Clinical Psychologist's Roles in Palliative Care and the Treatment of Prolonged Grief – the Sydney Experience

Damaris HUNG

4 May 2016
HA Convention
Overseas Corporate Scholarship

OCS Attachment Program for CPs in Prolonged Grief Disorder

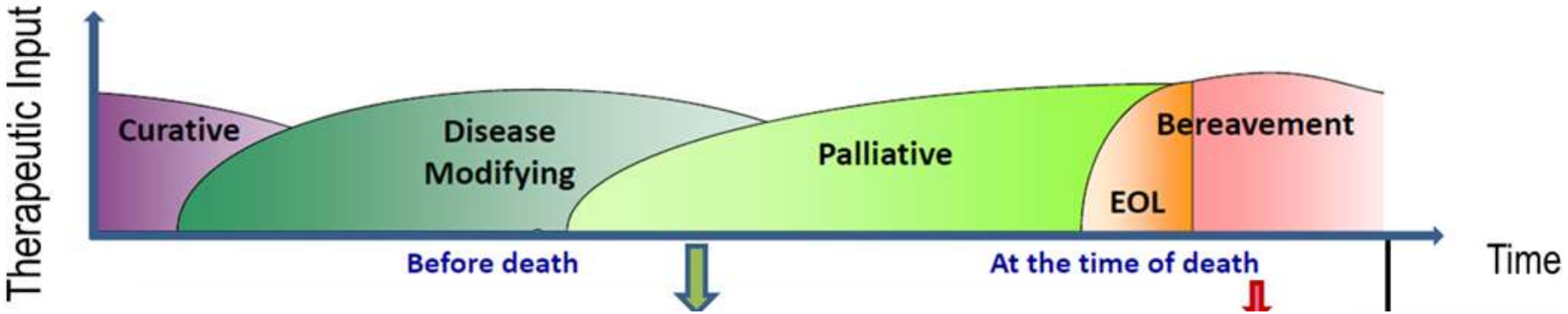
Participants:
Irene HUI (NTE), Damaris HUNG(HKW),
Betty LUK (KWC), Mary WONG (HKE)

Acknowledgements:

Co-ordinating Committee (Clinical Psychology)

Central Committee (Palliative Care)

Therapeutic Input along the Disease Continuum



Common Roles of CPs in Palliative Care

Assessment, Diagnosis & Treatment:

–Psychological distress: anxiety, depression, demoralization

–Psychosocial distress in family caregivers

–Suicidality & desire for Hastened Death

–Anticipatory grief, Bereavement or Prolonged Grief

Some Common Psychotherapeutic Goals

–Enhance coping

–Strengthen relationships

–Reducing symptom burden

–Maintain hope, dignity, meaning

–Come to terms with losses and grief …..

(Cherny etal,2015)

Case Examples

- F/48 lady w breast cancer worried about being unable to move if disease progressed
- M/70 father worried about being burden to children. Explored that he had taught his children to be filial. Children just doing what patient taught.
- M/45 property agent in pain was upset about relating to his mother.
- Facilitated emotionally distant son to re-connect with father through touch.

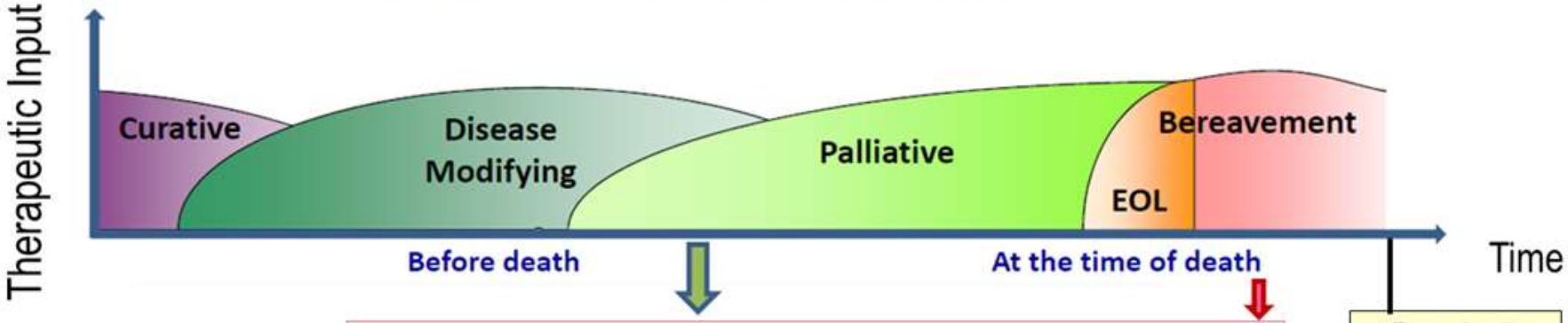
Common Roles of CPs in Palliative Care

Working in inter-professional team

Promoting inter-professional collaboration

(Godley,2014)

Places Visited In A Continuum of Psychosocial Care: Palliative Care & Bereavement



Western Sydney Local Health District:

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Schedule

Time\Date	23/3 (Mon)	24/3 (Tue)	25/3 (Wed)	26/3 (Thu)	27/3 (Fri)
AM					
9:00-9:30	Overview of Training: Richard Bryant	Cancer Centre Tour	Cathy Mason	Treatment structure: Bryant, Cahill	Dr. Lee Lecture to chaplains on grief service
9:30-10:00					
10:00-10:30	Developments in Grief Treatment and Research: Richard Bryant		Cancer Psychologist		
10:30-11:00				Experimental Studies: Bryant, Garber	Neuroscience and Grief: Bryant
11:00-11:30		Meet with Dr. Lee			
11:30-12:00					
PM					
12:00-1:00	Lunch	Lunch	Lunch	Lunch	Lunch
1:00-1:30	Assessment Issues: Lucky Kenny/ Richard Bryant	Palliative care service meeting	Taxi to Mt. Druitt	Treatment challenges Meeting with Traumatic Stress Clinic	Lessons learnt: Richard Bryant
1:30-2:00					
2:00-2:30			Mt. Druitt Palliative Care		
2:30-3:00					
3:00-3:30		Palliative care journal club	MDT meeting at Mt. Druitt Palliative Care Unit		
3:30-4:00					
4:00-4:30					
4:30-5:00					

Schedule

Time\Date	30/3 (Mon)	31/3 (Tue)	1/4 (Wed)	2/4 (Thu)	3/4 (Fri)
AM					
9:00-9:30	Welcome & Introduction	(9:15) Social Work: Kevin Bloom (9:45) Morning Tea	Welcome & introduction – Overview of Calvary: Jane Graham Tour of facility: Susah Uhlmann		
9:30-10:00	Community Palliative Care: Trish Sutton			Talk about social work service – meet with Helen Dawson	
10:00-10:30	Morning Tea	(10:15) Volunteer Services: Christine Harvey	Morning Tea – meet with CEO: Luci Dall'Armi & Peggy Yeomans		
10:30-11:00	Epidemiology of End of Life Experiences: Jane Ingham	(10:45) Inpatient Care: Ken Webb & Anne Williams	Palliative care service - meet with Dr. Frank Brennan	Morning Tea	Review of Best Practice of Acute and Chronic Grief
11:00-11:30			Psycho-social studies – meet with Liz Lobb	Talk about inpatient service – meet with Stephen Oakden	
11:30-12:00	Pastoral Care: Mamie Long	Sacred Heart Pharmacy: Devang Rai		Speak about CPCT – meet with Caroline Belfanti	
PM					
12:00-1:00	Lunch	Lunch	Lunch	Lunch	Lunch
1:00-1:30	Supporting & Managing Bereavement: Megan Thorpe	(1:15) Palliative Care Consults: Dr. Neil Cooney	Presentation on "Remembering Project" & pastoral care discussion: Mary Ashton	Bereavement services – meet with Peter Kadwell	Development of Optimal Bereavement Services in Hong Kong (1:00-5:00)
1:30-2:00		Allied Health: Alysha Battaerd & Elizabeth Ryan			
2:00-2:30	Afternoon Tea	Day Centre Activities: Hussen Hijazi	Presentation on palliative care gym program & speak about physiotherapy service: Ros Savage	Discussion on Research/ Clinical trials – meet with Elle Kough/ Liz Lobb	
2:30-3:00	Palliative Care Seminar: Alex Chung & Trish McKinnon	Debrief: Jane Ingham		Speak about volunteer service – meet with Anne Marie Traynor	
3:00-3:30			Presentation on occupational therapy: Karen Thomas	Debrief & Afternoon Tea; Farewell	
3:30-4:00	Psychological Support in Palliative Care: Adam Finch				
4:00-4:30			Debrief & Afternoon Tea		
4:30-5:00					

Best Practices in PC

Calvary Health Care Sydney, Kogarah

With Dr. Frank BRENNAN
(Consultant in Palliative Medicine) and
Liz LOBB (Adjunct Professor)

From left to right, with Susah UHLMANN
(Director of Mission), Liz LOBB (Adjunct Professor)
& Jan GRAHAM (Service Manager, Community
Rehabilitation & Service)

With Mary ASHTON
(Manager of Pastoral Care Services)
at the "Bus Stop" inside Mary Potter House
(day respite centre for patients with dementia)

Best Practices: Physical Settings

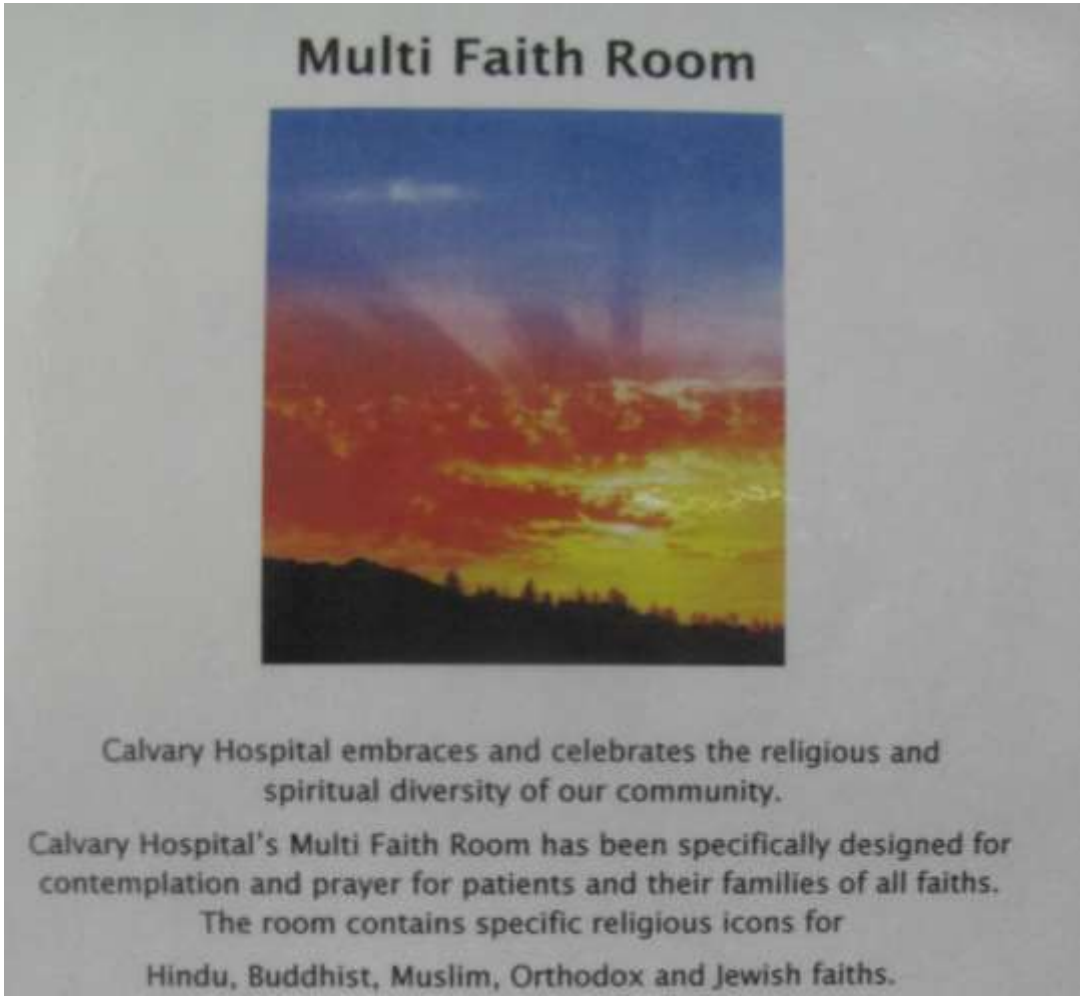
Sacred Heart Health Service

Best Practices: Physical Settings

Calvary Health Care Sydney, Kogarah

Best Practices: Physical Settings
Blacktown Mt Druitt Hospital

Best Practices: Cater for Religious and Spiritual Diversity



Best Practices: Cater for Religious and Spiritual Diversity

Best Practices:
Informed and Engaged Patients & Carers

- Bereavement Services
  - Setting separated from the hospital
  - Letters: 1-mth, 6-mth or 12-mth
  - Individual and group therapy
  - The Walking Group (Calvary)

End-of-life (EOL) care and support

- A survey was conducted with general population in South Australia - 70% people would prefer to die at home (Foreman et al., 2006), but in reality only 14% people died at home, while 54% died in hospitals and 32 % died in residential care (Broad et al., 2013).
- E.g. Palliative Extended Aged Care in the Home (PEACH) package commences in the last seven days of life
  - personal care during the day, daily visits from a community nurse specializing in palliative care, and 24-hour support was also available to patients and/or carers
- Palliative Care Home Support Program provided by Hammond Care
  - 48 hours of specialized supportive palliative home-based care, day or night, provided by specially trained community workers

Best Practices:
Organizational & Clinical Processes

- PC is introduced early
- Advanced Care Plan 

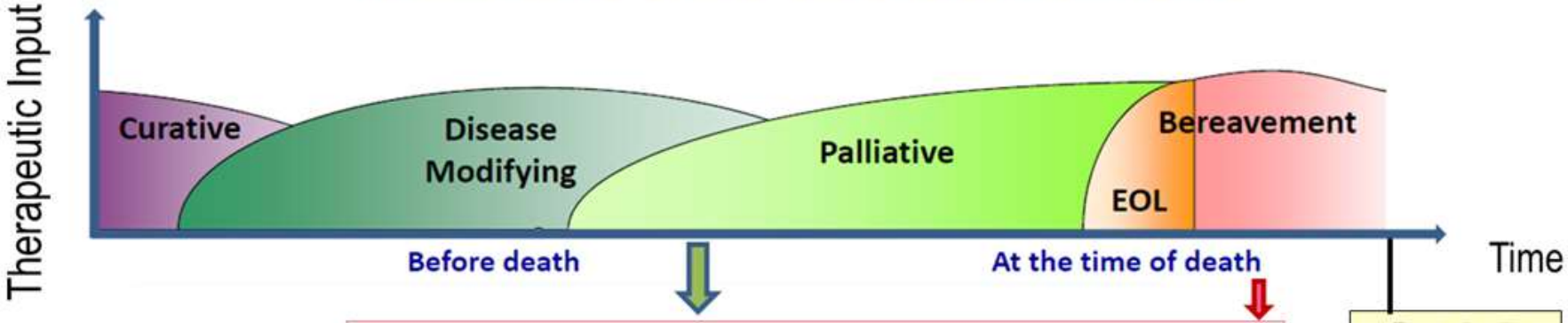
- Continuous quality improvement
  - Continuous review on service gaps and develop programs
- Dedication to Research
  - Scientist-practitioner model

Best Practices: Engaged, Involved and Compassionate Communities- Volunteer Work

- Scope of volunteer work:
  - IP & Rehab:
    - office support;
    - assist staff with making beds, transfer Pts to gym & craft activities, assist with meals, help with shopping, run errands
    - Shaves/facials, hair-dressing, manicure
    - aromatherapy, massage, play music, activity groups, provides 'Happy Hour'
  - Community PC: home visits, respite for carers
  - Care for Carers Program:
    - staff support: Organized activities for staff

Best Practices: Engaged, Involved & Compassionate Communities - Publications and Support in the Community

Places Visited In A Continuum of Psychosocial Care: Palliative Care & Bereavement



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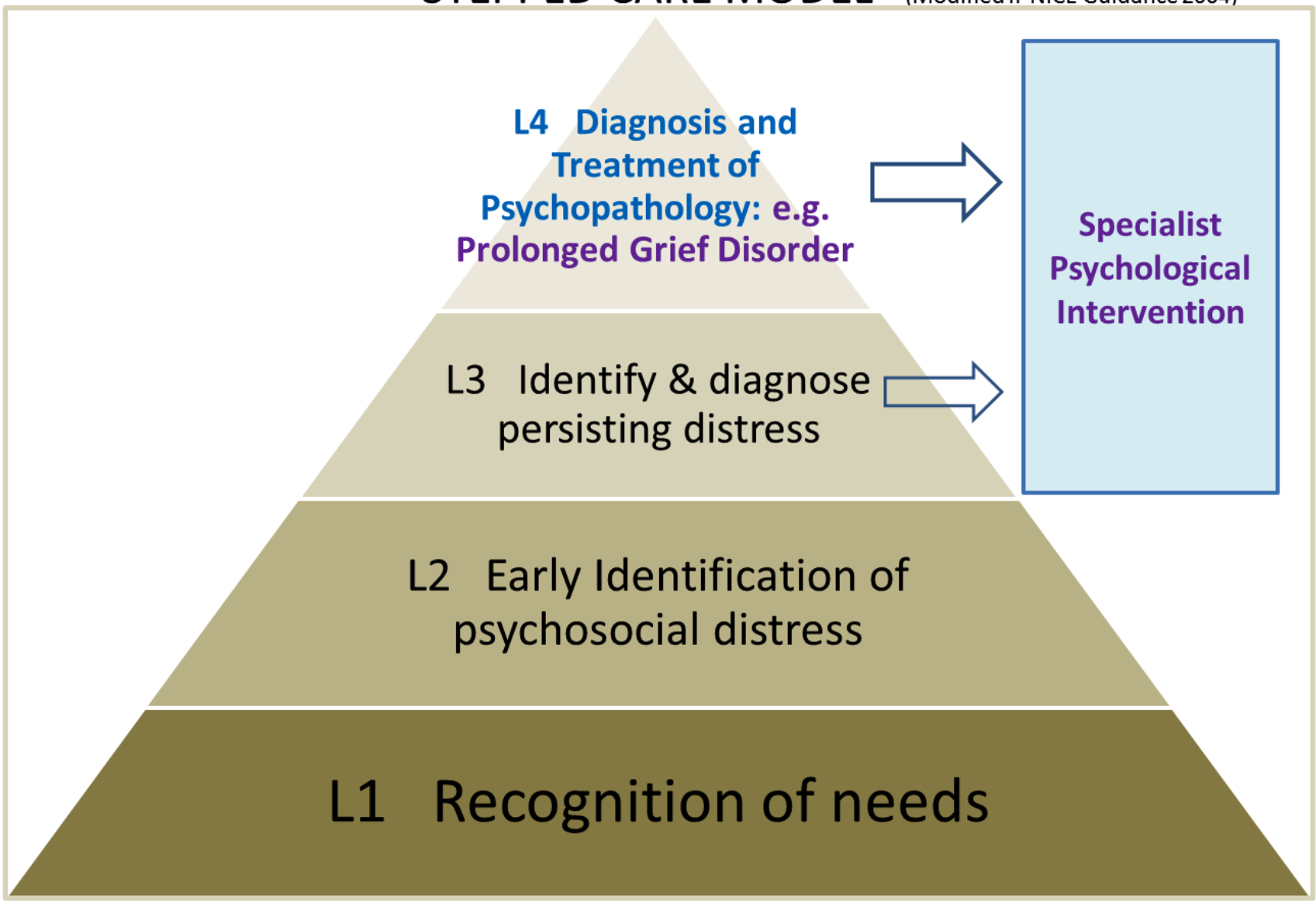
STEPPED CARE MODEL (Modified fr NICE Guidance 2004)



Traumatic Stress Clinic: Staff & Trainees

Standing (left to right): Betty LUK, *Suzanna AZEVEDO (Research Assistant*), **Julia TOCKER, Dr. Lucy KENNY, Dr. Katie DAWSON, Catherine CAHILL, Natasha RAWSON, Ben GARBER,** Irene HUI

Sitting (left to right): Damaris HUNG, **Richard BRYANT**, Director of the Traumatic Stress Clinic and Scientia Professor of Psychology at the University of New South Wales, Mary WONG

Traumatic Stress Clinic: Characteristics

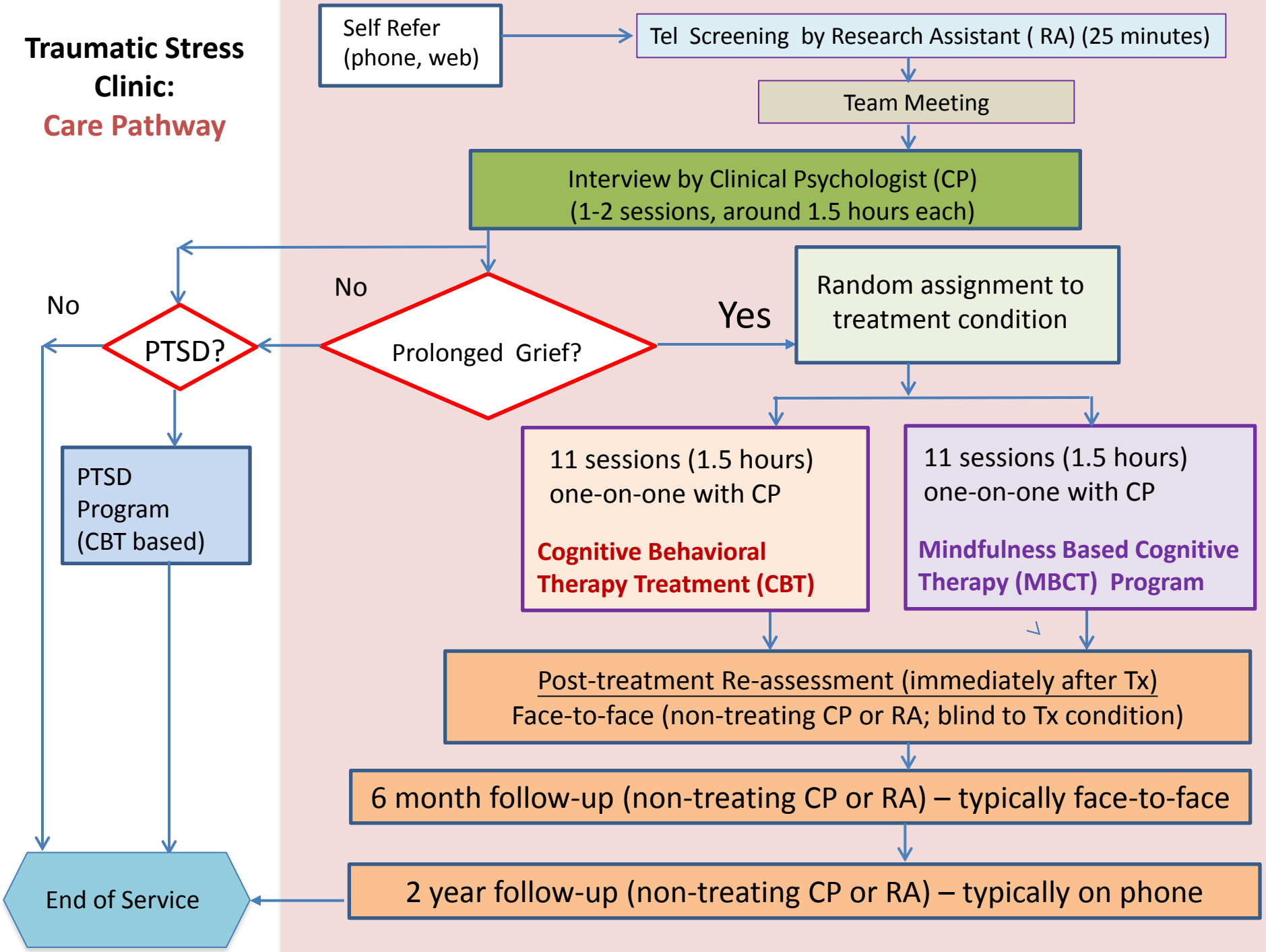
1. Offers Level 4 Specialist Care (in Stepped Care Model): **Diagnosis and Tx of Psychopathology: Prolonged Grief Disorder (PGD)**
2. Leader in the field
3. Famous worldwide
4. Strong in research
5. Part of University of New South Wales
6. Funded by grants
7. Free services to clients in Australia

Experimental Studies: Conducted Under "Brain Dynamics Centre"

Traumatic Stress Clinic - Best Practice: Evidence-based Practice, Strong Research

- **Model** based on **evidence from scientific and clinical trials**
- Examines new ways of enhancing tx
- Process variables: well controlled
  - Clinical Assessment: validated structured interviews
  - Randomization
  - Double-blind (therapist, patient)
- Outcome measures: multi-dimensional
  - Self-report Questionnaires (validated): e.g. anxiety, depression
  - Cognitive function: digit span sequencing
  - Psycho-physiological markers: e.g. cortisol level, reaction time
  - Brain measures: e.g. EEG & brain scan

Traumatic Stress Clinic:
Care Pathway



Components of CBT for PG

Past Focused

–Exposure / reliving death

–Cognitive therapy

- Meaninglessness of life, anger, guilt

–Communicating with deceased

Future Focused

–Goal setting

–Problem-solving

–Activity scheduling

–Facilitating positive memories

–Relapse prevention

Sharing with other professionals

- PC teams
- Cluster CPs
- Enhanced Training for CPs
- Invite speakers to HA conference to enhance psychosocial care & inter-professional collaboration.

Summary

- OCS Training reinforced CP's work in multi-disciplinary PC team
- CBT treatment for prolonged grief enhanced therapeutic gains for patients

THANK YOU.

References

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