

Use of Psychosocial Support Services among Patients with Young Children at a Comprehensive Cancer Center



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Introduction

- Cancer patients with children aged <18 years face competing demands and unique psychosocial stressors compared to patients without young children
- Many comprehensive cancer centers offer supportive care services to address patient and family needs
- The factors associated with use of psychosocial service among patients with children aged <18 years are not well understood

Purpose

- To characterize the rates of service utilization, barriers to service utilization, and preferences for service delivery for cancer patients with young children

Methods

- Eligible patients received a cancer diagnosis in the past two years and had one or more children between the ages of 5 and 18
- Patients completed a survey including items about psychosocial support service use and barriers to service utilization (e.g., “Please indicate yes or no to whether you have used each service in the past and whether you would be interested in using these services in the future.”)

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Participant Characteristics (N = 32)

Age	M = 41.6, SD = 5.8		
Race (% white)	87.5%		
Children <18 at home	M = 2		
Cancer Type	Head/neck (n=1) Pancreatic (n=1) Sarcoma (n=2) Melanoma (n=1)	GYN (n=2) Colorectal (n=2) Breast (n=12)	Brain (n=5) Lung (n=3) Blood (n=3)

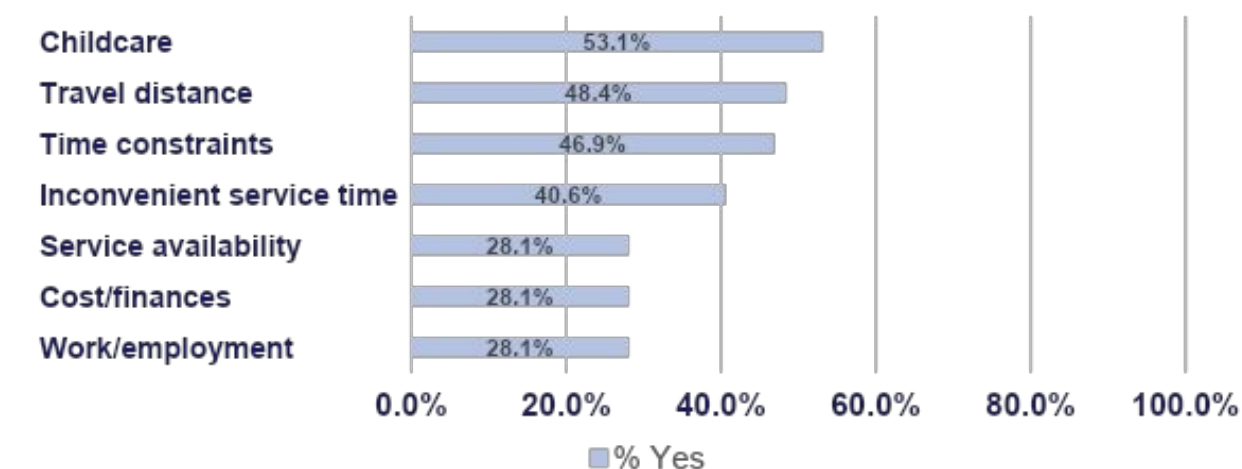
Results

- 18.8% reported never having used available, no-cost supportive care services

Service Utilization Among Patients with Children <18

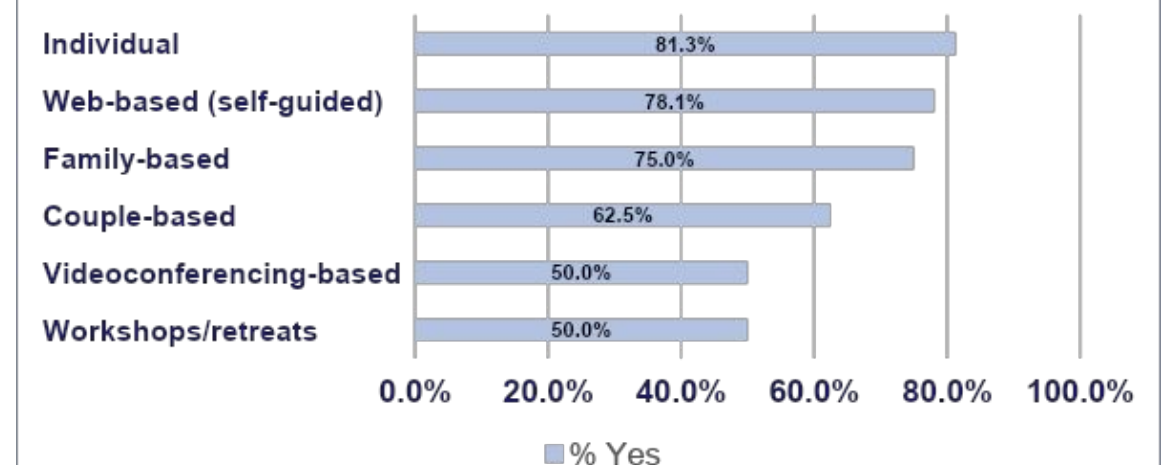
- Individual counseling (56.3%)
- Self-image services (43.8%)
- Group-based support program for parents and children at our institution (“KidsCan!”; 34.4%)
- Family therapy (31.3%)

Common Barriers to Service Utilization



Results

Format Preferences for Service Delivery



Top Interests for Future Services

- KidsCan! (81.0%)
- Family counseling (76.2%)
- Survivorship care planning (74.2%)
- Support groups (69.6%)

Conclusions and Clinical Implications

- Cancer patients with children <18 face barriers to using psychosocial services, even when offered at no-cost
- When developing programs, flexible service delivery, remote delivery of services, and outreach with consideration for child-inclusion and childcare may help address this population's unique needs
- These data were collected before the COVID-19 pandemic. Given increases in remote service delivery, barriers and preferences for service delivery among families facing cancer in a post COVID-19 world should be considered