Thank you for your interest in the *Psychosocial Assessment Tool (PAT)*. The PAT is a brief screener used for assessing psychosocial risk in families of children newly diagnosed with cancer.

The development of the PAT was funded by the National Cancer Institute (R21CA98039). A feasibility study was conducted with a grant from St. Baldrick’s Foundation. The dissemination of PAT is supported by the Center for Pediatric Traumatic Stress (CPTS), part of the National Child Traumatic Stress Network (NCTSN), with funding from the Substance Abuse and Mental Health Services Administration (SM058139).

For more information about using the PAT for research, translating the PAT into other languages, or adapting the PAT for other patient groups, please contact Stephanie Schneider, MS at the Center for Pediatric Traumatic Stress (CPTS) for questions/more information: schniders1@email.chop.edu

If you are interested in using the PAT as a clinical assessment tool at your institution, please contact us to request a *User Application*. We will review your application and, if approved, we will send you an official copy of the PAT for your to administer along with scoring materials.

**Background**

The Psychosocial Assessment Tool (PAT) is a brief parent-report screener of family psychosocial risk. PAT is based on a social ecological approach to children and their families and based specifically on the Pediatric Preventative Psychosocial Health Model (PPPHM, Figure 1; Kazak, 2006). Following from the research literature, the majority of families of children newly diagnosed with cancer are understandably distressed but competent and generally capable of coping and adapting to their illness and treatment demands (Universal). Smaller subsets of families are at elevated risk (Targeted) and the smallest subset, experience elevated and/or escalating distress (Clinical).

The PAT is highly responsive to calls for psychosocial screening in pediatric cancer and consistent with related recommendations of the Institute of Medicine and the American Cancer Society. Evidence based assessment using the PAT is the first step in the delivery of evidence based psychosocial care (Kazak et al., 2007). The PAT was developed for use in pediatric cancer and this remains its primary focus although, with proper adaptation, it may be used with other patient groups.

A multidisciplinary group of psychologists, social workers, child life specialists, nurses, educators, and pediatric oncologists in the Division of Oncology at The Children’s Hospital of Philadelphia (CHOP) developed PAT. The initial screener was tested in two studies that supported the feasibility of screening and showed that psychosocial distress at diagnosis was associated with higher levels of later distress and related resource utilization (Kazak, Cant et al, 2003; Kazak, Prusak et al., 2001). Based on these data, the PAT was revised1 and reliability and validity data were generated at CHOP and also at the Royal Children’s Hospital in Melbourne, Australia (McCarthy et al., 2009). The PAT has strong internal consistency for the Total Score ($\alpha = .81$) and the subscales (Pai et al., 2008). Validation with standardized measures of child, parent and family function are strong and in the expected directions. PAT scores at diagnosis are predictive of level of distress several months into treatment (Alderfer et al. 2009; McCarthy et al, 2009). A feasibility study at CHOP showed that PAT can be distributed to families and completed, scored and utilized by healthcare teams within a few days of the diagnostic meeting with the family (Kazak et al., in press).

---

1 The revised PAT was referred to initially as the PAT2.0. The revision has replaced the earlier version which should not be used. For purposes of simplicity we refer to the current measure as PAT.
The Psychosocial Assessment Tool (PAT)

Clinical
- Persistent and/or escalating distress
- High risk factors
  Consult behavioral health specialist

Targeted
- Acute distress
- Risk factors present
  Provide intervention and services specific to symptoms. Monitor distress.

Universal
- Children and families are distressed but resilient
  Provide general support – help family help themselves
  Provide information and support. Screen for indicators of higher risk

© 2009, Center for Pediatric Traumatic Stress, Anna E. Kazak, Ph.D.

Figure 1. The Pediatric Preventative Psychosocial Health Model
Bibliography:


Contact Information:
Stephanie Schneider, MS (schneiders1@email.chop.edu)
Anne E. Kazak, PhD, ABPP (kazak@email.chop.edu) Fax: 215-590-3020

July 19, 2011