

Pre-transplant social work assessment. Psychosocial assessment model.

By Carole Godin Manuel RSW





Each assessment content vary between professionals as it is often determined by the amount of request vs. position time availability vs. also the patient's availability.

- Brief basic information
- Brief Medical History
- Other health concerns
- Current Living Arrangement
- Family/support Network
- Education
- Employment Status
- Household Income/Assistance programs
- Social assistance/community services

- Addiction patterns
- Mental/Emotional/Psychological history
- Adherence to medication
- Adherence to Dietary needs
- Spirituality/beliefs
- Hearing/reading difficulties/vision losses
- Medication coverage
- Travel plans/Accommodation arrangements
- Understanding of transplantation
- Personal affairs

After each assessment, the social worker determine if there is a need to provide further intervention/counseling to patient and/or their family..

- This information is important when the SW participates in case conferences within the interdisciplinary team to determine transplant eligibility and it usually is part of the patient's chart for further consultation by other professionals if needed.



POST-TRANSPLANT INTERVENTION

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- Received call from Janice Melish RN from Halifax. (Pt's insurance plan only covers 80%. Pt is worried for the 20% as low income)
- 1st intervention: assisting with anti-rejection medication coverage for the 20%.



- Following patient while being hospitalized for approx. 4 months.
- Emotional/supportive counseling given to patient and family members.
- Primary goal: CREATE “TRUST”.
- Assessed home services and needs to prepare the discharge.



- Patient returned home
- Out-patient Individual counseling sessions.
- After a month at home....



“Survival mode” which is to remain in control and strong while being hospitalized started to fade away once patient returned home...and the overflow of emotions started to emerge.



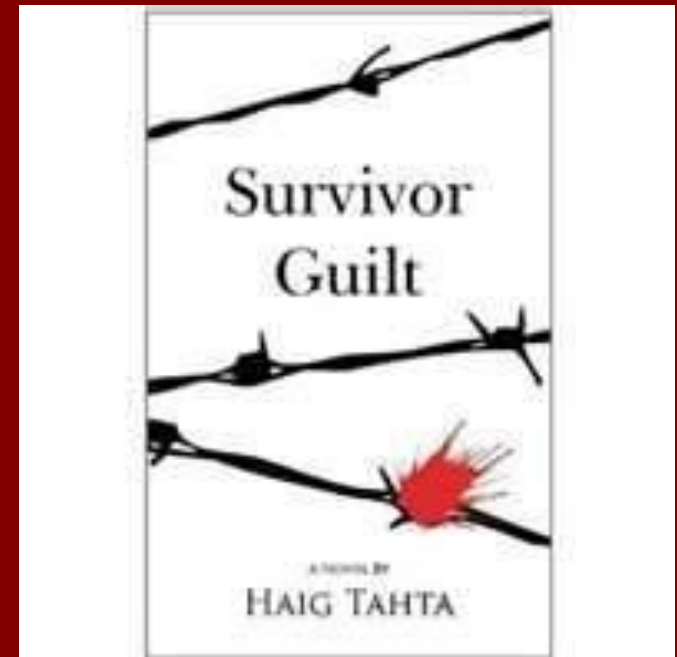
Patient started to open in therapy!



Post traumatic stress symptoms started to surface...it was time to explore deeper.



Flashbacks/images from hallucinations.
Realization of coming close to death.
Experiencing a sense of “death and loss”
and “rebirth” at the same time.
Symptoms of “survival guilt”.
Unable to walk into the hemodialysis unit.
Anxiety, isolation, depression...



- Feelings of “fear” and “guilt” emerges and other forces that brings chaos within. (Lower unconscious)
- Fear of the “beauty” and the gift of “life”.
- Self-sabotaging behavior interfering with the process of “accepting” the new organ.
- Fear to give themselves a sense of “Dignity”.



Fear of “rejecting their new organ”.

Fear of the responsibility that comes with it.

- Fear of secondary diagnosis, body image issues, sexual functioning difficulties, distress about their families, uncertainty about the future, and professional reintegration concerns.



Self questioning ?????

“Who am I to have received such a gift?

“Why me? And not the other patient waiting for the same organ?

Expression of guilt/worries about their donor or their family's donor.



Adjustment counseling was part of the intervention
Patient felt lost...too much TIME on their hands????
Hemodialysis used to be their life-focus...taking a lot of TIME
3/days week 4-5 hours/day.
After transplant = lots of time to occupy = NEW LIFE ???



- Explore different options to reconnect with life in a different way
- Reconnect with inner strengths
- Start new/old hobbies or interest





- Search for “Meaning” after transplant
- Realization of their real “worth” and “value” in order to fully “accept” this new organ as “wholly”. (Body-Mind-Emotions)



The interdisciplinary TEAM
is fundamental for the success of a
transplanted patient.



TEAMWORK

Unterschätze niemals die Macht, die dumme Menschen in großen Gruppen haben.

ONE thing to remember:

- NEVER ASSUME that your patient is coping well.
- We may never know what hides inside?
- 20 years experience as a medical social worker



Thank you!

