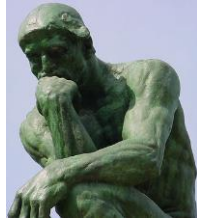


Mentors are crucial

- Models: they inspire and advise, give wise counsel
- Need several, and they change at different phases of your career
- Cover varied clinical specialities
- Cover range of research expertise



Personal reflection



- MB BS (6 yr undergraduate – Uni Melb)
- DObstRCOG, FRACGP (5 yr residency program)
- 8-yr private practice with obstetrics
- MPM (4-yr P/T) & 5 yr psychiatry residency, FRANZCP
- Research Doctorate, Fellowship, Lecturer & Snr Lect (another 5 yrs)
- First academic opportunity: Prof/Dir Palliative Care, U Melb (1996-2003)
- Second academic opportunity: Chair Psych MSKCC, USA (2003-2012)
- Third academic opportunity: Monash Univ (2013-current)

INFLUENTIAL PSYCHIATRISTS



COLLEGIAL PEERS



Brian Kelly



David Clarke



Jane Turner



Phyllis Butow



Barry Bultz



Bill Breitbart



Sharon Manne



Annette Street

Colleagues have diverse skills; some are direct collaborators, others as chapter authors

PALLIATIVE CARE COLLEGIAL PEERS



Balfour Mount



Kathy Foley



Eduardo Bruera



Irene Higginson



Ilora Findlay



Stein Kaasa



Nathan Chernv



Robert Neimever

Interdisciplinary relationships are vital to support studies and address key questions

Colleagues and friends



Marguerite Lederberg



Nessa Coyle



Carma Bylund



Jamie Ostroff



Phil Bialer



Talia Zaider



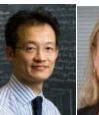
Wendy Lichtenthal



Christian Nelson



Tammy Schuler



Yuelin Li



Kate Duhamel

Rich tapestry of life develops from these relationships

Inherent values: the 'goods' or virtues within the person do matter



- Hard working & committed to patients, studies & family
- Honesty, integrity, bit obsessive
- Open to new experience, potential to change
- Curious, thoughtful, reflective
- Respect for the other and their dignity, forgive
- Compassionate, nurturing, supportive
- Communicate effectively & work well in teams

Some diversity to research



- **“Three” streams of concurrent activity**
 - 1) Observational work; 2) Pilot phase of future intervention; 3) Wrapping up major RCT and writing up
- Takes 5-7 yrs to build this diversity up
- Openness to new ideas while collecting data on established project
- Keeps a supply of publications while longer studies mature

Example of NIH-Biosketch for research domains I

Research domain: Family studies

a) Dysfunctional families, FFGT and prevention of prolonged grief disorder.

My initial doctoral study defined a typology of family grief and my post-doctoral work examined a screening instrument to recognise high risk or dysfunctional families in bereavement. This led to the development of a family therapy intervention that sought to improve family relationships so as to optimize support and reduce morbidity. I led an initial efficacy-study RCT intervention (360 family members) known as Family Focused Grief Therapy (FFGT) that reduced distress and depression in the bereaved, and then an effectiveness RCT (620 members) that prevented prolonged grief disorder in bereavement. Implementation work has been proceeding recently targeting families of patients with motor neuron disease. This work offers a model of family-centered care for families with an advanced cancer patient, and guides who to commit scarce clinical time to.

- Kissane DW, et al., (1996) The Melbourne family grief study I: perceptions of family functioning in bereavement. *American J Psychiatry*, 153: 650-658. IF=15.3, Cits=136
- Kissane DW, et al., (2006) Family focused grief therapy: a randomized controlled trial in palliative care and bereavement. *American J Psychiatry*, 163:1208 - 1218. IF=15.3, Cits=200
- Kissane DW et al (2016) Randomized controlled trial of family therapy in advanced cancer continued into bereavement. *Journal of Clinical Oncology*, 34:1921-1927. IF= 20.98; Citations=8

Example of NIH-Biosketch for research domains II

Research domain: Group therapy

a) Examining benefits of group psychotherapy modalities for breast cancer patients and survivors.

I developed a model of group psychotherapy (Cognitive-Existential Group Therapy- CEGT) for women with early stage breast cancer, which in an RCT (303 women) reduced anxiety/fear of recurrence, and then I led the Australian Spiegel-type replication of Supportive-Expressive Group Therapy (SEGT) for advanced breast cancer (n=227). The latter both treated and prevented depressive disorders amid other gains. Although neither of these RCTs showed a survival benefit, the benefit of the studies was their contribution in establishing group therapy in cancer care.

- Kissane DW, et al. (2003). Cognitive-existential group psychotherapy for women with primary breast cancer: a randomized controlled trial. *Psycho-Oncology*, 12: 532-546. IF=4.04, Cits=284
- Kissane DW, et al. (2004). The effect of cognitive-existential group therapy on survival in early stage breast cancer. *Journal of Clinical Oncology*, 22(21): 4255 - 4260. IF=20.98, Cits=144
- Kissane DW, et al. (2007). Supportive-expressive group therapy for women with metastatic breast cancer: Survival and psychosocial outcome from a randomized controlled trial. *Psycho-Oncology*, 16(4), 227-286. IF=4.04, Cits=276

Example of NIH-Biosketch for research domains III

Research domain: demoralization

a) Assessment of demoralization at the end of life and its impact on treatment decision making.

Following Folkman's work on meaning-oriented coping, I recognized a mental state of demoralization in my clinic patients that did not meet diagnostic criteria for major depression. I developed and validated the Demoralization Scale, which has been translated into >12 languages. Observational cohort studies have helped identify risk factors, and systematic reviews suggest a prevalence of 13-18% in palliative care. It is a stronger mediator of suicidal thinking than depression. Demoralization has been identified in other settings, including drug and alcohol, postnatal, refugees, etc. We have recently used item response theory to refine the DS-II, and done pilot work to show the utility of its use as a diagnostic specifier for adjustment and depressive disorders.

- Kissane DW, Clarke DM, Street AF. (2001) Demoralization syndrome - a relevant psychiatric diagnosis for palliative care. *Journal of Palliative Care*, 17: 12-21. Cits=350
- Clarke & Kissane (2002) Demoralization – its phenomenology and importance. *ANZJ Psychiatry*, Citations 355.
- Kissane DW (2004) The contribution of demoralization to end-of-life decision making. *The Hastings Center Report*, 34(4):21-31.
- Kissane DW, et al., (2004) The Demoralization Scale: a preliminary report of its development and validation. *Journal of Palliative Care*, 20(4): 269-276. Cits=169
- Robinson S, Kissane DW, et al. (2015) Systematic review of the Demoralization Syndrome in individuals with progressive disease and cancer: A decade of research. *J Pain Sympmt Manage*, 49(3): 595-610. IF =2.64; Cits= 36.
- Robinson S, Kissane DW, et al (2016). Refinement and Revalidation of the Demoralization Scale: The DS-II – Internal Validity. *Cancer*, 122: 2251-2259. IF=5.65, Citations 6. Shortened and improved measure of demoralization.
- Kissane DW, Bobevski I, et al. (2017). Exploratory examination of the utility of demoralization as a specifier for adjustment disorder and major depression. *General Hospital Psychiatry*, 46: 20-24. IF=2.61
- Robinson S, Kissane DW, et al. (2017). The relationship between poor quality of life and desire to hasten death: A multiple mediation model examining the contributions of depression, demoralization, loss of control, and low self-worth. *J Pain Symptom Manage*, 53(2). doi: [10.1016/j.jpainsymman.2016.08.013](https://doi.org/10.1016/j.jpainsymman.2016.08.013). IF=2.64
- Vehling S, Kissane DW, ... Mehnert A. (2017). The association of demoralization with mental disorders and suicidal ideation in patients with cancer. *Cancer*, Revision March 2017

Example of NIH-Biosketch for research domains IV

Research domain: Couple therapy

a) Development of Intimacy-Enhancing Couple Therapy for prostate cancer

In an Australian cohort study of men with prostate cancer, we recognized that the partners developed reduced marital satisfaction over time, with loss of intimacy hypothesized as a key etiology. In collaboration with S Manne in the US, we developed an Intimacy-Enhancing Couple Therapy (IECT), with pilot work confirming enhanced intimacy. We have just completed a major RCT of IECT.

- Manne SL, Kissane DW, et al (2011). Intimacy-enhancing psychological intervention for men diagnosed with prostate cancer and their partners: a pilot study. *J Sexual Med* 8(4): 1197-1209. IF= 3.15; Cits=81.

Research domain: MaP therapy

a) Meaning and Purpose therapy for advanced cancer

With my post-doctoral fellow, Dr C Lethborg, we have developed a model of Meaning and Purpose (MaP) therapy to counter demoralization with a structured intervention. An initial 4-session pilot with palliative care patients was not successful, but a second pilot using 6 sessions has now produced a moderate effect size in increasing meaning in the LAP measure initially developed for logotherapy. We are positioned to take this model to an efficacy-based RCT.

- Lethborg C, ... Kissane D (2012). The advanced cancer patient experience of undertaking meaning and purpose (MaP) therapy. *Palliative and Supportive Care* 10(3): 177-188

Openness to new opportunities



My career demonstrates a move each decade
Others stay put in their parent institution for life

Importance of taking up opportunities versus Need for stability for children's education

Lifestyle and family considerations

How specialized to become?



- In large CCCs, tumour specific focus
- Smaller oncology depts., broader coverage
- General psycho-oncology clinic versus tumour-specific
- Balance clinical knowledge with research expertise

• Advantages in some level of specialization

