

## Supplementary Material S2

# PIPS-CSS

Preparing to Implement Psychosocial Standards:

Current Services and Staffing (PIPS-CSS)

Thank you for your assistance with this research study.

Our goals are:

1) to understand the number and type of current multidisciplinary psychosocial staff in programs that treat children with cancer;

and

2) to identify the types of psychosocial services provided in these centers.

This information is particularly important in light of the recently published Standards for Psychosocial Care for Children with Cancer and Their Families in Pediatric Blood and Cancer (<http://onlinelibrary.wiley.com/doi/10.1002/pbc.v62.S5/issuetoc>). The data collected in this study is necessary in order to advance the implementation of the standards and identify collaborators for research on the delivery of psychosocial care in pediatric cancer.

We are distributing this survey to three people at each pediatric cancer program. One is an oncologist who is a leader in clinical care. The second is a leader of the psychosocial services team or program, or the most senior psychosocial staff member. The third is an administrative director for the pediatric cancer program (e.g. Administrative Director, Business Administrator, Director of Operations). If you are uncertain as to whether you are the appropriate person to complete this study, please contact us so that we can assure that the survey reaches the best participants for this study.

When a site completes all three versions of this survey (oncologist, psychosocial staff, administrator) we will enter your site into a drawing for a complimentary copy of a new book on psychosocial care in pediatric cancer (see below).

Abrams, A., Muriel, A. & Wiener, L. (2016). *Pediatric Psychosocial Oncology: Textbook for Multidisciplinary Care*. NY: Springer.

As you complete this survey, you may find it necessary and/or helpful to consult with other team members in order to ensure accurate and complete answers to some questions. You may save and exit the survey and return later to complete it by selecting "Save & Return Later" at the bottom of the screen. You will be provided a unique return code to use to continue the survey where you left off.

We are available to assist and answer any questions about this survey. Please contact Michele Scialla by email ([Michele.Scialla@nemours.org](mailto:Michele.Scialla@nemours.org)) or phone (302) 298-7873.

The consent document is available below should you want to review it again prior to beginning the survey.

[Attachment: "PIPS-CSS\_Survey Consent.pdf"]

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About You (Oncologist, Psychosocial Leader, Administrator)

Select One:

- I am a pediatric oncologist with oversight for the clinical services provided to pediatric patients with cancer
- I am an administrator with responsibility for oncology practices
- I am a psychosocial professional with responsibility for clinical services provided to patients with cancer

I am a:

- social worker
- psychologist
- psychiatrist
- child life specialist
- other

specify other discipline

\_\_\_\_\_

Current job title:

\_\_\_\_\_

Age:

- 21-30
- 31-40
- 41-50
- 51-60
- 61-70
- 71+

Years working with pediatric oncology patients/families post training:

\_\_\_\_\_

Gender:

- Male
- Female
- Other
- Choose not to specify

Race/ethnicity:

- White (non-Hispanic)
- Black (non-Hispanic)
- Asian
- Hispanic
- Other
- Choose not to specify

specify other race/ethnicity

\_\_\_\_\_

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**Information About Your Pediatric Cancer Program (Administrator)**

Our pediatric cancer program is based in:

- A freestanding children's hospital
  - A children's hospital within another hospital
  - A cancer center
  - An academic medical center
  - A community hospital
  - Other
- ((please select one primary location))

specify other location \_\_\_\_\_

Does your cancer program treat patients in satellite facilities?

- Yes
- No

If yes, in how many satellites do you treat children with cancer?

\_\_\_\_\_

What is the number of new pediatric patients in 2015 diagnosed with cancer treated at your center?

\_\_\_\_\_  
((please do not count consultations/second opinions))

Of the number above, number of new pediatric patients in 2015 with:

leukemias \_\_\_\_\_

lymphomas \_\_\_\_\_

solid tumors \_\_\_\_\_

brain tumors \_\_\_\_\_

other \_\_\_\_\_

please describe other cancer types \_\_\_\_\_

Calculated total new patients \_\_\_\_\_

Please re-check number of new pediatric patients. The sum of leukemias, lymphomas, solid tumors, brain tumors, and other, should equal the total number of new pediatric patients in 2015.

Number of stem cell transplantations in 2015 \_\_\_\_\_

Number of board certified pediatric hematologists/ oncologists providing clinical care \_\_\_\_\_

((Use FTEs))

Number of pediatric hematology/oncology fellows \_\_\_\_\_

((total))

Number of pediatric oncology Nurse Practitioners \_\_\_\_\_

((FTEs))

Number of pediatric oncology Clinical Nurse Specialists \_\_\_\_\_

((Use FTEs))

What financial sources support psychosocial services?  
Please indicate percent of funding for each:

- Department/Division
  - Institutional
  - Donated funds
  - Research grants
  - Billing Revenue
  - Other funds
- (Select all that apply)

Department/Division funds percent

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Institution funds percent

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Donated funds percent

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Research grants percent

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Billing revenue percent

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specify type/source of other funds

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Other funds percent

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Do you bill for services of:

- Social Work
  - Psychology
  - Psychiatry
  - Other
- (Select all that apply)

specify other psychosocial services

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**Psychosocial Staff (Psychosocial Leader)**

The following questions ask about the number and type of psychosocial staff and trainees in your pediatric cancer program. When reporting FTEs, please use FTEs to reflect time in oncology

## Social Work

Does your pediatric cancer program have a social worker?

- Yes  
 No

If no, do you have access to a social worker on a consultation basis?

- Yes  
 No

How many master's level social workers work in the pediatric oncology program?

\_\_\_\_\_  
 (Do not include trainees. (Use FTEs))

Of these, how many are licensed?

\_\_\_\_\_

How many bachelor's level social workers work in the pediatric oncology program?

\_\_\_\_\_

Of these, how many are licensed?

\_\_\_\_\_

How many social workers speak Spanish?

\_\_\_\_\_

To whom do the social workers report (directly)?  
 Check all that apply

- An oncologist  
 A hospital social worker  
 A hospital case manager  
 A hospital nurse or other clinical individual  
 Leader of the psychosocial team in oncology  
 Both the head of social work and a psychosocial leader in oncology ("matrix reporting structure")  
 Other

specify the discipline if other clinical individual

\_\_\_\_\_

specify the discipline of the leader of the psychosocial team

\_\_\_\_\_

specify

\_\_\_\_\_

With respect to clinical supervision for social workers (staff, not trainees), check all that apply.

- Individual supervision is provided at least monthly  
 Group supervision is provided at least monthly  
 Peer supervision is provided at least monthly  
 There is no ongoing formal clinical supervision  
 There is occasional clinical supervision (e.g. for problem cases)  
 Supervision is available immediately for emergency situations  
 Peer consultation is available, as needed  
 Supervision is held in person  
 Supervision is conducted by phone/video conference

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## Psychologists

Does your pediatric cancer program have a psychologist(s) who provide(s) clinical care?

- Yes  
 No

If no, do you have access to a psychologist on a consultation basis?

- Yes  
 No

How many psychologists are in the program providing clinical care to patients with pediatric cancer?

\_\_\_\_\_ (Do not include trainees here. (Use FTEs))

How many of these psychologists are licensed?

\_\_\_\_\_

How many of these psychologists are neuropsychologists?

\_\_\_\_\_

How many psychologists speak Spanish?

\_\_\_\_\_

To whom do the psychologists report (directly)? Check all that apply.

- An oncologist  
 A hospital psychologist  
 A hospital psychiatrist  
 Leader of the psychosocial team in oncology  
 Both the head of psychology and a psychosocial leader in oncology ("matrix reporting structure")  
 Other

specify the discipline of the leader of the psychosocial team

\_\_\_\_\_

specify

\_\_\_\_\_

With respect to clinical supervision for psychologists (staff not trainees), check all that apply.

- Individual supervision is provided at least monthly  
 Group supervision is provided at least monthly  
 Peer supervision is provided at least monthly  
 There is no ongoing formal clinical supervision  
 There is occasional clinical supervision (e.g. for problem cases)  
 Supervision is available immediately for emergency situations  
 Peer consultation is available, as needed  
 Supervision is held in person  
 Supervision is conducted by phone/video conference

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**Psychiatrists**

Does your pediatric cancer program have a psychiatrist(s) who provide(s) clinical care

- Yes  
 No

If no, do you have access to a psychiatrist on a consultation basis?

- Yes  
 No

How many psychiatrists are in the program providing clinical care to patients with pediatric cancer?

\_\_\_\_\_ (Do not include trainees here. (Use FTEs))

How many psychiatrists are licensed?

\_\_\_\_\_

How many psychiatrists speak Spanish?

\_\_\_\_\_

To whom do the psychiatrists report (directly)? Check all that apply.

- An oncologist  
 A hospital psychologist  
 A hospital psychiatrist  
 Leader of the psychosocial team in oncology  
 Both the head of psychiatry and a psychosocial leader in oncology ("matrix reporting structure")  
 Other

specify the discipline of the leader of the psychosocial team

\_\_\_\_\_

specify

\_\_\_\_\_

With respect to clinical supervision for psychiatrists (staff not trainees), check all that apply.

- Individual supervision is provided at least monthly  
 Group supervision is provided at least monthly  
 Peer supervision is provided at least monthly  
 There is no ongoing formal clinical supervision  
 There is occasional clinical supervision (e.g. for problem cases)  
 Supervision is available immediately for emergency situations  
 Peer consultation is available, as needed  
 Supervision is held in person  
 Supervision is conducted by phone/video conference

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**Child Life Specialists/Recreational Therapists**

Does your pediatric cancer program have a child life specialist(s) or recreational therapist(s)?

- Yes  
 No

If no, do you have access to a child life specialist/recreational therapist on a consultation basis?

- Yes  
 No

How many child life specialists/recreational therapists are in the pediatric cancer program? Do not include trainees here.

\_\_\_\_\_  
 ((Use FTEs))

How many child life specialists or recreational therapists are certified as either Certified Child Life Specialists (CCLS) or Certified Therapeutic Specialists (CTRS)?

\_\_\_\_\_

How many child life specialists/recreational therapists speak Spanish?

\_\_\_\_\_  
 ((Use FTEs))

To whom do the child life specialists report (directly)? Check all that apply.

- An oncologist  
 A hospital child life specialist/recreational therapist manager/director  
 Leader of the psychosocial team in oncology  
 Both the head of child life/recreational therapy and a psychosocial leader in oncology ("matrix reporting structure")  
 Other

specify the discipline of the leader of the psychosocial team

\_\_\_\_\_

specify

\_\_\_\_\_

With respect to clinical supervision of child life specialists/recreation therapists, (staff not trainees) check all that apply.

- Individual supervision is provided at least monthly  
 Group supervision is provided at least monthly  
 Peer supervision is provided at least monthly  
 There is no ongoing formal clinical supervision  
 There is occasional clinical supervision (e.g. for problem cases)  
 Supervision is available immediately for emergency situations  
 Peer consultation is available, as needed  
 Supervision is held in person  
 Supervision is conducted by phone/video conference



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### Other Psychosocial Staff

Are there members of your psychosocial team from disciplines other than social work, psychology, psychiatry, and child life/recreational therapy?

- Yes
- No

Please list other disciplines on your psychosocial team and the FTEs for each.

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## Trainees

In your pediatric oncology program, on average, how many of the following types of trainees do you have?

Please indicate the number of hours per week for each placement, including only trainees who are providing supervised clinical care.

Social work trainees

\_\_\_\_\_ (How many?)

\_\_\_\_\_ (Hrs/week/trainee)

Psychology grad students

\_\_\_\_\_ (How many?)

\_\_\_\_\_ (Hrs/week/trainee)

Psychology interns/residents

\_\_\_\_\_ (How many?)

\_\_\_\_\_ (Hrs/week/trainee)

Psychology postdocs

\_\_\_\_\_ (How many?)

\_\_\_\_\_ (Hrs/week/trainee)

Child life interns/trainees

\_\_\_\_\_ (How many?)

\_\_\_\_\_ (Hrs/week/trainee)

Psychiatry residents

\_\_\_\_\_ (How many?)

\_\_\_\_\_ (Hrs/week/trainee)

Psychiatry fellows

\_\_\_\_\_ (How many?)

\_\_\_\_\_ (Hrs/week/trainee)

Other trainee(s)

\_\_\_\_\_ (How many?)

Other trainee(s) discipline(s)

\_\_\_\_\_ (Hrs/week/trainee)

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**Psychosocial Service Delivery (Oncologist, Psychosocial Leader)**

**How do the following psychosocial care providers identify patients and families for psychosocial services? Check all that apply.**

	Provides care to all patients and families	Provides care to specific subgroups (e.g., cancer type, age, treatment)	Provides care on referral	I don't know	We don't have these providers on staff
Social Worker(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Life Specialist(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Psychologist(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Psychiatrist(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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**Psychosocial Service Delivery (Oncologist, Psychosocial Leader)****When are patients generally first seen by these psychosocial staff team members?**

	First day	Within a week	Within a month	On referral	I don't know	We don't have these providers on staff
Social Worker(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child Life Specialist(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Psychologist(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Psychiatrist(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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**Psychosocial Service Delivery (Oncologist, Psychosocial Leader)**

Which of the following statements are true about the psychosocial staff at your site?

	Yes	No	I don't know	We don't have these providers on staff
Psychosocial staff regularly attend medical rounds	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Psychosocial staff members regularly attend patient care conferences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Psychosocial staff enter notes about their care/interventions in the EHR or medical record	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Psychosocial staff members attend oncology journal clubs, tumor boards and patient related conferences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Psychosocial staff members provide consultation to other team members	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Psychosocial staff meet regularly as a formal psychosocial team	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Psychosocial rounds (for all staff, focused on psychosocial concerns)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Psychosocial staff members train other team members	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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**Psychosocial Service Delivery (Oncologist, Psychosocial Leader)**

Where are psychosocial staff located? Check all that apply.

- In physical proximity to oncology patient care areas and/or oncology offices
- In other areas of the hospital /university/health system
- Off-site/off campus location
- At satellites
- N/A

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## Questions About Specific Types of Psychosocial Care

The following questions refer to specific clinical activities performed routinely by psychosocial staff that relate to standards of psychosocial care in pediatric cancer.

Assessment of psychosocial healthcare needs (PSS1)

Psychosocial staff in your pediatric cancer program routinely assess the psychosocial healthcare needs of pediatric patients and their families. (Oncologist, Psychosocial Leader)

Never  Rarely  Sometimes  Usually  Always

What approach is used for assessment of psychosocial healthcare needs? Please check all that apply (Psychosocial Leader)

- Informal discussion with child and/or family
- Structured interview
- Distress thermometer
- Psychosocial Assessment Tool (PAT)
- Other assessment tool or scale

specify \_\_\_\_\_

The assessment of psychosocial healthcare needs of pediatric patients and their families is documented in the electronic health record. (Oncologist, Psychosocial Leader)

Never  Rarely  Sometimes  Usually  Always

Patients and families are assessed for psychosocial healthcare needs at the following times. Check all that apply (Psychosocial Leader)

- At diagnosis (within 48 hours)
- Within the first week after diagnosis
- Within the first month after diagnosis
- At every clinic visit
- At every inpatient admission
- At end of active treatment
- At survivorship visits
- When a problem is identified
- At other specific time points

specify \_\_\_\_\_

Please provide any other comments about how patients and families are assessed for psychosocial health in your program. (Oncologist, Psychosocial Leader)

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## Monitoring of neurocognitive problems (PSS2)

Psychosocial staff in your pediatric cancer program monitor patients with brain tumors and other cancers placing them at risk for neurocognitive deficits. (Oncologist, Psychosocial Leader)

Never    Rarely    Sometimes    Usually    Always

What approach is used for monitoring patients with brain tumors and other cancers at risk for neurocognitive deficits? Check all that apply (Psychosocial Leader)

- Informal discussion with child and/or family
- Brief neurocognitive testing (e.g., Cogstate, COG ALTE07C1)
- Referral to neuropsychologist for full evaluation
- Other

specify \_\_\_\_\_

Patients with brain tumors and other cancers placing them at risk for neurocognitive deficits are monitored for neurocognitive deficits at the following times: Check all that apply (Psychosocial Leader)

- Within two months after diagnosis
- At each clinic visit
- At each inpatient admission
- At the end of active treatment
- At survivorship visits
- When a problem is identified
- At other specific time points

specify \_\_\_\_\_

Please provide any other comments about how patients are monitored for neurocognitive deficits in your program. (Oncologist, Psychosocial Leader)



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**Screening in long-term survivorship (PSS3)**

Psychosocial staff in your pediatric cancer program monitor long-term childhood cancer survivors.

(Oncologist, Psychosocial Leader)

Never  Rarely  Sometimes  Usually  Always

What approach is used for long-term survivors? Check all that apply. (Psychosocial Leader)

- Informal discussion with child and/or family
- Screen for educational/vocational progress
- Screen for social and relationship difficulties
- Screen for distress, anxiety and depression
- Other

specify \_\_\_\_\_

Please specify what measures are used \_\_\_\_\_

Please provide any other comments about how long-term survivors are monitored.

(Oncologist, Psychosocial Leader)

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**Psychosocial support and intervention (PSS4)**

Psychosocial staff in your pediatric cancer program provide psychosocial support and intervention.

(Oncologist, Psychosocial Leader)

Never  Rarely  Sometimes  Usually  Always

The following approaches are used for psychosocial support and intervention in your program. Check all that apply. (Psychosocial Leader)

- Informal discussion with child and family
- Supportive psychotherapy
- Support groups
- Family Therapy
- Cognitive/Behavioral therapy
- Problem solving skills training (PSST)
- Surviving Cancer Competently Intervention Program (SCCIP)
- Psychotropic medication
- Other

specify

Patients and families are routinely provided with psychosocial support and intervention at the following times. Check all that apply.

(Psychosocial Leader)

- 
- At diagnosis (within 48 hours)
  - Within the first week after diagnosis
  - Within the first month after diagnosis
  - At every clinic visit
  - At every inpatient admission
  - At end of active treatment
  - At survivorship visits
  - When a problem is identified
  - At other specific time points

specify

Please provide any other comments about how patients and families are provided with psychosocial support and intervention. (Oncologist, Psychosocial Leader)

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**Assessment of financial need (PSS5)**

Families in your pediatric cancer program participate in an assessment of their financial need at the time of diagnosis. (Oncologist, Psychosocial Leader)

Never  Rarely  Sometimes  Usually  Always

What staff member(s) conduct the assessment?

(Oncologist, Psychosocial Leader)

\_\_\_\_\_ (discipline)

Families participate in ongoing assessments of their financial need during treatment. (Oncologist, Psychosocial Leader)

Never  Rarely  Sometimes  Usually  Always

Families in your pediatric cancer program participate in an initial assessment of other factors that may influence their access to care (e.g., parental employment status, distance to hospital, anticipated long/intense treatment) at diagnosis. (Oncologist, Psychosocial Leader)

Never  Rarely  Sometimes  Usually  Always

Families participate in ongoing assessments of other factors that may influence their access to care (e.g., parental employment status, distance to hospital, anticipated long/intense treatment)? (Oncologist, Psychosocial Leader)

Never  Rarely  Sometimes  Usually  Always

Please provide any other comments about how families participate in assessments of financial need and other factors that may influence their access to care. (Oncologist, Psychosocial Leader)

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**Parental mental health (PSS6)**

Psychosocial staff in your pediatric cancer program assess the mental health needs of parents/caregivers.  
(Oncologist, Psychosocial Leader)

Never  Rarely  Sometimes  Usually  Always

The following approaches are used for psychosocial support and intervention for parents. Check all that apply. (Psychosocial Leader)

- Informal discussion with parents/caregivers
- Supportive psychotherapy
- Support groups
- Cognitive/Behavioral therapy
- Couples/Marital Counseling
- Family therapy
- Problem solving skills training (PSST)
- Surviving Cancer Competently Intervention Program (SCCIP)
- Referral to therapist in other program in our hospital system
- Referral to therapist in community
- Referral to psychiatrist in our hospital system
- Referral to psychiatrist in community
- Other

specify \_\_\_\_\_

Parents/caregivers are provided with psychosocial support and intervention at the following times. Check all that apply. (Psychosocial Leader)

- At diagnosis (within 48 hours)
- Within the first week after diagnosis
- Within the first month after diagnosis
- At every clinic visit
- At every inpatient admission
- At end of active treatment
- At survivorship visits
- When a problem is identified
- At other specific time points

specify \_\_\_\_\_

Please provide any other comments about psychosocial care for parents and caregivers in your program.  
(Oncologist, Psychosocial Leader)

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**Psychoeducation, information, anticipatory guidance (PSS7)**

Psychosocial staff in your pediatric cancer program provide psychoeducation, information and anticipatory guidance regarding the child's disease and treatment. (Oncologist, Psychosocial Leader)

Never  Rarely  Sometimes  Usually  Always

The following approaches are used for psychoeducation, information and anticipatory guidance regarding the child's disease and treatment. Check all that apply.

(Psychosocial Leader)

- In person with child only
- In person with parent(s) only
- In person with child and family
- Provide written materials
- Provide informational videos
- Provide access to resources online
- Other

specify \_\_\_\_\_

Please provide any other comments about psychoeducation, information, or anticipatory guidance in your program.

(Oncologist, Psychosocial Leader)

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**Preparatory information for procedures (PSS8)**

Psychosocial staff in your pediatric cancer program provide preparatory information about invasive medical procedures. (Oncologist, Psychosocial Leader)

Never  Rarely  Sometimes  Usually  Always

The following approaches are used to provide preparatory information about invasive medical procedures. Check all that apply (Psychosocial Leader)

- In person with child only
- In person with parent(s) only
- In person with child and family
- Provide written materials
- Provide informational videos
- Provide access to resources online
- Other

specify \_\_\_\_\_

Psychosocial staff provide psychological interventions for invasive medical procedures. (Oncologist, Psychosocial Leader)

Never  Rarely  Sometimes  Usually  Always

The following approaches used for psychological interventions for procedures? Check all that apply. (Psychosocial Leader)

- Distraction
- Relaxation
- Hypnosis
- Cognitive/Behavioral therapy
- Other

specify \_\_\_\_\_

Please provide any other comments about how patients and families are provided with preparatory information for procedure and related interventions in your program. (Oncologist, Psychosocial Leader)

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**Opportunities for social interaction (PSS9)**

Patients in your pediatric cancer program are provided with opportunities for social interaction with other patients their age. (Oncologist, Psychosocial Leader)

Never    Rarely    Sometimes    Usually    Always

The following approaches used to provide opportunities for social interaction with other patients of the same age.  
(Psychosocial Leader)

- Facilitated activities/programs
- Support groups (in person)
- Online groups/chat rooms
- Camps
- Other

specify \_\_\_\_\_

Please provide any other comments about how patients and families are provided with opportunities for social interaction. (Oncologist, Psychosocial Leader)

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**Siblings (PSS10)**

Psychosocial staff in your pediatric cancer program provide psychosocial support and intervention for siblings of patients. (Oncologist, Psychosocial Leader)

Never    Rarely    Sometimes    Usually    Always

The following approaches are used for psychosocial support and interventions with siblings? Check all that apply. (Psychosocial Leader)

- Informal in person discussion with siblings and/or family
- Supportive psychotherapy with siblings
- Sibling support groups
- Sibling programs (special days, activities)
- Provide materials to parents about issues and resources
- Referral to community providers/agencies
- Other

specify \_\_\_\_\_

Please provide any other comments about services for siblings in your program.

(Oncologist, Psychosocial Leader)



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**School support (PSS11)**

Patients in your pediatric cancer program are provided with support for re-entry into school.

(Oncologist, Psychosocial Leader)

Never  Rarely  Sometimes  Usually  Always

Does your site have an in-house school program for children with cancer? (Oncologist, Psychosocial Leader)

Yes  
 No

Is there a specific staff person who coordinates communication among the patient/family, school and healthcare team?

Yes  
 No

(Oncologist, Psychosocial Leader)

Specify discipline \_\_\_\_\_

Please describe other school services in your program. (Oncologist, Psychosocial Leader)

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**Adherence (PSS12)**

Adherence to treatment is assessed routinely and monitored throughout treatment.

(Oncologist, Psychosocial Leader)

Never  Rarely  Sometimes  Usually  Always

How is adherence to treatment monitored? Check all that apply (Oncologist, Psychosocial Leader))

- Ask patient verbally
- Ask family members verbally
- Ask medical providers verbally
- Self report (patient)
- Self report (parents)
- Provider report (staff)
- Blood test
- Electronic monitoring device (MEMS cap or similar)

specify \_\_\_\_\_

Please provide any other comments about how adherence is monitored in your program.

(Oncologist, Psychosocial Leader)

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**Palliative care/end of life care (PSS13)**

Children and families in your pediatric cancer program are introduced to palliative care concepts throughout the disease process regardless of their disease status. (Oncologist, Psychosocial Leader)

Never  Rarely  Sometimes  Usually  Always

When necessary, patients and families receive developmentally appropriate end of life care.

(Oncologist, Psychosocial Leader)

Never  Rarely  Sometimes  Usually  Always

Please provide any other comments about palliative and end of life care in your program.

(Oncologist, Psychosocial Leader)

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**Bereavement care (PSS14)**

Psychosocial staff deliver care after a child's death. (Oncologist, Psychosocial Leader)

- Never    Rarely    Sometimes    Usually    Always

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**How is care delivered after a child's death? Please indicate frequency for each  
(Oncologist, Psychosocial Leader)**

	Never	Sometimes	Always
Phone call to family to assess needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Phone call to family to provide resources	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Phone call to family to assess psychosocial status	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Letter or card	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In person meeting with family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Support groups	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Psychotherapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Preparation/presentation of legacy items	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Memorial programs at hospital	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please provide any other comments about bereavement care in your program.

(Oncologist, Psychosocial Leader)

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**Challenges and Barriers (Oncologist, Psychosocial Leader, Administrator)**

The psychosocial staff that our pediatric cancer program has now is adequate for our needs.

- Strongly Disagree    Disagree    Neutral    Agree    Strongly Agree

The psychosocial care that pediatric cancer patients/families receive in our program is comprehensive and "state of the art."

- Strongly Disagree    Disagree    Neutral    Agree    Strongly Agree

Over the next five years the size of our psychosocial program will:

- Increase Significantly  
 Increase Somewhat  
 Stay the Same  
 Decrease Somewhat  
 Decrease Significantly

Which of the following are barriers to providing psychosocial care? Please indicate whether each is not a barrier, a minor, moderate or major barrier.

(Oncologist, Psychosocial Leader, Administrator)

	Not a Barrier	Minor Barrier	Moderate Barrier	Major Barrier
Funding for psychosocial positions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of psychosocial staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of medical team support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of evidence based psychosocial approaches	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Time to provide psychosocial care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Services not being reimbursable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Psychosocial care is not essential	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hospital organizational structures and "politics"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

specify

Please provide any other comments about challenges with providing psychosocial care in your program.

(Oncologist, Psychosocial Leader, Administrator)

Please upload any program descriptions or other information that summaries your team/approach.

(Oncologist, Psychosocial Leader, Administrator)

Before completing this survey were you aware of the Psychosocial Standards of Care in Pediatric Cancer published in Pediatric Blood and Cancer in December 2015? (Oncologist, Psychosocial Leader, Administrator)

Yes  No