CASE STUDY

This case study demonstrates the impact of caregiving on family members as well as the role of a psychologist within a palliative care service.

Case study – Molly

Molly is a 63 year old woman who is the wife and sole carer of her husband, Peter. Peter has a progressive neurological condition and has been recently referred to palliative care. His prognosis is six to 12 months (although quite unpredictable), and he recently started showing signs of deterioration and was admitted to the palliative care inpatient unit for re-assessment. Peter’s physical condition is now stable and he is about to be discharged home with a referral to the community palliative care team. The nurses on the ward observed that Molly was very distressed and have requested an assessment from the psychologist before he is discharged. Molly agreed to attend a session with the psychologist.

Psychological assessment

Molly presents as tearful and highly anxious. She speaks of feeling overwhelmed with the situation and is fearful of what will happen when Peter comes home. She has been caring for Peter for three years and expresses that she feels exhausted and lonely. Molly has slowly reduced her hours at work until she finally resigned about six months ago. She feels that Peter needs someone with him all the time to assist him with basic self-care activities. She feels isolated since leaving her job and admits that she has few friends outside work, particularly since Peter became sick.

Molly worries a lot about what her life will be like after Peter dies. She has always relied on Peter for emotional support. He also has always been the more social one and most of their friends were through him. Many of these friends have not stayed in contact. Molly loves Peter and finds it difficult to think of life without him, although she also admits to having moments when she wishes that it would all be over and that she could get on with her life. She expresses guilt and shame for thinking this way.

When asked why she is tearful, Molly reports that she feels like she is losing everything: her job, friends, and most importantly, the man she loves whom she wanted to grow old with. She predicts many years of loneliness and sadness once Peter dies. She feels that there will be nothing to live for. On further questioning, Molly says that she does not have any thoughts or plans for killing herself, just that she thinks there will be no joy in her life and that makes her feel very sad and lonely.

Molly also talks about feeling unprepared for Peter’s actual death. She says that no one has told her what will happen when Peter dies. How will it occur? Will he be in pain? What will she need to do? On questioning, she admits she has been thinking about this every day for long periods of time and it is making her feel very anxious. She also admits that she had been managing the feelings with alcohol and is drinking more than usual (approximately four glasses of wine per evening).
In exploring Molly’s strengths and possible protective factors, Molly names her two adult children as being the people who she could ask for help. She says she doesn’t want to burden them as they are busy with university and part-time jobs, but feels they would assist if they were asked to. Molly also nominates that her strengths include her caring nature and her creativity; she had previously worked as a kindergarten assistant.

In addition to a clinical interview, a self-report instrument was used to assess the severity of Molly’s symptoms. Molly’s scores on the Hospital Anxiety and Depression Scale (HADS) showed that she had symptoms of depression in the moderate range and symptoms of anxiety in the severe range.

**Psychological intervention**

Molly is presenting with high levels of grief, depression and anxiety in the context of being the primary carer to her husband, social isolation and high alcohol use. The following plan was discussed and agreed upon with Molly:

1. She has identified a number of valid concerns that require addressing by the palliative care team. Molly has agreed for me to write a letter to the community palliative care team outlining her main concerns which include more information about how Peter is going to die and how the palliative care team can assist in preparing her and supporting her through the practical aspects of the death of her husband. She also requires some guidance on preparing a will and beginning to set up her finances to be in her name.

2. In light of her concerning alcohol use and high levels of anxiety, I recommend that Molly continue to see a psychologist for some education on alcohol use and to develop some alternative strategies to manage her anxiety including relaxation techniques and using cognitive behavioural strategies to challenge and reframe some of her beliefs.

3. Molly agrees to talk with her children about how she is feeling and include her children in Peter’s ongoing care. This will take some of the strain off Molly and allow her some time to develop her social networks which will be important to her once Peter dies. Molly suggests she would like to join some quilting classes and also thinks she would like to begin going to church as she and Peter used to go together before Peter got too sick.

4. I also recommend that Molly go have a health check from her general practitioner to ensure her alcohol use has not caused any physical damage. This is also a useful way for her to connect and have some support and may also become important if Molly requires medication for her anxiety if behavioural strategies are not effective.

5. Molly is experiencing high levels of grief relating to many losses that are associated with her husband becoming sick. I think that it would be useful for her to continue to talk about these in a supported way and will refer her to the grief counsellor at the community palliative care service. This will also be an important link for after Peter’s death.
Resources:


The Centre for Palliative Care website has a number of resources for clinicians to better support families who are caring for someone receiving palliative care.

The Palliative Care Research Network Victoria provides support for health professionals interested in palliative care research.

Author: Dr Tina Thomas, Senior Research Fellow, Centre for Palliative Care, Victoria

CareSearch Resources

There are resources within CareSearch that could help allied health professionals in the care and support of Molly and Peter. Some of them have been highlighted here:

- In the Clinical Evidence section, there are pages on Anxiety and Depression.
- In the Allied Health Hub, there is a page on Psycho-Social Assessment.
- In the Patients, Carers and Families section, there is information for Molly on Emotional Challenges and on Why Communication is Important. For her children, there are pages on Supporting Carers. There is also information on what she will face At the End. There is a section on Bereavement, Grief and Loss that will help her to find information and resources after Peter has died.
- There are Systematic Reviews on Anxiety, Depression, Communication and Bereavement. PubMed Topic searches can also be found on the same topics.