The EAPC Task Force on Education for Psychologists in Palliative Care

An initiative is under way to define the role of, and develop an international core curriculum for, psychologists in palliative care. **Saskia Jünger, Sheila A Payne, Anna Costantini, Christine Kalus** and **James L Werth Jr** report

It is argued that psychological aspects of care and psychosocial problems are essential components of palliative care.[1,2] However, the provision of appropriate services remains somewhat arbitrary. Unlike medical and nursing care, which are clearly delivered by doctors and nurses respectively, psychological and psychosocial support in palliative care are not assigned exclusively to psychologists. It is generally expected that all professionals working in palliative care should have some knowledge of the psychological dynamics in terminal illness, as well as skills in communication and psychological risk assessment. On the one hand, palliative care education programmes for nurses and doctors comprise a considerable amount of psychological and psychosocial content.[3,4] On the other hand, only a few palliative care associations provide explicit information on the role and tasks of psychologists in palliative care.

Key points

- Psychologists' role in palliative care is not well delineated. One of the aims of the newly created European Association for Palliative Care (EAPC) Task Force on Education for Psychologists in Palliative Care is to clearly define this role.
- Psychologists lag behind doctors and nurses in establishing specialty postdoctoral curricula in palliative and hospice care.
- The foundation for an international core curriculum for psychologists in palliative care was laid during a workshop at a palliative care conference in Rome in 2008.
- To develop an international core curriculum for psychologists in palliative care, a major challenge will be to reach a consensus on basic roles and common tasks, and to identify competences that are suitable across different countries.

Psychologists' associations do not deal much with this issue either. If they refer to it at all, it is in the context of the care of the aged, end-of-life care or how to deal with grief.

It is against this background that the European Association for Palliative Care (EAPC) has approved the creation, in spring 2009, of the Task Force on Education for Psychologists in Palliative Care. Its aim is to establish a common basis for the role and tasks of psychologists working in palliative care and to develop European guidance on their education.

There have been various recommendations made regarding how to assess the psychological needs of palliative care patients and their families,[5–10] including that palliative care staff should use basic counselling skills in their everyday work practice; and that patients with more complex psychological needs must be referred to mental health professionals.[6]

A differentiated model of psychological support has been provided by the National Institute for Health and Clinical Excellence (NICE) guidance, *Improving supportive and palliative care for adults with cancer*,[9] which delineates a four-level model of psychological assessment and intervention (see Figure 1).

Evidence base

Using the search terms 'psychologist/palliative care/psychology/team/role' in different combinations in MEDLINE primarily identifies psychological problems that arise in the context of specific medical conditions, such as lung cancer and chronic heart failure, when breaking bad news and in the decision-making process. In most publications found when searching MEDLINE, when psychologists are mentioned, it is in the context of clinical or counselling

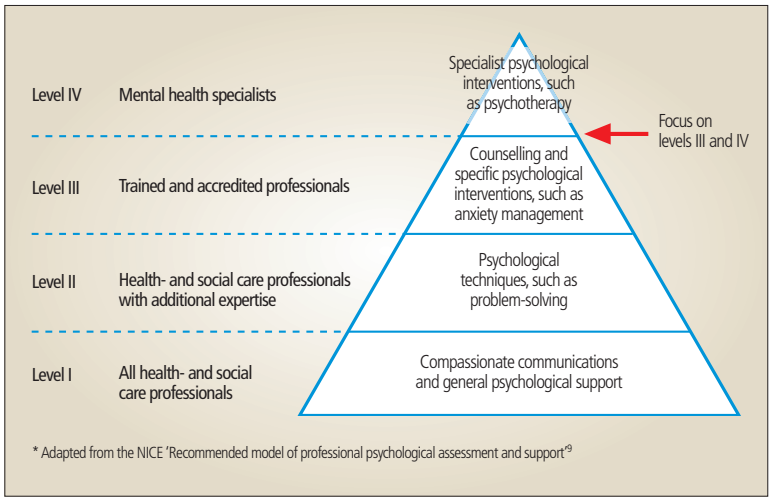

Figure 1. The four-level model of psychological assessment and intervention*

tasks, such as bereavement support and the assessment and treatment of psychological conditions (including anxiety and depression), cognitive impairment and dementia.[5–7] Those publications that deal explicitly with the role of psychologists in palliative care point to a broader spectrum of tasks and core competences, including research, policy, education, counselling and staff support.[11–18]

Special interest groups and professional associations, including the new EAPC Task Force, have started to work on a job description and occupational image for psychologists in palliative care, and to outline the main concerns of their profession in that field. When characterising the role, they all mention the following tasks: clinical duties, consultancy, research, and involvement in policy-making. Where country legislation permits, psychologists may be involved in the assessment of patients' capacity to make 'hastened death' decisions. Thus, a few North-American publications related to Oregon's 1994 Death With Dignity Act also mention the assessment of patient preferences for hastened death or physician-assisted dying as part of the psychologists' role.[13,19–21]

Current presence

Psychologists currently play an important practical role in the provision of palliative care in some countries, according to the *EAPC Atlas of Palliative Care in Europe*.[22] Table 1 shows the number of psychologists working in palliative care in Europe.[22] Psychologists also play a political role in palliative care; among the 45 national associations from 27 European countries that are members of the EAPC, 11 associations from nine countries have a psychologist on their board. However, there

Table 1. Number of psychologists working in palliative care in Europe[22]

Country	Number
Albania	0
Austria	25
Belgium	86
Bosnia and Herzegovina	2
Bulgaria	NK
Croatia	2
Cyprus	9
Czech Republic	6
Denmark	5
Estonia	NK
Finland	NK
France	NK
Germany	NK
Hungary	36
Greece	40
Iceland	0
Ireland	NK
Israel	15
Italy	140
Latvia	1
Lithuania	0
Luxembourg	4
Malta	0
The Netherlands	60
Norway	NK
Poland	29
Portugal	7.5
Republic of Macedonia	1
Romania	2
Serbia and Montenegro	4
Slovakia	NK
Slovenia	4
Spain	118
Sweden	NK
Switzerland	NK
Turkey	0
United Kingdom	50*

NK = not known
* Estimated number of clinical psychologists in 2009; source: Christine Kalus

are limited systematic data regarding what tasks psychologists perform in palliative care and in what type of settings they work, except for information from surveys undertaken in the UK and Spain.[23,24] In 2009, a nationwide survey was carried out in Denmark and a Europe-wide survey has been undertaken in six different languages. The results from these surveys have not yet been published. The assessment

methods and parameters used are not uniform, so the data will not allow for a comparison between the different studies.

A common curriculum

At present, psychologists lag behind doctors and nurses in establishing specialty psychology postdoctoral curricula in palliative and hospice care.[14] During the ANTEA Worldwide Palliative Care Conference in November 2008 in Rome, Italy, a one-day workshop took place, with the aim of laying the foundation for an international core curriculum for psychologists in palliative care.

The seven workshop participants (who included the authors of this article) were from Germany, Italy, the UK and the USA; they work in palliative care in a variety of settings. The starting point of their work was: what is the core contribution of a psychologist to palliative care, beyond what can be offered by members of other professions?

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The discussion on the general education trajectory of psychologists revealed that there is no common understanding, between the different countries, of what a psychologist is supposed to know or is entitled to do. The role of psychologists in clinical settings also turned out to vary between countries. This situation mirrors the considerable differences, between European countries, regarding the historical development of professional psychology.[25]

During the workshop, it became clear that, to develop an international core curriculum, a major challenge will be to reach some degree of consensus on basic roles and common tasks, and to identify competences that are suitable across different countries. The European Certificate of Psychology (EuroPsy),[26] currently at a pilot stage in six European Union member state countries, may provide a more consistent foundation for a common core curriculum, in general and for palliative care in particular.

Key areas of work

The workshop participants also discussed key areas of work for psychologists in hospice and palliative care. The NICE model of psychological assessment and intervention (see Figure 1) was used as a framework on which to base the different levels of competence. It was agreed that, to identify the characteristics of psychologists' contribution to palliative care, the group would focus on the two highest levels of specialisation (levels III and IV).

At these high levels of specialist competence, five key areas of work were defined (in accordance with already existing classifications found in the literature or provided by associations, such as the American Psychological Association). These key areas are:

- Psychological assessment
- Counselling and psychotherapy (individual, family and group)
- Consultation, supervision and staff support
- Education
- Research.

A preliminary list of competences was generated for each of these key areas, but these lists need to be elaborated at a later stage.

In addition to the five key areas of work, seven general areas or themes were highlighted, which psychologists working in palliative care should reflect on.

- The law – what is the legal framework ruling the work of psychologists in palliative care?
- Professional regulations – for example, what are the limits of professional relationships? Can a psychologist visit a patient at home?
- Ethics – for example, what are the expectations, in end-of-life care, regarding confidentiality?
- Cultural diversity – for example, how might the patients' religious or spiritual beliefs affect their end-of-life decisions?
- Self-awareness and self-care – for example, what impact may the psychologists' personal experiences of death and dying have on their work with patients and families?
- Advocacy – how can psychologists advocate on behalf of patients to help them get what they need?
- Policy and organisation – for example, how may the hierarchy influence decisions?
- Politics and strategy – what are the major issues, such as patient access to psychologists in hospitals, that need to be considered?

The workshop also laid the foundation of what has now become the EAPC Task Force on Education for Psychologists in Palliative Care.

Workshop recommendations

When developing a curriculum for psychologists in palliative care, the following points need to be considered:

- The need for an elaborate compendium of psychological concepts and psychotherapeutic methods suitable for palliative care
- What do patients and their families expect from psychologists?

- What are the tasks of psychologists within the palliative care team?

Moreover, psychologists may find it difficult to adapt to the palliative care setting; the discrepancy between their professional socialisation during general education on one hand, and the demands of work in palliative care on the other, needs to be addressed.

The workshop has also shown that national, cultural and language differences need to be considered when defining core competences and establishing a common curriculum.

The results of the workshop are a starting point for the further development of a core curriculum for psychologists in palliative care. In future, it is suggested that the following tools and methods are used:

- A needs assessment among psychologists, to find out what their perceived requirements for working in palliative care are
- A needs assessment among other members of staff, patients and relatives, to find out what support they expect from psychologists
- A consensus procedure to develop common therapeutic concepts and interventions.

National characteristics and differences between healthcare systems have to be taken into consideration and adequately addressed within the research designs.

In future

Psychologists from the different European countries are invited to join this initiative, led by the EAPC Task Force on Education for Psychologists in Palliative Care, either as active members or in an advisory capacity. For more information, please visit the EAPC website (www.eapcnet.org/projects/Psychologists.html) or contact the joint co-ordinators of the Task Force, Saskia Jünger (sjuenger@ukaachen.de) and Sheila Payne (s.a.payne@lancaster.ac.uk).

Workshop participants
Workshop participants included the five authors of this article as well as Monia Belletti and Giuseppina Marchi, both psychologists/psychotherapists at the ANTEA Hospice in Rome, Italy.

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