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A Holistic Model of Hospice Palliative Care for Counseling Psychologists

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The development of hospice palliative care in Taiwan has a thirty-year history. Although the need of providing a holistic hospice palliative care for patients and their families has gradually been recognized, it still has a long way to go to fully put it into clinical practice. Traditionally, counseling psychologists are well trained to provide psycho-social evaluations and interventions for the clients. But for terminally ill patients, they need a bio-psycho-social-cultural-spiritual holistic care, including pain control and symptom management, care for social and spiritual needs, and culturally appropriate interventions. A majority of counseling psychologists who work with terminally ill patients and their families still lack the knowledge and training in this holistic approach to palliative care. In the present article, authors reviewed past research literature and compiled them into five themes, including: 1. the bio-psycho-social-cultural-spiritual holistic care model for hospice palliative patients, 2. the professional competencies required for palliative care counseling psychologists, 3. the role and function of palliative care counseling psychologists, 4. the salient religious and spiritual needs of palliative care patients, and 5. the multicultural competencies of caring for patients and their families from diverse cultural backgrounds. After literature review, the authors proposed five suggestions for future counseling psychologists who will work with palliative patients and family members. Suggestions included: 1. To develop and research the bio-psycho-social-cultural-spiritual holistic care model in clinical practice, 2. To enhance palliative counseling psychologists' professional competencies by receiving more educational trainings, 3. To promote palliative counseling psychologists' roles and functions by the collaboration between educational institutes and professional organizations, 4. To strengthen counseling psychologists' proficiencies of caring for palliative patients' spiritual needs, 5. To become competent palliative counseling psychologists working with patients from diverse ethnic and cultural backgrounds. In the end, the authors drew the conclusion and proposed the limitation of the article.

Keywords: *bio-psycho-social-cultural-spiritual holistic care model, counseling psychologists, hospice palliative care, multi-culture, spiritual care*

The purpose of the article aims to firstly review literatures of palliative care and then to propose future directions and suggestions for providing a holistic model of hospice palliative care for counseling psychologists in Taiwan society. The article consists of four parts. The first part is the introduction, in which the authors introduce the basic concept of hospice palliative care, the development and current state of palliative care in Taiwan, and the five facets of palliative care promoted by Taiwanese palliative care medical team members. The second part presents five themes of palliative care which organized by the authors based on literature reviews. In the third part, the authors propose five future directions and suggestions for palliative counseling psychologists. In the final part, the authors draw the conclusions and identify the limitations of the article.

In the introductory part, the authors briefly describe Hospice palliative care in Taiwan has undergone extensive development during its 30-year history. Medical professionals have put great efforts into palliative care education to prepare palliative care specialists. The Taiwan government passed the Hospice Palliative Care Act in 2000, and many nonprofit organizations in Taiwan actively promote palliative care knowledge to the public

and provide social support to palliative caregivers. In 2015, the Economist Intelligence Unit reported that the quality of Taiwan's palliative care and death was rated the highest in Asia and sixth in the world. Although the quality of palliative medical care in Taiwan is recognized internationally and the need to provide holistic hospice palliative care for patients and their families is increasingly recognized locally, there is still a long way to go before it is truly integrated into clinical practice. The authors also define the concept of hospice palliative care, then briefly describe its history in Taiwan. Finally, the authors introduce the palliative medical team and "full-scale" palliative care, which involves providing services for the whole person, whole process, whole family, and whole community.

In the second part, the authors present five themes based on the organization of the literature review. The first theme is physical-psycho-social-cultural-spiritual holistic palliative care model for counseling psychologists. Physical care mainly includes pain control and physical symptom management. Psychological care includes psychological symptom evaluation and intervention, managing fear and anxiety about facing death, helping family members through the loss and grieving process, and crisis intervention. Social care includes helping patients to resolve familial and interpersonal conflicts, improve interpersonal communication, and strengthen social support and social connections. Spiritual care includes helping patients to find meaning in life, value self-worth in adversity, and find hope in facing death. Cultural care includes being sensitive to patients' ethnic backgrounds and cultural traditions and providing culturally appropriate interventions for patients and their families. Traditionally, counseling psychologists are well trained to provide social and psychological evaluations and interventions for clients who are not terminally ill. However, palliative counseling psychologists are in need of a better holistic model of hospice palliative care.

The second theme is the professional knowledge and training needed for palliative care counseling psychologists. Beyond the knowledge of social and psychological evaluations and interventions that all counseling psychologists are familiar with, palliative counseling psychologists at the beginning of their careers lack an understanding of the physical and psychological changes in the end of life stage and the resulting social, religious, and spiritual needs of palliative patients and their families. Competencies for fulfilling palliative care tasks include loss and grieving work, palliative team collaboration, and providing culturally sensitive care to diverse ethnic and religious patients.

The third theme concerns the roles and functions of palliative counseling psychologists. Counseling psychologists have specific roles and functions in each life stage, from health to sickness and treatment, to the end of life and dying, and finally grieving for the dead. The roles and functions of palliative counseling psychologists can be further elaborated as the four facets of palliative care work: whole person, whole process, whole family, and whole team.

The fourth theme addresses the spiritual needs and spiritual care of palliative patients. The authors first point out the popularity and diversity of religions in Taiwanese society. The following distinctions between the concepts of religion and spirituality are made. The religious and spiritual needs of palliative patients are highlighted, the relations between spiritual care and health as well as quality of life for palliative patients are reviewed, and the professional competencies of palliative spiritual care are investigated.

The fifth theme is palliative care for multi-cultural and ethnic groups, which addresses multi-religious/spiritual palliative care, culturally appropriate palliative care for aborigine people, and palliative care for children. In Taiwan, both Christian and Buddhist organizations train their own palliative spiritual care givers to fit the specific religious and spiritual needs of patients. Aboriginal people hold culturally unique conceptions about life and death, which influence their attitudes and ways of coping with sickness and death. Palliative care for children is a newly developed specialty. Counseling psychologists can apply pain control and mental imagery techniques to help relieve young patients' physical discomfort and to facilitate emotional expression between parents and children in palliative care.

In the third part of the article, the authors raise five

future directions and suggestions for palliative counseling psychologists according to the presentation of the above five themes. The first suggestion is to apply the physical-psycho-social-cultural-spiritual holistic palliative care model in practice and to conduct empirical studies to explore the effectiveness of the holistic model. Multi-research strategies and methods can be adopted, and the perspectives of patients, family members, and palliative team members can be studied. In this way, the clinical services and experiences of palliative counseling psychologists can be used to build scientific knowledge of palliative care.

The second suggestion is to enhance counseling psychologists' professional knowledge of palliative care through both educational and in-service training. Currently, very few formal institutes in Taiwan train counseling psychologists to work with palliative care patients. Most counseling psychology students only learn how to take care of palliative care patients once they enter their practicum or internship. To meet the needs of palliative care, the authors suggest that universities develop professional palliative care courses for counseling psychology students. Practicum placements and internships can be offered in palliative wards, in community palliative care centers, and during home visits under close supervision by experienced on-site clinical supervisors. In-service training courses are another way to enhance professional knowledge. Currently, the in-service training courses for palliative counseling psychologists place too much emphasis on knowledge rather than on professional skills. The authors suggest that clinical practice hours and supervision should be included in in-service training courses and performance evaluations should be conducted to rigorously assess the learning qualities of in-service-trainees.

The third suggestion is to promote the roles and functions of counseling psychologists in palliative care by collaborating with educational organizations and related professional associations. In the past, the Taiwan Counseling Psychology Association has organized at least one forum on palliative care each year at its annual conference, but progress is slow. The authors recommend three ways in which close collaboration between universities and professional associations can be enhanced. First, professional knowledge standards for palliative counseling psychologists should be developed based on the current literature and further research. Second, evaluation criteria and methods for screening qualified palliative counseling psychologists should be established. Third, guidelines and ethical principles are required to guide counseling psychologists in providing services to palliative patients and their families, and in working with palliative team members ethically and professionally.

The fourth suggestion is to strengthen palliative counseling psychologists' spiritual care competencies. With a limited life expectancy, palliative and end-of-life patients must accomplish the final life tasks. Religious and spiritual quests become primary concerns for these patients. Traditionally, counseling psychology has excluded religion and spirituality from the profession, but it is time to prepare counseling professionals to provide spiritually appropriate care for palliative patients and all clients in need. Palliative counseling psychologists need to be acquainted with religious and spiritual issues, spiritual assessment and evaluation methods, appropriate spiritual interventions, and the internal and external religious and spiritual resources that patients can draw on. It is also important for palliative counseling psychologists to be sensitive about their own needs and attitudes toward religion and spirituality.

The fifth suggestion is to enhance the professional competencies of counseling psychologists to work with multi-cultural and multi-ethnic palliative patients and their families. The authors refer to the cultural competencies of helping professionals proposed by Sue and Sue (2013) and apply them to palliative counseling psychologists. They briefly introduce three cultural competencies: the self-awareness of personal values, assumptions, and biases about life and death; the understanding of patients' world views including religion and spirituality, and attitudes toward and ways of coping with sickness, death and bereavement; and the development and application of appropriate intervention strategies and techniques for culturally diverse patients and their families.

In conclusion, the authors make a call for counseling

psychologists to be equipped with the competencies of palliative care, especially in the physical, spiritual, and cultural dimensions. The article is directed mainly toward counseling psychologists and palliative counselors rather than clinical psychologists in palliative training and practice. Although they draw on the same fundamental knowledge, counseling and clinical psychology have been separated into two professions in Taiwan, each with its own licensure system; thus, the article applies mostly to counseling psychologists.