Healthcare Providers’ Perceptions of the Utility of Psychosocial Screening Tools in Childhood Cancer: A Pilot Study

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Pediatric cancer care in most developed countries is based on the premise that the child’s medical treatment needs to be provided in the context of the family, and many programs endorse a child- and family-centered care approach (Kazak, Simms, & Rourke, 2002; Wiener & Pao, 2012). In spite of substantial evidence in the field regarding the psychosocial effects of childhood cancer on the affected child and family (Alderfer & Hodges, 2010; Barrera, Atenafu, Doyle, Berlin-Romalis, & Hancock, 2012; Bearden, Feinstein, & Cohen, 2012; Boman, Lindahl, & Björk, 2003; Dolgin et al., 2007; Kazak et al., 2004; Kazak, Boeving, Alderfer, Hwang, & Reilly, 2005; Kazak et al., 2006; Rodriguez et al., 2012), research on psychosocial screening in pediatric oncology is in its infancy, and tools to screen for distress or psychosocial risk in this population are rare (Kazak et al., 2001, 2007; Pai et al., 2007, 2008).

In addition, evidence exists regarding healthcare providers’ (HCPs’) limited use of these tools to document (a) their knowledge of psychosocial difficulties in the patient and his or her family and (b) how useful they find these tools (Mitchell, Clarke, & Sloper, 2005; Selove, Kroll, Coppes, & Cheng, 2012). Early psychosocial screening can guide interventions to reduce or prevent adverse psychosocial outcomes and to foster better use of resources in clinical practice (Kazak et al., 2007).

Two psychosocial screening tools have been used in pediatric oncology (Patenaude & Kupst, 2005): the Distress Thermometer (DT) (National Comprehensive Cancer Network [NCCN], 2003) and the Psychosocial Assessment Tool (PAT) (Kazak et al., 2001, 2007, 2012; Pai et al., 2008). The DT is widely used for screening in adult cancer (Bultz et al., 2011; Carlson, Waller, Groff, Zhong, & Bultz, 2012; Holland & Bultz, 2007; NCCN, 2003) and was adapted for children (Patel et al., 2011). The current authors chose to work with the PAT because (a) the tool is intended to be completed by the family members (e.g., parents, siblings) of children newly diagnosed with cancer (Kazak et al., 2001, 2007, 2012; Pai et al., 2008) and (b) evidence suggests that families who complete this tool receive more psychosocial care (Kazak et al., 2011).