
Psychosocial Distress Screening

An educational program's impact on participants' goals for screening implementation in routine cancer care

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BACKGROUND: Psychosocial distress screening is a quality care standard in cancer care. Screening implementation may be facilitated by an educational program that uses goals to evaluate progress over time.

OBJECTIVES: This article describes the content and design of the Screening for Psychosocial Distress Program (SPDP), reports on its delivery to 36 paired participants, and evaluates its effects on distress screening activities and goals.

METHODS: The SPDP used a one-group pre-/post-test design. It was delivered at 2 workshops and 10 conference calls during a two-year period. Data on screening and goal achievement were collected at 6, 12, and 24 months. Data on the quality of dyads' relationships were collected at 24 months.

FINDINGS: At 24 months, all 18 dyads had begun screening. Dyads reported working effectively together and being supportive of the other member of the dyad while achieving their goals for implementing psychosocial distress screening.

KEYWORDS

implementation; distress; screening; psychosocial; SMART goals

DIGITAL OBJECT IDENTIFIER

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A DIAGNOSIS OF CANCER, WHATEVER ITS PROGNOSIS, is distressing. The diagnosis itself, plus physical symptoms and treatment, can challenge patients' emotional coping strategies. Mood disturbances and other forms of distress, such as financial, existential, and spiritual, may result. Mehnert et al. (2018) report that the rate of distress among patients with cancer may be as high as 50%. This distress may persist throughout the cancer care continuum, not only affecting patients' quality of life but also their ability to adhere to treatment (Yee et al., 2017).

For this reason, the Institute of Medicine (IOM) convened an expert panel on delivering psychosocial services to patients with cancer. Based on the strength of the evidence, the resulting report, *Cancer Care for the Whole Patient: Meeting Psychosocial Health Needs*, set the quality care standard that psychosocial care must be routinely integrated with biomedical cancer care for all patients (Adler & Page, 2008). The best way to integrate care, the panel found, is to screen patients early for psychosocial distress to connect them with psychosocial healthcare services. Routine psychosocial distress screening is a comprehensive five-step process that (a) identifies patients with clinically significant psychosocial distress, (b) evaluates the sources of their distress, (c) triages them to psychosocial healthcare resources if needed, (d) follows up with patients and the primary care team to ensure that psychosocial needs are being addressed, and (e) documents the process in the medical record and uses that documentation to conduct quality improvement (Lazenby, Tan, Pasacreta, Ercolano, & McCorkle, 2015). In a randomized, controlled trial of patients with lung and breast cancer, routine distress screening decreased depression and anxiety (Carlson, Groff, Maciejewski, & Bultz, 2010).

International organizations have endorsed the quality care standard of whole-patient care that is achieved through routine comprehensive psychosocial distress screening (Lazenby, 2014). In the United States, the American College of Surgeons' (2016) Commission on Cancer has mandated that every patient receiving treatment for cancer be screened for psychosocial distress "at a pivotal medical visit" (p. 56). Cancer care organizations accredited by the Commission on Cancer have to prove compliance with this mandate