



## Palliative Care Focus Area Training

The events of 2020 heightened our individual and collective awareness of our own mortality and vulnerabilities and of the rampant social and health inequities in our society. This awareness also gave rise to more explicit conversations about how people live and how people die. These conversations have forced many providers and healthcare systems to re-examine their values, their ethics, and their process of addressing the medical care and end-of-life wishes their patients desire. The pandemic in particular also highlighted the importance of palliative care as both a philosophy and a practice, with psychology playing a critical role.

Palliative care is a philosophy of care that focuses on alleviating a person's physical and psycho-social-spiritual suffering, enhancing their quality of life, effectively managing their symptoms, and offering comprehensive, interdisciplinary support to the patient and their family. It can include, but is not limited to, hospice care and can be provided at any point in the illness trajectory. Hospice care is provided to those living with a terminal illness and 6-months or less prognosis who choose to focus on comfort and forgo disease-directed curative treatment. Care focuses on alleviating symptoms and maximizing quality of life. In addition to symptom management and reduction of physical and psychosocial suffering, goals of hospice include addressing existential distress and helping patients and family members process their grief.

Palliative and hospice care play an increasingly important role in medical settings, helping teams examine their process and language for discussing themes of life, death, suffering, and hope and supporting patients and their families as they grapple with the meaning of life-limiting illness. Cultural identity and values are embedded within these discussions, with palliative care present to hold space for these discussions and help connect aspects of a Veteran's identity and values with their medical decisions. Furthermore, palliative and hospice care serve to honor the lived experience of our Veterans by facilitating their meaning-making process, helping them find hope and resilience amid loss, and supporting their process of integrating illness- and age-related changes into their intersectional identities.

Psychology clearly plays an important role within palliative and hospice care and requires a specific skillset offered by this fellowship. This interprofessional program provides the skills needed to facilitate challenging discussions about illness, life, and death, and enriches the fellow's appreciation for the human experience of serious illness, heightens their awareness for how sociohistorical and cultural factors affect the Veteran's illness experience, and elevates the fellow's appreciation for the shared humanity within us all.

The VA Psychology Postdoctoral Fellowship with a focus in Palliative Care is part of a larger Interprofessional Palliative Care Fellowship Program providing advanced training in palliative and hospice care to physicians, nurses, social workers, psychologists, chaplains and pharmacists at only a handful of VA facilities. The Palo Alto site highly values interprofessional training, immersing the fellow with other disciplines including medicine, nursing, social work, chaplaincy, pharmacy, occupational and physical therapy, massage therapy, recreation therapy, and dietetics. The Fellow will maintain a primary rotation in the Hospice and Palliative Care Center throughout the year with two elective rotations in other settings. This schedule allows the Fellow to work on establishing themselves on the primary treatment team throughout the year and hone their professional identity. Indeed, much of fellowship is focused on professional development (e.g., learning to become a supervisor, establishing oneself on clinical teams, marketing oneself for jobs) in addition to clinical care. While fellows gain specialization in palliative and hospice care, they can also maintain their professional identities in (e.g.) clinical geropsychology, behavioral medicine, psycho-oncology, etc. Graduates have gone on to establish careers in VA Home-

Based Primary Care, Palliative/Hospice Care, inpatient medical settings as well as non-VA settings (e.g., private practice, inpatient/outpatient medical settings).

The Fellow in this focus area of the Psychology Postdoctoral Program will obtain training in general clinical psychology competencies as well as training in the following emphasis areas:

- Psychological, sociohistorical-cultural, interpersonal, and spiritual factors in chronic disease and life-limiting or terminal illness;
- Biological aspects of advanced illness and the dying process
- Socioeconomic and health services issues in end-of-life care and systems of care
- Normative and non-normative grief and bereavement
- Assessment of issues common in patients with chronic, life-limiting, or terminal illness and their family members
- Treatment of patients with chronic, life-limiting or terminal illness focusing on symptom management (e.g. pain, depression, anxiety) and end-of-life issues (e.g. suffering, grief reactions, existential distress, unfinished business)
- Treatment of family and social systems
- Interface with other disciplines through interprofessional teams and consultation in multiple venues
- End-of-life decision making and ethical issues in providing palliative care and hospice services
- Scholarship and teaching palliative care/end-of-life issues
- Supervision and professional development and self-care.

Particular attention is focused on **clinical practice**. The Fellow will develop a breadth of expertise in hospice and palliative care. Training will include focus on refining the Fellow's provision of effective and culturally sensitive assessment, intervention (individual, family, staff), and interprofessional service delivery to meet the full range of issues across the illness continuum from diagnosis to death. Training will also focus on case conceptualization with a focus on diversity and cultural humility. The Fellow is also expected to participate in a scholarly project with direct clinical implications that can potentially serve to expand knowledge and quality of care. The Fellow will also provide supervision to psychology interns and receive training in supervision. More broadly, through training the Fellow will strengthen their compassion for the struggles and resiliencies in our Veteran patients, their families, and themselves with hopes that this fellowship will help them grow both professionally and personally.

Throughout this fellowship, particular attention is also focused on **professional development**. This includes the process of establishing oneself on the team, owning one's sense of authority and expertise as an early career psychologist, and preparing oneself for the job market. Additional areas of focus include documentation, demonstrating psychology's value on medical teams, and developing one's supervisory style. Interdisciplinary team members often serve as informal mentors and all remain highly invested in and dedicated to training. Additionally, as available and depending on the Fellow's interest, there may be opportunities to get involved in policy-related discussions and activities through the Primary Preceptor's (Dr. Hiroto) role as a member of the APA Board for the Advancement of Psychology in the Public Interest (BAPPI) and as co-chair for the national VA Palliative Care Psychology Workgroup.

The individualized **training plan** for the Palliative Care Fellow will be developed with the assistance of the Primary Preceptor who will help plan the fellow's overall program, ensure sufficient depth and breadth of experience, and help consider which elective rotations support the Fellow's training plan and overall career trajectory. The Training plan will specify which two additional training venues the Fellow will have for comprehensive rotations, with options of mini-rotations. The aim is to ensure attainment of general and Palliative Care specific clinical competencies.

The fellowship includes access to multiple opportunities to attend didactics on hospice and palliative care in addition to related topics (e.g., geropsychology). These include:

- Formal didactics series (required)

- Monthly Stanford University palliative care grand rounds
- Monthly VA Palliative Care journal club
- Other didactic opportunities (optional)
  - National VA webinars on hospice/palliative care, life-limiting illness, and aging
  - Palo Alto VA seminars on geropsychology
  - Independent reading
  - Individual and group supervision
  - Professional conferences

The Fellow works on the Hospice and Palliative Care Center rotation part-time throughout the year with two elective rotations. These include: the Community Living Center, Home Based Primary Care, Spinal Cord Injury Center, Outpatient Geriatric Mental Health Clinic, and the Cardiovascular, Oncology/Hematology, and Pain clinics. There are additional opportunities to receive training in family systems and family interventions through the Family Therapy Program mini-rotation at the Menlo Park Division.

*“Overall, this has been an incredibly enriching and humbling training experience across multiple levels.... The Fellow has the opportunity to develop and grow in many capacities: psychotherapist providing individual and family therapy; consultant for the in-house hospice team as well as teams on other acute medical units; supervisor overseeing a caseload with Psychology Interns; and educator via presentations within the VA and broader Stanford community. ...One of the privileges in working in hospice and palliative care is not just managing the psychopathology but also witnessing the strengths of human resiliency, compassion, and ability to love and find forgiveness. This Fellowship has enriched my understanding of patient care and my role as an emerging psychologist. It has been an incredible honor to collaborate with multiple treatment teams and represent psychology as a vital domain in patient care.” ~Recent fellow*

**Primary Rotation Site:**

**Hospice and Palliative Care Center (Building 100, 4C, PAD; Inpatient Palliative Care Consult Service)**

**Supervisor: Kimberly E. Hiroto, Ph.D.**

**Patient population:** The VA Hospice and Palliative Care Center is an 25-bed inpatient unit consisting of two wings: one wing (13 beds) serves patients needing hospice care and the other wing (12 beds) serves patients receiving subacute medical care and rehabilitation. Patients on both wings are admitted for various lengths of stays ranging from short-term to end-of-life care. The average length of stay usually ranges between 1-3months, but some patients have stayed with us for over 1yr; duration often depends on their medical needs and illness status along with their functioning and psychosocial situation (e.g., housing, availability of caregivers). Our hospice patient population includes those living with chronic or acute serious, life-limiting illness usually with 6-months or less time remaining (see below for a description of palliative and hospice care). Common medical problems for patients receiving hospice care includes metastatic cancer, advanced heart failure, chronic lung diseases, end-stage organ failure, neurocognitive disorders and progressive neurological diseases (e.g., ALS). Those receiving rehabilitation are often recovering from amputations and/or undergoing treatment (e.g., chemotherapy, dialysis). While these patients are often not yet eligible for hospice care, they often have chronic and/or life-limiting illnesses and frequently discharge home or to another residential setting (e.g., skilled nursing home) depending on their functional and medical needs. On several occasions our subacute medical patients discharge with home hospice or move over to our hospice wing. Within our unit, patient demographics vary significantly by sociodemographic characteristics, disease states, mental health diagnoses, military era, and life experience. Patients must test negative for COVID-19 before being admitted to our inpatient unit. Since the pandemic,

family members and friends are able to visit but only under strict conditions, which depends on multiple factors (e.g., their own health, the patient's status). While general visitation rules exist, decisions are made on a case-by-case basis depending on each patient's and family's situation.

**Psychology's role in the setting:** Direct clinical service to Veterans receiving hospice, palliative, and rehabilitative care, consultation with other medical teams requesting palliative care services (see below), interdisciplinary team participation, staff support, supervision of trainees.

**Other professionals and trainees in the setting:** Our interprofessional team consists of psychology, medicine, nursing, social work, occupational and physical therapy, massage therapy, chaplaincy, recreation therapy, pharmacy, and dietary services. Palliative medicine fellows rotate throughout the year as part of the Interprofessional Palliative Care Fellowship. We frequently have residents and fellows from other specialties rotate through as well (hematology/oncology, psychosomatic medicine, geriatrics, pharmacy, occupational therapy).

**Nature of clinical services delivered:** Cognitive and mood assessments; psychotherapy with patients and emotional support to their families, opportunities for grief therapy; multiple theoretical orientations (cognitive-behavioral, existential, family systems) and clinical interventions used (problem-solving therapy, motivational interviewing, dignity/meaning-centered therapy); interprofessional consultation and psychoeducation.

**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 requisite didactics, present at least once in the monthly Journal Club, and direct a scholarly project (e.g., program development/evaluation, clinically-oriented research, etc.). The fellow also will have an opportunity to supervise psychology interns and receive supervision of supervision.

**Amount/type of supervision:** At least one hour of individual supervision per week for clinical cases, one hour of supervision-of-supervision focused on professional development, and additional impromptu supervision/consultation as needed. One hour of group supervision per week with the Fellow and interns. Observation during team meetings and occasional observation during therapy sessions. Theoretical orientation emphasizes a cognitive behavioral perspective within a brief treatment model but also draws on existential, psychodynamic, and family systems frameworks.

**Didactics:** Required monthly Interprofessional Palliative Care journal club, Stanford Palliative Care Grand Rounds, Psychology Postdoctoral Professional Development and Supervision series. Daily interdisciplinary treatment team meetings; opportunities to participate in additional educational events (e.g., National webinars on topics related to aging and end-of-life, relevant Geropsychology and/or Neuropsychology seminar topics, relevant webinars).

**Use of Digital Mental Health tools:** None as of yet, although quality improvement projects may arise as opportunities present themselves (e.g., possible use of virtual reality headsets for hospice patients).

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

The Inpatient Palliative Care Consult Service is managed by the consulting physician. This service receives consults from the Palo Alto VA hospital and other inpatient settings (e.g., spinal cord injury, inpatient psychiatry). Consults often relate to symptom management (e.g., pain, nausea, dyspnea), mood (depression, anxiety), clarification of goals of care (e.g., pursuing curative treatment or comfort care), and/or teaching the patient about the dying process. Patients seen by the Palliative Care Consult Service may be earlier in their illness trajectory or in the early processes of deciding to pursue hospice care. The Fellow is responsible for tracking the incoming consults, determining if psychology services may be of benefit, and coordinating care with the consulting physician. Psychological services may involve working with the Veteran patient around adjustment to functional decline, helping the family cope with anticipatory grief, and/or attending family meetings to help address goals of care conversations.

Across the settings of care, the Psychology Fellow works collaboratively with other professionals to assess patients and their support networks, prioritize problems, and define and implement psychological interventions. Psychological issues addressed include pain and symptom management, psychiatric problems (e.g. depression, anxiety, serious mental illness), adjustment to chronic illness and/or end-of-life, grief reactions, existential and spiritual distress, questions of meaning, guilt, interpersonal problems, communication difficulties, crisis management and legal and ethical issues (e.g. abuse, physician aid-in-

dying). However, psychological issues addressed also include a sense of well-being, spiritual comfort, forgiveness, gratitude and post-traumatic growth. By helping our Veterans and their families find meaning in illness and death, the Fellow will hopefully examine the meaning of their own lives and develop an even deeper appreciation for the humanity of others, and themselves.

**Additional Rotation Sites:**

**Cardiac Psychology Program (Building 6, PAD)**

**Supervisor: Steven Lovett, Ph.D.**

See description in Geropsychology focus area section.

**Community Living Center (CLC, Building 331, MPD)**

**Supervisor: Margaret Florsheim, Ph.D.**

See description in Geropsychology focus area section.

**Family Therapy Training Program (Building 321, MPD)**

**Supervisors: Elisabeth McKenna, Ph.D., Director, Family Therapy Training Program  
Jessica Cuellar, Ph.D., Coordinator, Family Therapy Training Program**

See description in Couples/Family Systems focus area section.

**Geriatric Outpatient Mental Health (GMHC, Bldg 321, MPD)**

**Supervisor: Erin Sakai, Ph.D.**

See description in Geropsychology focus area section.

**Home Based Primary Care Program (San Jose Clinic)**

**Supervisors: Elaine McMillan, Ph.D.**

**Jennifer Ho, Psy.D.**

See description in Geropsychology focus 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., ABPP (Building 100, PAD)

Pain Clinic: Jessica Lohnberg, Ph.D. (MB3 PAD)

**Spinal Cord Injury Service (Building 7, PAD)**

**Supervisor: Daniel Koehler, Psy.D.**

See description in Geropsychology focus area section.

**Spinal Cord Injury Outpatient Clinic (Building 7, F143, PAD)**

**Supervisor: Jon Rose, Ph.D.**

See description in Geropsychology focus area section.

*Reviewed by:* Kimberly E. Hiroto, Ph.D.

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