# ExCEL in Social Work Excellence in Cancer Education & Leadership

Screening and Assessment Instruments in Oncology Social Work:

Part of ExCEL in Social Work's Virtual Education

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Adequate and appropriate psychosocial care is dependent on the timely assessment of patient risks for a variety of psychosocial concerns. Screening instruments can be appropriate and efficacious mechanisms for determining the psychosocial care patients require. Their use also may add to the time that social workers have to actually provide psychosocial services.

#### **Relevant Research**

Research regarding use of psychosocial assessment tools in oncology has evolved in recent years. Prior to the 1990s, research focused on determining incidence and prevalence of depression among patients, and not on the effectiveness of the tools used to do so (Mitchell, 2010). Currently, researchers are evaluating the accuracy of a variety of tools for different populations and usages, although many scales used in oncology were not developed for cancer patients who have a unique set of needs and treatment experiences. However,

work by AOSW members James Zabora and Karlyn BrintzenhofeSzoc, as well as others studying the efficacy of screening measures, suggests that instruments like the Brief Symptom Inventory (BSI-18) are clinically reliable, valid, and useful tools for detecting distress.

## **Screening Domains**

Standardized screening tools have been created and validated in many domains of psychosocial health, including distress, depression, anxiety, cognition, pain, delirium, substance abuse, quality of life, and spirituality. Additionally, scales have been created and modified to assess depression and distress specifically in children and adolescents. Common and oft-used scales include the Distress Thermometer, the BSI-18, and the Hospital Anxiety and Depression Scale. Measures differ in their focus, length, means of administration, and actual questions, so it is important to become familiar with the strengths and weaknesses of different tools in order to see if they meet your needs and the needs of your cancer patient population, including their cultural appropriateness.

# **Selection of Screening Tools**

When determining an appropriate instrument for assessment, it is important to match your clinical goals with the purpose of the tool, the population being assessed, the level of effort required to complete the instrument, the demonstrated effectiveness of the tool, and the manner in which a tool is scored (Pirl, 2010). A good tool is short, accurate, easy to administer and score, and capable of administration across different settings. Tools with a demonstrated sensitivity to detect patterns of change over time are useful, as well (Mitchell, 2010).

#### **Barriers to Use**

Despite their merit, there are many perceived barriers to utilizing assessments as routine components of clinical practice. Inadequate staffing, lack of administrative support, inadequate funding, having no strategy

for implementation, and staff resistance all have been identified as barriers to the integration of screening instruments in clinical practice, in spite of evidence supporting their efficacy and utility.

# Conclusion

Screening and assessment tools provide a feasible way to obtain patient-reported information. Their use offers a systemic approach to collecting important patient information and for monitoring patient status over time. The upfront time required to learn how to administer and score instruments is often balanced by the time saved to address the psychosocial needs of patients.

### References

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Also see article in the AOSW News, Volume 26(1) pg 11.







