

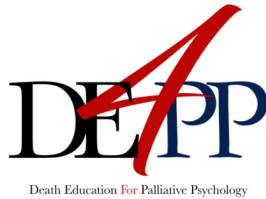
DEPP

Death Education For Palliative Psychology

Psychological Interventions in PC



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Concept

This fifth module will address common issues about living with a life-threatening or advanced illness. It will be discussed how to deal with patients with psychological needs. Module will give inputs about how to provide emotional support to caregivers as well as the people close to the patients (relatives, friends, colleague etc.) during illness and after death.

Competences to be acquired:

- *Knowing the strategies for psychological intervention in Palliative Care field*
- *Knowing the psychological support strategies of the mourning process*
- *Knowing how to manage family burden in Palliative Care context*

Psychological Interventions in Palliative Care

The integration of palliative care and oncology is now widely accepted in both fields as an important goal, but embedding **psychological care** into both of these domains seems to receive less priority.

Psychological interventions are still not routinely incorporated into oncology or palliative care, **despite evidence for their effectiveness.**



An overarching problem in these fields is that interventions involving empathy tend to be less valued than those involving biology

1) Psychological Interventions for patients

There are empirical evidences of the feasibility and efficacy of psychological interventions for patients with advanced cancer across the disease trajectory.

Interventions are presented in 3 broad categories according to the **nature and phase of disease**:

- a. Shortly after diagnosis of advanced cancer**
- b. When living with advanced cancer**
- c. At or near the end of life.**

a. Shortly after the diagnosis of advanced cancer

The psychological dimensions of palliative care are particularly important to be implemented at this phase, especially with life-threatening disease of acute onset.

A 4-session mindfulness-based intervention by Zimmerman Jordan & Burrell is the **Coping with Cancer Mindfully (CCM)**

↓
CCM sessions

- 1) Focus on the present moment
- 2) Acceptance (ACT techniques)
- 3) Reflections about meaning in life
- 4) Connecting with life

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Coping with cancer mindfully: A feasibility study of a mindfulness intervention focused on acceptance and meaning in life for adults with advanced cancer[☆]

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b. When living with advanced cancer

An advanced cancer diagnosis guides patients and families into a complex, unfamiliar, and frightening world.

A growing body of evidence supports the value of the following interventions:

- ❖ **Supportive-expressive therapy**
- ❖ **Meaning-centered psychotherapy (MCP)**
- ❖ **Managing Cancer and Living Meaningfully (CALM)**



c. At or near the end of life

Interventions focused on the **sense of meaning in life** and **on legacy creation** have been developed for individuals who are approaching the end of life.



These interventions include:

- **Dignity therapy**
- **Short-term life review**
- **Narrative interventions**



These interventions include individualized interviews whose aim is to give meaning and assign a purpose to patient's life.

The final document is left with the patients to pass into the hands of their family or loved ones as they wish.



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Barriers

A **key barrier** to the delivery of psychological care to patients with advanced disease is the lack of a core group of psychosocial specialists in the oncology and palliative care settings

Moreover:

- the lack of outcome measures that have been shown to be valid and reliable in this population
- the lack of awareness of patients' psychological distress
- the lack of awareness among clinicians regarding the evidence for psychological intervention as well as when and whom they should be made available for patients

2) Psychological Interventions for Caregivers

In Europe, the number of informal caregivers ranges from **10 up to 25%** of the total population; they provide 80% of all long-term care, with significant differences among countries.



An informal caregiver is generally an unpaid person (i.e. a blood or non-blood relative, a partner or ex-partner, a friend) who provides ongoing daily care and assistance to a person with a disabling condition or a serious illness.

Supportive Care in Cancer
<https://doi.org/10.1007/s00520-019-05155-8>

ORIGINAL ARTICLE

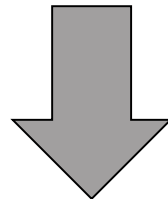
Caregivers in home palliative care: gender, psychological aspects, and patient's functional status as main predictors for their quality of life

L. Franchini¹ · G. Ercolani¹ · R. Ostan¹ · M. Raccichini¹ · A. Samolsky-Dekel¹ · M.B. Malerba¹ · A. Melis¹ · S. Varani¹ · R. Pannuti¹



As the disease worsens, being a caregiver becomes more burdensome and demanding, affecting:

- physical and psychological
- health financial resources
- social and work functioning



A multidimensional evaluation is a key strategy to identify **the most vulnerable caregivers.**

Apart from the condition of the patient, the **gender of the caregivers**, the **time spent for caregiving** and, above all, their **psychological condition** are strong predictors of caregivers' **quality of life.**

Two of the most consistently reported unmet needs relate to psychological support and information provision.

Interventions should focus on **carers' unmet needs**.

How to do that?

❖ Psycho-education



To guide and educate by offering caregivers an opportunity to access information

To support caregivers by focusing specific attention on their needs and reinforcing the role of the palliative care service

To help caregivers make sense of and/or find meaning by normalizing emotional reactions to the situation

❖ Emotional support

To promote self-care by encouraging caregivers to enhance their physical and mental health

To identify issues and plan goals/strategies and advising caregivers of their rights.

3) Psychological interventions about Mourning

Psychological intervention about mourning in PC must be carried out according to theoretical and methodological paradigms, which shall be:



- ❖ **EVIDENCE-BASED**
- ❖ **SHARED**
- ❖ **DELIMITED OVER TIME**

The mourning process is modulated by different factors (e.g. medical/psychological history, family network, economic status etc.) that is important to take into consideration **from the stage before the loved person's death.**

These factors may facilitate a **complicated grief** or, on the contrary, act as protective factors.



These aspects, together with the "biopsychosocial" response of the mourning person, may inform the PC team **whether or not a psychological take-over is needed.**



Death Studies

Bridging the Gaps in Palliative Care Bereavement Support: An International Perspective

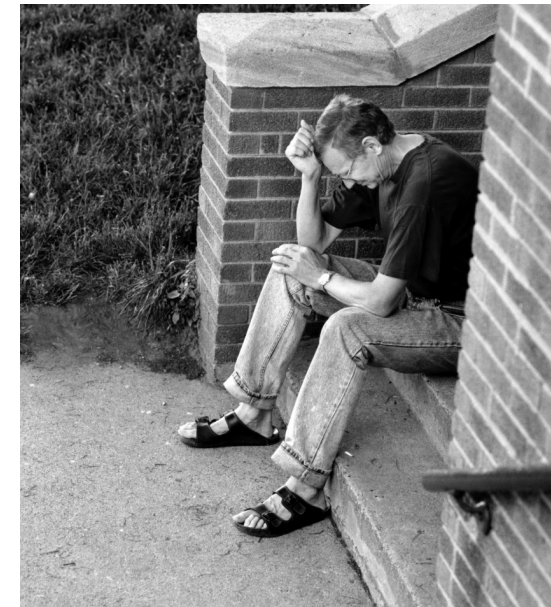
Lauren J. Breen, Samar M. Aoun, Moira O'Connor & Bruce Rumbold



A meta-analysis conducted on 61 controlled studies has shown how the most effective psychotherapeutic **interventions are those addressed to patients with high distress levels.**

**PLEASE
NOTE..**

Psychotherapy interventions addressed to people experiencing a physiological mourning tend to have minimum performance and, in some cases, they can lead to an increased psychological distress.



a. Cognitive Behaviour Therapy (CBT)

Dual Process Model (DPM) by Stroebe & Schut is an example of CBT approach to mourning.

DPM provide both to foster accommodation of the loss and promote restoration of life goals and roles.

Everydaylife experiences

Loss Orientation

- ❖ Mourning
- ❖ Grief intrusion
- ❖ Withdrawal-Continuation-Relocation of bonds
- ❖ Denial/refusal of changes

Restoration Orientation

- ❖ Facing changes
- ❖ Doing new things
- ❖ Grief distraction
- ❖ Removal from grief
- ❖ New roles/identity/relationships

Oscillation

b. Family Focused Grief Therapy (FFGT)

Kissane and Bloch have devised a family focused intervention, practiced as a four-to-eight session intervention for distressed relatives of patients receiving end-stage treatment in palliative care settings.

Therapy concentrated on telling the story of the illness and related grief while enhancing communication and conflict resolution.



**PLEASE
NOTE..**

Results suggest the utility of family level bereavement intervention, but only when discretion is exercised in the recruitment of those most likely to benefit (highly distressed and sullen families), and to avoid offering treatment to those who would fare as well or better without it (hostile families).



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