



Psychotherapy Pearls: Bolstering Palliative Care with Countertransference & Formulation

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Objectives

1. Understand the psychological concept of *formulation* and how it can enhance clinical interactions in palliative care
2. Recognize the ways *countertransference* informs and enriches therapeutic efficacy in palliative care
3. Apply strategies and techniques of the psychological elements of palliative care to clinical practice



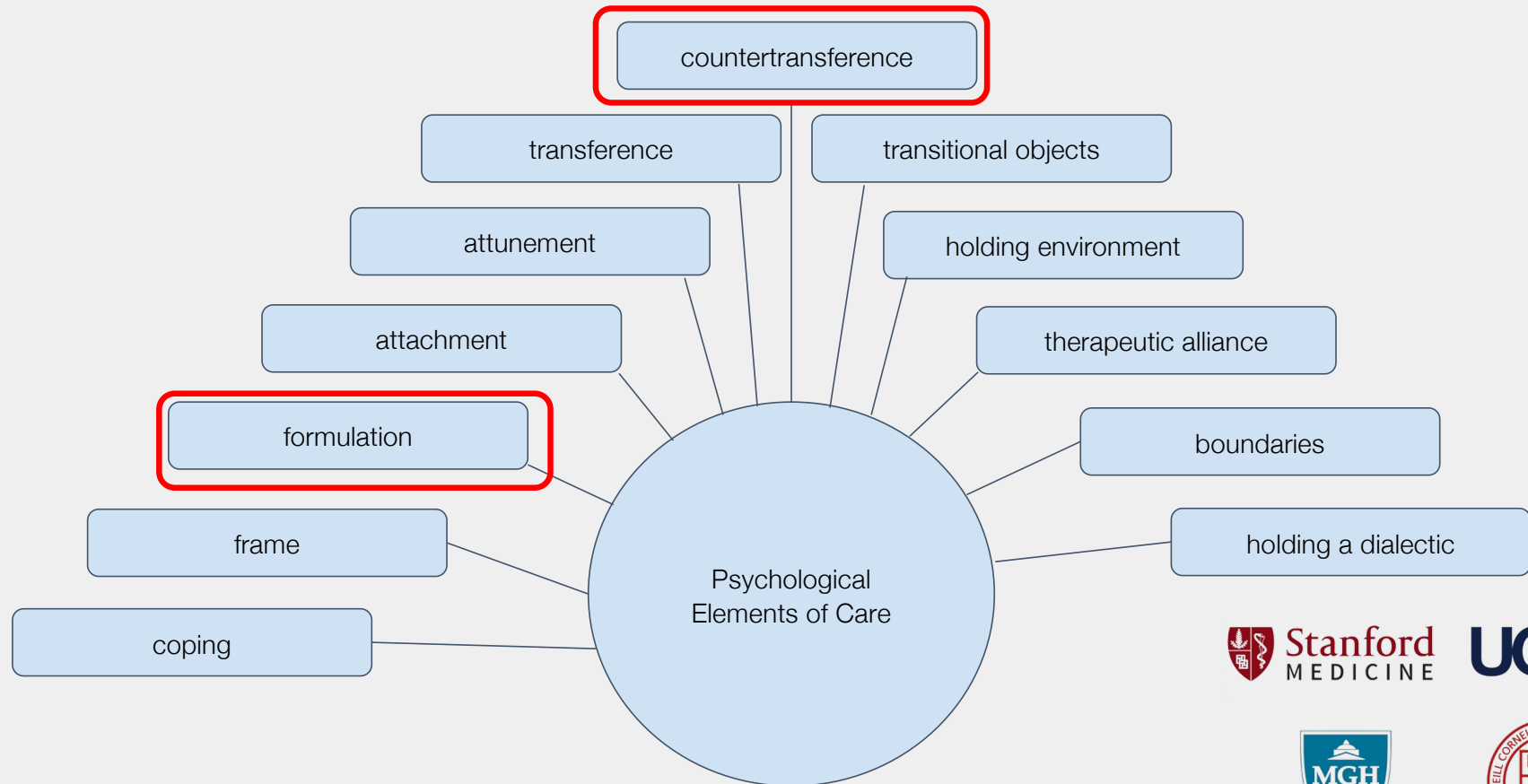
Image obtained on 1/11/23 from: <https://blog.commlabindia.com/elearning-design/online-training-learning-objectives-purpose>



Psychiatry has many dimensions applicable to palliative care



There are numerous psychological elements of care




What is a *formulation*

- The **why** beneath a patient's thoughts, emotions & behaviors
- A **hypothesis**, theory or framework for understanding what is going on psychologically for the patient
- A **compass** to guide therapeutic interactions



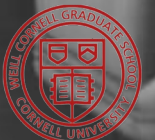
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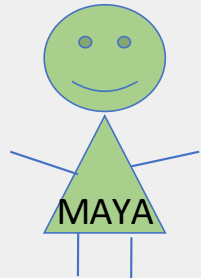




“I was 20 minutes late to pick up my daughter from school. I am so disappointed in myself! I am a total failure as a mother!”

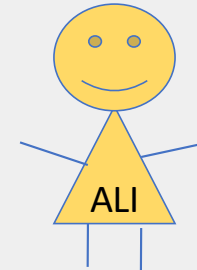
It depends on my formulation!





Core Pathological Belief:

I am responsible for the world, so I can't make mistakes. Anything that goes wrong is my fault.



Core Pathological Belief:

The world is an unsafe place where others harm me. I have no agency, and everything happens outside of my control.



FORMULATION

TOOLS



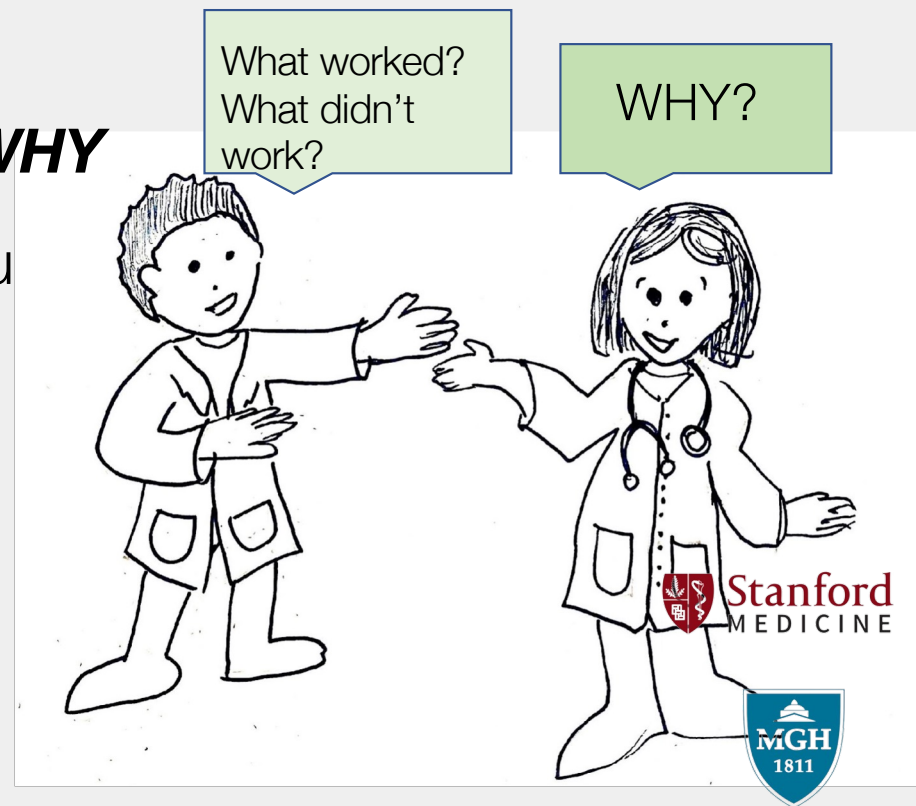
How do I apply formulation to my everyday practice of palliative care?





Make **EXPLICIT** what you do **IMPLICITLY** as a means of practice.

- Be thoughtful about the **WHY**
- Explicitly **TEACH** it as you would any other skill



UCSF





“...always wanting more time”

A decision needs to be made about the course of a patient’s care. The family listens to what the doctors have to say, but then still refuse to make a decision.... *always wanting more time.*



“...always wanting more time”



Worried about a “wrong” decision

Mistrust of medicine

FORMULATION

Overwhelmed by the weight/burden and responsibility; scared they will choose “wrong.”

Worried that the doctors are giving up or pushing their own agenda onto the family.

TOOLS

“It is our job to take care of XYZ and support you; let me tell you what I recommend.”

Lay out the options, then patient-centered questions: “tell me about so and so,” “what do you think so and so would want?”



Formulations are FLUID → adjust with more evidence

If something isn't working, then:

- Formulation is off
- The patient/family weren't ready for the intervention
- Our communication tool was mismatched for our formulation





“too many questions”

A patient in the hospital who just received a devastating diagnosis keeps asking you numerous detailed questions about care choices, medication choices, etc... for much longer time than you or the team has available.



"...TOO MANY QUESTIONS



Loss of Control

Avoidance

FORMULATION

Focusing on investigating and understanding the details of their illness is giving them something to hold onto in a stabilizing way.

They are doing everything in their power to avoid the truth of their illness. They are re-asking detail questions to deflect the big picture.



TOOLS

- Spend time explaining relevant details.
- Advocate for other docs to come by.
- Write down questions.
- Pre-determined meeting times

Deep breath. "Sit with this."
Big picture questions (greatest fears, etc)



Know Yourself

- Our natural communication style will be better aligned with some formulations than others.
- Reflect on where we may need to adjust in order to better meet needs.
- Find an authentic version when adjustments are needed.



Image obtained on 1/27/23: <https://newroadstreatment.org/the-importance-of-being-self-awareness/>



Everything is data

From the first moment that you hear about a patient...

Everything you think, feel, do

Big and little clinical and communication decisions



Image obtained on 1/27/23: <https://www.uhhospitals.org/blog/articles/2021/03/>



Countertransference

- Patients—and our interactions with them—inspire a range of feelings within us



What is a strong emotion or reaction you have experienced recently with a patient?

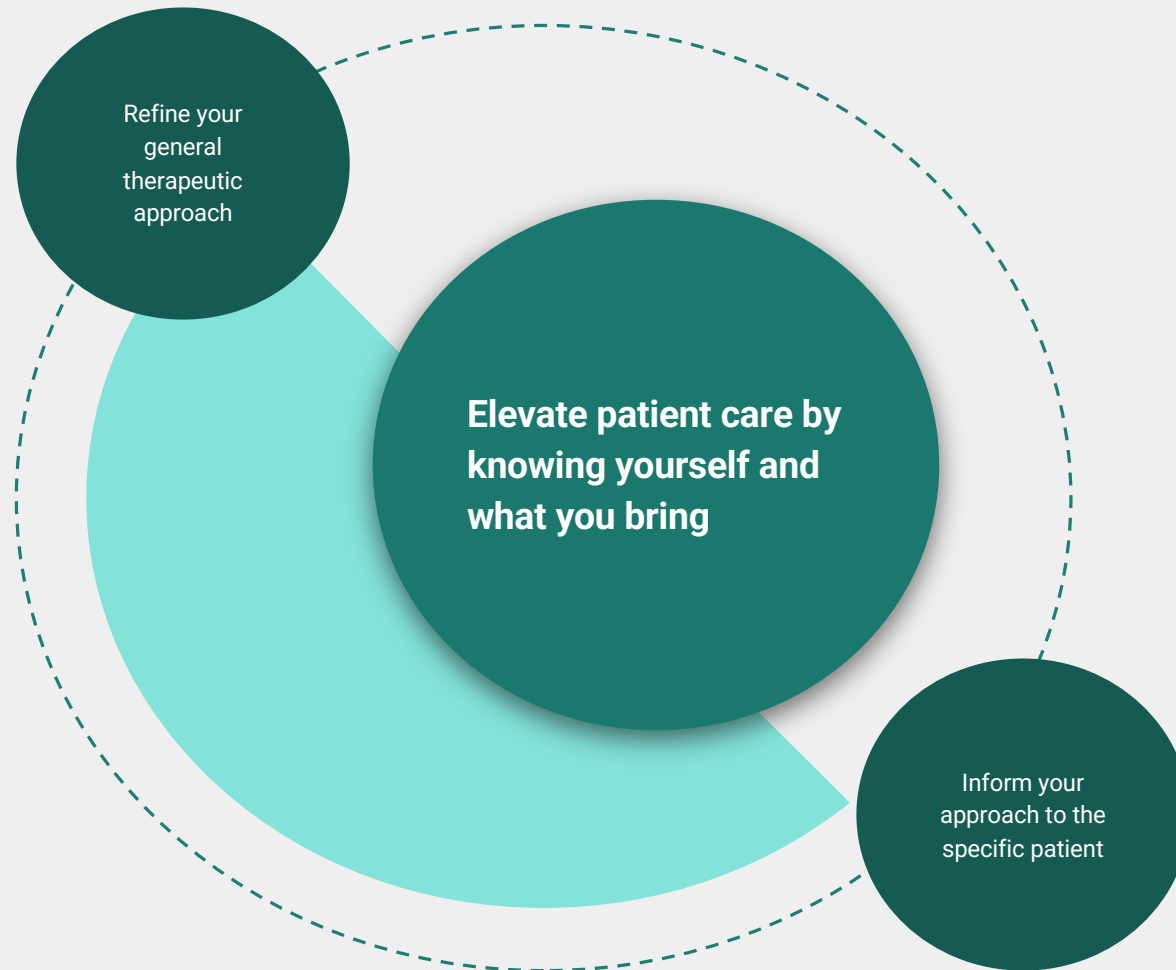


Countertransference

- Our reactions to patients have complex roots:
 - Some are universal
 - Others are personal



Why think about your countertransference?



Countertransference can be an asset



Obtained on 2/28/23: <https://blog.encompasshealth.com/2019/04/19/tiredness-doesnt-have-to-be-part-of-the-job-in-nursing/>

Countertransference can be a barrier





Enactment

- What we can't say, we do
- Countertransference drives our actions and clinical choices



What we can't say out loud, we **do**

- Classic Freudian **enactment**
- Unconscious or poorly understood reactions can motivate clinical decisions in chaotic ways
- When we are **surprised** by ourselves, we may rationalize the clinical decision: “I’m sure the primary team would message me if the pain was still uncontrolled. I don’t need to stop by.”
- But it can be problematic...
 - You’re not being the clinician you strive to be
 - Your practice isn’t sustainable!



IF IT'S MENTIONABLE,
IT'S MANAGEABLE.
— FRED ROGERS

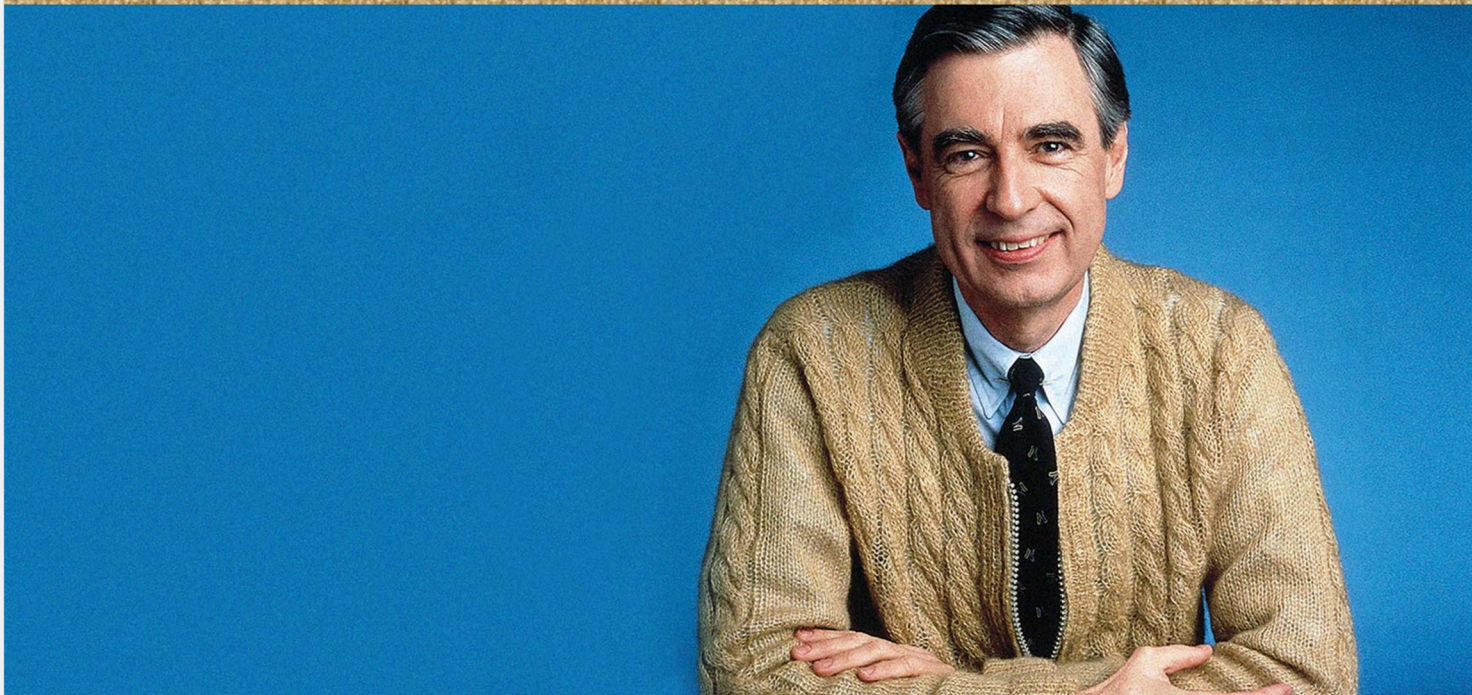


Image obtained 1/28/23: <https://www.misterogers.org/the-messages/>



Countertransference as a tool

- In the past, it was viewed as just an obstacle or only present in extreme, unprofessional situations
- Today, we see it as an important lens through which to understand patients - the way we feel tells us things about them
- So after we better identify it, how do we leverage our emotional experiences to elevate our practice and enhance our self care?



Embracing discomfort can inform our countertransference

- Talking about strong feelings toward patients (positive and negative) can feel uncomfortable
- We can utilize supervisors, peers, and the IDT to process the emotions patients elicit in us



Image obtained 1/28/23: https://cdn.edhub.ama-assn.org/ama/content_public/journal/steps-forward/





A three step plan to befriending our countertransference

1. Take Note

Be aware of deviations from your normal practice.

- Unusual feelings about a patient or situation
- Seeing a patient more or less than usual
- Self-disclosure
- Changes in interpersonal style

Katz R. Chapter 18: The journey inside: Examining countertransference and its implications for practice in end of life care. *When Professionals Weep*, p 275.



Formulations & Countertransference can be your superpowers!

- Formulations can better inform and enhance our clinical approach
- Countertransference can be an important source of clinical knowledge & therapeutic benefit
- As leaders and educators, one of the greatest gifts we can give trainees is to give them space to share their experiences *and* model doing so ourselves

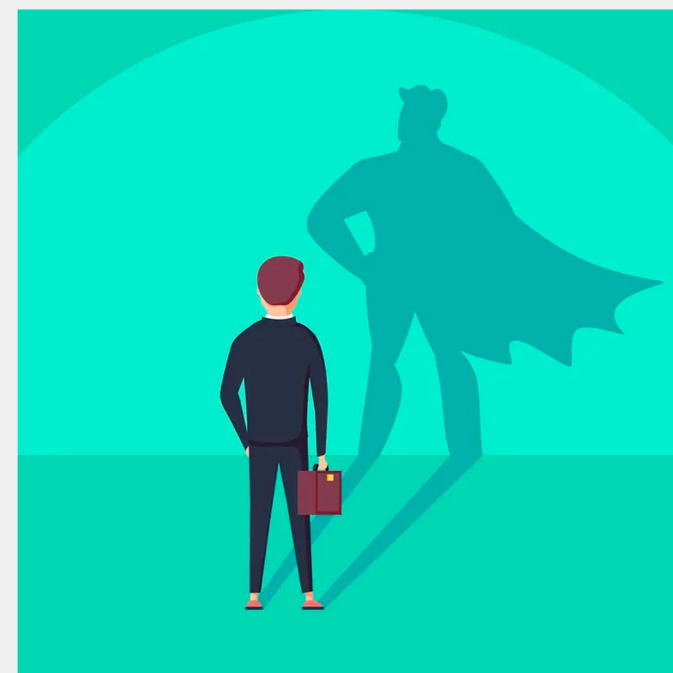


Image obtained 1/28/23: <https://productcoalition.com/dont-limit-yourself-to-one-superpower-as-a-pm-b0275b495a69>

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Thank You

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