# STEPPED CARE MODEL FOR PSYCHOLOGICAL INTERVENTIONS IN HAEMATOPOIETIC STEM CELL TRANSPLANTATION WARD

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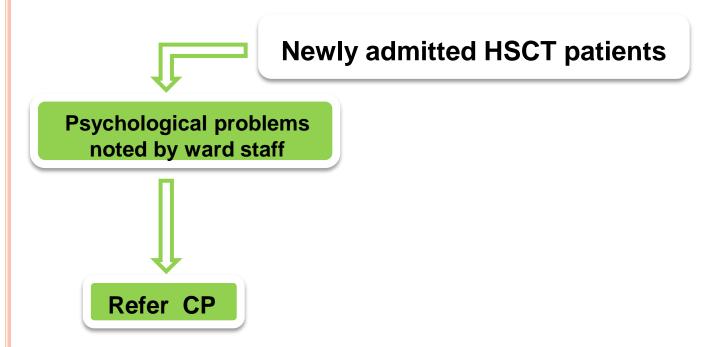
## BACKGROUND

- Haematopoietic Stem Cells Transplantation (HSCT) is the procedure of transplanting stem cells
- 80% of patients suffered from emotional distress over their treatment (Siegel, 2008)
- Top 3 psychological distress:
  - 1. Anxiety about HSCT: Nausea, oral mucositis, GvHD
  - 2. Pre-illness family problems
  - 3. Adjustment to Isolation of weeks to months

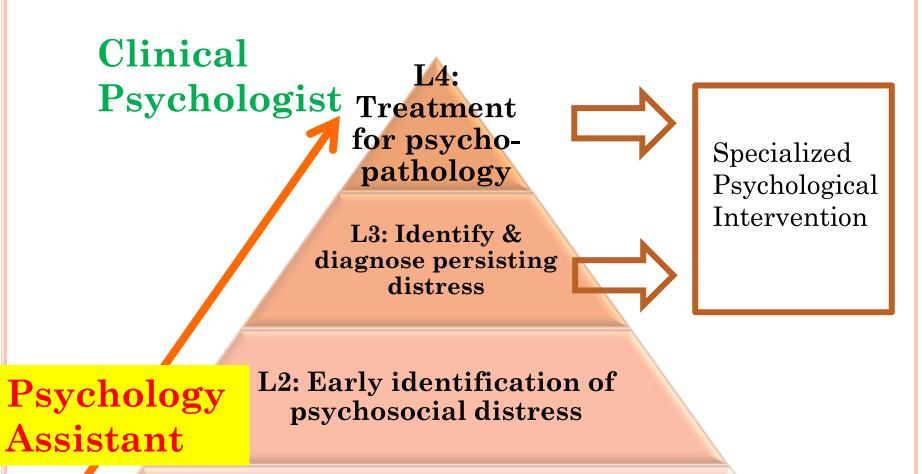


Reference: Siegel (2008). Psychosocial considerations in HSCT implications for patient quality of life and post-transplant survival. Community Oncology, Vol 5(7), 307-411.

#### CONVENTIONAL SERVICE DELIVERY MODEL



#### INTRODUCING STEPPED CARE MODEL TO HSCT SERVICE



L1: Recognition of needs

#### STEPPED CARE MODEL- L1 & L2

- PA (Psychology Assistant) focuses on the concrete and structured aspects of coping with HSCT
- Psychological screening for all HSCT patients
- Coach the use of adaptive coping strategies, e.g. relaxation exercise
- Continuous psychological support and monitoring
- Devise psycho-educational materials
- Conduct outcome assessment
- Compile outcome statistics

**L2** 

L1

## PSYCHO-EDUCATIONAL MATERIALS DEVISED BY PSYCHOLOGY ASSISTANT





You are not alone.
We support you!



Find a way that is most comfortable for you. This, too, shall pass.

#### STEPPED CARE MODEL- L3 & L4

- **CP** (Clinical psychologist) focuses on providing highintensity intervention for significant mood problems:
- Identify existing psychosocial issues or risk factors that might hamper adjustment

**L**4

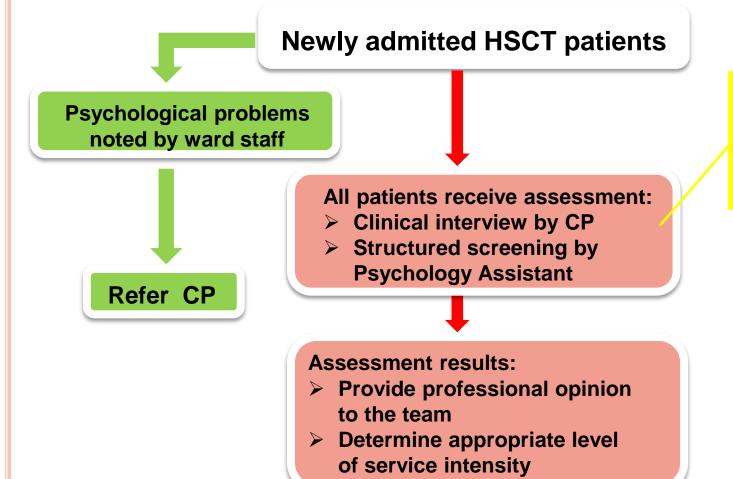
**L**3

 Identify strengths and solicit active collaboration in coping

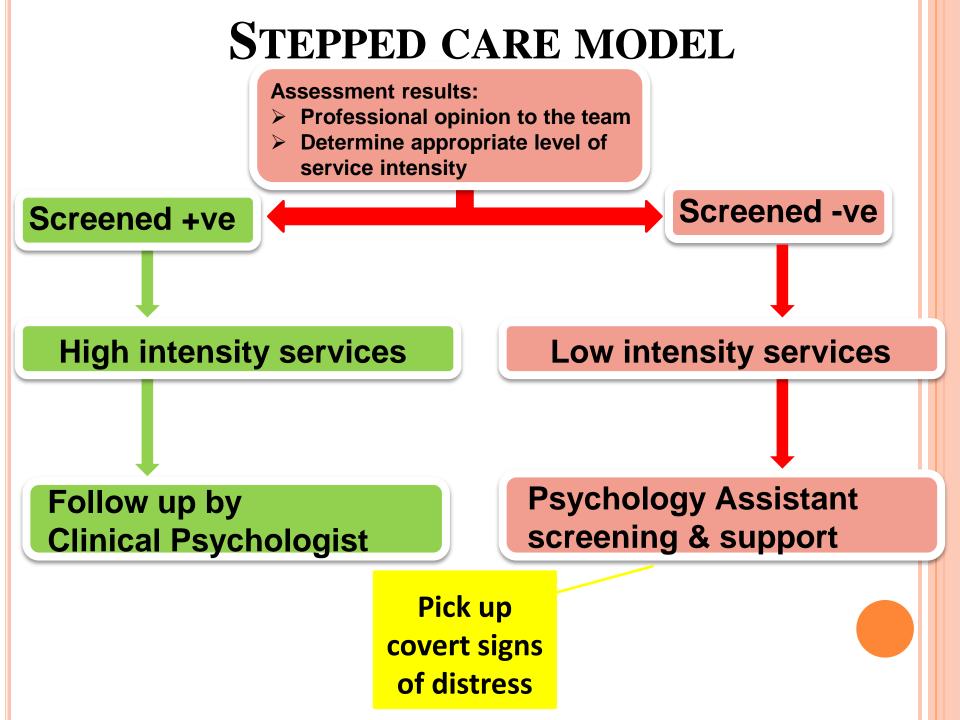
Provide treatment for psychopathology

 Provide the treating team with professional opinion about patient's specific psychosocial needs

#### STEPPED CARE MODEL



100%
Service
Coverage



#### STEPPED CARE MODEL

Psychology Assistant screening & support

Continuity of Care

Four critical time-points:

**Post-transplantation** 

**Pre-discharge** 

3-month Post-discharge

**↓12-month Post-transplantation** 

Screened +ve

Screened -ve

Follow up by Clinical Psychologist

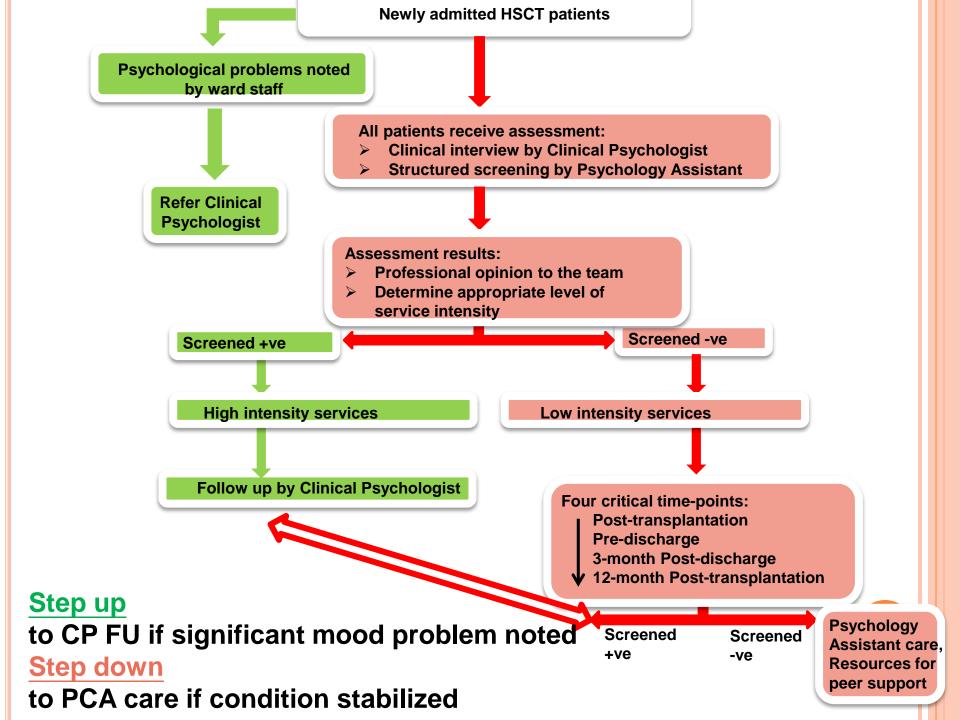
Step up

to CP FU if significant mood problem noted

Step down

to PCA care if condition stabilized

Psychology
Assistant care,
Resources for peer support



# STEPPED CARE MODEL FOR PSYCHOLOGICAL INTERVENTION IN HSCT WARD

	Number of patients
Referral received	357*
Screening (at Pre-HSCT)	318

<sup>\*</sup>excluding patients who withheld HSCT or decline CP services.

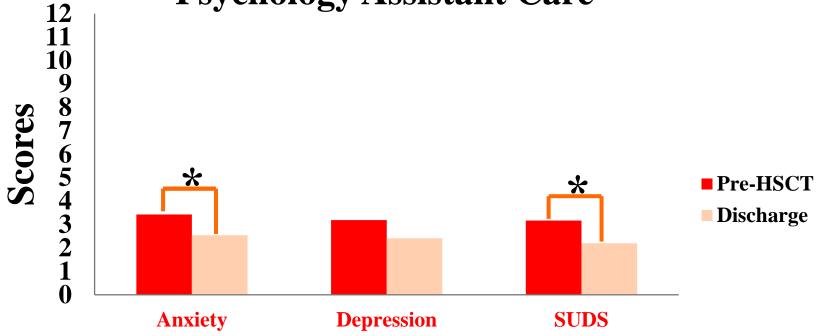
	% of patients
Screened above cut-off	41.8 %#
Received CP service	91.6%*

<sup>#</sup>Above cut-off at anytime



<sup>\*</sup>based on the number of patients who screened positive in screening

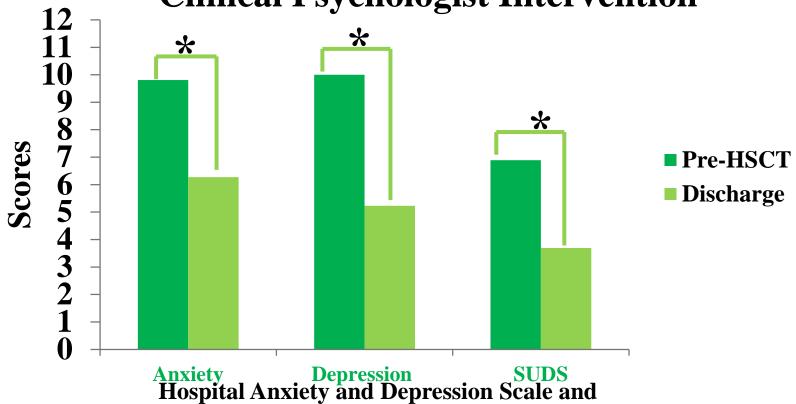
## Outcome Measures of Psychology Assistant Care



Hospital Anxiety and Depression Scale and Subjective Unit of Distress Scale

	N	t	df	std	Sig
Anxiety	109	1.02	108	2.64	< 0.001
Depression	109	0.65	108	2.98	0.005
SUDS	109	0.96	108	1.83	< 0.001

#### **Outcome Measures of Clinical Psychologist Intervention**



**Subjective Unit of Distress Scale** 

	t	df	std	Sig
Anxiety	5.49	36	3.92	< 0.001
Depression	8.02	38	3.74	< 0.001
SUDS	8.76	35	2.19	< 0.001

## STEPPED CARE MODEL FOR PSYCHOLOGICAL INTERVENTION IN HSCT WARD

Continuity of Care

Pick up covert signs of distress

100%
Service
Coverage

L4: Treatment for psychopathology

L3: Identify & diagnose persisting distress

 $\Rightarrow$ 

Specialized Psychological Intervention

L2: Early identification of psychosocial distress

L1: Recognition of needs

## **CONCLUSION**

The stepped-care model was shown to be able to

- address different levels of psychological needs of patients
- o reduce the risks of psychological morbidities
- while ensuring service quality at different time points along the journey of HSCT.

"I now realized the importance for me to be assertive about my emotional needs. I would take care of my own emotion before I take care of others'."

A34-year old female patient who received CP services after her significant emotional distress about work resumption was identified during a 12-month post-HSCT screening.

"I have re-prioritized my life goals after HSCT. I used to think making money for the family was important.

But it turns out that they want my time more than my money."

A 46-year old male patient who received CP services since pre-HSCT assessment for his pathological gambling. He was able to maintain abstinence from the gambling addiction 6-month post-HSCT.



"I appreciated the psychological sessions, which had helped me explore different perspectives of my experience."

A55-year-old female patient who received CP services after her significant emotional distress about family problems were identified during a 3-month post-discharge PA screening