# PALLIATIVE CARE SOCIAL WORKER ASSESSMENT/INTERVENTIONS

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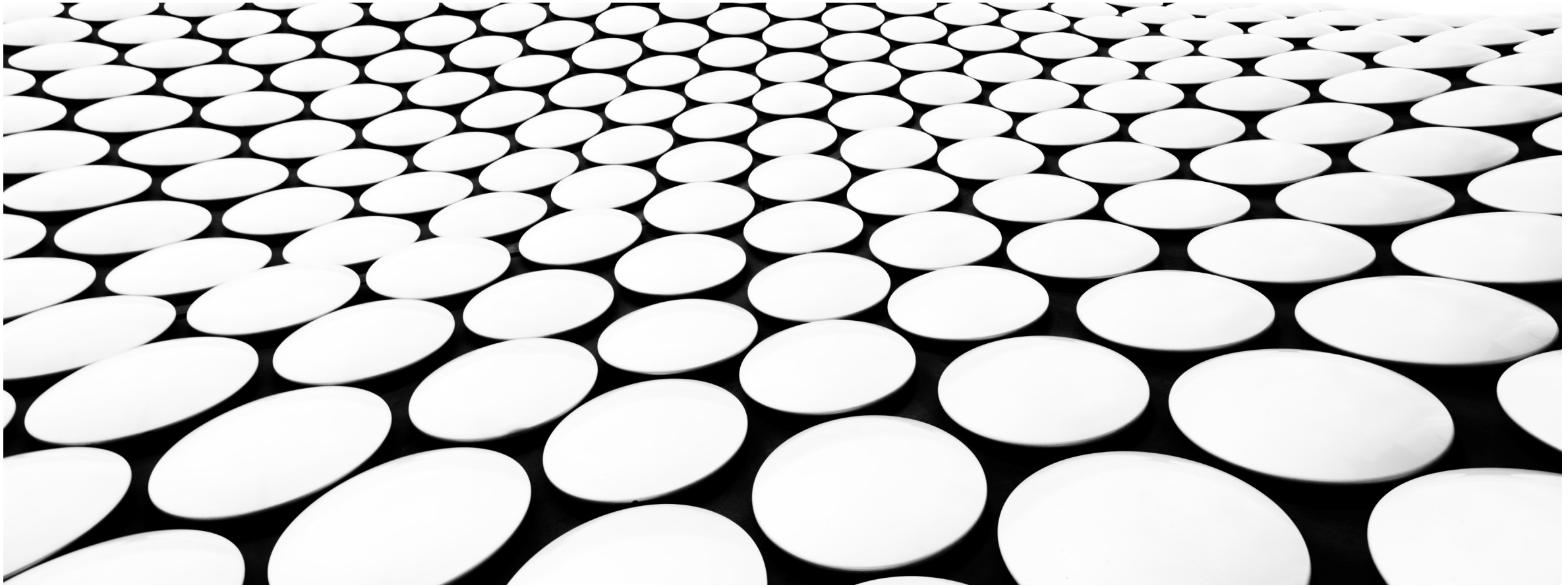


# WHAT IS THE DIFFERENCE BETWEEN A CASE MANAGEMENT SOCIAL WORKER VS. PALLIATIVE CARE SOCIAL WORKER

- Psychosocial assessment:
  - Living arrangements/ DME (equipment)
  - Financial status/ insurance
  - Mental / functional status prior to admission and current
  - Diagnosis/ reason for admission
  - Risk/ Crisis intervention
  - Social work needs
  - Discharge planning
- “At times, the divide between the primary unit-based social worker and specialty palliative social worker is discharge planning vs. what some view as clinical social worker.”

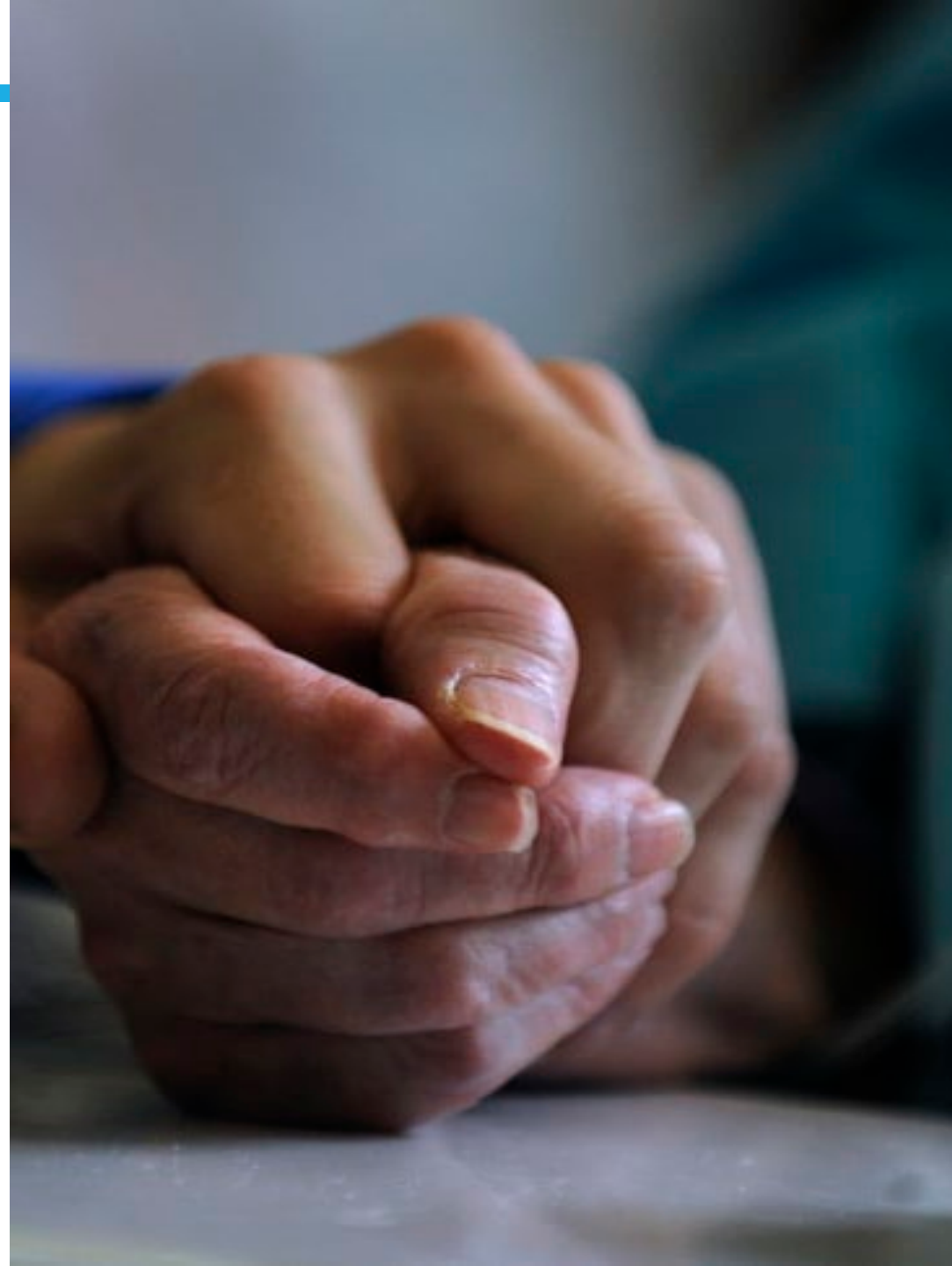
(Sumser et al., 2019)

# PALLIATIVE CARE SOCIAL WORKER ROLE

- Primary roles for a palliative care social worker may include:
  - Advocate
  - Communication bridge
  - Psychosocial/ emotional support
  - Context interpreter
  - Mental health clinician

"Palliative social workers have contributed a unique voice to the interdisciplinary team, as the core values, ethical principles and tenets of the profession of social worker and the specialty are naturally aligned. These include service, social justice, dignity and worth of the person, importance of human relationships, integrity and competence."

(Sumser et al., 2019)



# ASSESSMENT/INTERVENTIONS

"Assessment is rooted in the ethos of humility and curiosity, aiming to build rapport, to increase understanding of the patient and family's unique circumstances and needs, and to create opportunities for meaningful experiences within the health care system."

(Sumser et al., 2019)

Initial assessment looks to understand history

Assessments lead to service planning and then interventions – this is where our roles can overlap

Micro level – provide direct therapeutic interventions, such as cognitive-behavioral therapy (CBT), anticipatory guidance and behavioral interventions for symptoms, to relieve psychological and emotional distress.

Messo level- social workers facilitate family meetings an enhance communication within families and between patients and their medical providers to inform care plans and alleviate suffering – as well as partnering with community organizations such as hospices and psychosocial services that include bereavement care.

Macro level – assisting patient and families in navigating the health care system, entitlements and insurance companies, so distress can be reduced.

"Psychoeducation and anticipatory guidance are interventions that focus on many aspects of palliative care, which may include disease-directed topics such as expected trajectory of illness and available treatment options, their benefits and burdens."

(Sumser et al., 2019)

## Assessment

- Reason for consult/ reason for visit – goals of care, advance care planning, end of life issues, psychosocial/emotional support, family dynamics/coordination of care, crisis intervention, community resources/ education and psychotherapeutic counseling.
- Patient's current mental status
- Where were they admitted from and their prior level of functioning
- Support systems
- Diagnoses / prognosis awareness and understanding which would include quality of life/ wishes, advance care planning, coping skills, anticipatory grief, spiritual/ resources needs, cultural background, financial / insurance issues
- Overall distress
- Education
- Plan – coordinating family meetings, transition planning, continued support/ counseling

## Interventions

- Counseling / support
- Active listening
- Guided decision making
- Crisis intervention
- Coordination of care
- Education
- Encourage ventilation of emotion
- Assistance with important documents such as advance directives
- Exploration of values, beliefs and wishes

**INPUT FROM:**
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Existential distress and identification of family dynamics relative to appropriate and safe discharge are important.

The psychological health of family systems during COVID-19 and the level of care giver burnout they are experiencing are key to making sure the patient is not re-hospitalized.

The ability to focus on the patient's definition of a meaningful life even if this conflicts with societal or family's definitions, and our unique ability to think outside of the box and creative solutions in working with patient's goals.

We are in many cases the first-time advance care planning  and end of life conversations are introduced. This is when we have a tiny window to identify the big concerns and model for the patient/ family the appropriateness of these discussions. We may also be supporting family caregivers, identifying and promoting culturally responsive care and support, coordinating community services and providing emotional support for patients and families, addressing advance care planning and goals care with patients, addressing grief and bereavement, supporting patients spiritual/existential/religious needs which can all be started in home and facilities prior to any type of hospitalization.

The palliative care social workers ability to improve and be prepared for anything while maintaining appropriate boundaries when walking into a patient's room is advanced and requires a unique skill set which to us separates our primary role from a unit social workers role in the hospital setting and can also be passed on to social workers in the home setting, assisted livings or long-term care facility settings.

# REFERENCES


- Sumser, B., Leimena, M., Altilio, T., Otis-Green, S., Bern-Klug, M., Jones, B., & Remke, S. (2019). *Palliative care: A guide for health social workers*. Oxford University Press.