

PAT Adaptation Information

The Psychosocial Assessment Tool (PAT) is a copyrighted instrument that originally developed as a screener of family psychosocial risk in pediatric oncology. This remains the most common population for which the PAT is used. It is interesting and reassuring to see that PAT is used successfully in pediatric kidney transplant and inflammatory bowel disease, with additional published reports in sickle cell disease. Please see Kazak et al., 2015¹ for a report on the PAT.

The current version of the PAT is generic. This generic PAT version can be used across various illness groups. This also allows for use of the PAT across multiple departments/programs in a hospital, without the need of multiple versions. Interested users should first examine this version of the PAT to see if it appears relevant for screening for family psychosocial risk in the intended population.

We also recognize that modifications to the PAT may be helpful for some patient populations. We will consider the addition/deletion of items, addition of a population specific sub-scale, etc., when justified. Below are a few points to consider prior to initiating an adaptation:

- The PAT is a brief screener of psychosocial family risk. Any additional items need to be carefully evaluated. There are many potential psychosocial risks but they cannot all be captured on a brief screener.
- Items added to the PAT must be evidence based. Items cannot be added simply because they are interesting or asked routinely. PAT does not take the place of a more detailed assessment.
- The PAT structure has 7 sub-scales; each of the sub-scales must remain as part of the PAT.

Below are a series of steps to ensure that adaptations are systematic and grounded in the scientific knowledge-base. These steps include:

1. Complete a literature review, assessing factors predictive of ongoing psychosocial risk, specific to the patient group with whom you would like to use the PAT.
2. Compare the findings of the literature review with the risk categories underlying PAT.
3. Clarify desired outcomes for psychosocial assessment in your patient group and evaluate the PAT's appropriateness in assessing these outcomes.
4. Convene a focus group or conduct a series of brief interviews with multidisciplinary (e.g. pediatric, social work, nursing, other) professionals working with your patient group(s) to assure that relevant content is included in the adaptation.
5. Conduct a focus group of parents or conduct a series of brief interviews with parents to review and provide feedback on proposed changes. This should include probing for alternate interpretations and meanings that parents' and patients might attach to the terms and concepts, especially with regard to the items pertaining to behaviors and beliefs.
6. Provide us with a document that describes your proposed adaptations to the PAT, and brief summaries of: the literature review; your desired outcomes for assessment and PAT's appropriateness in assessing these outcomes; feedback from the professional/patient focus groups.

¹Kazak, A. E., Schneider, S., DiDonato, S., & Pai, A. L. H. (2015). Family psychosocial risk screening guided by the Pediatric Preventative Psychosocial Health Model (PPPHM) using the Psychosocial Assessment Tool (PAT). *Acta-Oncologica*, 54(5), 574-580. doi: 10.3109/0284186X.2014.995774

THE PSYCHOSOCIAL ASSESSMENT TOOL (PAT)

Feel free to consult with the PAT team (psychosocialassessmenttool@nemours.org) regarding your proposed changes at any point in the process. We will work with you, and will track all requests for modifying the PAT and facilitate contact if more than one team is working on a similar adaptation.

After you have completed all of the steps above, please submit to the PAT Team (psychosocialassessmenttool@nemours.org):

- (1) your adaptation
- (2) other attachments / summaries
- (3) signed checklist (next page)

Please check the following steps you have taken:

- I / we have conducted a literature review, assessing factors predictive of ongoing psychosocial risk specific to our patient group (brief summary/bibliography attached).
- I / we have compared the findings of the literature review with the risk categories underlying PAT.
- I / we have clarified the desired outcomes for psychosocial assessment in our patient group and have evaluated the PAT's appropriateness in assessing these outcomes (summary attached).
- I / we have convened a focus group of multidisciplinary (e.g. pediatric, social work, nursing, other) professionals to assure that relevant content is included in the adaptation (summary attached).
- I / we have conducted a focus group of parents of patients to review and provide feedback on the draft of the adaptation, including probing for alternate interpretations and meanings that parents and patients might attach to the terms and concepts, especially for the items asking about behaviors and beliefs (summary attached).
- I / we agree to follow the reporting requirements outlined in the PAT User Application.
- I / we agree that with any publications that reference our adapted version, we will also reference the original PAT appropriately, and will summarize the process by which it was adapted and validated.

Signature: _____

Date: _____

Questions regarding the adaptation process can be directed to:
Psychosocialassessmenttool@nemours.org and one of our team members will respond promptly

Upon approval, an official adapted version of PAT will be sent to you. You will be able to add your institutional logo and contact information to this version. **The Psychosocial Assessment Tool is a copyrighted instrument and may not be modified in any way without expressed written permission from the Center for Healthcare Delivery Science.**

Once you begin implementing your adapted version of PAT, you will need to follow the reporting requirements outlined in the User Application. Any publications that reference your adapted version should also reference the original PAT appropriately, and should summarize the process by which it was adapted and validated.