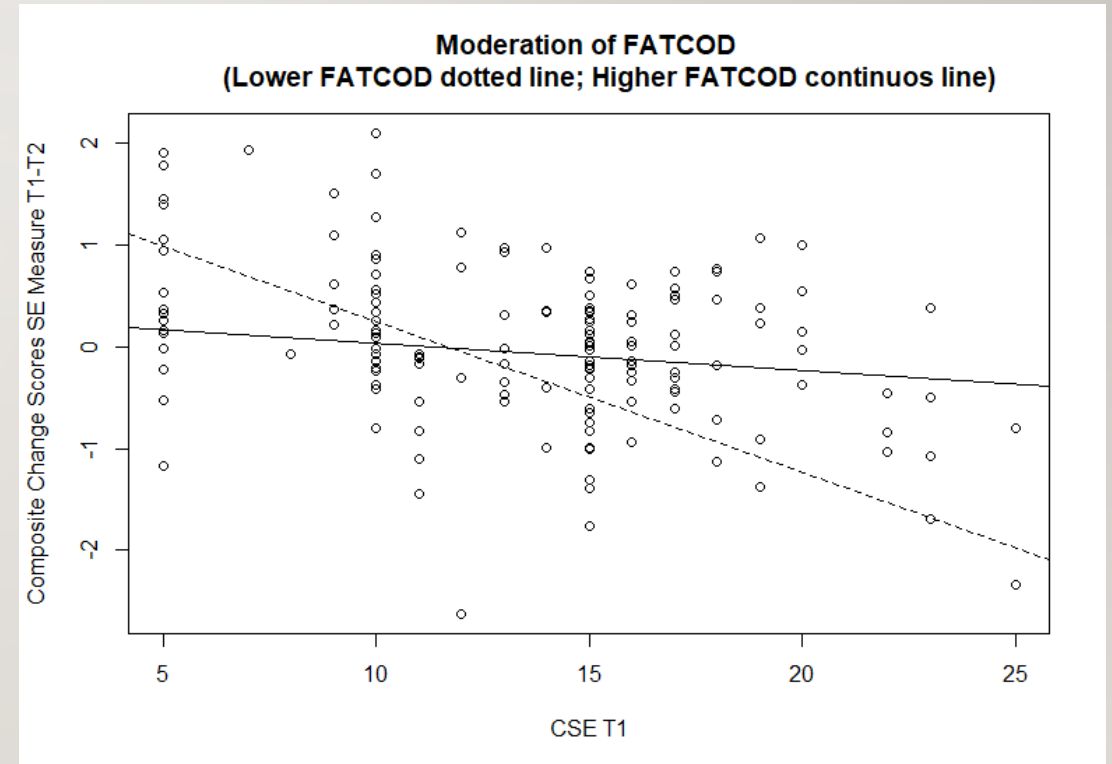
CONCLUSION

- Important positive changes at the end of the course were detected

- Strong decrease of Fear of Death

- Strong increase of Career Commitment and Attitude Toward Care of the Dying

- Moderation role of Death Representation: more positive changes at the end of the course with higher initial Career Commitment when death representation is total annihilation.

- Moderation role of Attitude Toward Care of the Dying: more positive changes at the end of the course with lower initial creative self-efficacy when attitude is low.

THANKS FOR ATTENTION