

FAST FACTS AND CONCEPTS #396
THE PSYCHOSOCIAL ASSESSMENT IN PALLIATIVE CARE
Terry Altilio LCSW¹, Hunter Groninger MD², Anne Kelemen LICSW²

Background: Dependence on a health-care system due to a serious illness often unsettles a perceived sense of safety and predictability. Beyond the individual's thoughts and feelings, illness also disrupts relationships, social and spiritual supports, financial stability, and trust in the health care systems to deliver quality and equitable care (1). Psychological, social, and cultural factors weave within the patient's developmental stage, family structure, financial security, and spirituality (2). As such, the ability to attend to these factors efficiently, effectively, and compassionately is a key component of the palliative care provided by all clinicians who care for the seriously ill (3). This *Fast Fact* offers clinical guidance in performing a psychosocial assessment for seriously ill patients.

The role of psychosocial assessments: The nature and scope of psychosocial assessments relates to setting and circumstance and extends beyond the physical to the domains of feelings, family, supports, and finances. Thus, clinicians should explain how psychosocial inquiry will enhance care and how that information will be shared and documented. This creates space for choice to hold aspects of self and circumstance as "private" (4,5).

How to do a psychosocial assessment: Below is a sampling of questions that can be customized to setting, person, and circumstances for patients with serious illness and/or caregivers. Critical thinking, setting, triage and attention to emotional and cognitive responses should inform attuned clinicians as they decide which questions are most important, when to abort an interview, when to move on to a different topic, when to explore further, and when to engage social work or spiritual care specialists.

- A. Patient's thoughts and feelings about illness, treatment and care.
 - a. What do we need to know about you and your family to give you the best care (6)?
 - b. How do you and your family best receive information?
 - c. What is most important to you right now? And as you think about the future? Is this different from what you perceive as important to your family?
- B. Coping with emotions, functional changes, symptoms etc.
 - a. What have been the most significant changes in your life?
 - b. How does illness, symptoms affect your everyday life?
 - c. What does the future look like to you?
 - d. What substances (e.g. alcohol, marijuana, opioids, cocaine) have you used or experimented with in the past? Have you ever used these substances to cope with unwanted feelings?
- C. Culture influences
 - a. How do you understand what is happening to your health?
 - b. What cultural or ethnic group do you identify with (7)?
 - c. What is your preferred language? What primary language is spoken at home?
 - d. Have you been able to maintain contact with family or friends from your country of origin? Have you any plans for visiting that family now or in the future?
 - e. *(If appropriate to the patient's awareness)* Where is your preferred place of death?
- D. Social context
 - a. Who is your family? Of origin and of creation?
 - b. How would you prefer to be addressed? Preferred pronoun?
 - c. Where do you live? Do you live alone or with others? Have you thought at times if/when you need more assistance at home what that might look like?
 - d. Are you a veteran?
 - e. Are you currently employed?
- E. Lived experience of illness, impact on self, others, and quality of life.
 - a. Do you worry about the financial impact or how your health expenses will be covered?
 - b. What has been the impact of this illness on your work and those important to you?
 - c. What or whom are you concerned about with regards to your health?
 - d. What have you shared about your illness with family and friends?

- e. Who can help with decision making? Who do you go to when things get tough? Do you have a healthcare power of attorney or agent? Who might have copies of those documents?
 - f. Have you, or those close to you, managed serious illness before? Any recent losses?
 - g. (If appropriate to the patient's prognostic awareness) Have you made funeral or after-death plans? Plans for cremation or burial?
- F. **Suffering and the existential/spiritual domain**
- a. Are religious or spiritual beliefs or rituals important to you (8)?
 - b. Are you being supported by a spiritual community (8)? Does your illness allow you to still access this support? If not, can this support come to you – in person or via technology?
 - c. What brings you comfort?
 - d. How does this illness influence your thoughts and relationship to your God or a higher power?
 - e. Do you feel at peace (9)?

References:

1. Loscalzo, M.J. (2007). Social workers: The connective tissue of the health care system. In: L. Emanuel & S. Librach. (Eds.) Palliative care: Core skills and competencies. (pp.507-523). Philadelphia, Pa. Saunders/Elsevier.
2. Institute of Medicine (US) Committee on Psychosocial Services to Cancer Patient / Families in a Community Setting. Adler, N.E. & Page, A.E.K.(Eds). (2008). Cancer care for the whole patient: Meeting psychosocial health needs. Washington, DC. National Academies Press. <https://www.ncbi.nlm.nih.gov/pubmed/20669419>
3. National Association of Social Work. (2016). NASW standards of practice for social workers in health care settings. Retrieved from <https://www.socialworkers.org/LinkClick.aspx?fileticket=fFnsRHX-4HE%3D&portalid=0>
4. Reith, M. & Payne, M. (2009). Social work in end of life and palliative care, pp. 190-193. Chicago, IL. Lyceum Books Inc.
5. Randall, F. & Downey, R.S. (2006). The philosophy of palliative care: Critique and reconstruction. Oxford, England: Oxford University Press.
6. Houmann, L., Rydahl-Hansen, S., Chochinov, H., Kristjanson, L, Groenvold, M. (2010). Testing the feasibility of the Dignity Therapy interview: Adaptation for the Danish culture. BMC palliative care. 9 (1): 21.
7. Sumser, B., Leimena, M. & Altilio, T. (Eds). (2019) Palliative Care: A Guide for Health Social Workers. New York: Oxford University Press.
8. Borneman T, Ferrell B, Puchalski CM. Evaluation of the FICA tool for spiritual assessment. Journal of Pain and Symptom Management 2010; 40(2): 163-173.
9. Steinhauser, K.E., Voils, C.I., Clipp, E.C., Bosworth, H.B., Cristakis, N.A. & Tulsky, J.A.(2006) "Are you at peace?": One item to probe spiritual concerns at the end of life. Archives of Internal Medicine, 166(1), 101-105. Doi:10.1001/archinte.166.1.101

Author Affiliations: ¹Palliative Social Work Consultant, Mt Kisco, New York; ²Georgetown University, Washington DC

Conflicts of Interest: None to report

Version History: First electronically published in April 2020, originally edited by Sean Marks MD

Fast Facts and Concepts are edited by Sean Marks MD (Medical College of Wisconsin) and associate editor Drew A Rosielle MD (University of Minnesota Medical School), with the generous support of a volunteer peer-review editorial board, and are made available online by the [Palliative Care Network of Wisconsin](#) (PCNOW); the authors of each individual *Fast Fact* are solely responsible for that *Fast Fact's* content. The full set of *Fast Facts* are available at [Palliative Care Network of Wisconsin](#) with contact information, and how to reference *Fast Facts*.

Copyright: All *Fast Facts and Concepts* are published under a Creative Commons Attribution-NonCommercial 4.0 International Copyright (<http://creativecommons.org/licenses/by-nc/4.0/>). *Fast Facts* can only be copied and distributed for non-commercial, educational purposes. If you adapt or distribute a *Fast Fact*, let us know!

Disclaimer: *Fast Facts and Concepts* provide educational information for health care professionals. This information is not medical advice. *Fast Facts* are not continually updated, and new safety information may emerge after a *Fast Fact* is published. Health care providers should always exercise their own independent clinical judgment and consult other relevant and up-to-date experts and resources. Some

Fast Facts cite the use of a product in a dosage, for an indication, or in a manner other than that recommended in the product labeling. Accordingly, the official prescribing information should be consulted before any such product is used.