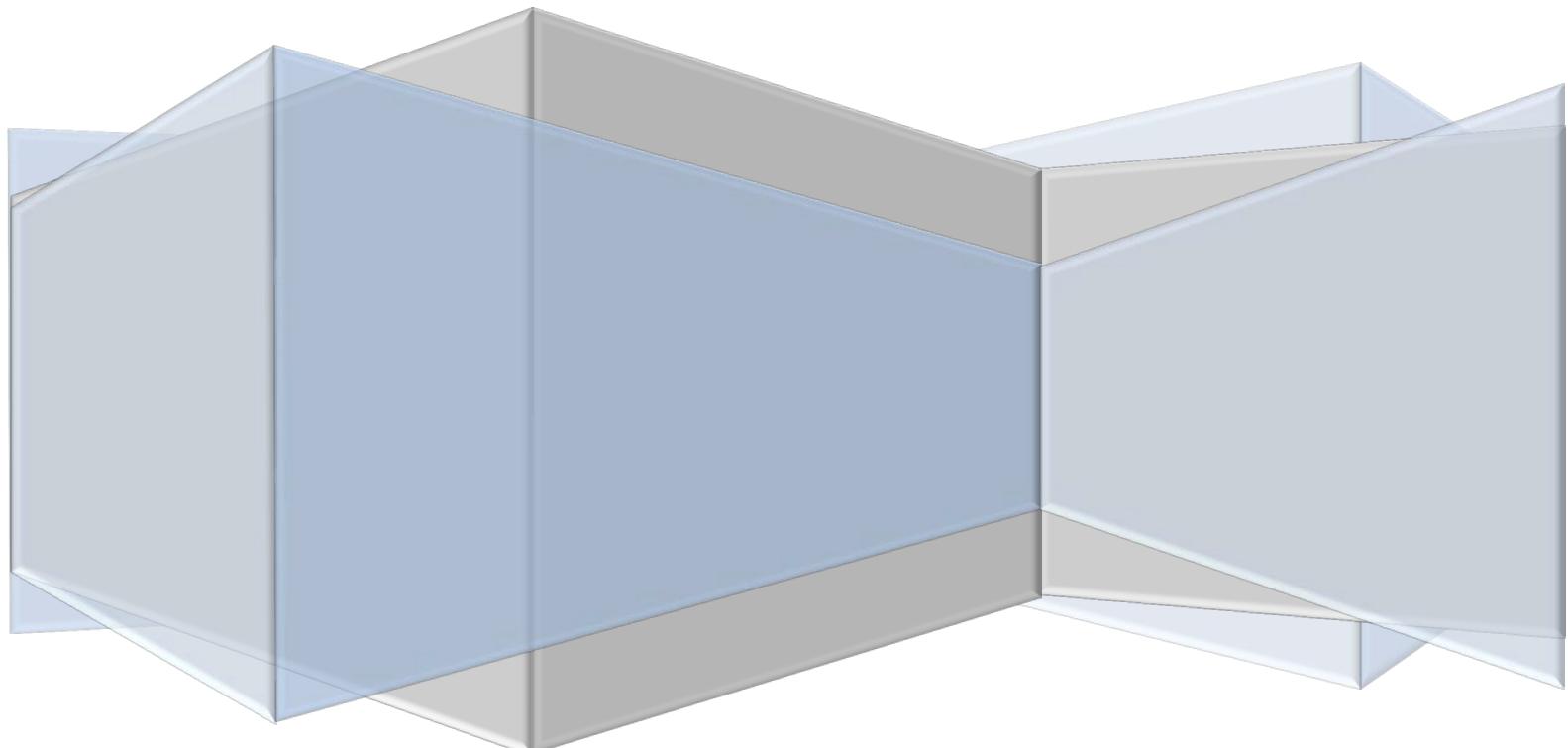




Hospital-based Group Education Program



Introduction

Caring for a family member with life-threatening disease is commonly associated with negative physical and psychosocial outcomes. Accordingly, the World Health Organisation and the Australian Standards for Palliative Care Provision highlight the importance of meeting the supportive care needs of family caregivers. An additional hallmark of palliative care is that patients have a choice related to the site of their care. However, most people want to die at home, yet only approximately 25 per cent of Australians have a home death.

The likelihood of a home death is significantly increased if family caregivers receive comprehensive preparation and support. Information may help caregivers to solve caregiving problems, decrease their anxiety, and increase their sense of control. The benefits of family involvement in discharge planning have also been reported, yet most family caregivers lack preparatory information and so feel unable to make an informed choice about their role. Family caregivers also report a variety of unmet needs throughout the palliative care episode, despite input from health care services. They have been referred to as 'hidden patients'. Health professionals also acknowledge that providing supportive information to family members as well as to the patient presents an enormous challenge. The short length of stay (approximately 16 days) in metropolitan palliative care units in Australia adds an additional barrier for family caregiver support.

In summary, although family caregivers are acknowledged as valid service recipients of palliative care, they continue to have largely unmet informational and psychological needs.

Family caregivers have expressed a desire for structured information to better prepare them for their role, whether their dying relative is in hospital, a palliative care unit or at home. Psycho-educational interventions delivered on a one-to-one basis (health professional to caregiver) have demonstrated a capacity to decrease caregiver burden, increase caregiver quality of life, and to increase knowledge of patient symptoms. Although one-to-one interventions are appropriate for some family caregivers, others may prefer a group context.

The advantages of group interventions are that they allow for social comparison (the comparison of one's situation with a peer group who are experiencing similar circumstances), social support, sharing of experiences and they often require fewer resources. Therefore, we developed and assessed the effectiveness of a group education program, delivered in the in-patient setting, designed to prepare family caregivers for the role of supporting a relative who is receiving palliative care.

This resource provides instructions and information on how to run the Hospital-based Group Education Program for Family Carers of Palliative Care Patients.

For further information on the program, send an email to centreforpallcare@svha.org.au or call +61 3 9416 0000.

Contents

The evidence – a summary of research supporting education programs for carers.

Professional skills – you'll find information about how to enhance your education and facilitation skills, such as how to actively listen, and gain an understanding about the importance of debriefing and supervision.

Tips for conducting the program – helpful advice on how to promote the education session and information about who should participate in the program and what to do when things don't always go according to plan.

The program – this section describes the program and lists each topic.

Program resources – this provides a comprehensive list of the resources, including PowerPoint slides, used when delivering the education program.

The evidence

The program was evaluated using a pre-test and post-test design, that is, information on carers was collected before they attended the session and again three days after the session. The information collected included the carer's level of psychological distress, their unmet information needs, how prepared they felt for the caregiver role and how competent they felt as a carer.

Four in-patient palliative care units throughout Australia participated in the evaluation of the program:

- Calvary Health Care Bethlehem in Melbourne, Victoria
- Braeside Hospice in Sydney, New South Wales
- Murdoch Community Hospice in Perth, Western Australia.

In total, data was collected from 126 carers, including 42 men and 84 women who attended the program. Analysis of this data found that carers felt better prepared and better informed after they participated in the session. Importantly, on average, carers who participated in the program did not report feeling more distressed after attending.

These findings supported the development of the current website. More detailed information regarding the evaluation of the program will be available here soon.

Professional skills

Who should facilitate the program?

It is strongly recommended that the program be coordinated and conducted by a health professional who is both experienced in facilitation of adult education sessions and palliative care service delivery. Family carers participating in the session may be particularly vulnerable to distress and the person conducting the session needs to know how to gauge and respond accordingly.

A detailed position description is available in the program resources.

The skills required of the person conducting the program, and other useful suggestions, are included in this section and include:

- Specific facilitation skills
- The benefits of co-facilitation
- Setting the ground rules
- Understanding group stages
- Improving your listening skills
- Trouble-shooting
- Debriefing and supervision.

Facilitation skills

Many facilitation skills have been identified which assist in the successful delivery of the Hospital-based Group Education Program. When conducting the education program, effective facilitators typically:

Promote a sense of cohesion within the group

A facilitator can focus on building a sense of community and group cohesiveness between carers in many ways. A facilitator can promote cohesion by encouraging members to explore the similarities of their experiences, emotions and issues. Supporting other carers to make decisions can also help them appreciate what they share and enhance their confidence in being able to help one another.

Help carers support each other and identify their own solutions to problems

Carers may feel overwhelmed and helpless to their situation, so an education facilitator should encourage behaviours that promote carers taking charge of their problems and finding solutions. An effective facilitator will not decide what is right for the carer, but provide a safe environment where they can explore options and alternatives and come up with potential solutions for themselves. Demonstrating empathy will also provide an example to other carers and build their skills to help one another.

Reinforce the positive

In any group, negative emotions such as anger, sadness, depression and grief can be prominent, and sometimes become counterproductive to effective problem solving. An important facilitation skill is to balance grief with hope, by discussing both the positive and negative aspects of the situation. Effective facilitators will empower carers to feel like they are capable of controlling their own problems and situations in a positive way. This certainly doesn't mean being positive all the time. Everyone is entitled to have a bad day, including carers.

Key facilitation skills

- Maintain a steady pace
- Keep the discussion on track
- Be enthusiastic, positive and supportive of carers' efforts and ideas
- Be alert to potentially distracting situations
- Acknowledge everyone's point of view
- Be aware of body language - are participants looking bored?

Co-facilitation

Co-facilitation is a great way to share the responsibility of conducting the education program and enrich the experience, especially if your co-facilitator has a different background from you. For example, one facilitator may be more knowledgeable on medical aspects of palliative care and the other may have strengths in coping strategies.

Co-facilitation is an important part of self-care. Having a co-facilitator means that you will have someone else to support you and debrief with; it adds diverse skills, experiences and ideas to the education program. Seeking a co-facilitator can take the program to a new level of effectiveness and support through this addition of skills and ideas.

Other advantages of co-facilitation are that it allows the program to be conducted when you are away during holidays, illnesses and other disruptions and is a practical means of receiving feedback about one's own effectiveness as a facilitator. Where possible, the education sessions should be co-facilitated.

Below are some important things to remember in order to ensure co-facilitation is successful and rewarding:

- Make sure that each of you are clear about your roles and communicate this to the group
- Be aware of each other's respective strengths and weaknesses and work with these
- Take time before each education program begins to prepare
- Allow time for debriefing after completing the program
- Keep communication open between you, which can resolve any differences of point of view and avoid unwanted tension.

Ground rules

It is important to explain the purpose of the program and 'ground rules' to carers so that the program starts off on the right foot.

The ground rules for the program are:

- Always maintain confidentiality and respect each other's privacy. Carers who are participating in the education session need to know that what they say is not going to be repeated so they can be frank and participate fully.
- All feelings are acceptable, both positive and negative
- Try to avoid side conversations
- Each carer should be accepted without judgment
- Sharing with others is encouraged, not required
- Try to listen carefully and give advice sparingly.

Understanding group stages

Understanding the stages a group may go through can be useful for education facilitators. All groups go through phases, which can be simply summarised as a beginning, middle and end.

Beginning phase

In the beginning phase, effective facilitation requires the ability to establish trust, because if this does not occur the program may be less beneficial. Using introductions and icebreakers will help soothe people's nerves, make clear what the carers have in common and immediately help establish group cohesion.

Setting up boundaries for carers to help them feel secure, by going through the 'rules' associated with the education program and the purpose of the program is an important part of establishing trust. Simple things, such as keeping to time, create a sense of structure to the program that will also build trust and cohesion between carers.

Middle phase

In the middle phase, carers are starting to feel comfortable in sharing their feelings and in providing mutual aid. Effective facilitation will mean being skilful in helping carers to express their concerns. Facilitators can help carers share their experiences by avoiding giving direct advice, giving each person an opportunity to share without allowing them to monopolise the group, and keeping the group focused on problem-solving rather than assigning blame.

Facilitators can maintain momentum by ensuring the program is keeping on task in working towards the purpose of educating carers.

Ending phase

In the ending phase, facilitators require skills to bring the education program to a close in a sensitive way. Many carers may be experiencing stress, and being aware and addressing this vulnerability is an important part of facilitating the program. Facilitators should be aware of available services and resources so that they can refer carers who require or request continuous support or additional counselling.

Finally, obtaining feedback from carers at the end of the program might be difficult, but it can result in a richer learning experience, especially if carers are honest about what did and did not work for them.

Listening skills

Improving your listening skills

Listening is something many of us take for granted, however it's often very easy to allow distractions to get in the way of really hearing what another person is saying. Carers can benefit from a facilitator who is a good listener and can be an example to other participants.

Active listening involves reflecting back the feeling and content of a message to communicate that you are genuinely listening and understanding what someone is saying to you. Listening actively can build trust and respect between people and prevent misunderstandings.

Are you a good listener?

- If asked, what would people in your life say about how well you listen?
- How well do you remember what people have said to you?
- While listening, do you sometimes think about how you will respond to the person, pass judgement on something they say or start to daydream?
- Do you often interrupt a speaker with an idea, suggestion or to finish their sentence?
- Do people seek you out to talk through an issue?

Active listening is a learnable skill although it requires focus and attention to get it right. It involves two parts: **attending** and **reflective listening**.

Attending demonstrates you are listening and interested in the conversation and helps establish rapport. You can verbally and non-verbally attend to a conversation.

Non-verbal attendance includes:

- having a relaxed and open body posture
- leaning slightly towards the other person
- maintaining good eye contact
- using non-judgemental facial expressions and encouraging nods.

Verbal attendance includes:

- asking permission to talk, such as "can I ask a question?"
- encouraging a person to continue, such as "what happened next?"
- using non-threatening joiners, such as "Uh huhs" and "Hm-mmms".

Reflective listening validates the other person's feelings and expresses an understanding of what the other person has said. Reflective listening lets the speaker know that they have been heard and allows the speaker the opportunity to correct any misunderstandings or misinterpretations. Reflective listening has three components – checking content, checking feelings and summarising.

Content checking involves periodically checking you understand what the person has said by restating what they have said in your own words, such as "So what you're saying is that ..."

Feeling checking involves checking you recognise the person's emotions, such as "I'm hearing a lot of disappointment in your voice" or "You sound like you are really angry about that situation."

Summarising involves reflecting back the main points of what the person said, such as "So from what you've told me, this is what happened and you're pretty angry about it ..."

Common barriers to listening

There are many things that can prevent a person from really hearing what is being said. They can be external, such as noise and interruptions, or internal, including past experiences, prejudices, assumptions and attitudes. For example:

Personal experience – your own experiences, particularly if you have had someone close to you die, can sometimes leave ‘emotional cotton’ in your ears. This can lead to a misinterpretation or assumptions about what the person is saying based on what you went through, rather than what the other person is telling you.

Mind-reading – thinking in advance that you know what a person is going to say. This can occur more often if you have heard of similar experiences. This can lead the listener to tune out or even interrupt a person to finish their sentence, resulting in misinterpretation, frustration and even anger from the person who is speaking.

Rehearsing – trying to figure out what you’ll say back to the speaker instead of fully listening to what they are saying.

Daydreaming – having something triggered by the speaker, which results in your thoughts wandering. This can lead to awkward silences, misinterpretation and having the speaker repeating themselves, which is a frustrating process.

Fixing – a tendency for the listener to want to jump in and offer advice to the speaker straight away without fully listening to their issue.

Making assumptions – coming up with a conclusion with incomplete information, which limits the listener’s ability to communicate effectively.

In summary, the common barriers to listening are:

- Personal experience
- Mind-reading
- Rehearsing
- Daydreaming
- Fixing
- Making assumptions.

Trouble-shooting

What if only one carer turns up for the program?

The program is designed to be conducted with a group of carers. However, sometimes you may have only one carer attend. You may wish to offer them the opportunity to attend at another time with more carers, or alternatively, go ahead with the program by making it a one-on-one education session.

In this situation, we suggest the following changes to the Education Program:

- Aim to complete the session within about an hour.
- Offer the carer refreshments at the start or in the middle of the session, rather than have a formal break time.

What if someone becomes distressed during the program?

One of the key aims of the education program is to provide a safe place where carers can discuss their concerns. Distress can be a normal part of this experience. Some types of distress are okay and don't need to be managed. For example, a carer who has just received some bad news about their friend or relative may become easily distressed. The session may provide this carer with a space to be distressed in a safe and non-judgemental place. However, you may need to intervene if the carer's distress doesn't dissipate.

It is important not to ignore a distress in the room. If you are concerned about a participant, the chances are others are too and, as the facilitator, they will be looking to you for guidance.

Possible strategies include asking the distressed carer if they would like to take a break for a while. If they choose to leave the room, have your co-facilitator go with them so that they are not alone, with the option of return to the program if they feel up to it. Alternatively, taking a time out and having a cup of tea might also be appropriate, particularly if you are facilitating the education session on your own.

Remember, just because someone is crying doesn't mean they want or need to leave the room.

What if someone is dominating the conversation?

You may have someone who dominates the group, and not simply by constant talking. People can also dominate by:

- Having the worst problem and therefore needing the most attention
- Being the nicest or the kindest person
- Always knowing what is best.

Some people may dominate or monopolise the conversation because they are anxious when silent, so they use techniques to reinsert themselves into the conversation.

There are a number of ways you can respond to someone who is dominating the conversation. The approach you take will depend on your skills and style as a facilitator.

These strategies may help you to manage someone who is dominating the group:

- Establish the ground rules early and address the need for carers to allow everyone to share their experience
- Limit eye contact, as eye contact can encourage people who monopolise the group
- Avoid responding to a person's comments if they have carried on for too long or have been unhelpful
- Don't be afraid to break in and ask for a response from other participants.

What if someone is very quiet?

Not all participants need to express themselves at the same level to get benefit from the Education Program. Some people are simply not comfortable talking in a group but gain much from listening. However, the more a carer participates in the program, the more likely they are to benefit.

Carers should be encouraged to contribute as much or as little as they feel comfortable, but if a carer appears uncomfortable it is worth 'checking in' with them during the break to see if they feel okay. Remember, if you're concerned about a participant, the chances are at least one other carer is too.

Debriefing and supervision

Debriefing

Debriefing is an important part of any facilitator role, particularly when working in palliative care. It is a process where you and a peer assist each other to reflect on the session and discuss particular concerns. Debriefing allows you to let go of emotions and clarify your boundaries, which is important for avoiding burnout.

It is best to debrief with a peer, either with your co-facilitator or a colleague who has an interest in the program. It may be tempting to debrief with your wife or husband or even a friend, however, they may not have the emotional distance, skills or knowledge to allow you to properly debrief and might feel overburdened by the information you need to share. Breaching confidentiality is also more likely if you are debriefing with a partner or friend.

Supervision

Supervision or ‘professional guidance’ is the process of being given guidance and advice by someone who has experience or expertise in your field regarding problems and difficulties that arise in your work as an education facilitator.

Supervision can allow better understanding of your facilitator practice, by becoming more aware of your own reactions and examining alternative ways of educating the group. There are three functions of supervision – educational, management and supportive.

The **educational** component involves developing knowledge, skills and abilities related to your role as an education facilitator.

Management focuses on performance, such as time management and keeping boundaries.

The **supportive** component involves dealing with the impact of conducting the program through debriefing, the processing of emotional responses and support in dealing with program-related stress.

Effective supervision requires clear guidelines about what is expected, involves mutual trust and should be provided on a regular and ongoing basis. Receiving supervision is not having someone tell you what to do; rather it refers to the process of working with someone to enhance your overall experience as an education facilitator.

Supervision can also help co-facilitators talk more comfortably about their roles, complementary skills and ways of working cooperatively together.

If you are conducting the program, we suggest you locate someone in your facility to assist you in a supervisory role. Meeting with them once a month will provide you with the opportunity to talk about the work you do as the facilitator of the program, and the interesting aspects of it, both positive and negative.

There are some misconceptions that supervision can be punitive, especially for less experienced educators, however, this is not the case. In fact, even the most experienced educators still engage in regular supervision sessions to enhance their practice and skills.

Tips for conducting the program

This section provides advice and recommendations on how to conduct the Hospital-based Group Education Program, including:

- Who should attend the program, timing and where should it be conducted?
- Promoting the program
- Compiling a list of services available in your area
- Taking a break
- Assisting carers to attend the program.

Who should attend the program?

The program is designed to assist primary family carers of patients receiving palliative care in an in-patient hospital or hospice setting. By primary family carers we mean a person (or persons) who usually provides primary support for the patient at all levels of need. This may be the patient's partner, child, another family member or a friend.

While the program is aimed at the primary family carer, anyone assisting in the care of the patient may participate. Indeed, during the evaluation phase of the project, an entire family attended a session and found it to be beneficial.

The program should be conducted with a minimum of three carers and a maximum of eight carers.

How much time does the program take to deliver?

The program takes approximately two hours to deliver, although this may vary depending on the number of carers in the group and how much each carer wishes to say.

Where should the program be conducted?

The program is designed to be conducted within the hospital or hospice. When choosing a space to conduct the program, try to find a place that ideally:

- is private and pleasant
- has coffee/tea facilities
- can be regularly reserved
- has audio visual equipment
- has nearby toilets
- has comfortable furniture that can be easily rearranged.

Promoting the program

Getting the word out about the program is likely to be a continuous effort. Here are some suggestions that might help increase knowledge about the availability of the program and ways to reach out to carers who may benefit.

Let carers know about the Education Program by:

- Educate staff at your facility
- Developing a brochure
- Putting up flyers
- Approaching carers directly.

1. Educate staff at your facility

Let staff know about the program by holding a series of in-services about the program. Outline what it entails, who it is for and the benefits for carers who participate.

2. Develop a brochure

In the brochure, describe what the program is about, who it is for and who people can contact for more information. These can be distributed through the health service or given directly to carers when patients are admitted to the palliative care service. An example of a brochure will be available here shortly.

3. Put up flyers

Design an eye-catching flyer that describes the Education Program, when and where it meets and who to contact for more information. Put up the flyers wherever you think carers may see them.

A sample flyer to use as a template (in Word format) is available for download from the Centre's website at www.centreforpallcare.org

4. Approach carers directly

Let carers know about the program, when it's happening and what they can expect to learn by participating. If they are intending to come along to the program, you may want to get their details so you can confirm the time and location of the program, and that they will be attending, a day or so before you conduct the program.

Local services

Getting a list of services available in your area

Services and resources available to carers vary from area to area. Before you commence running the program, it is important to become familiar with the services available to carers in your local area.

Services available to carers may include allied health staff, for example, social workers, pastoral carers, physiotherapists, occupational therapists, dieticians and speech therapists. In addition to this, homecare, community transport and palliative care volunteers may also be available to assist both the carers and the patient.

Contacting these groups is crucial to the success of the program, gives you a chance to inform them of the Education Program and may be a valuable source of information.

Other valuable resources include:

- The local GP

- Palliative Care Australia: www.pallcare.org.au or Ph: 1800 660 0055
- Support groups
- Local council
- Carers Resource Centre Ph: 1800 242 636
- Carer Respite Centres Ph: 1800 059 059.

Taking a break

We recommend having a 10-minute tea break after Topic 3 “Support Services Available”. This gives the carers an opportunity to process what they have heard and prepare for the next two topics.

A tea break during the program also gives the facilitator a chance to check in with carers, to see how they are going or address any concerns they may have about a participating carer.

Finally, carers also enjoy the time to informally chat amongst themselves and share their experiences and knowledge.

Assisting carers to attend the program

Carers often feel reluctant to attend the program, particularly if it means they will be away from the person they are caring for.

Possible solutions to assist with this might be to organise a volunteer to sit with the patient while the carer is attending the program, or letting the carer know that they may leave the program if they feel anxious about the patient. Also, informing the nursing staff that the carer is attending the session and where they can be located, should there be a problem while they are away, may help to alleviate some of the carer's concerns.

Conducting the program

This section sets out recommendations for the introduction and welcome phase of the course, as well as sensitive closure. It also details the content of the five topic areas, which include:

- Topic One: What is palliative care?
- Topic Two: The typical role of a family carer
- Topic Three: Support services available to carers
- Topic Four: Preparing for the future
- Topic Five: Self-care strategies to promote optimal wellbeing.

As well as the information delivered in the program, carers will receive the Carers Kit, which consists of:

- The booklet titled *Supporting a person who needs palliative care: A guide for family and friends*
- Two fact sheets from Beyond Blue titled *Reduce Stress* and *Sleep Better*
- A relaxation CD
- List of resources available to carers.

The Carer Kit should be given to carers at the beginning of the program.

PowerPoint slides have been designed to assist in the delivery of the program. They can be downloaded from the Program Resources page of the Centre for Palliative Care's website.

Introduction and welcome

Following is the recommended structure for the introduction and welcome phase:

- Introduce yourself by letting the participants know your name and your role in the health service.
 - Thank people for attending.
 - Run through the ground rules of the session.
1. *Clearly state the goal of the education program so that participants know what to expect. You might wish to say:*

"The main goal of this education program is to inform and educate you about strategies and resources that will allow you to best support your family member and take better care of yourself."
 2. The session is education not counselling focused. You may like to let participants know this by saying the following:

"I just need to let you know that this program is about providing information and not counselling. I understand that this may be difficult time for you. I may not be able to address each person's individual concerns but we are going to try to give you strategies and ideas to help. This includes giving you information on a range of support services, including the 'Carer Kit,' which is yours to keep. We will also give you the contact details of support services in your area."
 3. The limitations of a 'one off' education session, in terms of limited time and topics that can be covered.
 4. *Ensure confidentiality. For example:*

"We all need to make a commitment to ensuring that whatever is spoken about in this room stays within the boundaries of this room."
 5. Offer carers the option of leaving the room should they find any of the information upsetting.

PowerPoint slides 1-7 are useful when introducing yourself and the program.

Topic 1: What is palliative care?

Objective: To inform carers about palliative care.

The content offered in Topic 1 will focus on defining palliative care:

- Begin with asking "What do you think Palliative Care is?" and document answers on the whiteboard
- Define palliative care (refer to page 7 of the guidebook)
- Describe the goals of palliative care:
 - Family centred support
 - Symptom management
 - Terminal care
 - Psychological, social and spiritual care
 - Bereavement support.

PowerPoint slides 8-9 have been designed to assist with introducing palliative care.

Topic 2: The typical role of a family carer

Objective: To inform carers about the typical role of a caregiver when a family member is an in-patient receiving palliative care.

The content offered in Topic 2 (refer to pages 7-9 of the guidebook) will focus on:

1. Who is a carer - ask carers as to what they think a carer is, then relate the guidebook definition to their responses
2. What does a carer do?
3. Typical carer reactions
4. Options as a carer.

PowerPoint slides 10-15 are used when discussing this topic.

Topic 3: Support services available

Objective: To inform family carers on a) the services available within the in-patient palliative care unit and b) support services and resources available within the community.

Part a)

- A description of each of the services available at the in-patient palliative care unit
- The name and contact details of who it is that provides each service (photo if possible)
- Accessibility - day/time that each service is available

Carers will be informed that this information is also provided in the brochures included in the Carer Kit.

Part b)

- Highlight the types of services that are available in the community and refer to the brochure

Carers should be asked if they know of or have accessed any community support services (e.g. a home-based palliative care service)

- Examples of services and resources not listed by carers are to be mentioned here and reference should be made to the information that is provided in the carer guidebook (pages 9-12) e.g. phone numbers and websites for carer resources and support services including psychosocial support, financial assistance, support groups, Carers Australia, Cancer Council, Meals on Wheels, carer respite, interpreter services and grief and bereavement services.

PowerPoint slides 15-19 should be used when discussing the support services available in your facility and your local area.

Topic 4: Preparing for the future

Objectives: To inform family carers about 1) potential future site-of-care options and 2) what to expect when a person is approaching death.

Due to the sensitive nature of the final topic and also because carers in each group will be at different stages of caring for their relative, the information relayed should be couched in general statements so as not to personalise the session. Carers also need to be made aware that everyone has a different experience of death and dying.

Introduce the case study – Tom and Mary. *Ask participants to consider home care versus hospital care for Tom and Mary and also to reflect on any other concerns they think Tom and Mary might have and propose suggestions for addressing these concerns.*

The content offered in Topic 4 will focus on:

- Site of care options (refer to pages 29-32 of the guidebook)
 - The in-patient palliative care unit
 - At home
 - Hospital
 - Residential aged care facilities.
- Care as death approaches (refer to Chapter 4 of the guidebook)
 - Early signs to look for
 - Common physical indications that death may be near
 - Potential neurological side-effects/cognitive changes.
- Bereavement care (refer to page 54 of the guidebook)
 - Reference to the Carer Kit about the local palliative care unit's bereavement service.

PowerPoint slides 20-27 should be used when discussing this topic.

Topic 5: Self-care strategies to promote optimal wellbeing

Objective: To inform carers of the impact of being a carer and to discuss strategies for how carers can look after themselves at this time.

The content offered in Topic 5 will focus on:

- The impact of caring for someone with a terminal illness (refer to pages 15-16 of the guidebook)
- Acknowledge that caregiving can be extremely challenging
- Outline the common positive aspects of caring (refer to page 16 of the guidebook)
- How to look after yourself (refer to Chapter 3 of the guidebook)
- Tips for reducing carer levels of stress e.g. exercise, sleep and diet (refer to the relaxation CD and pamphlets: Reduce Stress and Sleep Better)
- Tips on how to problem solve and prioritise
- Importance of carer respite e.g. volunteer relief
- Accessing support from family and friends

Ask the group for examples of strategies they have used to manage their health

Activity: Do a five-minute relaxation using the relaxation CD.

PowerPoint slides 28-33 should be used to discuss this topic.

Sensitive closure

The following bullet points should be followed as a checklist to ensure sensitive closure:

- Briefly summarise the main topics covered
- Allow time for questions, comments or clarifications.

Include the following prompts:

“Are you clear on potential supports available and how to access them? If not, what is it that you are unclear about?”

“Are you clear on strategies on how to care for yourself? If not, what is it that you are unclear about?”

“Is there anything else about your caring role that you are feeling unclear about today? If not, what is it that you are unclear about?”

- Remind carers of the information provided in the Carer Kit, in particular the contact details of carer support services, inclusive of psychological and practical (e.g. respite, financial guidance).

For example, *“There are a lot of issues that have been raised today beyond the scope of this education session. However, there are a whole range of formal and informal support options. For example, the Cancer Helpline 13 11 20, a grief counsellor or social worker – all of which are listed in the Carer Kit”*.
- Participants will also be invited to stay after the session to allow for exchange of phone numbers and email addresses, which may also foster their own debriefing. In addition to this, they should be supplied with verbal and written information on who to contact if they feel the need for professional debriefing and/or counselling.

Program resources

DVD

The family carer group education program (2008) - DVD can be requested by emailing the Centre for Palliative Care at centreforpallcare@svhm.org.au

Downloads available from the Centre for Palliative Care's website:

- Handbook: Supporting a person who needs palliative care: A guide for family and friends
- Facilitators' editable PowerPoint slides: Inpatient Palliative Care Family Caregiver
- beyondblue - Reduce Stress handout
- beyondblue - Sleep well handout
- Sample: Participant feedback survey
- Sample: Promotional flyer
- Sample: Position description - Inpatient Education Program Facilitator
- List of resources available to carers

Go to centreforpallcare.org - Resources