

Family Centred Practice in Cancer Care

.....*Responding to Diverse Needs*

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Rationale

- Cancer care programs traditionally include medical, nursing and allied health services which are focused on the patient, with carers and families often periphery to the care management pathway. This is despite the fact that most definitions of cancer care services include the importance of responding to the emotional needs of patients and their families. Evidence from the literature supports the significance of involving families and carers who provide informal support and extend the services provided by cancer care programs. They are "partners" in care provision rather than silent bystanders.



What has changed?

- *Integrated cancer services include "psychosocial" care as integral to service provision*

Family issues and needs are an essential component of psychosocial care

This presents a challenge to practitioners and a move from:

- ❖ Practice wisdom to evidence based practice
- ❖ Individual choice of theoretical model to "what works"
- ❖ Choice of intervention based on timeliness, best integration in treatment pathway and cost-effectiveness



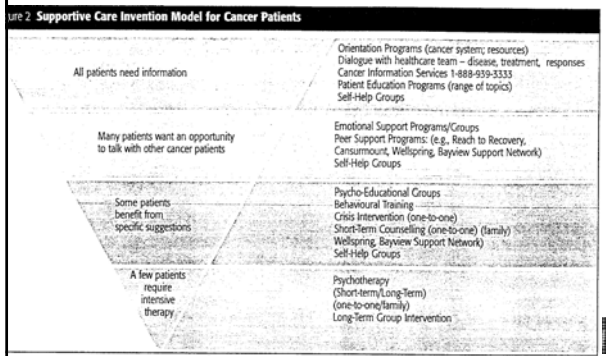
Family Sensitive practice in palliative care

- Psychosocial practice in a consultative palliative care team

The shared-care patients have complex medical, nursing or psychosocial issues.



Finch's Model : 2000



Methodology

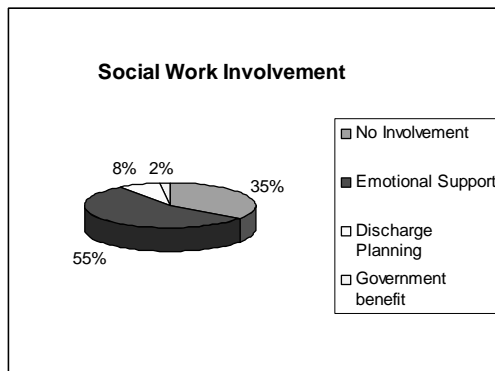
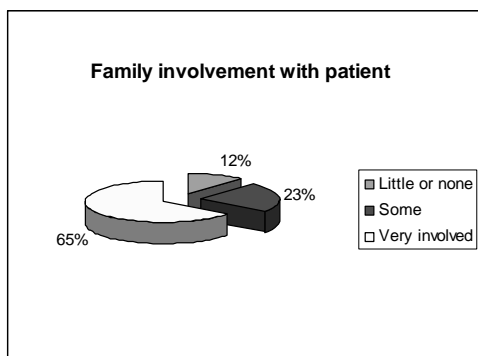
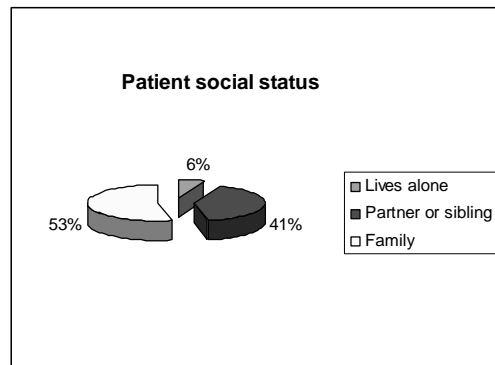
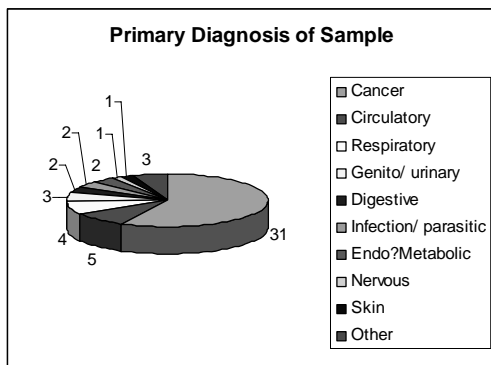
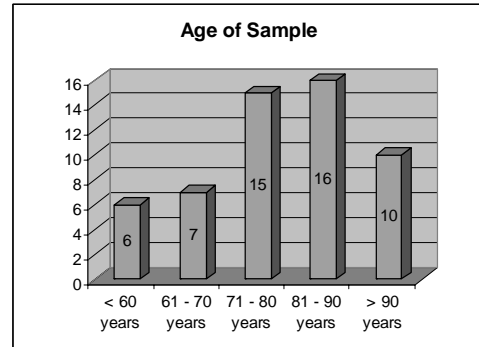
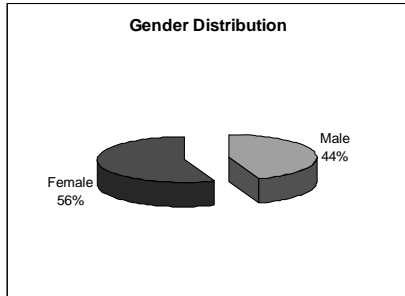
An exploratory study into the psychosocial care offered to 54 patients, their carers and families in a shared-care palliative care consultation service at Maroondah Hospital in Melbourne, Victoria.

A retrospective data-mining methodology was used to analyse the records of 54 patients, with an age range of 60 to 90 years.

The data was subjected to descriptive analysis (quantitative data) and thematic content analysis (qualitative data) of all contacts made by the consultancy palliative care team. A focus group was held with the social workers providing psychosocial care to the patients.



Results from Data-Mining : N = 54
1 - Descriptive Data Analysis



Qualitative themes from the Focus Group Discussion

- *Responding to complex family relationships* in particular those involving extended, split or blended families
- *Financial issues* around the provision of care
- The need for *Family Meetings* in particular in relation to discharge arrangements, the provision of information and consultation with the team
- Arranging for *the discharge of patients to residential care* and managing family reactions to this
- *Providing emotional support to family members* and managing family perceived "outsiders" who are emotionally close to the patient



Discussion

There was a focus on practical issues surrounding material need and the provision of supportive services for the family.

There was no indication however of a treatment plan to respond to emotional or relationship issues being experienced by the family or patient.

This was despite the fact that most family members (65%) were very involved in visiting and caring for the patient.



Family Sensitive Practice Study :

L.Joubert and S. Aranda

- Pilot Study :
- Needs Study : 3 months
- Development of interactive computer program, manual, and workshop materials : 4 months
- Implementation of Mentoring Program : 6 months
- Evaluation of program : Formative (Concurrent with the implementation – 6 months)and Summative (on completion of the program – 4 months)
- Analysis and dissemination: 2 months



Challenge to shift to brief interventions

- Assess, partialise the problem; prioritise
- Assess level of change that patient is at
- Assess resilience of patient and their capacity to integrate change
- Evaluate external supports to buffer life changes
 - *Be aware of style of communication with the patient*

Relationship is critical and brief interventions can be life changing



Models for Family Sensitive Practice in Palliative Care

- Finch's Model
- Single Session Family Therapy : Bouverie Centre , Melbourne



Translation of traditional mental health models into brief interventions for palliative care

- Significance of Single Session Family Therapy model

– *Shift to*

- Family sensitive practice in palliative care

– *preparation, intervention and follow-up in responding to family needs*



...In Conclusion

Family Sensitive practice in cancer care
can be effective

*in responding to complex needs and
supporting patients and families in
positive change –*

*“Using a window of opportunity
effectively “*

