

The Palliative Treatments under Strategic Supervision

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Abstract

We have taken care of the supervision of the Unit of Palliative cares of Biella. This job was arranged in the widest frame of the ‘Chronic Project’, that regards the collaboration between the Department of Mental Health and the Hospitals Units workers, who introduce problems of patients and relatives at the risk of psychological uneasiness. The UOCP’s operating group carry out their intervention at the domicile of patients, in a moment of great fragility, when a member of the family is dying.

In these situations they are frequent moments of relations stiffening ; Anguish of dying lead the patient to exasperate the operation of defense mechanisms, the individuals suffer individually and the family-system suffers in the way it works: in communication, and in the way to manage and resolve problems. The participation of the operators is centered on the cure of symptoms and treatment of pain , while making this they enter in contact with microcosms saturates of suffering and fear.

Our job has been characterized by some points:

- Listening to the operators that introduce the case.
- Appraisal of the explicit - implicit demand.
- Appraisal of the operator’s peculiarities.
- Observation the group’s background.
- Analysis of solutions tried by operators and/or relatives.
- *Problems solving* .
- Adoption of supervisors.

In this job we will introduce two cases of supervision.

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The authors, both psychologists, present their supervision's work developed since October 2002 with the palliative treatments' team of Asl 12 in Biella.

The supervision becomes part of the wider frame of the "Chronic patients' project" which concerns the collaboration between the Mental Health Department and the hospital wards where you can find patients and relatives at the risk of psychological disorders.

In the team there are five doctors and seven nurses, working in pairs, not always fixed, and visiting patients, at the end of their life, at home.

During the supervision, the team has to tackle problems not only connected to explicit psychotherapeutic demands but also to the family's anxiety for:

1. The meeting with death.
2. The change taking place in a family for the approaching loss of a relative.

The tendency is for stiffening and showing excesses and disorders which make the problems worse and uphold them.

Doctors and nurses, visiting the patients at home, often meet with denials and refusals, and feel involved, guilty and excessively responsible for the family's problems.

The good progress of the meeting, whose goal is a painless and quiet death, depends on the relationship between the team and the patient, the care giver and the family.

The team, under supervision of the psychologists, meets once a month and the most important problems, coming up during the meetings, are connected with the compliance and the difficult relationship with the patient and often with the family.

The authors' work depends on problem solving and therapeutic tricks. The supervisors help the team to overcome some difficulties of relation and communication, starting from the empathic understanding of the problems.

The team meets with anxiety, pain and fear.

In each family, the team appoints a relative as the assistant of the patient and he/she has to keep good relations with hospital and the care giver.

Often the patient takes a pain-killing therapy which can modify the knowledge aspects and the degree of consciousness and can influence the state of anxiety in the family.

Here are some main points of the supervisors' work.

- Attention to the doctor or nurse explaining the case;
- Evaluation of the explicit and implicit demands;
- Observation of the experiences;
- Attitude towards problem solving, avoiding pedagogic and moral evaluations (right-wrong);
- Analysis of the solutions suggested by the care givers and the family and evaluation of the possible excesses;
- Adoption of a flexible role by the supervisors who should understand the team's problems and, at the same time, find solutions to them.

The strategic therapy has been useful for the supervisors' way of working: the therapeutic tricks can modify patterns of communications and relation which have stiffened and taken on pathological features and disorders.

Moreover time scores a point for a strategic intervention.

A doctor or a nurse, in the context of palliative treatments, is urgent his/her demands.

He/she often faces the family's excessive or weak involvement in the situation and needs the supervisors' help and suggestions.

If the team gets concrete results, it'll understand the problems always have a solution.

Here are two examples to explain the above-mentioned therapy.

Helen's case

Helen is a thirty-year-old nurse working in pairs with a young doctor.

The team itself tells the supervisors about Helen's problems with the family she's looking after.

The patient is an old lady suffering from an ovarian tumour. She is self-sufficient and lives with two adult children.

The family's problem is not only the lady tumour but also, and above all, the parting from the lady's husband, a very rich man and of noble birth.

During Helen's visits, they talk about their economic difficulties, such as paying the rent or for food; her son is not always present as he works and yet he shares the family difficulties.

The meetings always last more than what have been fixed up and Helen always accepts to stay with the ladies.

Helen seems very worried about the family's problems and tries to solve all of them but she's exaggerating.

The Social Service take care of the family and it received an economic contribution by a foundation giving money to families with oncologic patients.

During the team's meetings, Helen doesn't talk very much but she listens carefully to the supervisors. She is introvert and very sensitive to patient's problems.

She knows she's doing something wrong but she can't react against the family's complaints.

Moreover the doctor, working with her, doesn't share the same problems.

The team loves Helen, understands her uneasiness and wants to help her but the team's advice and suggestions may blame her behaviour.

During the discussion, someone suggests substituting Helen for a less sensitive and helpful nurse. The team doesn't agree with him/her on this proposal and finds another solution.

Helen's colleagues will call her regularly on the cell, asking her for an urgency, until she goes out.

During the following meeting the team brings the supervisors up-to-date on the situation.

Helen, after using the trick twice to leave the family, has found the right ways and times to deal with the case.

Now the situation is under the control of the young nurse.

Susanna's case

"I'd like to know if I did the right thing".

During a week-end, Susanna visited a patient and she had to refill the syringe-pump of medicines for a subcutaneous therapy (it's a therapeutic aid letting the treatment to be spread regularly for twenty-four hours and it must be refilled every twenty-four hours).

It was the first time she went to him because the case was in charge of other care givers.

The patient was an eighty-year-old man suffering from a lung-carcinoma with metastasis and

Before his illness, he lived in the South but then he went to live with his daughter so that he could be assisted.

His daughter, of about sixty, was married and she had two grown-up sons.

When Susanna came in, the man's son-in-law began to threaten and blame her.

The night before Susanna's visit, the patient felt ill and his relatives tried again and again to call the palliative treatments' operators. At last they called hospital and a doctor advised them to call the emergency medical service.

The man's daughter and her husband felt abandoned.

The care givers had pointed out the family's difficulties to remember times and phone numbers.

The care givers prepared a timetable with the phone numbers.

But there was another problem. The patient's son-in-law had a negative attitude towards the nurse.

He was very angry and his wife couldn't deal with his anger and contempt.

At last Susanna reacted to the man's accusations and threatened to go away if he didn't co-operate correctly with his wife and the operators.

Susanna hit the nail on the head and found the way of involving the quick-tempered man in some practical aspects of the treatment.

The day after things got better and Susanna began to talk with him about his garden and his sons.

Why does the nurse explain the case to the supervisors?

Perhaps she would need a confirmation of her odd behaviour: is it correct to be aggressive with an aggressive relative?

Let's reconsider the case's information.

- The patient, ill and widowed, left the South, and now lives here with his daughter.
- The patient's daughter is getting depressed or the imminent loss of her father.
- The patient's son-in-law would react against his wife's uneasiness but he can't control the situation.
He's always ready to quarrel. He's very active but he can't co-operate with his wife and the care givers.
- The relatives do not remember the information given by the care givers.

The supervisors should confirm Susanna's intervention because it produced a positive change in the family.

Susanna turned a difficult relationship into a positive attitude. She acted as a mediator between the man and his wife and they learnt how to work together and with the care givers and to play a relevant role in the old patient's care.

After examining the two cases, we may say that the supervisors should help the team not only to solve the problems but also to think about the most suitable interventions.

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