IMPLEMENTING PSYCHOSOCIAL DISTRESS SCREENING AND INTERVENTION PROGRAM IN PEDIATRIC ONCOLOGY

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Conflict of Interest Disclosure
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Has no real or apparent conflicts of interest to report.
Childhood Cancer & Family Psychosocial Risk

- In Childhood cancer, the whole family evaluation is especially important as stress can affect not only the patient, but their parents and siblings as well.

- The majority of families are resilient, but many have psychosocial concerns that can be addressed with evidence-based treatments.

- In COG institutions, only 9% of families were offered empirically supported evaluations. (Selove et al., 2012)
Aim

Our aim was to develop a program that streamlines and formalizes psychosocial distress screening among childhood cancer patients and their families.
Methods

- First, we formed a distress screening multi-disciplinary team of social worker, child life, oncologist, nursing, psychologist, and psychiatrist to administer, evaluate, and plan referral/treatment for patients, caregivers, parents, and siblings.

- Next, we assembled our measures. Screening tools: Psychosocial Assessment Tool 2nd edition (PAT), Symptom Screening in Pediatrics Tool (SSPedi), and Distress Thermometer.

- Based on the PAT score, a family’s level of distress is classified as Universal, Targeted, or Clinical. Then the Distress Thermometer and SSPedi responses are taken into account for patient’s distress.

- During weekly Psychosocial Rounds, the team is updated and helps in finalizing the plan of action.
Distress Screening Process

Screen New Patient
- **Social Work**: PAT
- **Nurse**: SSPedi
- **Child Life**: Distress Thermometer

Evaluate
- **Psychology**: Evaluate screening results, assign risk
- Meets with the families to review results, & conduct diagnostic interview

Intervene
- **Psychiatry**: Dx, medication
- **Psychology**: psycho-education, psycho-therapy
- **Child Life**: Procedural support, sibling teaching
- **Team**: decides outside referral
Brief parent-report screening of psychosocial risk

All literacy English and Spanish versions (4th grade reading level)
PAT Screening Distress Level

Pediatric Psychosocial Preventive Health Model

**Clinical/Treatment**
- Severe, escalating, or persistent distress.
- Consult behavioral health specialist.
- Intensity psychosocial services.
- Address impact on medical treatment.

**Targeted**
- Acute or elevated distress. Other risk factors present.
- Monitor child/family distress and risk factors.
- Provide interventions specific to symptoms or adherence needs.

**Universal**
- Children and families are distressed but resilient.
- Provide psychosocialization and family-centered support.
- Screen for indicators of higher risk.

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Screening Results

- 128 PAT surveys were completed by 67 families of children with cancer.
- At least 1 follow up survey was obtained for 58%.
- Patient’s mean age was 9.2 ±5 years.
- 31.3% of families showed PAT total score in the targeted risk range and 7.5% in clinical range.
### Screening Results
Care Givers Reporting Distress

Have any of the adult caregivers for the child experienced any of the following?

<table>
<thead>
<tr>
<th>Condition</th>
<th>Percentage</th>
</tr>
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<tbody>
<tr>
<td>Lots of worry, fear, or anxiety</td>
<td>77%</td>
</tr>
<tr>
<td>Been sad or depressed</td>
<td>76%</td>
</tr>
<tr>
<td>Problems paying attention, staying focused, or concentrating for periods of time</td>
<td>23%</td>
</tr>
<tr>
<td>Other family problems or stressful events going on now</td>
<td>22%</td>
</tr>
<tr>
<td>Relationship problems, fights, or talk about breaking up or divorce</td>
<td>18%</td>
</tr>
</tbody>
</table>
Screening Results

- In the subscale analysis, 47% of families reported financial difficulties.
- 22.4% of caregivers reported high distress.
- Single, younger, and none college degree caregivers showed more distress (P<0.05).
- Siblings showed problems with mood and attention (14%), worry (9%), and sleep problems (5%).
- With intervention, 50% of families with targeted or clinical risk dropped at least one distress level with 42% returned to universal category.
Conclusion

1. Psycho-social distress screening showed that childhood cancer impacts the entire family.

2. Multidisciplinary approach and targeted intervention plan based on PAT screening showed significant improvement in the entire family distress level.
Thank You