Palliative Care Emphasis Area Training

The Psychology Postdoctoral Fellowship with an emphasis in Palliative Care is part of a larger Interprofessional Palliative Care Fellowship Program providing advanced training in hospice and palliative care to physicians, nurses, social workers, psychologists, chaplains and pharmacists at six VA facilities--Palo Alto, CA; West LA, CA; Portland, OR; San Antonio, TX; Milwaukee, WI and Bronx, NY. The Palo Alto site currently provides training for social work, chaplain, physician and psychology fellows.

Fellows in the Psychology Postdoctoral Program in this area of emphasis will obtain training in general clinical psychology competencies as well as training in the following emphasis areas (1) Psychological, sociocultural, interpersonal, and spiritual factors in chronic disease and life-threatening or terminal illness, (2) Advanced illness and the dying process, (3) Socioeconomic and health services issues in end-of-life care and systems of care, (4) Normative and non-normative grief and bereavement, (5) Assessment of issues common in patients with chronic, life-threatening, or terminal illness and their family members, (6) Treatment of patients with chronic, life-threatening or terminal illness focusing on symptom management (e.g. pain, depression, anxiety) and end-of-life issues (e.g. suffering, grief reactions, unfinished business), (7) Treatment of family and social systems, (8) Interface with other disciplines through interprofessional teams and consultation in multiple venues, (9) End-of-life decision making and ethical issues in providing palliative care and hospice services, (10) Scholarship and teaching in palliative care/end-of-life issues and (11) Supervision.

A variety of teaching methods are utilized; as much as possible, teaching is informal and arises out of specific clinical learning opportunities. The full set of teaching modalities includes:

- Formal didactics series
- Independent reading
- Individual and group supervision
- Daily interprofessional team meetings
- Professional conferences
- Observation of staff modeling clinical and leadership skills
- Co-facilitation of groups and interventions with staff clinicians

A variety of venues are available for the year; these venues include the Hospice and Palliative Care Center (Inpatient Unit; Palliative Care Consult team), Sub-Acute Medicine Unit, Community Living Center, Home Based Primary Care, Spinal Cord Injury Center and the Cardiovascular, Oncology and Hematology, Pain and Infectious disease clinics. There are additional opportunities to receive training in family systems and family interventions through the Family Therapy Program at the Menlo Park Division.

During the course of the year, fellows will develop a breadth of expertise in hospice and palliative care that will allow them to provide effective assessment, intervention (individual, family, group, staff), and interprofessional service delivery to meet the full range of issues across the disease continuum from diagnosis to death. Psychology Fellows will learn to become an integral member of interprofessional teams that share decision-making, treatment planning, and treatment implementation responsibilities. In addition, Psychology Fellows will be encouraged to use current literature on evidence-based practices in planning and delivering services. They also will be expected to participate in research with direct clinical implications that can potentially serve to expand knowledge and quality of care. Fellows may elect to work on existing research or scholarly projects at the PAVAHCS or initiate their own projects. Fellows will participate in supervision of psychology interns and/or practicum students and will receive training in
supervision. Fellows also will have the opportunity to participate in a variety of educational and professional development activities.

The individualized training plan for the Palliative Care Fellow will be developed with the assistance of a Primary Preceptor who will help plan the fellow's over-all program, ensure sufficient depth and breadth of experience and, plan which of the Palliative Care faculty will serve as supervisors during the fellowship year. The Training plan will specify which three of the many possible training venues the Fellow will have comprehensive rotations, with options of mini-rotations. The aim is to ensure attainment of general clinical competencies as well as to provide experience in each of the emphasis area-specific competencies.

Primary Rotation Site:

Hospice and Palliative Care Center (Building 100, 4A, PAD; Palliative Care Consult Service)
Sub-Acute Medicine Unit (Building 100, 4C, PAD)
Supervisor: Julia Kasl-Godley, Ph.D.

1. Patient population: Hospitalized individuals with advanced, life-limiting and terminal illness and their families. The population is very diverse with respect to sociodemographic characteristics, disease states, mental health issues and life experience.

2. Psychology's role in the setting: Direct clinical service, consultation, interdisciplinary team participation, staff support.

3. Other professionals and trainees in the setting: Interprofessional team consisting of psychology, medicine, nursing, pharmacy, social work, occupational therapy, massage therapy, chaplaincy, music therapy, recreation therapy, dietary, and volunteers. Students, interns, residents and fellows from various disciplines.

4. Nature of clinical services delivered: Intake interviews; individual, couples and family psychotherapy (supportive, cognitive-behavioral, psychoeducational, life review, meaning-centered /Dignity therapy; ACT, MI); cognitive and mood assessments; interdisciplinary care planning, bereavement assessments and brief interventions; interprofessional consultation, and staff support.

5. Fellow's role in the setting: Direct clinical service provider; consultant, interdisciplinary team member, and liaison with other services. In addition, the fellow is expected to attend (and teach in) the weekly Interprofessional Palliative Care didactics and to direct a scholarly project, conduct program evaluation, or participate in clinically-oriented research. The fellow also will have an opportunity to supervise psychology practicum students and/or interns.

6. Amount/type of supervision: At least one hour of individual supervision per week with additional informal supervision/consultation received as needed. One hour group supervision per week. Observation during team meetings and occasional observation during therapy sessions; impromptu consultation as needed. Theoretical orientation emphasizes a cognitive behavioral and social learning perspective within a brief treatment model but also draws on existential, family systems, ACT and MI frameworks.

7. Didactics: Weekly Interprofessional Palliative Care seminar series; Psychology Postdoctoral Professional Development and Supervision series. Daily interdisciplinary treatment team meetings; opportunities to participate in additional educational events (e.g., National End-of-Life audioconferences, Palliative Care Grand Rounds, relevant Gero/Neuro seminar topics, annual Hospice Foundation of America teleconference, relevant webinars and Stanford grand rounds).

8. Pace: 4-6 sessions a week (patients and families). Progress notes for each contact.

The VA Hospice and Palliative Care Center is a 25-bed inpatient unit that provides palliative and hospice care to patients with life-limiting and terminal illness and their families, a very diverse patient population with respect to disease states, sociodemographic characteristics, mental health issues and life experience.
Patients are admitted on permanent or short stays (the latter used primarily for acute symptom management and to relieve family caregiver stress) and can leave and re-enter the program as needed. Common conditions include metastatic cancer, advanced heart failure, chronic lung diseases, end-stage liver and kidney disease, dementia and progressive neurological diseases (e.g. ALS). ‘Palliative care’ is care provided at any point in the trajectory of an illness for the purpose of alleviating physical and psycho-social-spiritual suffering, enhancing quality of life, effectively managing symptoms, and offering comprehensive, interdisciplinary support to the patient and family throughout the course of illness, regardless of stage of disease. Hospice refers to an aspect of palliative care devoted to alleviating symptoms and enhancing quality of life during the last six months of life for patients who accept that disease-directed therapy can no longer benefit them, though interventions intended to maximize quality of life will be continued and even enhanced. In addition to meticulous symptom management and minimization of physical and psychosocial suffering, specific goals of hospice include self-determined life closure, safe and comfortable dying, and effective grieving. The VA Hospice and Palliative Care Center also includes an inpatient Palliative Care Consult Team and outpatient Palliative Care Clinic. The Subacute Medicine Unit is a 13 bed short stay inpatient medical ward intended to provide a “bridge” between acute care and care elsewhere, typically either the home or nursing home setting. Services are provided by an interdisciplinary team composed of medical, nursing, OT, PT, social work, chaplaincy, psychology and recreational therapy.

The Psychology fellow works collaboratively with other professionals in assessing the patients and their support network, prioritizing problems, and defining and implementing psychological interventions. Psychological services commonly offered include cognitive and mood assessments and psychotherapeutic interventions (cognitive-behavioral therapy, acceptance and commitment therapy, motivational interviewing, life review, psychoeducation, dignity/meaning-centered psychotherapies) to individuals, couples and families. Psychological issues addressed include pain and symptom management, psychiatric problems (e.g. depression, anxiety, serious mental illness), adjustment and grief reactions (e.g. cognitive status, disability, dying process), low distress tolerance, existential and spiritual angst, questions of meaning, unfinished business, guilt, interpersonal problems, communication difficulties, crisis management, and legal and ethical issues (e.g., abuse, decisional capacity). However, psychological issues addressed also include a sense of well-being, spiritual comfort, forgiveness, gratitude and post-traumatic growth. Moreover, our hope is that by helping seriously ill patients and their families find connection and healing in the midst of suffering, psychology trainees will find deeper meaning in their own lives. Services also include bereavement assessments, brief grief counseling, and referrals to appropriate community agencies.

Additional Rotation Sites:

**Cardiac Psychology Program (Building 6, PAD)**  
**Supervisor:** Steven Lovett, Ph.D.  
See description in Geropsychology emphasis area section.

**Family Therapy Program (Building 321, MPD)**  
**Supervisor:** Douglas Rait, Ph.D., Director  
See description in Couples/Family Systems emphasis area section.

**Home Based Primary Care Program (MB3 PAD and San Jose Clinic)**  
**Supervisors:** Rachel Rodriguez, Ph.D.  
Elaine McMillan, Ph.D.  
See description in Geropsychology emphasis area section.
Community Living Center (CLC, Building 331, MPD)
Supervisor: Margaret Florsheim, Ph.D.
See description in Geropsychology emphasis area section.

Oncology and Hematology Clinics, Pain Clinic, Infectious Disease Clinic
For additional information regarding these Behavioral Medicine Focus Clinics, contact:
  Oncology/Hematology: Stacy Dodd, Ph.D. (Building 100, PAD)
  Pain Clinic: Jessica Lohnberg, Ph.D. (MB3 PAD)
  Infectious Disease Clinic: Gary Miles, Ph.D. (Building 100, PAD)

Spinal Cord Injury Service (Building 7, PAD)
Supervisor: Stephen Katz, Ph.D.
See description in Geropsychology emphasis area section.

Spinal Cord Injury Outpatient Clinic (Building 7, F143, PAD)
Supervisor: Jon Rose, Ph.D.
See description in Geropsychology emphasis area section.

Reviewed by: Jeanette Hsu, Ph.D.
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