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A BOOKLET FOR PSYCHOLOGISTS IN PALLIATIVE CARE FOR EVALUATING DISTRESS AND IDENTITY CRISIS

Van Lander-Axelle 1,2,*, Hernet Raymond 3, Pereira Bruno 4, Deuve-Mural Céline 5, Valour Claire 6, Gaucher Jacques 7
1. Department of Palliative Care, CHU Clément-Ferrand, Clermont-Ferrand, France; 2. Psychology Department, CLERMONT-FERRAND; 3. CHU Clément-Ferrand, Clermont-Ferrand, France; 4. Hospital, H-83250 Bimos; 5. Mental Health, F-63000 Le Puy-en-Velay, France.

*From the research work by Van Lander A for a PhD in psychology.

MAIN OBJECTIVE

Study the distress of patients followed up in palliative care (PC). This qualitative and quantitative study verifies the relevance of a form which is designed to capture and quantify the links of distress with an identity crisis generated by the lethal disease.

Hypothesis

Links between the patient's distress and fatal illness can be evaluated through the perceptions of their psychologists.

Originality

Create an instrument for collecting representations of Psychologists relationship to the patient in this three-way interaction where the protagonist is the lethal disease.

RESULTS

284 forms

First interviews realized 37 days on average before death and last 17 days before it. One interview per 7.4 days. Usually 3 interviews per patient. Symptoms appeared in average 15.7 months before.

PSYCHOLOGISTS

1 man, 13 women. Middle age: 33 (26-45). 12 Teams: At Home (4), at the hospital (7), at the PC department (1).

PATIENTS

55 men, 45 women. Middle age: 69 (23-91), 23% at home, 62% at hospitalization, 15% at PC department.

The patient's psychic functioning:

- Intensity of the loss caused by illness
- Distress thermometer (DT)
- Rupture identity or new component
- Defense mechanisms

The Interview functions

His own transfer-cons

The Clinical Global Impression (CGI-3) to evaluate the therapeutic effect.
- Free notes.

1. Creation of a form and a booklet

Used with 23 patients and then created, it is a grid of concepts to collect representations:

- Of the psychologist patient's mental processes;
- Of its own cons-transfer;
- Maintenance functions.

The psychologist opens a booklet and then fills out a form after each patient interview. It does not change their practices.

2. Items

- Choice of 35 items of psychology concepts highlighted in the literature on distress and identity crisis in palliative care.
- Theme: intersubjectivity.
- "The suffering associated with losing psychological partners" (Ruszniewski M, 1999).

3. Principal measuring tools

- A qualitative ordinal board for losses caused by illness,
- Visual analogic scales (VAS) for 23 concepts,
- A qualitative categorical board for breaks identity.

METHODOLOGY

- 1. Validity
- All forms are filled and the items used which shows a good adaptation to the representations of psychologists and therefore its acceptability.
- The correlation analysis and ACP that showed the selected concepts are correlated with distress (p <0.05).

2. Sensitivity

- It is very sensitive regarding the study.
- It identifies the distress in 88% of interviews. This is considered significant in 53% of the interviews that are usual higher than the results reported by studies in palliative care (between 30 and 42%). It also helps identify the baluns identity in 69% of interviews.
- The EVA and the two tables seem appropriate to the phenomena measured. They allow a balanced distribution of results.
- It detects differences in the same patient between interviews. The fifth interview mark significant differences (p=0.02) identifying identity crisis in cases of thought and interpretation (p=0.02).
- The ability of patients to dream increased significantly in all visits!
- It noted the results sufficiently differentiated between patients (losses, distress and crisis of identity; between patients variability 40%)
- It measures significant correlations between cons-transfers and distress: helplessness (p=0.02), denial (p=0.03), exhausting (p=0.03) and depressive (p=0.03).

3. Fidelity

- The different parts are homogeneous with a good inter-item consistency (Cronbach alpha= 0.70).
- Assessments of psychologists are similar for distress (between psychologists variability 15%) but divergent for identity (variability 40%).
- Subjectivity should be considered for this item in the study.

- Good temporal stability between 2nd and 4th interview.

RESULTS show that the form is relevant to evaluate the distress:

- The Clinical Global Impression (CGI-3) to evaluate the therapeutic effect.
- Free notes.

Prospects

2. In 2011: a second group with the National College of psychologists SFAP is involved.

REFERENCES

- Van Lander A et al. Caractéristiques des patients, spécificités de suivi. Infirmeria, sous presse.

PUBLICATIONS

- Van Lander-Axelle A et al. Caractéristiques des patients, spécificités de suivi. Infirmeria, sous presse.

CONTACT

Contact: avanlander@chuclermontferrand.fr

GEOGRAPHICAL SCOPE

All psychologists of palliative care, in one French region. Auvergne, took part in this research in 2010.

4,716 patients followed up in PC.