



Psychosocial Assessment and Serious Illness



Today's Presenter

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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.

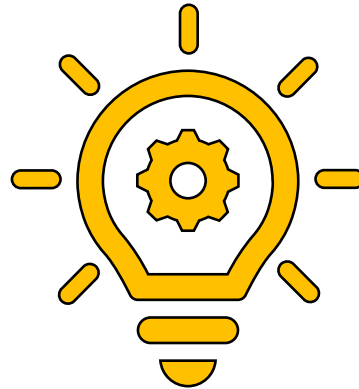
Evidence-based articles, and books by the developer and presenter of this module are cited.

Ready, Set, Action

Setting Our Focus and Intent



Quality patient intervention is dependent on practitioner engagement and assessment



The Psychosocial Lens

**Social
Determinants
of Health**

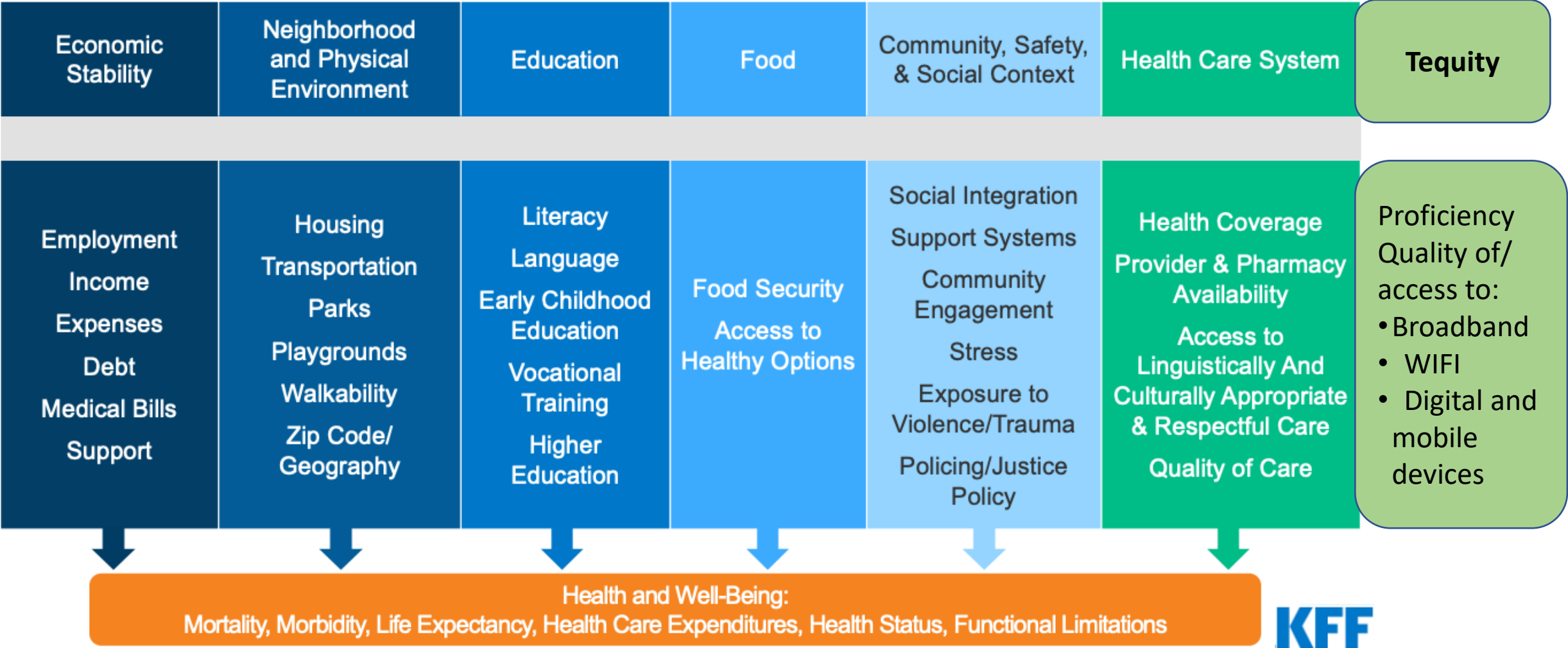
**Behavioral
Health**

**Diversity
Equity,
Inclusion,
and Justice**

**Mental
Illness**



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

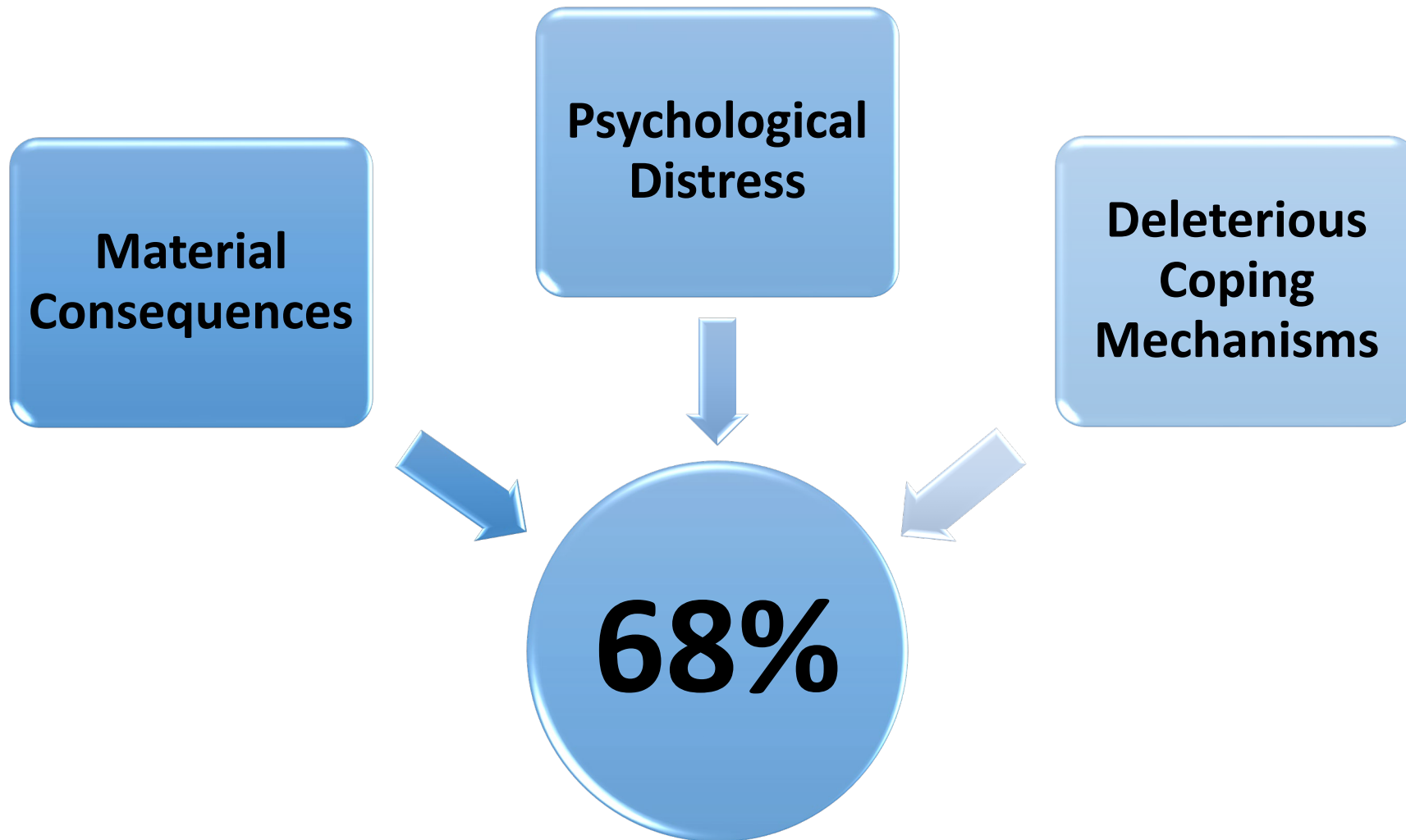


Cancer patients with the most financial distress were underinsured, paying 35% of their income in health care-related costs.

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)

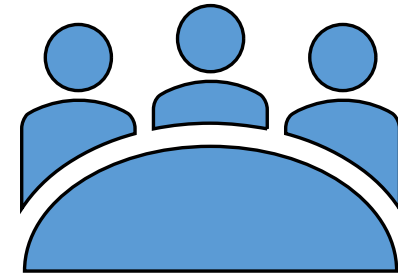
Group Interaction

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



Fairman & Irwin, 2013

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

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.

Dosing limits

Hospice patients fail to receive appropriate treatment, especially pain management
50% of the time

30% of hospice providers identified substance use and diversion as problems within their agencies,

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**

Group Interactive

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

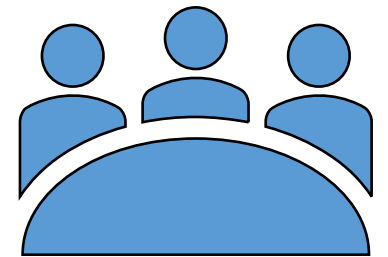
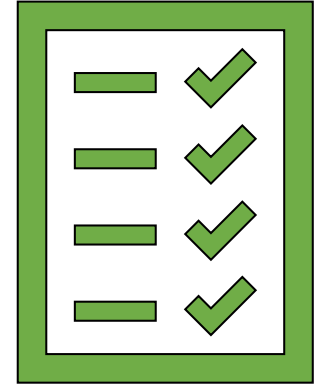
- A. Depression
- B. Anxiety
- C. Substance use
- D. All of the above

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

(Aquaviva, 2017; Fink-Samnack, 2020)

Barriers to Inclusive LGBTQIA++ Care

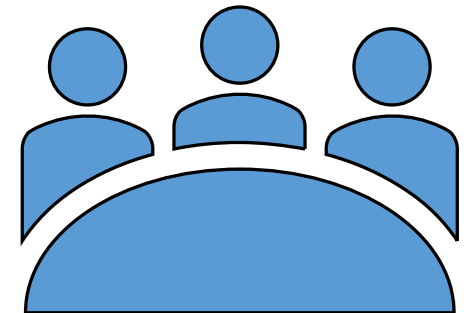
Barrier	Elaboration	Example
<u>Financial</u>	Health care costs, copays, and insurance coverage are concerns for all, especially LGBTQ patients <ul style="list-style-type: none">• lack health care insurance have more pressing needs	Transgender patients receiving hormone therapy may worry hospice admission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

(Aquaviva, 2017; Fink-Samnack, 2020)

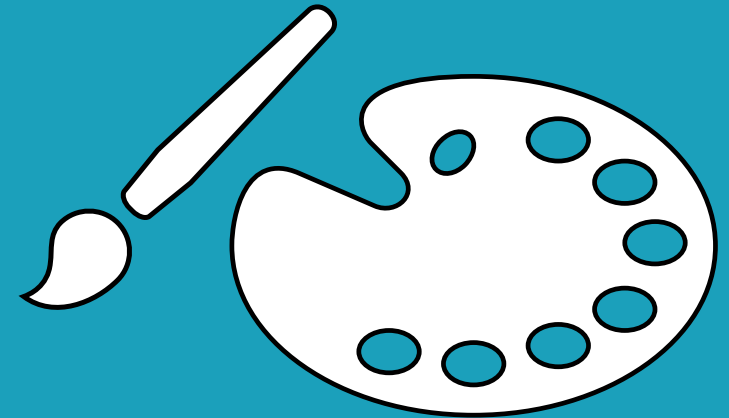
Group Interactive

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:** At-risk alcohol screen

BDI: Beck Depression Inventory

***DAST:** Questions for Drug Use

DASS-21: Depression, Anxiety, Stress Scale

ESAS: Edmonton Symptom Assessment Scale

***GAD-7:** General Anxiety Disorder

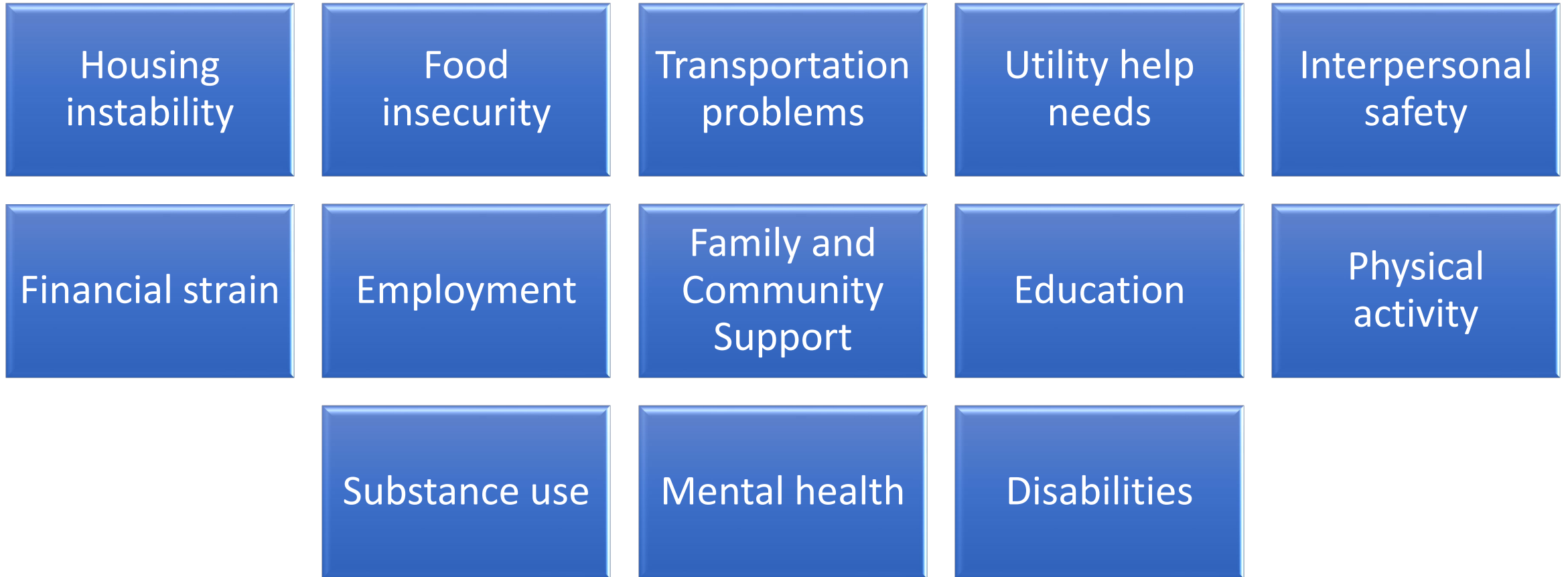
HADS: Hospital Anxiety/Depression Scale

***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

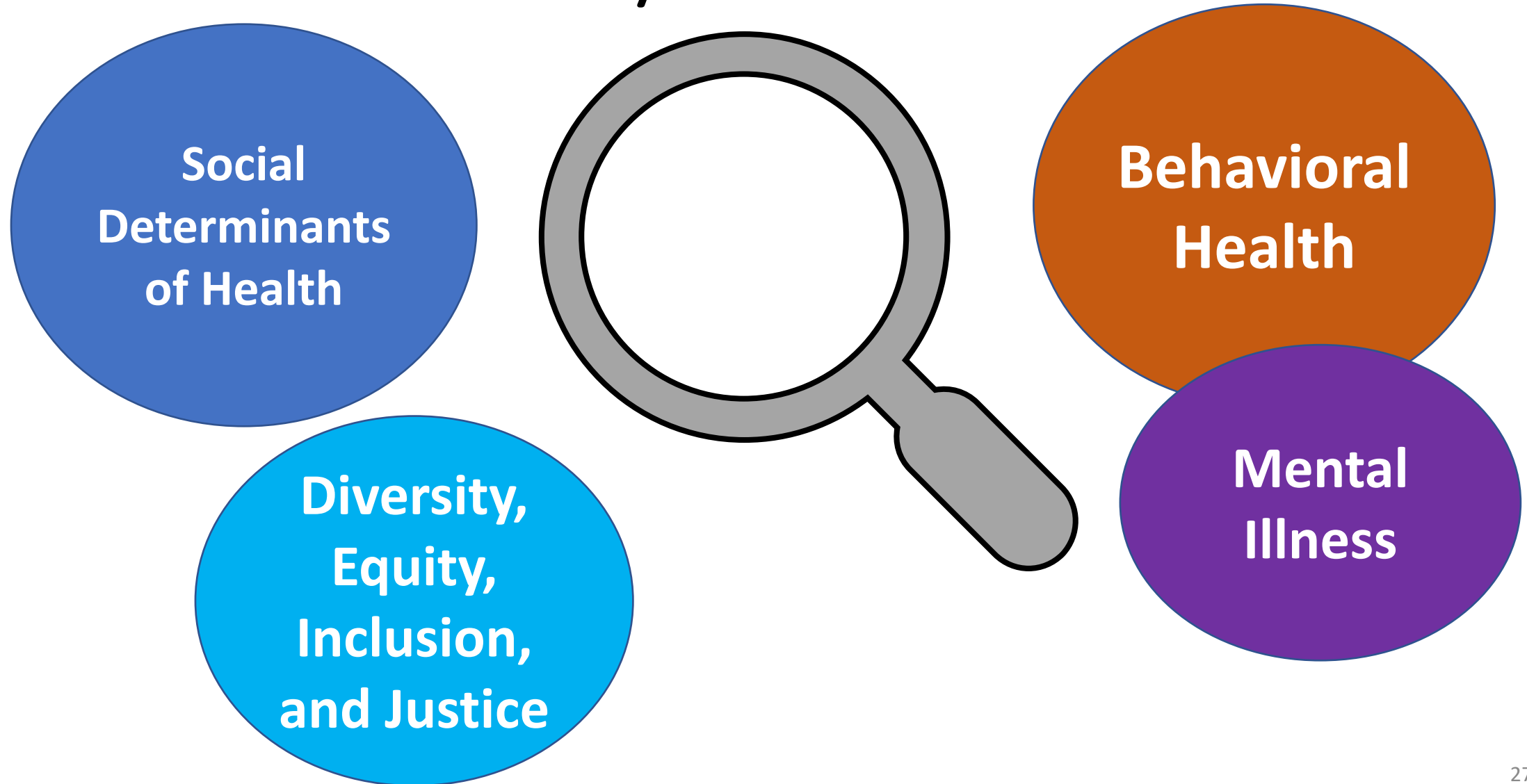


Use of Empathic Listening

- 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

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