

THE UNIVERSITY OF SYDNEY



Upskilling community-based psychologists to deliver cancer-specific anxiety and depression treatment

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Background

- Untreated, anxiety and depression among cancer patients can lead to poor health outcomes and high health resource utilisation.
- Community-based psychologists have the skills to provide therapy to patients with anxiety and depression.
- Community-based psychologists require only focused education in cancer specific presentations to broaden their role to cancer patients.

Ramsay Health Care

- Private hospital cancer services
- Psychology service
 - Qualified and experienced psychologists
 - Primarily deliver cognitive behavioural therapy
- Challenges
 - Cancer service and psychology service not integrated
 - Lack of oncology specific expertise in psychology service

Aim

To determine the effectiveness of training community-based psychologists to deliver psychological treatment for cancer patients; and to evaluate the feasibility and acceptability of this model of care.

Training

Objective:

To upskill community-based psychologists in unique aspects of oncology.

Training package:

1. Psycho-oncology basics document
2. Psycho-oncology workshop
3. Psycho-oncology resources/ worksheet document

Data collection:

Pre-training questionnaire – demographics, clinical experience, confidence

Post-training questionnaire – confidence, satisfaction

Attendees (n=3):

Female, born in Australia, English speaking, postgraduate qualified.

An average of 21.5 years' experience as a therapist, and an average of 1.25 years employment at Ramsay Psychology.

Outcomes:

Confidence in addressing cancer-specific anxiety and depression increased after attending the workshop

Knowledge regarding cancer specific anxiety and depression increased as a result of participating in the workshop

Feedback on the workshop:

Maybe less around CBT

[would like more of] the most common types of cancers that would be referred through the Ramsay pathway

Really liked the info specifically about oncology/ types of cancers/ medications, etc

The cancer specific examples of therapeutic intervention and phrases [were most beneficial]

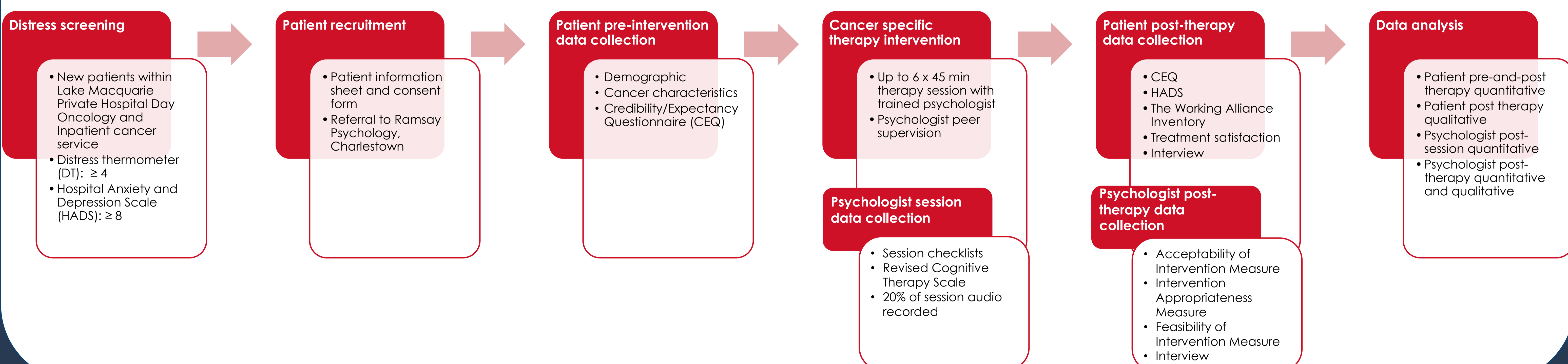
Agenda

01 Introduction / background / resources 9am-9:20am	07 Lunch Break 1pm-1:30pm
02 Group chat / case study introduction 9:20am-9:45am	08 Assessment and other clinical considerations 1:30pm-2:15pm
03 Common psychological comorbidities - depression 9:45am-10:20am	09 Self-care 2:15pm-2:25pm
04 Tea Break 10:20 am-10:45am	10 Wrap up - next steps 2:25pm - 2:45pm
05 Common psychological comorbidities - anxiety 10:45am-11:45am	
06 Common psychosocial concerns 11:45am-1pm	

Contents

1.1 Cancer types - Cancer Co	10.1 Self-efficacy
2.1 Unhelpful Thinking Patterns	11.1 Mindfulness
3.1 Thought monitoring	12.1 Structured problem solving
4.1 Thought challenging	13.1 Clarity
5.1 Pleasant event scheduling	14.1 Communication skills
6.1 Activity planning and mood	15.1 Sleep hygiene
7.1 Exposure including aversive	16.1 Pain and fatigue
8.1 Shifting attention	17.1 Activity pacing
9.1 Decision health checking	18.1 In case of emergency

Next Steps: Implementing community-based psychologists delivery of psychological treatment for cancer patients



Conclusion

The training will be adapted to respond to the feedback and ensure relevance to the needs of psychologists upskilling.

The results of the implementation project will inform the utility of focused training of community-based psychologists in treatment of cancer-specific anxiety/depression.

This research will develop an integrated clinical pathway between community-based psychology services and hospital-based cancer specialists which improves access to psycho-oncology care for patients and will inform implementation of a national shared care model across Ramsay Health Care in Australia.

Acknowledgements:



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