Elevating the Counseling Role of Social Workers and Chaplains in Pain and Symptom Management

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1. Interdisciplinary versus Multidisciplinary

2. We are all responsible for all of the goals
   - What does this concept mean to you in terms of scope of practice?
   - As we work to remove barriers we need to address turf protection:
     - "We/they don't do that."
     - "That is not your job, it is ours."
   - Replace this with a conversation and a reexamination of core principles

3. Emotional Support
   - …is not a stand-alone intervention and should not be documented as if it is.

4. Cognitive Behavioral Therapy

   The goal is to address patterns of thinking and/or behavior that contribute to people's difficulties in an effort to take a more realistic approach to problem solving while also intervening at the feeling level.

5. CBT techniques can be used to address:
   - Grief/sadness (depression)
   - Learning coping skills
   - Anxiety/worry
   - Sleeplessness
   - Connecting with a support system
   - Feelings of helplessness and hopelessness
   - Anger
   - Guilt
   - Problem resolution

6. CBT – Techniques/Interventions
   - Clearly state "the problem"
     - The problem is most often not "the situation" but "the thinking" in response to the situation
   - Identify and challenge faulty/automatic thoughts
   - Replace automatic thoughts with more realistic/accurate thoughts
   - Teach thought stopping/thought replacing techniques
   - Address avoidant or conflicted behaviors (behavioral activation)
   - Mindfulness work is a good partnership with CBT work

7. CBT Example

Robert is afraid of dying. While this is a natural reaction, his fears are interfering with any hope for quality of life based on his definition of quality.

He says he is depressed, has panic attacks and feels like a failure.

He does not want to take pain medications because he does not want his family to think he is weak. He also feels that his pain is a punishment from God.

Consideration for Robert:

- Quickly establish a relationship
- Assist Robert to briefly identify his “problems”.
- Move quickly to identify goals both problem-focused and opportunity-focused. Establish goals that are short-term (today/tomorrow) and long-term (this week/next week).
- Identify maladaptive thoughts/beliefs – cognitive distortions
- Challenge cognitive distortions (addressing faulty thinking) as one approach
- Behavioral activation (decrease negative behaviors and increase positive behaviors)
- Introduce mood journaling, behavioral activation, and explore workable (for Robert) activities to reduce anxiety and improve mood.
- Discuss Homework: mood and activity tracking
- Discuss Behavioral activation exercises in more depth
- Troubleshoot

And….

- Provide Information - Psychoeducation
- Assess and differentiate grief from depression
- Reframe guilt to regret
- Provide information about the hospice role in controlling pain and symptoms along the way and management strategies for his particular anticipated disease progression
- Further explore your role in pain and symptom management with Robert and members of his circle of support
- Conduct family meetings – they might assist Robert to find purpose and meeting in his life as it looks now. His loved ones may benefit from counseling as well.
- Conduct a suicide assessment

Check out: About CBT with Dr. David Burns Tedx Presentation
https://www.youtube.com/watch?v=H1T5uMeYv9Q

8. Motivational Interviewing

People achieve the goals they are motivated to achieve.
In many situations, people are not motivated to achieve goals we create for them.
When this happens we call them non-compliant, but maybe the problem lies with us?
Could it be the result of not taking into account a basic understanding of human nature - “people will achieve the goals they are motivated to achieve.”

9. MI

- The goal is to utilize the skills we already have (sort of) to assist people to:
- determine the goals THEY want to set for themselves
- determine their level of motivation to achieve the goals
- establish where they want to be in order to achieve some level of success

10. Mindfulness

- Mindfulness means maintaining a moment-by-moment awareness of our thoughts, feelings, bodily sensations, and surrounding environment.
- Mindfulness also involves paying attention to our thoughts and feelings without judging them—without believing, for instance, that there’s a right or wrong way to think or feel in a given moment. The goal is to assist people stay in the present moment in order to avoid worry and stress related to projecting (future focus) and ruminating (past focus).

  According to the authors of Mindfulness and Psychotherapy, “…we can momentarily disengage by asking ourselves…
  - “What am I sensing in my body right now?”
  - “What am I feeling?”
  - “What am I thinking?”
  - “What is vivid?”

11. Example

Rachel is a terminally ill 34 year-old woman. She is not willing to take pain medications at this time due to her history of substance abuse and sobriety. On the pain scale (1-10) she says she currently has pain spikes that reach 9.

Mindfulness interventions:

Teach a mindful breathing technique that fits for Rachel
Exposure: Teach moving towards the pain instead of pushing against or resisting the pain. Ask Rachel to visualize the edges of the pain and then “soften around the edges”.

- Describe the pain in detail
- Give it a shape
- Give it a color

- Give it a sound
    - What would it feel like if you could touch it?
    - What does the pain smell like?

- Rachel CBT Example
    - Consider the biopsychosocial-spiritual model
    - How is her pain influencing all areas of her life?
    - Interventions need to include a multidimensional approach
    - Assess beliefs/meaning surrounding her pain
    - How might she describe/attribute a spiritual nature to her pain/suffering?
    - Consider the effects of reduced activity on QoL
    - Assess mood and social consequences
    - Assess thinking (possible distortions) worry/anxiety

12. Family Meetings

    With this topic comes a challenge:
    How willing are you to address staffing models in order to assure families have access to you when they need you?

Additional Information

Motivational Interviewing
Motivational Interviewing - Strategies and Techniques

Transitional Summary

Transition into the conversation about this topic or this particular goal by providing a summary of where this person is up to this point.

Ask Evocative Questions or Leading Statements:

Ask open questions that will likely lead to conversations about goals.

- "What kinds of things are most important to you these days?"
- "I can see you have been thinking a lot about your family and their needs."
- "The relationship with your daughter seems strained or is that my imagination?"
- "It appears you want to do what is best for your husband Bob. I am wondering if you know what Bob wants for you right now?"

Explore Decisional Balance:

Ask for the pros and cons (positives/negatives) of specific goals, especially those that feel frightening or where there is apprehension.

- "You said you would like a feeding tube in any situation if you are unable to eat. Certainly the thought of not getting nourishment can be frightening. Can you think of a situation where it might be best to stop that type of feeding?"
- "Let's talk a moment to look at this from both sides…."

Ask for Elaboration/Examples

When a potential goal emerges, ask for more details.

- "What might that look like for you?"
- "Can you give me an example of how you might go about that?"
- "You said you would like it if you could speak with your daughter about this. Can you tell me more about that?'

Look Back

Ask about times before this goal.

- "Was there a time in the past when you experienced something like this and what happened then?" "What did you do at that time and was it successful?"
- "How were things different/better/worse?"

Look Forward

Ask about what may happen if things stay the way they are.

- "If you are 100% successful in speaking with your husband about this, how will things be different?" (The miracle question)
  - How will it look?
  - What will you be doing?
  - What will be happening?
  - How will you be feeling?

Query Extremes (troubleshooting)

- Ask about the worst/best things that could happen?
- "If the worst occurs, what will you do then?" Utilize role-playing (for example) to rehearse possibilities and assist people to explore options if "the worst" or problems arise.

Use Change Rulers

- "On a scale from 1 – 10 (1…not important and 10…very important) how important is it that you achieve this goal?
- "How confident are you?"
- "How likely is it that you will succeed?"
- "How likely is it that this will occur?"

Explore Goals and Values

Ask about the person's values that guide the setting and achievement of this goal.

- "Most of us make choices based on certain values. What would you say are your top 2 or 3 values or guiding principles?"
- "How might these values guide you in making this decision?"
- "What goals would you like to create for this situation based on these values?"

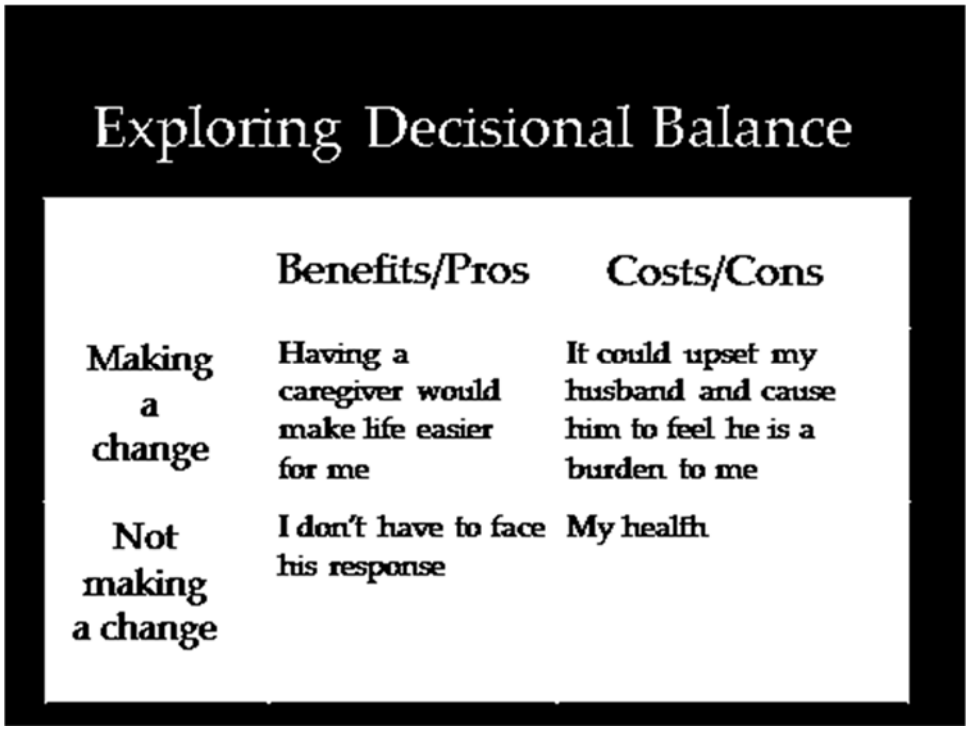
Come Alongside

Side with the negative in order to explore motivation.

- "Perhaps speaking with your husband is less important than keeping things 'safe' or the way they are right now?"
- "Sometimes it feels like not resolving this situation is preferable for you."
- "I can see that if you do not confront your husband you will not have to risk his response."

Adapted from http://www.nova.edu/gsc/forms/mi_rationale_techniques.pdf
"Motivational Interviewing Strategies and Techniques"

Exploring Decisional Balance



Exploring Decisional Balance - The Conversation

Case Example:
The person who is ill lives alone and is struggling with whether or not to seek SNF options. She is unclear about what she wants and has been hesitant to talk with you about it.
Exploring Decisional Balance:

1. Maybe it is better if we do not talk about this at all? Are there reasons that you feel avoiding this topic altogether would be good? (Benefits of not changing)
2. Can you think of a reason why not exploring your options could create problems for you in the future? (Costs of not changing)
3. Could there be a downside for you to explore your options at this time? (Costs of change)
4. I wonder if there were times in the past when you felt better knowing that you were prepared for any outcome. (Benefits of change)
5. Just thinking here, and you don't have to decide now, (paradox) would there be an advantage to putting a plan together knowing you can change it at any time? (Benefits of change)

Goals of pursuing decisional balance:

- Shine a light on ambivalence
- Explore resistance

- Using the clients own arguments for change
- Explore motivation and accessing motivation

Motivational Interviewing for Exploring Person-Centered Goals

Case Example: Sarah is 73 years old and has been married to Bob for 50 years. Bob is on your hospice program and his care has been difficult for Sarah. There has been talk about asking their adult daughter Judith to move in for a while to help out. The relationship up to this point has been strained but Judith has offered, especially considering she is being evicted from her apartment. Bob sleeps most of the time and is lucid off and on.

Hospice worker	Sarah, it sounds like things have been very difficult for you for these last 8 months starting with Bob's diagnosis. You have been busy with doctors and treatments and hospitals and emergency rooms. You have done this all on your own. I so admire you for your dedication to Bob. And now I can see you are exhausted.	Transitional summary
Sarah	I am exhausted. There are times when I am not sure I can go on. I hurt my back yesterday trying to get Bob to the bathroom. I am worried that one day I will be unable to help out at all and we don't have money for assistance. The nursing assistants have been a big help but they are not here 24 hours. I have to do something.	Sarah confirms exhaustion, provides feedback and helpful information.
Hospice worker	It sounds to me like you are ready to get help but maybe you are not quite sure what to do next. Is that correct?	Continues summary and initiates exploration of Sarah's motivation to seek assistance.
Sarah	Yes, I could really use some help. Especially with the heavy work and at night. I am afraid my own health has suffered terribly. Is there anything I can do?	Sarah is asking for assistance
Hospice worker	Let's talk about that. First, I remember you mentioning your daughter Judith in a previous conversation but I remember there were potential problems with that option. Is it possible there are other family members, friends or even people from your church who would be willing to help out? One option is that we can assist you to coordinate help from several people by checking out their availability and putting together shift schedules so you will not have to do that.	Sarah has mentioned before that Judith might be available to help but that the relationship is strained. Instead of moving in this direction first the hospice worker explores other options.

Sarah	Bob and I have kept to ourselves for many years. I don't know of anyone who would be willing to help.	Sarah provides useful information
Hospice worker	I hope this does not seem too personal and I want to remind you that you do not have to answer at all or offer any information that would make you feel uncomfortable. You used the word "strained" when talking about the relationship with Judith. I am wondering how strained and in what way it is strained.	Reinforcing informed consent and asking evocative question. ("Evoking further discussion of possibilities)
Sarah	Let's just say that Judith did something many years ago that led to Bob and I feeling we needed to distance ourselves from her. We have talked off and on throughout the years but not much. The relationship is still very strained, especially for Bob but I know Judith has to move out of her apartment now.	Additional information
Hospice worker	Let me see if I can boil all this down just to see if Judith coming to help out could be added to the list of possibilities for you. The relationship is strained but you have spoken a bit throughout the years so it is not as if there has been no contact at all. You need assistance and Judith needs a place to stay for a while. Judith has told you she would be willing to help with Bob's care while she is there. Bob may or may not be agreeable. Does this sound right?	Summary statement and from a person-centered perspective allowing Sarah to explore this as just one possibility without coercion.
Sarah	That is correct. And yes, I don't know what Bob would say.	Agreement and the addition of another area to explore…Bob's response.
Hospice worker	Well, before we bring this to Bob, let's see how you really feel about this Sarah. I am guessing you have some apprehension about making this decision. Can we just talk a bit about the pros and cons of how it might be with Judith here? What do you think? In your mind, what are the positives and what are the negatives of Judith coming to help out?	Setting up decisional balance and looking forward.
Sarah	Okay. Certainly it will be helpful if she is here and all goes well: she can help with the care, we will all get along and no one will talk about the past – that would be very nice. The downside is if she comes here and wants us to apologize for something or if she starts blaming us and opens a can of worms. Also, Judith moving here for good is not an option. I would want her to know that she needs to look for work and her own place to live.	Beginning to contemplate how a conversation with Judith might go if she decides to move forward with this option.

Hospice worker	I know this is just guess work at this point but how likely do you feel it is that the things you listed as concerns would actually occur?	Query extremes (Initiating troubleshooting)
Sarah	I just don't know but I would want to make things clear with Judith before we ever say yes to this.	Sarah initiating the possibility of a first goal. Speaking with Judith to set some clear boundaries and get upfront commitment/agreement.
Hospice worker	That would certainly be very important. Let me just say before we go on, maybe it would be better to leave this whole thing with Judith alone and see if we can find another option. Maybe it isn't worth bringing the past into your lives at this time.	Coming alongside
Sarah	Honestly, I would love to have Judith back in my life. As we have been talking I have thought about how nice it would be if things were to work out. I am not sure how Bob feels and I guess there is a possibility that he would forbid it.	Beginning to hear that Sarah has some degree of motivation to at least take the first step in determining if this is an option.
Hospice worker	So what happens now? Do want to see if you can speak with Bob first and then give Judith a call? Are you ready to talk about that now?	Moving towards clarifying the goal. Again, from a person-centered perspective, giving Sarah the choice to continue or not. This is also another way to determine her level of motivation.
Sarah	Bob might be the biggest hurdle but again, I am not sure Bob is even in a place where he will comprehend any of this. Yesterday I mentioned Judith and he did not even know who that was. This morning he seemed clearer though. I feel nervous about speaking with Judith.	Beginning to hear some reluctance or hesitance about speak with Judith.
Hospice worker	Are you saying it would be best to first see if Bob is able to participate in making this decision and see if you can get an idea about how he feels??	Clarifying the goal

Sarah	Yes…I need to start there.	There is the goal (for now)
Hospice worker	Since Bob seems clearer today, would you want to see if you can have this conversation with him before tomorrow?	Moving towards specifics
Sarah	Yes. Could I do it now? Would you mind waiting for me out here?	Sarah has made the decision to act now
Hospice worker	Absolutely. Before you go though, let's just talk briefly about how you think this could play out. What do you think might happen if Bob clearly understands what you are saying and that leads him to become upset? How might you respond?	Troubleshooting

Counseling Session – "Bob" Example
Motivational Interviewing – Pain Management

Bob says he wants his pain controlled but he is not taking his medications on time and he remains in pain.

Hospice worker	Bob, it appears to me that you are experiencing some pain. Is it alright with you if we talk about that right now? (Bob says "yes") Alright, thank you. Using the 1 – 10 scale the nurse has spoken with you about, how would you rate your pain right now?	Transitional Question Getting permission Introducing the topic and initial assessment
Bob	I really am in a lot of pain right now so probably a 7 or 8.	Bob confirms that he is in pain
Hospice worker	And is that the number you would give to your pain level most of the time?	Continues with assessment
Bob	Most of the time it is somewhere between a 6 and a 9. It never goes below 6 and sometimes spikes to a 9. I guess most of the time it is around a 7.	Bob provides additional information
Hospice worker	So, I just want to mention that I have spoken with the nurse and she said that your goal is to be pain free, or as close to pain free as possible. Is that still what you are hoping for?	Checking in on past information
Bob	Yes, I would really like to have no pain at all.	Bob reaffirms the goal shared with the nurse
Hospice worker	I certainly would want that for you as well. I know the physician and nurse have arranged for you to have some medications that may help make this goal possible for you. How is that going?	Asking evocative question to see what Bob has to say without "accusing"

Bob	Well, I only take a pill when the pain level is at a 9. Otherwise, I prefer to leave them alone.	Additional information
Hospice worker	Yes, let me just say Bob that you are not the first person I have been with who feels this way, and this is certainly one way to go. It is always an option for you to hold back on pain medications and continue to have higher levels of pain if you feel that works better for you.	Normalizing Coming alongside Evocative statement (hoping to evoke the sharing of more information without taking control by asking a long stream of questions)
Bob	I don't know that it is better necessarily because I am still in terrible pain. I just don't want my family to think I have given up fighting. My wife often tells me I need to stay strong.	Clarifying information.
Hospice worker	I am curious Bob, when you talk about "giving up" and "staying strong", is that specifically related to taking the pain medications or is it just in general?	Asking for elaboration "What is it we are really talking about?"
Bob	For me, it is about taking the pain medications and for my wife, I am not sure. I assume she is talking about medications also but she has never said that.	Clarifying information
Hospice worker	I want to make sure I have this right, for you, having high levels of pain is directly related to wanting to stay strong for your loved ones by not taking the medications. And, you are not sure if your wife is thinking the same thing…that staying strong means not taking the medications. (Bob answers "Yes, that is correct") So let me just throw out a couple observations just to get your thoughts. There is no right or wrong here, I am just wondering about what is most important to you right now. You mentioned to the nurse that you would like to be pain free and you said to me a minute ago that not taking your pain medications and having high levels of pain is "not necessarily better". I am guessing that you might be torn a bit between being pain free, or as close to that as possible, and wanting your family to see you as staying strong and continuing to fight.	Evocative question/statement Pointing out discrepancies
Bob	This is all so difficult! I don't know what to do. I don't want this pain but I don't want to be perceived as week. I would never want my family to think I just gave in to the disease and stopped fighting for them. I love them.	Important information about motivation and automatic thinking
Hospice worker	And I would not want your family to feel that way about you either. As I listen to you I have to wonder	Addressing all or nothing thinking and

	if it might be possible for you to have less pain, have some quality time with your family where you are not doubled over in pain, and have the opportunity to speak openly about this issue and others that might be important for you all to share. But please remember, you are in charge you might feel better just leaving things the way they are right now.	over-generalization by thinking in shades of grey (less pain) and presenting alternatives (options not yet considered) Coming alongside Paradoxical statement
Bob	Honestly, I am not even sure if my concerns are the same as their concerns and I really like the idea of being able to be more comfortable when I am with them, especially my grandkids. Right now all I ever hear is "Stay away from Grandad, he does not feel well." I am losing precious time with them.	Beginning to hear that Bob has some degree of motivation to set a goal and take some sort of action (plan)
Hospice worker	So what happens now? It seems that you are not certain if your notion of "staying strong" and theirs are the same. I also think I hear you saying that having less pain and as a result, having a higher level of quality time with your loved ones is important for you. If that is accurate here are a couple options maybe: you could speak with your wife first; if you would like I could arrange a family meeting and I can be there or not as you wish; you might want to speak with another member of your family first or there may be other options that I have not considered.	Moving towards clarifying the goal and continuing to explore motivation.
Bob	I like the ideas of the family meeting. I also think it would be good if I could have less pain but be as clear headed as possible when we do that. And I would like you to be there.	Bob clearly sets his goal
Hospice worker	So, with your permission, I will contact the people you would like to attend the meeting. I am also going to have the nurse contact you to assist you with having less pain and being as clear headed as possible for the meeting. Bob agrees. And one more thing, I would like to talk about this	Getting permission to contact others (HIPAA…document) Clarifying the goal Referring back to the team Troubleshooting

	meeting beforehand. We can speak about some of the things that you are hoping to accomplish but I also want to discuss things that could occur that might be uncomfortable or difficult for you and what to do if/when it happens.	

Cognitive Behavioral Therapy

Faulty Thinking (Automatic Thinking) That Can Interfere With Effective Functioning

Adapted to patient/family specific scenarios from the work of David Burns, M.D. author of *The Feeling Good Handbook.*

- All-or-nothing thinking: You see things in "black or white" categories only. Gray areas are uncomfortable. "I cannot be alone. I will not live without her." "What will I do when this pain continues to get worse? We both know that cancer pain is excruciating."
- Overgeneralization: You see a single negative event as a never-ending pattern of defeat by using words like "always" or "never". "I will never be able to work again after he dies…I just know it." "I will never trust the health care system again. I do not trust you or anyone on your team. They have always let us down."
- Mental filter: You pick out a single negative detail to focus on and ignore positive evidence that may contradict it. For example, "I have signed my wife on to hospice and that means I agreed to no more curative treatment. I am killing her."
- Discounting the positive: you reject positive experiences by insisting they don't count. For example, the person who hates the health care system may be discounting other positive experiences such as the first remission or the many good staff members they met along the way.
- Mind-reading: Without any evidence, you conclude that someone is reacting negatively to you or you decide that other people think you are a poor caregiver (for example). You respond to those people as if they "have it in for you."
- Fortune telling: You predict things will turn out badly, discounting information to the contrary…and/or options available to ease the burden. "Things have been so bad up to this point, they can only get worse!"
- Magnification: You exaggerate current problems and/or situations as they occur. "My husband's pain is unbearable!" When he has actually stated that it has decreased to a 4 from the 9 at the time of admission.
- Emotional reasoning: You assume that your negative reaction to someone accurately reflects the way they *really* are. The nurse enters the room and does not say hello. You are sure she does not like you at all and you want a different nurse assigned.
- "Should statements": You tell yourself that someone "should" act differently or that things "should" be different or that you "should" be handling this better than you are. "I don't have a caregiver. You should have someone stay with me

through the night in case I have a problem." "My wife should be better at dealing with these dressing changes."
- Personalization and blame: You blame others for consequences of your own choices/actions or take personal responsibility for things outside of your control.

Some methods to redirect faulty thinking:

- Examine the evidence: critical thinking skills development.
- Thinking in shades of gray: Instead of thinking about situations in extremes, rate them on a scale from 0-100. Determine if in fact things are all or nothing.
- The semantic method: When you find a person is using words like "always", "never" or "should", assist in substituting language that is not so strong or emotionally loaded, like "sometimes" or "it would be better if".
- Re-attribution: Instead of automatically assuming someone is "bad" and blaming them entirely for the problem, think about the many factors that have contributed to it. Then focus on the interventions that may contribute to resolving the situation.
- Thought stopping/thought replacing: Assist in developing those skills related to replacing intrusive/disturbing thoughts with more calming thoughts. Those skills include but are not limited to:
    1. Relaxation techniques
    2. Meditation
    3. Distraction/music therapies, etc.
    4. Mindfulness work/"being in the moment": moving away from thoughts associated with the past or the future

<u>Mindfulness (Hospice focus)</u>

- Do something you enjoy and give your full attention to the activity
    - Listen to a favorite song or music
    - Read a book, poetry or scripture
    - Drink a cup of coffee or tea and pay attention to the activity
    - Go for a brief walk or exercise
    - Meditate, pray, sit in silence, think of things you are grateful for
- Tactical or Combat breathing

    A simple variation of Lamaze or yoga training — breathe in four counts, hold four counts, exhale four counts, and repeat. It works because breathing is a combination of the somatic (which we control) and the autonomic (which we can't easily control) nervous systems. Regulation of the autonomic system deescalates the biological-fear response and returns our higher-level brain functions to full capacity. Giving attention to our calming our breathing helps to keep us "in the moment" but it is also calming overall. From On Resilience – Tactical breathing can stop stress on the spot: http://onresilience.com/2011/06/02/tactical-breathing-can-stop-stress-on-the-spot/

- Body Scan

  Starting with your feet (or head) pay attention to the physical feelings in each body part as you move from feet to head or the reverse. The goal is to just give your attention to each part of your body without judging sensations or resisting them.

  Check out: *Being Well (Even When You're Sick): Mindfulness Practices for People with Cancer and Other Serious Illnesses* by Elana Rosenbaum
  http://www.dailyom.com/library/000/002/000002921.html

Family Meetings

Family Caregiver Alliance
National Center on Caregiving
Holding a Family Meeting
https://www.caregiver.org/holding-family-meeting

An excellent resource!
Conducting a Family Conference
https://depts.washington.edu/oncotalk/learn/modules/Modules_06.pdf

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A Therapist’s Guide to Brief Cognitive Behavioral Therapy
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Motivational Interviewing

Video Demonstrations of MI Sessions
Motivational Interviewing - Building Confidence (video)
http://www.youtube.com/watch?v=Cfl4d-qQ-co

The Effective Physician – Motivational Interviewing Demonstration (video)
http://www.youtube.com/watch?v=URiKA7CKtfc

Motivational Interviewing in Primary Care (video)
http://vimeo.com/18577370

Modifying Automatic Thoughts (video)
http://www.youtube.com/watch?v=a0YyC1iS8Rc

Patient-Centered Collaborative Care (video)
http://www.youtube.com/watch?v=h7jHp5ooNec

More…

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