



# Psychosocial Assessment and Serious Illness



Today's Presenter

Dr. Ellen Fink-Samnick,  
DBH, MSW, LCSW, ACSW, CCM, CCTP, CRP

EFS Supervision Strategies, LLC

# OBJECTIVES

At the conclusion of this presentation, the participant will be able to:

- Identify key components of a psychosocial assessment for patients living with serious illness (SI) (e.g., social determinants of health, cultural aspects of diversity and inclusion)
- Define how to incorporate these components into the patient's care plan
- Utilize reflective and empathic listening to engage patients (and their caregivers) toward an effective psychosocial assessment process

# Disclosure

**MI-CCSI, or the presenter, does not have any financial interest, relationships, or other potential conflicts, with respect to the material which will be covered in this presentation.**

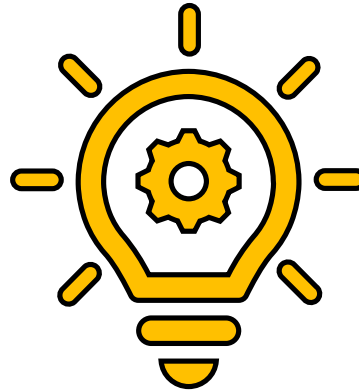
**Evidence-based articles, and books by the developer and presenter of this module are cited.**

# Ready, Set, Action

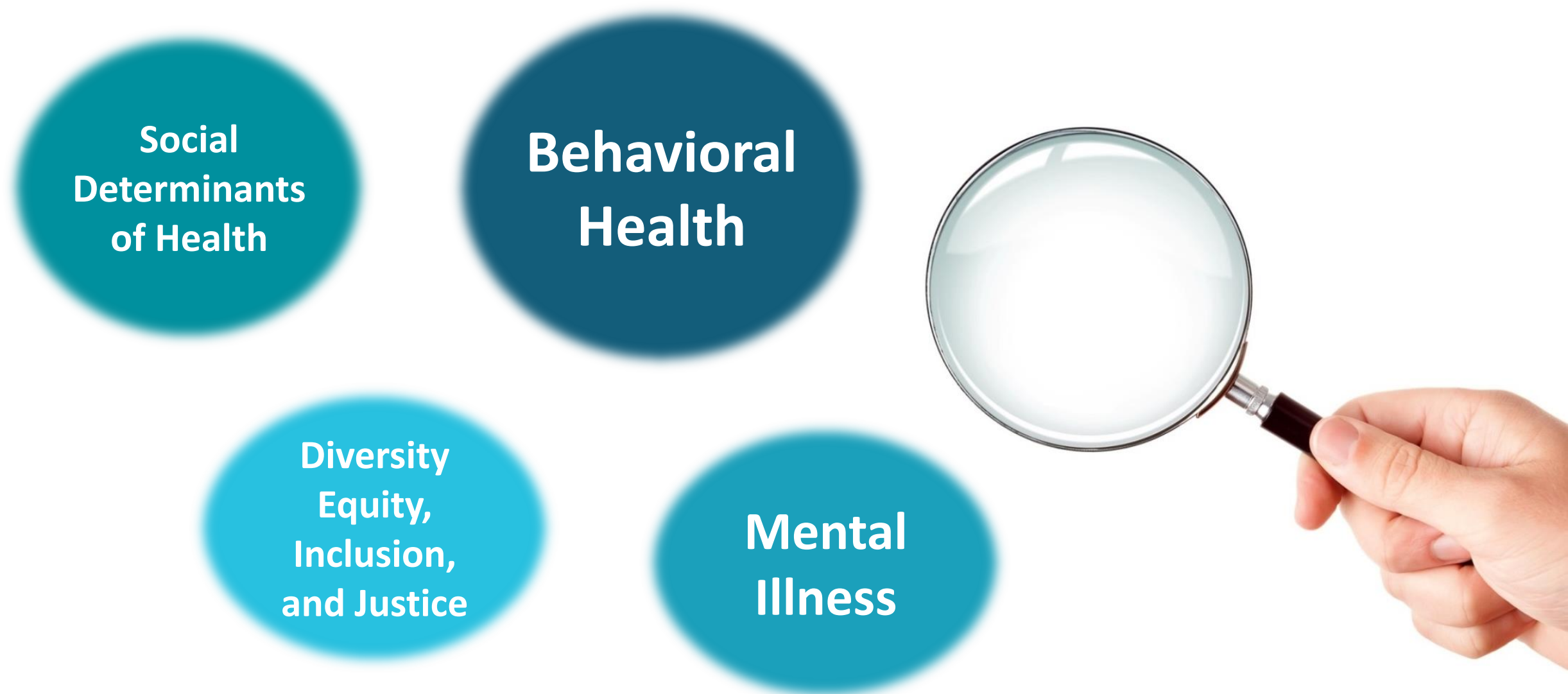
## Setting Our Focus and Intent



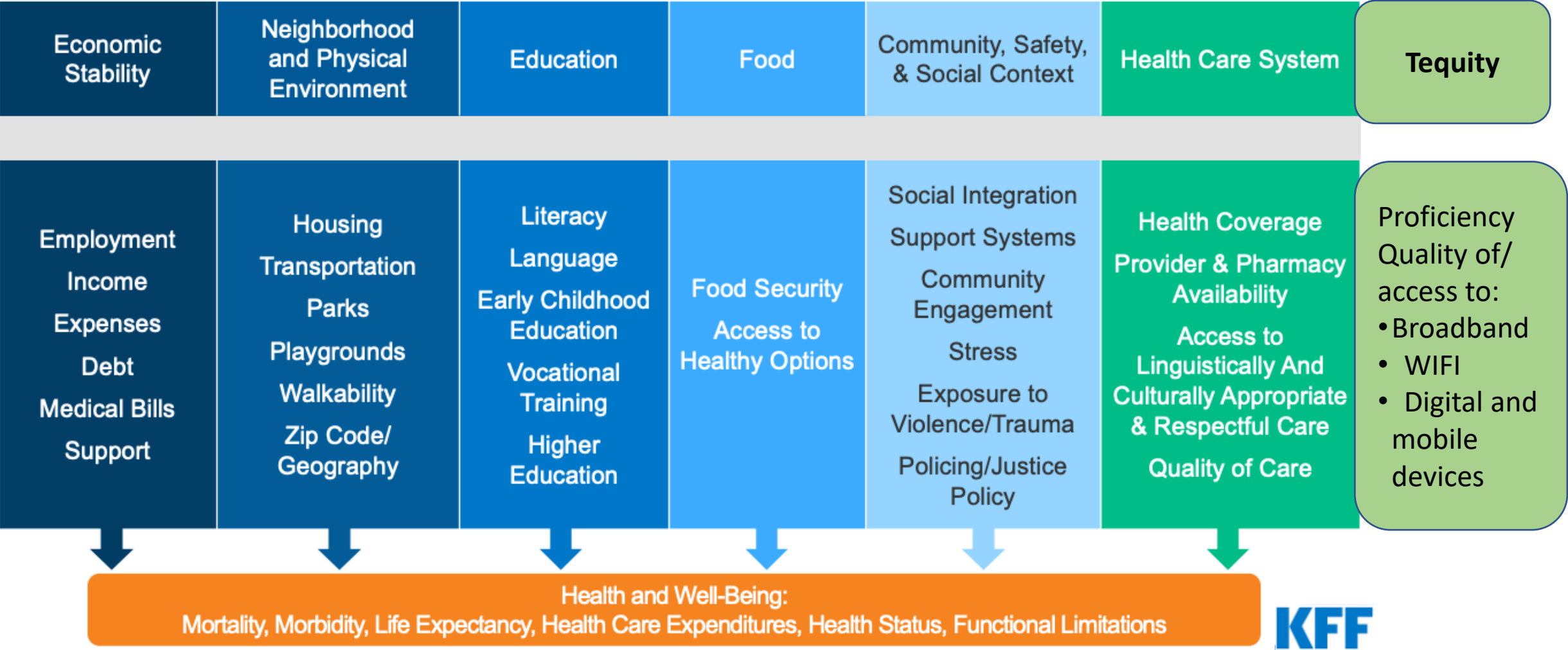
*Quality patient intervention is dependent on  
practitioner engagement and assessment*



# The Psychosocial Lens



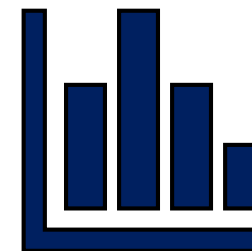
# SDoH Loom Large



Drake, P. and Rudowitz, R. (2022, April 22). Tracking social determinants of health during the COVID-19 pandemic; Kaiser Family Foundation

# Financial Burdens of Serious Illness

**>30% of insured cancer patients receiving anticancer therapy faced out-of-pocket costs that were greater than expected**



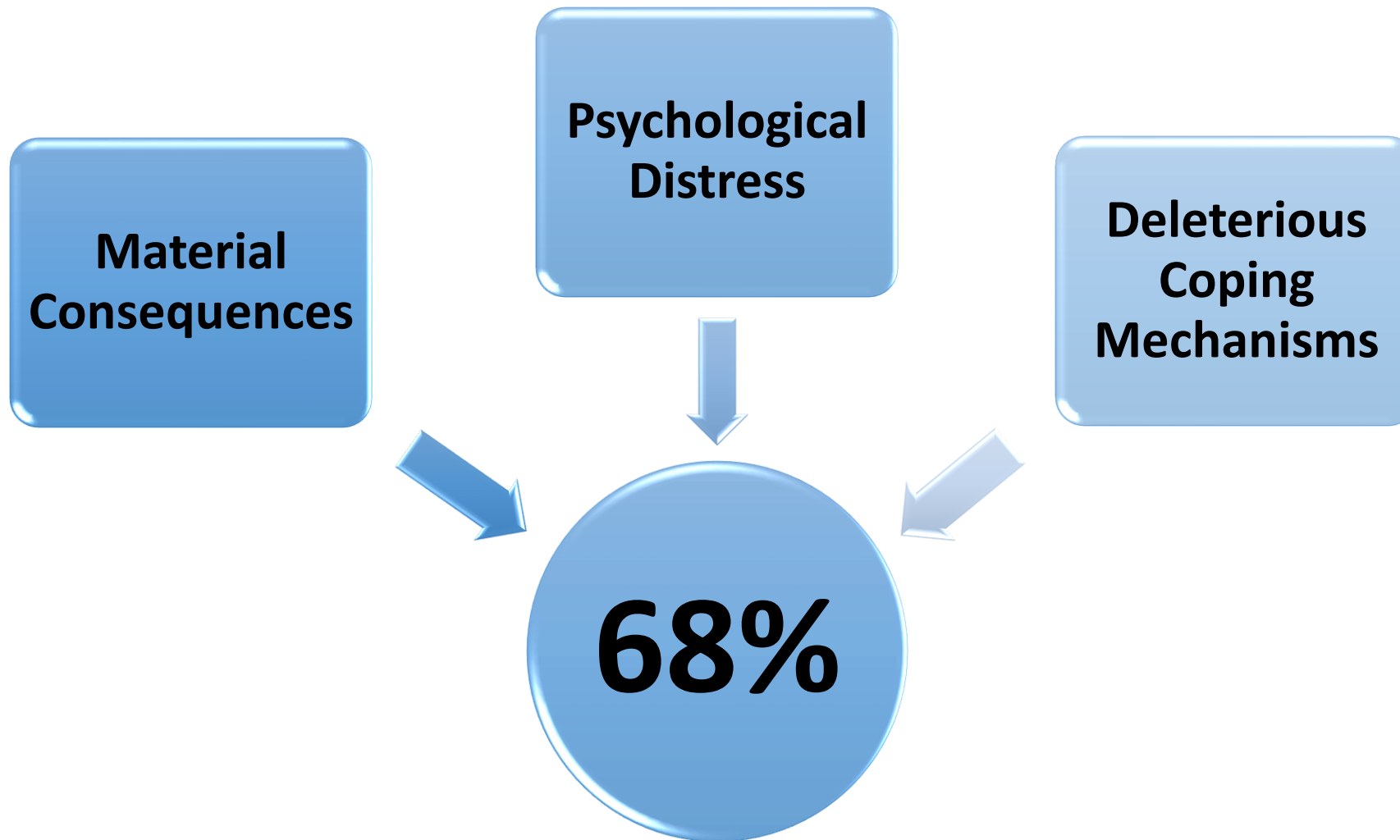
**Cancer patients with the most financial distress were underinsured, paying 35% of their income in health care-related costs.**

**Patients at risk for unexpected costs had less household income and faced higher out-of-pocket costs**

(Chino et al., 2017; Dee & Chino, 2022)



# Financial Burdens of Serious Illness



(Dee & Chino, 2022; Khera et al., 2022)

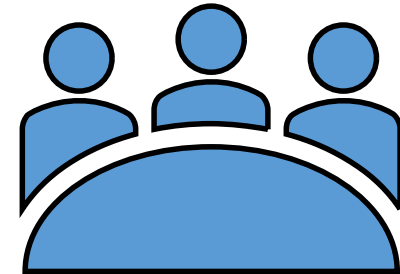
# Group Interaction

Which of the financial burdens do your patients experience most often?

- A. Material consequences
- B. Psychological distress
- C. Deleterious coping mechanisms
- D. All of the above

**Let's discuss:**

1. How you identify them, and
2. How have they impacted the treatment process



# Major Behavioral Health Issues

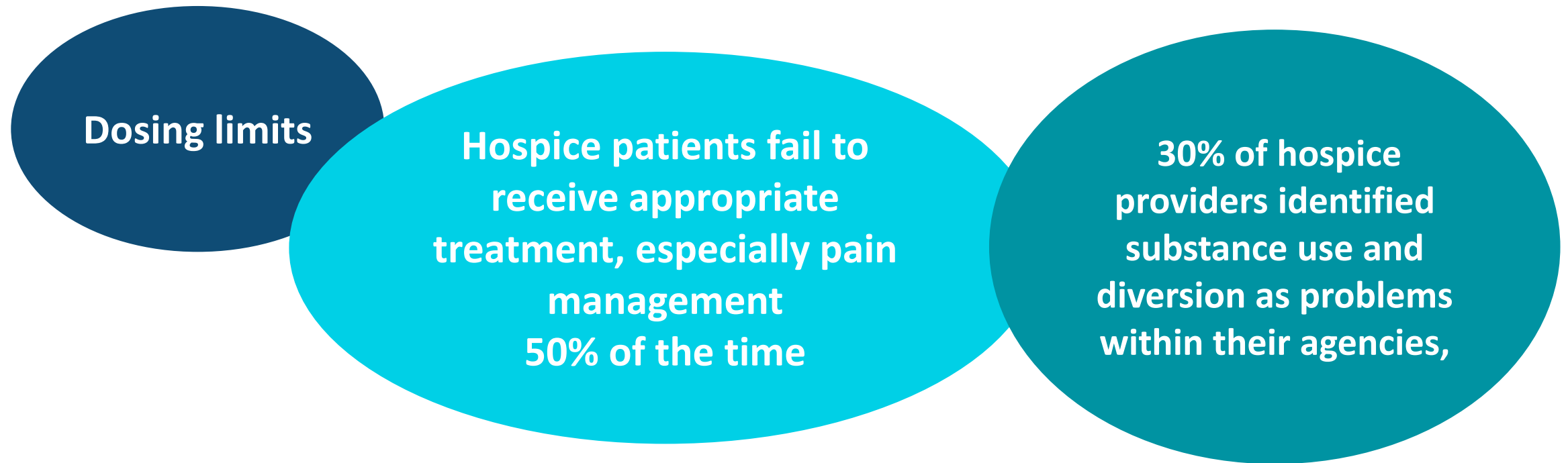


Stage	Common Patient/Family Responses
<b>Denial</b>	<ul style="list-style-type: none"> <li>• That's impossible!</li> <li>• It must be an error, let them run the tests again</li> <li>• You're lying to me</li> <li>• That happened to a friend of mine, and it turned out to be a big mistake</li> </ul>
<b>Anger</b>	<ul style="list-style-type: none"> <li>• Life is unfair</li> <li>• Everything bad happens to me</li> <li>• Why didn't God protect me?</li> <li>• I just don't want to talk about it!</li> </ul>
<b>Bargaining</b>	<ul style="list-style-type: none"> <li>• What if I.....?             <ul style="list-style-type: none"> <li>• Never lie, steal, cheat, overeat, gamble, smoke, stop drinking, etc.</li> </ul> </li> </ul>
<b>Depression</b>	<ul style="list-style-type: none"> <li>• Why bother? I'm going to die anyway</li> <li>• It won't change the situation or the outcome</li> <li>• Why pray? Nobody is listening</li> <li>• I won't fit in with our friends anymore.</li> <li>• I'll be the only single parent at every school event!</li> <li>• I don't think I can manage on my own; I've never had to.</li> </ul>
<b>Acceptance</b>	<ul style="list-style-type: none"> <li>• I'm ready to move forward</li> <li>• I'll deal with the new norm</li> <li>• Let's take charge of this so it doesn't take charge of me.</li> </ul>

Adapted from Kubler-Ross, 2014

# Intersection of the Opioid Epidemic

Increased monitoring and oversight of opioid prescriptions have led to an **unintended consequence**; intensified suffering for patients experiencing pain, even for those persons where death is imminent.



Chuang et al., 2022; Enzinger et al., 2021; Gabbard, et al., 2018; Karlin-Smith & Elhey, 2018; OIG, 2018

# The Quandary of Dual Diagnosis



**>10 million  
persons  
diagnosed  
with a SMI**

**50% with  
comorbid  
chronic illness**

**Those with SMI  
2X likely to die  
of a Cancer  
diagnosis vs.  
those without  
SMI**

**Persons with  
an SMI and  
Cancers 2X to  
die in a  
hospital**

**Alcohol misuse  
impacts 28% of  
palliative care  
inpatients**

Gabbard, et al., 2019; MacCormac, 2017; Wilson et al., 2020; Witham et al., 2019

# Group Interactive

**Question 1:** Which behavioral health issues do your patients experience most often?

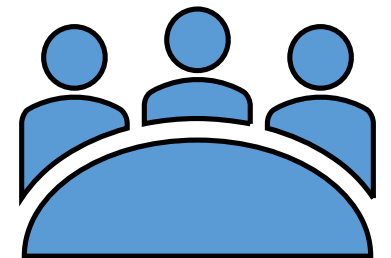
- A. Depression
- B. Anxiety
- C. Substance use
- D. All of the above

## Small Group Chat:

Discuss how these issues have impacted the treatment process, and what has worked to address them.

**Question 2:** Which behavioral health issues do your patient's families experience most often?

- A. Depression
- B. Anxiety
- C. Substance use
- D. All of the above



# Barriers to Inclusive Lesbian, Gay, Bisexual, Transgender, Intersex, Questioning, Asexual, Plus (LGBTQIA++) Care

Barrier	Elaboration	Example
<u>Perceptual</u>	<ul style="list-style-type: none"> <li>Persons have traditional misperceptions about palliative care and hospice.</li> </ul>	<ul style="list-style-type: none"> <li>Palliative and hospice care are the same.</li> <li>Hospice is only for people with cancer</li> <li>Hospice is a facility or building, like a nursing home.</li> <li>If I start hospice, it means I have given up hope and will die</li> </ul>
	<ul style="list-style-type: none"> <li>Persons have fears/concerns specific to gender identity, gender expression, or sexual orientation</li> </ul>	<ul style="list-style-type: none"> <li>I will be refused care based on my gender identity.</li> <li>I will have to:               <ul style="list-style-type: none"> <li>spend my limited time and energy educating providers.</li> <li>hide my gender identity or sexual orientation, including personal property (e.g., books, photos) and primary caregivers</li> <li>deal with stigma</li> <li>risk others finding out my “secret”.</li> </ul> </li> <li>I worry the care I receive will be lesser quality than what others receive</li> </ul>

(Aquaviva, 2017; Fink-Samnick, 2020)



# Barriers to Inclusive LGBTQIA++ Care

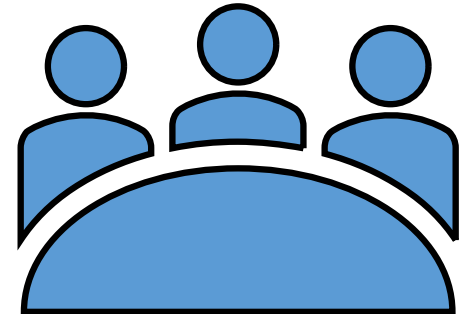
Barrier	Elaboration	Example
<u>Financial</u>	Health care costs, copays, and insurance coverage are concerns for all, especially LGBTQ patients <ul style="list-style-type: none"><li>• lack health care insurance have more pressing needs</li></ul>	Transgender patients receiving hormone therapy may worry hospice admission will cause loss of pharmacy coverage. <ul style="list-style-type: none"><li>• They may fear hospice won't understand how essential it is for patients to remain on hormones over the course of their life.</li></ul>
<u>Institutional</u>	Hospice and palliative care programs may unintentionally erect barriers that prevent LGBTQ individuals from accessing their services.	Realities include: <ul style="list-style-type: none"><li>• Discriminatory admission and employment policies;</li><li>• Non-inclusive marketing, outreach materials; and</li><li>• Inadequate orientation training for providers, staff, volunteers.</li><li>• Institution's nondiscrimination statement does not include gender identity, gender expression, sexual orientation.</li></ul>

(Aquaviva, 2017; Fink-Samnick, 2020)

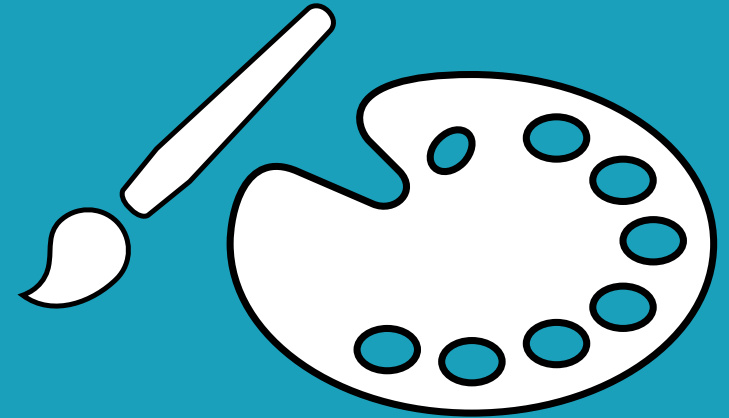
# Group Interactive

## **Small Group Chat:**

Discuss how addressing the 3 barriers to inclusive care will impact your treatment planning and interventions with the LGBTQIA++ population



# Assessment is an Art



# Assessment Tools:

## Behavioral Health

**AUDIT-C:** At-risk alcohol screen

**BDI:** Beck Depression Inventory

**CAGE:** Questions for Alcohol Use

**DASS-21:** Depression, Anxiety, Stress Scale

**ESAS:** Edmonton Symptom Assessment Scale

**GAD-7:** General Anxiety Disorder

**HADS:** Hospital Anxiety/Depression Scale

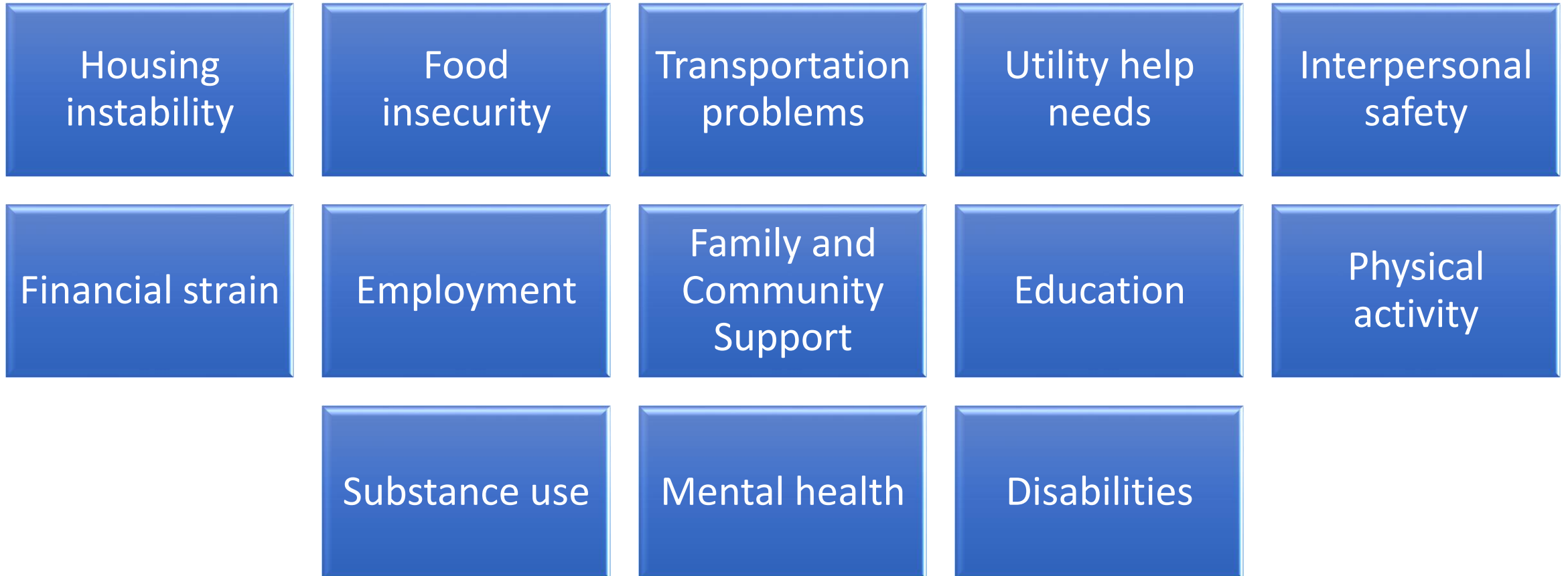
**PHQ-2 and 9:** Patient Health Questionnaire (2 or 9)



# Assessment Tools:

## Psychosocial Health

### Accountable Health Community's (AHC) : Health Related Social Needs Screening Tool



Billieux et al., 2017; CMS, 2017, Moen et al., 2020

## Living Situation

### 1. What is your living situation today?

- ☐ I have a steady place to live
- ☐ I have a place to live today, but I am worried about losing it in the future
- ☐ I do not have a steady place to live (I am temporarily staying with others, a hotel, shelter, the street, a beach, a car, abandoned building, bus or train station, or park)

### 2. Think about the place you live. Do you have problems with the following? Choose all that apply

- ☐ Pests such as bugs, ants, or mice
- ☐ Mold
- ☐ Lead paint or pipes
- ☐ Lack of heat
- ☐ Oven or stove not working
- ☐ Smoke detectors missing or not working
- ☐ Water leaks
- ☐ None of the above

## Food

### 3. Within the past 12 months, you worried that your food would run out before you got money to buy more.

- ☐ Often true    ☐ Sometimes true    ☐ Never true

### 4. Within the past 12 months, the food you bought didn't last and you didn't have money to get more.

- ☐ Often true    ☐ Sometimes true    ☐ Never true

## Transportation

### 5. In the past 12 months, has lack of reliable transportation kept you from medical appointments, meetings, work or from getting things needed for daily living?

- ☐ Yes    ☐ No

## Utilities

### 6. In the past 12 months has the electric, gas, oil, water company threatened to shut off services in your home?

- ☐ Yes    ☐ No    ☐ Already shut off

## Safety

### 7. How often does anyone, including family and friends, physically hurt you?

- ☐ Never (1)    ☐ Rarely (2)    ☐ Sometimes (3)  
☐ Fairly often (4)    ☐ Frequently (5)



# Assessment Tools:

## Psychosocial Health

### PRAPARE: Protocol for Responding to and Assessing Patients' Assets, Risks, and Experiences

Personal  
characteristics

Family and  
Home

Money and  
Resources

Social and  
Emotional  
Health

Optional  
Additional  
Questions

# Cultural Grief and Mourning Rituals

- **How do people care for other individuals as they approach death.**
  - Who is present?
  - What ceremonies are performed at the moments before and after death?
- **How is person's body is handled after death.**
  - How is the person's body is cleansed and dressed?
  - Who handles the body?
  - Is the body is buried or cremated?
- **What emotions and behaviors are normal grief responses within the patient's culture**
- Is grief expressed quietly, privately, loudly, publicly?
  - This includes whether public crying or wailing is appropriate.





# Cultural Grief and Mourning Rituals

**How do people of different genders and ages grieve differently?**

- What rituals do people perform after death?, and
- Who is included in these rituals?

**How long family members are expected to grieve?**

- How they dress and behave during the mourning period?

**How the deceased are honored over the lifetime of the family?**

- What ongoing rituals are celebrated?
- How often, or do they talk with the deceased?

**What new roles family members are expected to take on?**

- Will the oldest son become the family leader?
- Will a widow remarry?



Cancer.net, 2018



# Use of Empathic Listening

- Assure a private and comfortable environment for discussions
- Acknowledge patient (family's) perspective and feelings
- Pay close attention to body language
- Let patient (and family) guide conversations, and
- Wait for others to speak
- Be encouraging, supportive
- Seek to clarify



# Remember Your Psychosocial Lens



# OBJECTIVES

## Re-Cap of Learning. You should now be able to:

- Identify key components of a psychosocial assessment for patients living with serious illness (SI) (e.g., social determinants of health, cultural aspects of diversity and inclusion)
- Define how to incorporate these components into the patient's care plan
- Utilize reflective and empathic listening to engage patients (and their caregivers) toward an effective psychosocial assessment process



# Questions?



# Thank You

# References:

- Acquaviva, K.D. (2017) LGBTQ-Inclusive Hospice and Palliative Care: a professional guide to transforming professional practice 1st ed. Harrington Park Press
- Billioux, A., K. Verlander, S. Anthony, and D. Alley. (2017). Standardized Screening for Health-Related Social Needs in Clinical Settings: The Accountable Health Communities Screening Tool. *NAM Perspectives*. Discussion Paper, National Academy of Medicine, <https://doi.org/10.31478/201705b>
- Cancer.net (2018) Understanding Grief Within a Cultural Context, Retrieved from <https://www.cancer.net/coping-with-cancer/managing-emotions/grief-and-loss/understanding-grief-within-cultural-context>
- Centers for Medicare and Medicaid Services (CMS) (2017). The Accountable Health Communities Health-Related Social Needs Screening Tool. Retrieved from <https://innovation.cms.gov/files/worksheets/ahcm-screeningtool.pdf>
- Chuang, H. Y., Wen, Y. W., Chen, L. K., & Hsiao, F. Y. (2022). Drug use at the end of life in older adults. *BMJ supportive & palliative care*, 12(e6), e803–e812. <https://doi.org/10.1136/bmjspcare-2018-001614>
- Chino F, Peppercorn JM, Rushing C, et al. (2017). Out-of-Pocket Costs, Financial Distress, and Underinsurance in Cancer Care. *JAMA Oncol*. 3(11):1582–1584. doi:10.1001/jamaoncol.2017.2148
- Drake, P. and Rudowitz, R. (2022, April 22). *Tracking social determinants of health during the COVID-19 pandemic*; Kaiser Family Foundation
- Enzinger, A. C., Ghosh, K., Keating, N. L., Cutler, D. M., Landrum, M. B., & Wright, A. A. (2021). US Trends in Opioid Access Among Patients With Poor Prognosis Cancer Near the End-of-Life. *Journal of clinical oncology : official journal of the American Society of Clinical Oncology*, JCO2100476. Advance online publication. <https://doi.org/10.1200/JCO.21.00476>
- Fairman, N., & Irwin, S. A. (2013). Palliative care psychiatry: update on an emerging dimension of psychiatric practice. *Current psychiatry reports*, 15(7), 374. <https://doi.org/10.1007/s11920-013-0374-3>
- Fink-Samnick E. (2016). The Evolution of End-of-Life Care: Ethical Implications for Case Management. *Professional case management*, 21(4), 180–192. <https://doi.org/10.1097/NCM.0000000000000159>

# References:

- Fink-Samnick, E. (2020). *End of life care for case management*. [HCPPro](#)
- Gabbard, J., Jordan, A., Mitchell, J., Corbett, M., White, P., & Childers, J. (2019). Dying on Hospice in the Midst of an Opioid Crisis: What Should We Do Now? *American Journal of Hospice and Palliative Medicine*®, 36(4), 273–281. <https://doi.org/10.1177/1049909118806664>
- Health Solutions (2016). The Final Year: [Visualizing the End of Life](#)
- Khera N, Zhang N, Hilal T, et al. (2022) Association of Health Insurance Literacy With Financial Hardship in Patients With Cancer. *JAMA Netw Open*. 5(7):e2223141. doi:10.1001/jamanetworkopen.2022.23141
- Kubler-Ross, E. (2014) *On Death and Dying: What the Dying Have to Teach Doctors, Nurses, Clergy & Their Own Families (50th Anniversary edition)*. Scribner
- MacCormac, A. (2017). Alcohol Dependence in Palliative Care: A Review of the Current Literature. *Journal of Palliative Care*, 32(3–4), 108–112. <https://doi.org/10.1177/0825859717738445>
- Moen, M., Storr, C., German, D., Friedmann, E., & Johantgen, M. (2020). A Review of Tools to Screen for Social Determinants of Health in the United States: A Practice Brief. *Population health management*, 23(6), 422–429. <https://doi.org/10.1089/pop.2019.0158>
- National Association of Community Health Centers (2017). The PRAPARE screening tool; retrieved from <https://prapare.org/the-prapare-screening-tool/>
- Rawlings, D., Devery, K., & Poole, N. (2019). Improving quality in hospital end-of-life care: honest communication, compassion and empathy. *BMJ open quality*, 8(2), e000669. <https://doi.org/10.1136/bmjopen-2019-000669>
- Wilson, R., Hepgul, N., Higginson, I. J., & Gao, W. (2020). End-of-life care and place of death in adults with serious mental illness: A systematic review and narrative synthesis. *Palliative medicine*, 34(1), 49–68. <https://doi.org/10.1177/0269216319867847>
- Witham, G, Galvani, S, Peacock, M. End of life care for people with alcohol and drug problems: Findings from a Rapid Evidence Assessment. *Health Soc Care Community*. 2019; 27: e637– e650. <https://doi.org/10.1111/hsc.12807>
- Yan, A. F., Chen, Z., Wang, Y., Campbell, J. A., Xue, Q. L., Williams, M. Y., Weinhardt, L. S., & Egede, L. E. (2022). Effectiveness of Social Needs Screening and Interventions in Clinical Settings on Utilization, Cost, and Clinical Outcomes: A Systematic Review. *Health equity*, 6(1), 454–475. <https://doi.org/10.1089/heq.2022.0010>