

Book Review

Palliative Psychology: Clinical Perspectives on an Emerging Specialty

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Palliative Psychology: Clinical Perspectives on an Emerging Specialty

By E. Alessandra Strada

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Dr. Alessandra Strada has two goals in her book, *Palliative Psychology: Clinical Perspectives on an Emerging Specialty*. The first is to provide clinical perspectives on the role of palliative psychologists in palliative care and hospice, and the second, to advocate for the formalization of palliative psychology as a new specialty. And she does so, methodically and masterfully. In the Introduction to Palliative Psychology, Dr. Strada builds the case for palliative psychology as a specialty, and in the eight chapters that follow, she uses the eight domains of palliative care identified by the National Consensus Project as a framework for specialist-level competencies and best practices in palliative psychology.

Historically, the role of psychologists in palliative care has been ancillary and ill-defined. In this book, the case for palliative psychology is logically and convincingly presented, leading the reader to wonder why the significant contribution of psychologists to palliative care has not yet been recognized. To become a licensed clinical psychologist requires a doctoral degree, with training in psychopathology, normal development, and promoting resilience and well-being from a strengths-based approach. Psychologists have long played a role in the care of patients who are medically ill, so the development of a specialty in palliative care is a natural evolution. As early as 2002, the American Psychological Association supported the need for more psychologists in end-of-life care, yet a

shortage of trained professionals persists. Although the European Association for Palliative Care defined guidelines for educating psychologists in palliative care, such guidelines have not been developed in the U.S. Neither have state licensing boards recognized psychology as a specialty, and there is no national training curriculum. It is this training gap that the author addresses.

Dr. Strada describes two levels of palliative psychology; generalist and specialist. *Generalist-level* skills include a basic understanding of the impact of illness on the psychological functioning of the patient and family, psychological interventions to address adjustment disorders with depression and anxiety, and support for uncomplicated grief reactions in the patient and the family. *Specialist-level palliative psychology* requires specialized training and competencies in the eight domains of palliative care. In the following eight chapters, Dr. Strada describes the formal, focused, standardized training curriculum that meets standards, core competencies, and practice guidelines. Every chapter follows a similar, logically organized format. First, each palliative care domain is described and required core competencies are listed in terms of 1) knowledge, 2) skills, and 3) attitudes. Within each domain, the role of the palliative care psychologist is explained, along with a case vignette, and a comprehensive list of references.

Of particular interest in Chapter 2, Physical Aspects of Care, is the key role that palliative care psychologists play in understanding the compassion fatigue experienced by palliative care clinicians at one time or another, recognizing protective factors and interventions to reduce burnout. Psychologists assess pain and symptoms and provide evidence-based complementary medicine approaches, such as hypnosis, that can be used in conjunction with pharmacological and procedural treatments. In Chapter 3, Psychological and Psychiatric Aspects of Care, palliative psychologists assess depression, anxiety, and grief reactions and facilitate emotional adjustment, connectedness, and healing. Key skills include risk assessment for depression in patients with advanced illness, differentiating between grief reactions and depression, risk factors for suicide, treatment of anxiety, and the principles of palliative psychotherapy. Bereavement, complicated grief, and care planning for family caregivers are addressed in Chapter 4. Exploring the spiritual domain is addressed in Chapter 5. Great deal of attention is paid to the spiritual and existential needs of understudied populations as well as the anger, guilt,

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and alienation that may arise in people alienated from their spirituality. Chapter 6 emphasizes cultural sensitivity, recognizing that minority groups are underrepresented in palliative and end-of-life research, leaving gaps in understanding. Especially significant are the culturally sensitive questions necessary to explore personal cultural identity and professional culture and the pitfalls of imposing cultural assumptions and cultural aggression in palliative care. The chapter on care of the patient at end of life sensitively explores the interplay of physical, cognitive, and psychological changes at end of life, as well as the interplay of medical and psychological factors. Appropriate methods to facilitate the transition and optimize communication while supporting the patient

and family during the dying process are described. The last chapter addresses the role of the palliative psychologist within Ethical and Legal Aspects of Care, which includes the psychology ethics code, medical decision-making, and the principles of autonomy, beneficence, nonmalevolence, and justice.

Dr. Strada clearly describes the key role of the palliative psychologist in the palliative care team. Her insightful description of their specific contribution and required competencies provide a much-needed curriculum that can be readily adopted by national programs ready to address this significant gap in clinical palliative care.

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