

Single Subject Design Proposal

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The Agency

The agency that I am interning at is Hearth Hospice of Chattanooga. Hearth provides hospice services to individuals and families. Patients have chronic or terminal illness. The goal of hospice is to provide comfort and stability for patients who are near death. It is interdisciplinary, meaning that each patient has a case manager (a nurse), social worker, and has the option to have visits from a chaplain. Each team member ensures that the client is living the life they desire at the end of life comfortably. Because hospice is not simply about physical health, clients also have to grapple with end of life, meaning that there could be a sense of fear, depression, or even anger before death. The human experience of death is seen through hospice work.

The Client

The pseudo client, Lewis Wilson, is a 67 year old white male living in Chattanooga, TN. His annual income is 90,000. He lives alone in a 1500 square foot home. He was admitted into hospice because his doctors gave him an estimate of 3 months to live. He was diagnosed with lung cancer, after being a smoker for over 30 years. He is experiencing anxiety about the end of death, and guilt for how his life is ending. He has two adult children, and has a few old coworkers as friends. His satisfaction with life was reported as low, and his anxiety is causing him lack of sleep and causing him to not desire food. He is a Baptist Christian.

Measurement

To measure death anxiety, the patient will take Templer's Death Anxiety Score (Templer, 1970). Although it did not appear to be a clinical cut-off score for this scale, it was indicated that the lower the score, the lower the patient's level of anxiety of death is. To measure level of guilt,

the Guilt and Shame Experience Scale will be used (Malinakova, 2019). It was indicated that questions 1,2,3,6,10 were the subscale for “Shame” and 4,5,7,8, and 9 were for the subscale of “guilt” in the survey. A high score indicates a high level of guilt and shame. They rated their responses from 1-4, one being not at all, two slightly, three moderately, and four significantly. Since hospice has a critical timeline, there will be no time for a baseline, and would need immediate intervention. The social worker would conduct the measurements/questionnaires at the home of the patient.

Intervention

The intervention that would be used is group therapy/process group with other patients near the end of life. Support groups can be found via CHI Memorial Cancer Support Services. This would be done because of research indicating that self esteem is a protective factor against death anxiety, specifically among cancer patients (Hong et al., 2022). Another intervention is to add a chaplain on their care team. Spirituality support can assist clients in finding meaning at the end of life (Hong et al., 2022). It was also found that feelings of alienation toward God had higher levels of guilt and shame (Malinakova, 2019). Since chaplains are already on staff at Hearth Hospice, it will be free of charge to the client to add a chaplain to his careteam.

Single System Design Type

Since the patient is at the end of life and it is a time sensitive situation, this would be an exploratory design. Specifically, it would be the subtype *BC*, because there would not be time to have a baseline study because there would be no time to monitor him before the intervention.

Follow Up

Since I could not find the target goal via the research and the client does not have unlimited time for improvement, the social worker should work alongside the patient to ask what

his desired measurable goal would be for improvement. The goal is for the numbers on the scales to lower, indicating that the level of anxiety, guilt, and shame has lowered. If improvement is not shown, the frequency of the intervention can be changed, or more research can be done to find alternative interventions.

References

Templer, D. I. (1970). The construction and validation of a death anxiety scale. *Journal of General Psychology*, 82(2), 165–177. <https://doi.org/10.1080/00221309.1970.9920634>

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Hong, Y., Yuhan, L., Youhui, G., Zhanying, W., Shili, Z., Xiaoting, H., & Wenhua, Y. (2022). Death anxiety among advanced cancer patients: A cross-sectional survey. *Supportive Care in Cancer*, 30(4), 3531–3539. <https://doi.org/10.1007/s00520-022-06795-z>