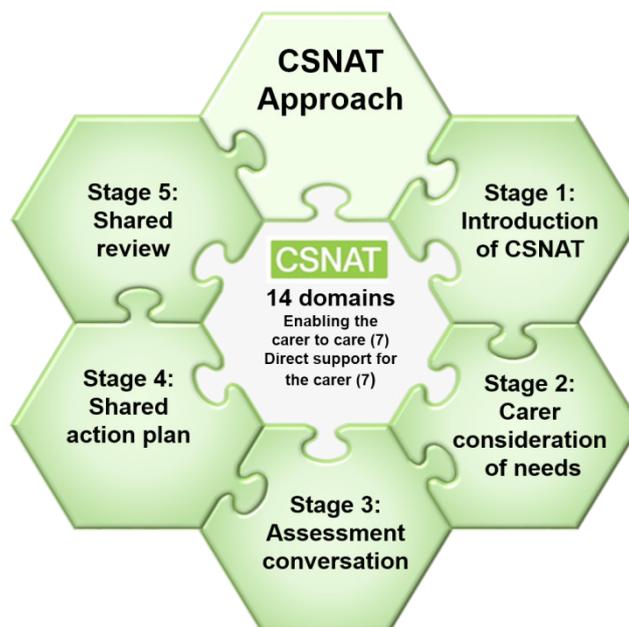


Case study examples of using The CSNAT Approach in practice



All names have been changed to protect the anonymity of the practitioners, carers, and patients upon which these case studies are based. All practitioners provided their consent to use these examples within The CSNAT Approach training materials.

Case Study 1: Using The CSNAT Approach within a day hospice

Context

Ann (carer) was bringing her husband, Carl (patient) to the day hospice on a regular basis. Ann accompanied her husband, who had a brain tumour, as he had some difficulties expressing himself. Julie (the day hospice practitioner) had therefore had contact with Ann and had started to build up a relationship with her. Julie noticed that during these contacts Ann only spoke about Carl, not herself. Whilst Julie asked about Ann in the usual "How are you?" way, she was conscious that this was in the context of a busy room where it wasn't possible to get a true feeling of how Ann was getting on in her role as a carer.

Stage 1: Introduction

Carl and Ann had been referred to the day hospice by the community nurses. Julie therefore took the opportunity to ask Ann if she'd ever seen the CSNAT booklet. As Ann was not familiar with this Julie took the time to explain that, as a service, their role was to support the carer as well as the patient. However, practitioners were aware that sometimes carers can be a little "in the background". Julie therefore asked Ann if she would like to take away the booklet and look at it in her own time and consider her additional support needs. Carl was present when the CSNAT was introduced.

Stage 2: Carers' consideration of their needs

Ann took the CSNAT leaflet home with her and brought it back to the day service the following week once she'd had the opportunity to consider her needs. Julie asked if it was OK to take a look at this prior to Ann's next visit with Carl. They then arranged to "set aside" some time at the next visit to look specifically at Ann's support needs. Ann arranged to arrive one hour earlier than usual to pick up Carl from the clinic so they would have time to discuss her needs (she didn't want Carl to know she was having this conversation).

Stage 3: Assessment conversation

Julie arranged for a private room with the service in which the conversation could take place. Having looked at the CSNAT Ann had needs in three areas, all relating to her need for psychological support namely; her 'feelings and worries', 'knowing what to expect in the future' and her 'beliefs and spiritual concerns'.

Julie asked Ann why she had "picked these out" and "asked her to elaborate" on these. This then opened up a conversation in which Ann revealed how worried she was about Carl "being kept alive" and living as a "cabbage", in particular she was worried about his life being extended by the use of a PEG. Ann had worked as a carer and felt she had witnessed this happening in the past. The conversation provided the opportunity for Julie to allay Ann's fears (in particular about the PEG which was unlikely to be considered as part of Carl's care). This led on to a wider discussion about End of Life Care and Advanced Care Planning, which Julie could be part of. This included Ann's 'spiritual' needs, which were in relation to her concerns about Carl "being kept alive". Julie felt The CSNAT Approach allowed her to "break in" to what can sometimes be a particularly difficult topic to discuss, she also pointed out that it wasn't simply a matter of linking Ann to a chaplain, as in this situation the carer's spiritual needs did not have any overtly religious connotations.

Stage 4: Shared action plan

As a result of the assessment conversation it was possible for Ann and Julie to consider sources of support which may be helpful. Ann already attended the hospice for complementary therapy, which she found "very good". Julie felt she was able to "dig deeper" about the sources of psychological support, for example, whether Ann would like to be referred to the Family Support Service. However, Ann said she felt "so much better from talking". Signposting to other sources of support was not therefore needed at this time.

Stage 5: Shared review

Julie did not set a date for a formal review. However, informal review of Ann's support needs was ongoing. If Ann's needs changed in response to any particular "trigger", for example a change in Carl's condition, or if Ann displayed signs of needing further support, a more detailed assessment of Ann's needs took place. It was hoped that as Ann was familiar with the CSNAT she would feel more comfortable in raising her concerns, should she have any. A reference copy of the CSNAT was also given to Ann so that she could use it to review her own needs and flag up any changes.

Benefit of using The CSNAT Approach

Julie felt that she "would have still had" the conversation with Ann about her support needs, however, this would have been if Ann had brought it up herself further down the line. Consequently, Ann would have "carried that worry" with her for much longer. The benefit of using the CSNAT approach was that it **provided Ann with the opportunity to raise her concerns sooner** and helped to **overcome her anxieties at a much earlier stage**. Julie felt that The CSNAT Approach had given her the "ammunition" to facilitate this process.

Case Study 2: Health Care Assistant's (HCA) use of The CSNAT Approach

Context

The Health Care Assistant (HCA), Sarah, was part of a team of practitioners who were supporting the family in their own home.

Stage 1: Introduction

Sarah was visiting Paul (patient) to help with his morning care needs. Paul had deteriorated over the previous week and when she arrived she found Sue (carer) in tears. The CSNAT Approach had just been implemented within the service so Sarah decided to take the opportunity to use it with Sue who was clearly distressed. Sarah's approach was very simple: she sat down with Sue, introduced the CSNAT and explained what it was for and asked her to read it through whilst she went off to attend to the patient. She explained that when she'd finished they would sit together and have a chat about things.

Stage 2: Carers' consideration of their needs

Sue had time to read through the CSNAT whilst Sarah spent time with Paul. Sarah then made Sue a cup of tea and together they looked at the CSNAT. She asked Sue if it was OK if they went through it together and Sue agreed: so Sarah simply read out the questions as they were written on the tool and asked Sue to tell her whether she needed more support for each domain and recorded her responses. Both of them were comfortable doing this. Sarah didn't explore any of these domains in detail at this time; she first gathered all of Sue's support needs.

Stage 3: Assessment conversation

Once the domains where more support was needed were identified, Sarah asked Sue to tell her which were the areas with which she most wanted support (her priorities) and then circled these on the CSNAT. What surprised her was that Sue's priorities were not what she had expected:

"This is why I think it [the CSNAT approach] is so good because we go in there day in day out, and we think we know what they need, and we're totally wrong."

They went on to discuss each of Sue's priority areas: (1) talking with her husband about his illness and understanding it more, and (2) having time for herself in the day: she had grandchildren she wanted to see but they lived at a distance and so they discussed the best type of respite that would allow her to spend some time with them.

Stage 4: Shared action plan

In this instance, Sarah (a HCA) had the assessment conversation with Sue (carer). Sarah therefore fed back this conversation to the nursing team along with the copy of the CSNAT, which enabled a nurse from the team to continue the conversation with Sue and put an action plan in place. The nursing team arranged for a Macmillan nurse to visit for a discussion about the patient's illness and a respite placement was arranged to enable Sue to visit her grandchildren.

Stage 5: Shared review

As Sarah visited Paul (patient) and Sue (carer) on a regular basis, Sue took the opportunity to let Sarah know that she still felt she would like to understand more about the illness, in addition to the information she had received. Sue was therefore able to initiate a review of her support needs herself. This prompted another contact by a member of the nursing team to provide further help with this.

Benefit of using The CSNAT Approach

Sarah commented on the beneficial ongoing review of this carer's support needs which she felt came about as a direct result of using The CSNAT Approach:

"I believe because of The CSNAT Approach and the trust that we built up with the lady, she has been able to ask us any questions and we've been able to give her much more support than maybe we would have done previously."

Case Study 3: Using The CSNAT Approach with multiple carers

Context

The nurse (Lynn) was visiting a carer (Maria) who was looking after her father (Bill). At the visit another five family members (Maria's brothers) were present, all of whom were competing to care for the patient and making the situation difficult for the main carer (Maria). It was a difficult situation in which to get them to come to a decision, not only about the patient's care, but also about the help needed for Maria.

Stage 1: Introduction

The situation was one in which there was a great deal of tension so Lynn decided to introduce the CSNAT as a way of getting all the carers to talk with each other. She brought out the tool and explained to the family what it was for:

"So when I brought the CSNAT out, they thought it was brilliant. They were absolutely delighted and it defused the situation."

Stage 2: Carers' consideration of their needs

The plan had been initially for the family to consider their needs, with Lynn following up some days later. However, instead they decided to sit down there and then in the kitchen and together they talked through their situation.

Stage 3: Assessment conversation

Lynn asked the family as a whole to consider whether they needed more support in relation to each of the domains. She was able to bring each of them into the conversation, asking them if they needed more support with certain aspects of caring and which areas they each were able to support their sister Maria with, as the main carer.

"I was feeling for the daughter because I think she was desperately trying to (a) look after dad and (b) cope with her brothers who, you know, were all, sort of, not fighting with each other, but they were, you know, there was difference of opinion, put it that way."

Stage 4: Shared action plan

The discussion continued until they reached a joint action plan regarding the provision of overnight respite. Again this involved the family coming together to agree the support provision.

Stage 5: Shared review

The nurse who described this experience of using the CSNAT retired just days after this visit so we have no further details about the review stage.

Benefit of using The CSNAT Approach

Lynn said that she found the CSNAT very helpful for working with the family as a whole. She noted that individually they would probably have thought differently about different aspect of care, but what the CSNAT enabled her to do was to get them focussed on talking to each other. She felt that this was to the benefit of Maria who was the main carer:

"I mean, the poor daughter was in the middle and when she walked me to the door at the end, she said, 'thank you so much that's been brilliant', because, she said, things were going badly wrong in here."

Case Study 4: Using The CSNAT Approach within a hospice at home service

Context

Claire, a Hospice at Home (H@H) Co-ordinator was visiting on a Friday morning after a referral to the service late the previous evening of a patient with a diagnosis of advanced cancer (John). Day and night respite was needed urgently. This was a complex family situation: John had been married twice, had his own children and stepchildren (all adults) but lived only with one stepson, Peter, who was John's main carer. Peter worked late evening shifts finishing in the early hours of the morning.

Stage 1: Introduction

Peter (carer) was present when Claire arrived to see John (patient). John was very ill and nearing the last week of his life. Peter looked shattered, tired and was tearful. Julie introduced herself and briefly explained the service and the support Hospice at Home provides. Peter appeared relieved when the service and support available was explained. Claire and Peter began by discussing his situation: night time was a primary problem at this stage, especially the weekends.

During the course of the conversation Claire recognised that Peter was identifying areas of the CSNAT domains, like how would Peter know what signs to look for in John as his condition deteriorated, managing his symptoms and what to expect in the near future while he cared for John. Claire felt that this was an appropriate time to introduce the CSNAT as she felt that Peter had relaxed a little, knowing that he was going to be having some respite support. She introduced the CSNAT by explaining that it identified areas where carers needed support in caring for their loved ones.

Stage 2: Carers' consideration of their needs

Peter's response to the CSNAT was 'I want to do this' and he went off and completed it on his own. It took about 10 minutes to do. The four areas he had indicated where he needed more support were: 'getting a break from caring overnight', 'knowing what to expect in the future', managing your relative's symptoms including giving medicines' and 'having time for yourself in the day'.

Stage 3: Assessment conversation

Once Peter completed the CSNAT, Claire had a further conversation with him. His priorities were the first three areas he noted, less so 'having time for yourself in the day'. They had already had an initial conversation about his need for a break overnight. Peter also wanted to know about giving medicines to John and about the syringe driver and wanted to know more about what was going to happen to his stepfather and the signs to look for as John approached end of life.

Stage 4: Shared action plan

Most of the action plan was carried out during the visit itself in the form of advice and explanations. Claire had set up overnight respite on the basis of their initial discussion but took the opportunity to explain how much night respite would be available; that he may not get respite every night. Claire discussed getting family members involved in supporting at night occasionally. The family already had a care package in place with visits four times a day. Peter's (carer) mother, (patient's ex-wife) also visited.

Claire was able to provide advice and an explanation about both stopping oral medication and about the syringe driver to control symptoms. She also explained that John (patient) would be in bed sleeping most of the time and unable to tolerate anything to drink. It was very important to explain fully the reason why it was necessary to withdraw fluids as the family felt a need to give fluids. Managing John's incontinence was also discussed. Peter said his stepfather wanted to die in his own bed and asked Claire if that was ok? She said if this was John's wish then all would be done to help him achieve this. Hospice at home also took the opportunity to help prepare him for his stepfather's death with practical advice and information about what to look for as John approached end of life.

Stage 5: Shared review

Claire had informed the weekend Co-ordinator that Peter (carer) had completed the CSNAT assessment and the areas of support he identified. Hospice at Home checked and reviewed how Peter was coping and supported him with information and respite as required. This enabled Peter to continue working and care for his step-father who later died in his own bed on the Thursday morning: six days after the first assessment visit by Claire with Peter at his bedside along with his ex wife and other family members. Claire was also present.

Benefit of using The CSNAT Approach

Peter spoke to Claire following John's death and said that he was struggling to cope before hospice at home arrived. He was in turmoil he said he knew he needed a lot of help but did not know where to go for support or who to ask.

He felt that The CSNAT Approach gave him the opportunity to explore, voice his needs and identify the areas he needed support with. On completion of the CSNAT Claire and Peter were able to discuss areas he had identified as priorities. Julie reassured Peter that he would get the support he needed in caring for John. Peter was also reassured by the 24/7 contact numbers he was given. He said that after he had completed the CSNAT and the discussion with Claire he felt his needs were listened to and as a result it gave him the confidence to care for his stepdad at home and thus fulfil John's wish to die at home with his family around him.