

Organizing Psychologists, Behavioral Scientists, and Allied Professionals: Formation of the Society of Behavioral Medicine's Palliative Care Special Interest Group



Palliative care spans many disciplines, including physicians, nurses, social workers, chaplains, and psychologists. Although psychologists and other behavioral scientists have much to offer the field of palliative care in both clinical and research domains, they are underrepresented in palliative care professional organizations. We thus held the first annual meeting of the Palliative Care Special Interest Group (SIG) at the Society of Behavioral Medicine's annual conference in March 2019. The meeting served as a mechanism for organizing psychologists involved in palliative care and improving their connections with allied professionals.

The founding Palliative Care SIG meeting identified key priorities for organizing and developing the palliative care workforce within the discipline of psychology. These included the need for information dissemination strategies, mentorship and training opportunities, networking and collaboration, and recognition programs (Table 1). Priorities were based on the input from 31 attendees, including researchers and clinicians spanning early-career and senior positions. Through a listserv and web site, the Palliative Care SIG will improve information dissemination. Given that psychologists and behavioral scientists in palliative care are often geographically dispersed, distance mentoring and networking opportunities will be available via geographically accessible means such as videoconferencing. Additional planned activities include coordinated programming at the annual meeting, webinars, and Twitter chats. Our primary

goal is for the Palliative Care SIG to provide a professional "home" for many psychologists and behavioral scientists focused on palliative care and secondarily to serve as a hub for allied professionals seeking the psychosocial perspective.

Opportunities for the involvement of psychologists in palliative care abound both in research and clinically. In research, behavioral science can help to understand and harness patient and family psychological processes to improve decisional and quality-of-life outcomes, and facilitate theory-based intervention design and evaluation. Moreover, behavioral scientists have expertise in developing patient- and caregiver-reported measures of processes and outcomes targeted by palliative care, such as those measuring attitudes, meaning, distress, communication, and illness understanding. Given that palliative care teams devote substantial attention to coping and decision making,¹ the increased involvement of behavioral science is timely.

With regard to clinical practice, meta-analytic evidence shows that psychologist-delivered psychotherapy improves mental health outcomes among patients with serious chronic illnesses.² However, only 11% of palliative care teams include psychologists,³ and the discipline has not yet developed a palliative care specialty. Although social workers and psychiatrists may also provide psychotherapy, psychologists uniquely bring expertise in the normed assessment of mental health and psychosocial functioning—key for treatment planning. Psychologists and behavioral scientists have made inroads within the Veterans Affairs Health Care System, and further expansion across academic health centers is warranted.

In closing, the time is ripe for the increased involvement of psychology and behavioral science in palliative care,⁴ and the Society of Behavioral Medicine is well-suited for this Palliative Care SIG. Founded in

Table 1
Opportunities Within the Palliative Care Special Interest Group

Information Dissemination

- Disseminate information to members and other interested parties via listserv, social media, and web site
- Disseminate scientific findings through conference symposia, webinars, collaborative manuscripts, and special issues

Pipeline Building, Mentorship, and Training

- Advertise training and job opportunities for faculty, fellows, interns, graduate students, post-bacs, and undergraduates
- Provide career development training opportunities
- Organize clinical and research readings and resources for those new to the field
- Provide mentorship and peer-mentorship using novel models of trans-institutional distance mentoring

Networking, Collaboration, and Advocacy

- Conduct quarterly conference calls
- Attend annual Society of Behavioral Medicine conference (sbm.org/meetings)
- Provide expertise in psychology and behavioral science for external professional organizations interested in palliative care
- Partner with other Society of Behavioral Medicine SIGs and professional organizations on conference symposia, training opportunities, collaborative manuscripts, and policy briefs

Recognition

- Develop and provide awards for students and early-career faculty

1978, the Society of Behavioral Medicine aims to improve public health by understanding and modifying human behavior. Over 2400 researchers, clinicians, educators, and students are members, spanning psychology, public health, nursing, medicine, social work, and other fields. Readers interested in learning more can visit the Palliative Care SIG web site (pallisig.com), join the listserv, and attend the next annual meeting.

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The Efficacy of Virtual Reality for Persistent Cancer Pain: A Call for Research



To the Editor,

Despite the availability of cancer pain guidelines, the management of pain in people with cancer remains inadequate.¹⁻³ As such, there is a need to develop innovative alternative therapeutic options, particularly those with no known adverse effects. One potential option that is gathering interest is the use of virtual reality (VR) devices. Developments in VR technology offer an alternative approach that has been used with good effect in the treatment of several medical and psychological conditions.^{4,5} This technology shows promise in reducing pain and psychological symptoms in both the short and long term. However, given the significant lack of published research on the effects of VR on cancer pain, scoping or systematic reviews on this topic are not possible. We briefly discuss presently the VR technology and its clinical applications and highlight the need for research to explore its use in the management of cancer pain.

VR is a simulated creation of a 3D environment using computer technology.⁶ Although early VR systems used computer screen technology, current VR systems include immersive head-mounted devices with 3D-enabled glasses with other sensory input devices such as headphones for noise-canceling, sound and music, head- and/or body-tracking sensors, and other input hardware such as joysticks and data gloves.⁷ Together, this system forms a realistic multisensory experience. Over the previous decade, VR technology has been taken from the entertainment business sector to clinical medicine. Researchers and clinicians have