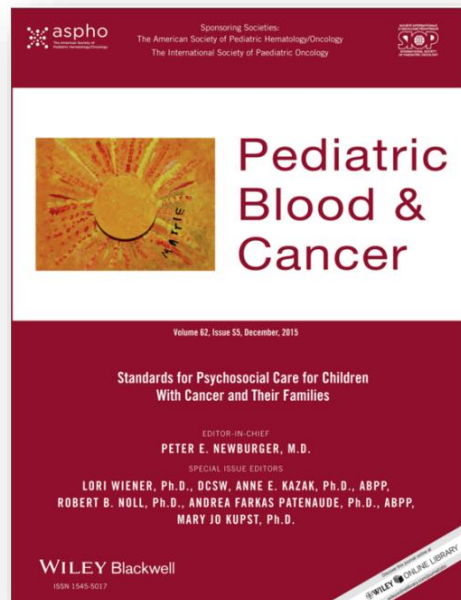


Pediatric Psychosocial Standards of Care: Innovative Methods to Reduce Implementation Barriers



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Implementation of eSCCIP: Preliminary Results from a Community-Focused Pilot Test

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- Target recruitment of 30 Parents of Children with Cancer
 - 27 currently enrolled; 14 complete (full intervention and all surveys)
- Statistically significant decreases ($p < .01$) in acute distress and PTSD symptom cluster D (negative alterations in cognitions and mood)
- Clinically meaningful decreases in acute distress ($d = 0.84$; large effect), PTSD symptoms ($d = 0.40$; medium effect), and anxiety ($d = 0.42$; medium effect)
- Participants reported that eSCCIP was **helpful** (very/mostly true 71.4%), **convenient to use** (very/mostly true 71.4%), and **easy to understand** (very/mostly true 85.7%). Participants also reported the internet was a good method for delivering eSCCIP (very/ mostly true 85.7%)



“They are not the priority”: Characterizing & overcoming barriers to providing psychosocial services to siblings of children with cancer

Kristin Long, PhD; Marcella Mazzenga, BA; Katie Davis, MA; Phoebe Brosnan, MA; David Buchbinder, MD; Christina Amaro, M.S.; Maru Barrera, PhD; Lynn Fainsilber Katz, PhD; Cynthia Gerhardt, PhD; Anne Lown, DrPH; Christina Sharkey, M.S.; & Melissa Alderfer, PhD

Standard #10:

Routine psychosocial assessment & support for siblings of children with cancer

Gerhardt, Lehmann, Long, & Alderfer 2015

Goals: (1) Characterize the range and nature of existing sibling-focused psychosocial assessment and intervention services, (2) describe providers' perceptions of barriers to providing sibling-specific services, and (3) identify feasible solutions to these barriers

- Systematic psychosocial screening and support are **rarely offered** in hospitals
- Systematic **barriers** occur at the level of the family, provider, health care center, & larger medical field
- Barriers can be **lessened** by developing systematic protocols for sibling services, instituting stepped levels of care, identifying lower-cost options for sibling support, and strengthening ties to community-based services
- Achieving the Sibling Standard will require **larger-scale changes** to the way that psychosocial services are delivered, documented in medical records, & reimbursed
 - Siblings will need to be considered a part of “**family-centered care**” philosophies
 - The field needs larger-scale efforts to **increase awareness** of siblings' needs



TEXT MESSAGE ASSESSMENTS OF 6MP ADHERENCE (PI: ALEXANDRA PSIHOGIOS, PHD)

- **High feasibility**, demonstrated by:
 - 18 AYA with ALL enrolled (100% recruitment and retention rates)
 - Low cost (less than a penny per text)
 - No major technical glitches
 - Completed M=88.9% daily adherence surveys across 28 days (i.e., the time between clinic visits; SD=16.7, Range=39.0-100.0%)
- **High acceptability** and perceived texts as a **useful reminder**, for example:
 - 72.2% “a lot” or “extremely” comfortable with the text surveys
 - 55.6% texts made them “a lot” or “extremely” more aware of taking 6MP
 - 55.6% forgot to take 6MP $\geq 1-2x$, but the text reminded them to take it