This Module requires the learner to have read Chapter 5 of the Fundamentals Program Guide and the other required readings associated with the topic.

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Please reference as follows:

GETTING STARTED

This e-Learning Module has been designed to consolidate key concepts from the required readings and provide an opportunity to begin applying these concepts through self-directed reflection and scenario-based work, in preparation for the case-based discussions, in-person, with other learners.
GETTING STARTED

In this module you will review the content highlights associated with Chapter 5 of your Program Guide.

It would be best if you have read Chapter 5 in advance and have the Program Guide, as well as the Domains of Issues Laminate, with you as you complete this module.

You will be prompted to write down your thoughts or ideas during this module. You can do so in the ‘notes’ section at the end of Chapter 5 in your Program Guide. These notes are just for you; you are not required to share them.

Consider bringing forward any questions from the e-Learning Modules to your next Peer-to-Peer Exchange or your next Case-Based Learning Session.
TOPICS COVERED

✓ Understanding the Fundamentals
✓ Understanding Psychological Issues
✓ Understanding the 3D’s: Dementia, Delirium and Depression
✓ Observing the Individual’s Experience
✓ Network of Support
✓ Supportive Care Strategies
✓ Interacting with the Person
✓ Therapeutic Conversations
✓ Effective Communication
✓ Working as a Team
UNDERSTANDING THE FUNDAMENTALS

Familiarize yourself with the issues listed in Psychological domain on the Domains of Issues Laminate. These are the issues we will explore in this module.
UNDERSTANDING THE FUNDAMENTALS

Turn to the diagram of Total Pain in Chapter 4 of the Program Guide.

When we address anxiety, depression and suffering we are considering issues in the psychological domain. We cannot separate the person’s issues into neat compartments; mind, body and spirit are intertwined; the whole person experiences Total Pain.
UNDERSTANDING THE FUNDAMENTALS

- Using the ESAS-r tool in your Program Guide, identify the symptoms that are issues related to the psychological domain.
UNDERSTANDING PSYCHOLOGICAL ISSUES

Psychological symptoms in the ESAS-r tool include:

- anxiety
- depression
- sense of well-being.
Hospice palliative care examines how the mind deals with the threat of death and how that affects the behaviours of the person and his or her family. These behaviours may include, shock, anxiety, disbelief, and depression; these are all forms of emotional distress and are normal responses to living with life-limiting illness.
UNDERSTANDING PSYCHOLOGICAL ISSUES

- Think about someone you may have cared for with a life-limiting illness. What were some of the reasons for emotional distress for the person and his or her family? Write your thoughts down in your notes.
UNDERSTANDING PSYCHOLOGICAL ISSUES

Some sources of emotional distress include:

- Unmanaged symptoms: such as pain or dyspnea (shortness of breath)
- Limited support from family/friends
- Sense of being a burden
- Financial concerns
- Lack of control over disease process
- Lack of information
- Health care system issues such as delays in waiting for treatment
UNDERSTANDING PSYCHOLOGICAL ISSUES

Thinking about the sources of emotional distress, consider how, in your role, you might support the person who is very anxious? How will you help support the family? Write your ideas down in your notes.
UNDERSTANDING PSYCHOLOGICAL ISSUES

Your support may have included:

✓ Providing concrete objective information and repeating the information as often as needed

✓ Acknowledging fears and concerns by saying something such as, “It sounds to me that you are afraid (angry, sad) right now.” (Remember the steps of the empathic response in the CLASS protocol, found in Chapter 2)

✓ Focusing on what the person can control when everything about the disease may seem so out of control; e.g. delaying a procedure until the person is emotionally ready

✓ Suggesting anxiety reducing strategies such as slow deep breathing, favorite music, relaxation imagery

✓ Listening, listening, listening
Think back to the Boulder Analogy you watched as part of e-Learning Module B. In that illustration you learned that often when physical symptoms are adequately addressed, psychological questions surface and become the boulders that require the involvement of the health care team.
UNDERSTANDING THE 3 D’S: 
DEMENTIA, DELIRIUM, DEPRESSION

Psychological symptoms are common in dementia, delirium and depression. Understanding some of the distinguishing features of each of these will assist in appropriate supportive interventions by the team.
Distinguishing features of dementia:

- Gradual progressive decline in thinking ability affecting short term memory, communication, language judgment and reasoning
- Is not reversible
- Over time impacts long term memory and ability to perform activities of daily living
UNDERSTANDING THE 3 D’S:  
DEMENTIA, DELIRIUM, DEPRESSION

Distinguishing features of delirium:
- Acute and fluctuating onset of confusion, attention disturbances, disorganized thinking
- Fluctuates over 24-hour period and often worse at night
- Is a medical emergency and can be present at the same time as dementia
- Often reversible with treatment
UNDERSTANDING THE 3 D’S: DEMENTIA, DELIRIUM, DEPRESSION

Distinguishing features of depression:

- Presence of depressed mood or loss of enjoyment or interest for at least two weeks
- This also includes other symptoms such as:
  - Disturbances in sleep and appetite
  - Fatigue
  - Feelings of guilt or worthlessness
  - Trouble concentrating
  - Thoughts of death
Depression is one of the most underrated symptoms in hospice palliative care. The ESAS-r helps to screen for depression. There are known risk factors for depression for the person living with a life-limiting illness, including:

- Genetic makeup
- Physical disability
- Personal and family history of depression
- Poorly controlled pain
- Lack of social support
- Specific diseases such as pancreatic cancer
OBSERVING THE INDIVIDUAL’S EXPERIENCE

The responsibility of the health care provider is to observe and report the signs and symptoms that may indicate psychological distress.

Consider the following scenarios:
OBSERVING THE INDIVIDUAL’S EXPERIENCE

1. In the evening, a previously cognitive and alert 72-year-old man with end-of-life heart disease is in a long-term care home bed and shouts “What I am doing here at Mom and Dad’s and why are there police here?” He is angry and agitated. The next morning he is calm and is his usual self.

   ❑ Using the information provided in the Program Guide, what might this man be experiencing? Why do you think so?

2. A 64-year-old woman with cancer of the breast has previously had ESAS-r scores of 0 – 2 related to anxiety, depression and well-being. Today she is in bed upon your arrival to her home at noon (she usually is always up and dressed). She can’t concentrate on answers when you ask her questions. She shows no interest in upcoming family birthday celebration and has not slept well for several nights.

   ❑ Using the information provided in the Program Guide, what might she be experiencing? Why do you think so?
OBSERVING THE INDIVIDUAL’S EXPERIENCE

1. In the evening, a previously cognitive and alert 72-year-old man with end-of-life heart disease is in a long-term care home bed and shouts “What I am doing here at Mom and Dad’s and why are there police here?” He is angry and agitated. The next morning he is calm and is his usual self.
   - The man may be experiencing an agitated delirium.

2. A 64-year-old woman with cancer of the breast has previously had ESAS-r scores of 0 – 2 related to anxiety, depression and well-being. Today she is in bed upon your arrival to her home at noon (she usually is always up and dressed). She can’t concentrate on answers when you ask her questions. She shows no interest in upcoming family birthday celebration and has not slept well for several nights.
   - The woman may be experiencing depression.
OBSERVING THE INDIVIDUAL’S EXPERIENCE

- Based on your observations and the information you have acquired, considering your role on the team, what might you do next?
NETWORK OF SUPPORT

Becoming a burden is a huge psychological issue for most people. If a person has a network of friends and relatives, he/she can share the burden of dealing with the impacts of the illness. Developing your own network of friends for support is an important self-care strategy as you provide care for persons and families living with life-limiting illness.
NETWORK OF SUPPORT

- Take a moment to write down your responses to the following questions:
  1. Who are the special persons in your life that you can call on in times of distress? Write down whom you would call on at 2 p.m., at 10 p.m., at 3 a.m.?
  2. How difficult was it for you to come up with the names?
  3. What emotions did you experience as you responded to the questions?
  4. How does asking for help make you feel?
SUPPORTIVE CARE STRATEGIES

Review the Supportive Care Strategies in Chapter 5 and the Complementary Therapies in Chapter 4. Think about someone you’ve cared for with a life limiting illness, who may have experienced psychological symptoms such as depression or anxiety.

- Which strategies have you used? Were they effective? If you haven’t used any of the strategies listed in Chapters 4 and 5, have you used others? Were they effective?
INTERACTING WITH THE PERSON

When life no longer seems to have meaning and purpose, the sense of being a burden to others increases and the will to live may be in question. As a facilitator of positive change in the illness experience it is important to approach care in a way that supports the person’s sense of dignity, will to live and self-worth.

Using Chochinov’s ABCD Framework to guide your interaction with the person demonstrates that you are not just caring for the person but caring about the person.
INTERACTING WITH THE PERSON

The following is a summary of Chochinov’s ABCD Framework as described in the Program Guide:

- **Attitudes** (being non-judgmental)
- **Behaviours** (being kind and respectful)
- **Compassion** (being gentle and tender)
- **Dialogue** (listening to the person and being guided by your A,B,C’s)
Therapeutic conversations are not regular, social conversations. They are conversations with a specific intent, focusing on the identified issues and being fully engaged as you ask open-ended questions and listen.

Being grounded in the ABCD’s is essential to starting therapeutic conversations.

- When you want to engage in a therapeutic conversation, how could the ABCD’s help guide your interaction with the person? What might your own personal cues be? Consider things such as how you would enter the room, your tone of voice, etc. Make notes in your book.
EFFECTIVE COMMUNICATION

Consider the following scenario: after knocking, you are invited into a 94-year-old man’s room in a long-term care home and he says “I am really scared because the doctor is going to tell me about my test results today”.

- Considering the ABCD’s and the CLASS protocol for effective communication (Chapter 2), how would you enter into a therapeutic conversation with this resident? Be specific and write down both your verbal and non-verbal approach. Write down at least 3 open ended questions you would ask and at least 3 actions you would take to reflect active listening.
WORKING AS A TEAM

It is important to know that you are not alone caring for the person with issues in the Psychological Domain.

- Given your role, who else on the person’s health care team might you enlist to facilitate a change in the person and his or her family’s illness experience?
BRING IT ALL TOGETHER

Feelings of sadness, depression, anxiety, anger may be a natural reaction to knowing that one’s life is ending and people cope successfully with the majority of stressors making numerous adjustments each day.

However, to facilitate positive outcomes in the illness experience, the health care team members, including nurses, social workers, counselors and spiritual care providers have a role in observing, reporting and sharing information when these issues are identified.
WHAT HAPPENS NEXT

To prepare for the next e-Learning Module, you will need to read the associated Program Guide chapter in advance. In order to complete the next e-Learning Module you will need both the Program Guide and Domains of Issues Laminate with you.