



Health @ June 27, 3:00 – 4:00pm

H1 8-27-1-1

CON-1031

Restoring Hope in Clients with Cancer Recurrence: Implications for Trauma-informed Social Work Practice

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Concern of recurrence is common in cancer survivors, yet local supportive service for cancer survivorship is lacking. Post-traumatic symptoms associated with cancer recurrence undermine the patient's sense of identity, causing him or her to construct dysfunctional mindsets and maladaptive coping. These conditions without adequate psychosocial and medical support increase organic stress and can have negative effects on the immune system.

Objectives

- To understand the impact of cancer recurrence on individual and relational well-being
- To underscore the role of social worker as a safe base and agent of hope
- To promote trauma-informed intervention as an advanced social work practice

The Eye Movement Desensitization and Reprocessing (EMDR) protocol for cancer proposed by Faretta (2014) will be illustrated step by step through the case history of a male lymphoma patient experiencing recurrence. It is designed to help cancer patients resume personal control over aspects experienced as unmanageable since receiving diagnosis. Throughout the course of EMDR therapy, the patient's emotional coping skills and self-regulating capacity were reinforced, the impacts of traumatic memories were significantly reduced to adaptive level, and confidence and stability were regained. Baseline measurements of the patient's reactions to and progress within the course are established and reported.

Social service management should be sensitive to clients' stabilization needs, namely safety, hope, and supportive networking in addition to output performance. Social work practice should recognize the impact of trauma symptoms on clients and their families and the evidence-based skills for intervention in addition to outcome measures. Social work curriculum should incorporate the training of non-anxious presence in the practitioner, understanding of the neurobiological basis of stress responses, and a developmental perspective to understand the impact of trauma across the life cycle.



H1 8-27-1-2

CON-1247

The Bittersweet Tale: A Qualitative Examination of Infertile Couples' Perception of Fertility Treatments

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Infertility affects one in every six couples in Hong Kong. Among existing types of assisted reproduction, in vitro fertilization (IVF) is a common choice among infertile couples. IVF involves multiple invasive procedures and have significant impact on the physical and psychosocial well-being of patients. How individuals perceive IVF may influence their decision on the type and course of treatment, while having this information offers points of intervention through reproductive counselling. We aim to study how couples make sense of and make decisions about fertility treatments. We particularly like to uncover the perspective of male partners, which is rarely the subject of interest in infertility research. Five infertile couples attended a 2-hour focus group interview with male and female partners in separate locations. Audio recording of the interviews were transcribed in verbatim for inductive thematic analysis. Our analysis revealed four major themes, 'perceived importance of parenthood', 'emotional response to IVF', 'coping with IVF' and 'support needs'. The turbulent treatment journey causes couples to re-examine the necessity of parenthood and adjust treatment decisions and expectations accordingly.

Participants view IVF as akin to riding an emotional roller-coaster – patients vacillate between feelings of anxiety, hope and being let down as they approach different treatment stages. There are obvious gender differences in how participants cope with IVF, with women using more confrontative and men more problem-solving and distancing strategies. Expectation management and peer sharing are identified as the preferred types of support prior to the start of treatment. Health and counselling professionals should address patients' changing psychosocial needs as they approach difference stages of treatment. Reproductive counselors may take patients' perception on the



importance of parenthood into consideration while making treatment decisions. Further, attention should be given to the differing support needs of male and female partners in IVF.

H1 8-27-1-3

CON-1250

Reciprocity in Caregiving Experience between Parent Caregivers and their Children with Eczema

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Taking care of children with eczema is considered to be an incessant journey which generates tremendous psychological burden for parents. Parents typically experience conflicting attitude and behaviour towards their children. Literatures, however, suggest that some parents can gradually adjust their caregiving attitude and turn adversities into blessings, despite the agonising incidents encountered. Objectives of this study are to explore the change in caregiving attitude of parents of children with eczema, and to conceptualise the transformation process of this change. Parent caregivers of primary school children with eczema were recruited for semi-structured interview. The interview focused on 1) their attitudinal and behavioural changes, 2) how they make sense of the changes, and 3) their personal reflection on the changes in the caregiving journey.

Twenty-five parents of children with eczema were recruited for semi-structured interview, and thematic analysis was performed on the transcribed data. A transformation model based on Reciprocity in caregiving with three major themes was identified: 1) Dynamics between giving and receiving, 2) Switching between victim and survivor role, and 3) Insight expedition between parents and children. The revelation of Reciprocity in caregiving provides a personal growth dimension for parents in understanding their role when taking care of children with eczema. Instead of the root of problem and the cause of sorrow, their children with eczema can become the origin of gratitude and the source of blessings in the family. The results of this study depict a perceptual shift from 'caregiving of children' to 'learning from children', and identify a crucial direction when developing psychosocial intervention program for parents of children with eczema in future.



H1 8-27-1-4

CON-1077

Social Work Intervention Model in Chronic Disease Management: Application of Continuity of Care Perspective

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Due to the increasing prevalence of chronic diseases and lack of enough health care support within the hospitals and the community healthcare setting in China, how to effectively respond to patients' biopsychosocial needs is of considerable concern. Social workers have worked collaboratively with other health professionals in chronic disease management from hospitals to communities, while social work intervention hasn't clearly been defined. So using continuity of care perspective to explore social work intervention model and examine effects in chronic disease management is meaningful. This research aims to explore social work intervention model using continuity of care perspective in patients with chronic disease: a case study of patients with Parkinson's disease in Shanghai. According to the service recordings collected in the clinical service for patients with Parkinson's disease, this research used content analysis method to organize and analyze the data and summarized biopsychosocial needs of patients with Parkinson's disease and their family caregivers.

Through purposeful sampling, family caregivers, community workers and medical team members were interviewed to understand their viewpoints of continuity of care and the liaison among families, communities and hospitals. Thematic analysis was used to analyze the interview recordings, and sum up the important dimensions and components of continuity of care from perspectives of these fields. Social work intervention model was constructed on this basis. Four dimensions of continuity of care were summarized from perspectives of hospitals, communities and families: management, relational, informational and interdisciplinary continuity, and social work intervention model using continuity of care perspective in patients with chronic disease was constructed. In the future, it needs to assess the effects of this model and improve the model to promote local social work intervention for chronic disease management.



H1 8-27-1-5

CON-1157

Social Development and Mental Health in Contemporary Rural China

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It is unknown about the impact of rapid social development (economics, urbanization, migration) on mental health status in contemporary rural China.

To explore the change of prevalence of mental disorders, caregiving and treatment status of persons with mental disorders from 1994 to 2015 in rural China, and to examine the factors influencing mental health status in persons with mental disorders. Methods: Two mental health surveys using identical methods and International Classification of Disease (ICD-10) were conducted in 1994 and 2015 (population - 15 years old: N=152,776) in the same six townships of Xinjin County, Chengdu, China.

The age-standardized lifetime prevalence of mental disorders in all persons aged 15 years and above significantly increased 48.2% from 870.1 per 100,000 population in 1994 to 1289.4 per 100,000 population in 2015. Compared with 1994, persons with mental disorders in 2015 had significantly higher rates of poor family economic status, fewer family caregivers, and poor mental status. Persons with mental disorders in 2015 also had significantly higher rates of never being treated, taking antipsychotic drugs and once hospitalized, and lower rates of using traditional Chinese medicine or being treated by traditional/spiritual healers. The factors strongly associated with never being treated included worse mental status (symptoms/social functioning), older age, having no family caregivers, and poor family economic status.

Socioeconomic development will influence the prevalence of mental disorders, family caregiving and treatment status of persons with mental disorders in contemporary rural China. Relative poverty, having no family caregivers and older age are important factors associated with worse treatment status. Mental health social workers, community-based interventions and targeted poverty alleviation programs should be crucial for improving the early identification, treatment, and recovery of persons with mental disorders in rural China.