

BACKGROUND

- Cancer diagnosis is six times higher in the adolescent population than younger children who are 0-14 years old (Franklin & Lugo, 2019)
- Survival rate exceeds 80% survival rate at 5-years (Barr, Ferrari, Ries, Whelan & Bleyer, 2016).
- Adolescents defined as 10-21 years old (World Health Organization, 2003).
- Adolescents are transitioning through a complex multi-system process from a dependent childhood life to a life with expectations, goals, values, and personal agency (Greenfield, Keller, Fuligni & Maynard, 2003).
- The intensity and duration of cancer treatments, this process may be disrupted for adolescents, requiring an increase in services provided to aid in successful transitions (Treadgold & Kuperberg, 2010).
- Peer based therapeutic activities and programs have been successful and effective in providing psychosocial development (Suris, Michaud & Viner, 2004)

Unmet Needs

- Most unmet services were financial, mental health, and social group services (Smith et al., 2013).
- Those who had one or more unmet service need, had worse overall health related quality of life (HRQOL) (Smith et al., 2013).
- Those who reported needing physical/ occupational therapy was associated most with poor functioning across domains (Smith et al., 2013).
- Those not in treatment reported how their social activities have been interrupted by their physical health and emotional problems (Keegan et al., 2012).
- Within this study, 56-75% participants were not receiving specific services that were needed (Keegan et al., 2012).
- Being in and out of the hospital multiple times, makes it hard to stay connected with friends as they feel unwell, fatigued, have low blood counts and are trying to conserve energy for their body to heal (Freyer, 2004).
- Many adolescents rely on their parents, limiting the opportunity for them to be with people their own age and socialize with peers (Freyer, 2004).
- Long treatment may affect adolescents to feel a sense of connection leading to loneliness and despair (Cassano, Nagel, & O'Mara, 2008).

Themes-

Health Professionals:	Description of Themes:
Theme 1: Infection control	<ul style="list-style-type: none"> • Patients on isolation or receiving platelets or chemo are not allowed to participate in groups • BMT Unit isolation • Toy bleaching between each persons use
Theme 2: Energy level and ability to participate	<ul style="list-style-type: none"> • Different skills levels depending how treatment has affected them • Adolescents already hard to entice to get out of room and with fatigue, makes it even harder
Theme 3: Current socialization happening/Request for more socializations:	<ul style="list-style-type: none"> • Reported need for increased opportunity • When parents meet, the adolescents meet • Natural socialization opportunities (waiting rooms)
Theme 4: Peer support/cultural:	<ul style="list-style-type: none"> • Indwelling community and support system • Become a family • The parents meets other parents
Adolescent Interviews:	Description of Themes:
Theme 1: Filling the void:	<ul style="list-style-type: none"> • “Now the whole world feels what I am going through with constant isolation” referring to the COVID-19 pandemic • Technology to fill social gaps –FaceTime and Snap Chat • Different life paths than other their ages
Theme 2: Fatigue:	<ul style="list-style-type: none"> • “it is harder to play with her friends because she is unable to jump, run and skip like she used to, making it challenging to keep up” • Increase in relying on parents
Theme 3: Need for social opportunities:	<ul style="list-style-type: none"> • Socializing while on isolation • Groups designated for adolescents only • Socialization opportunities that can be done from inside the room

RESEARCH QUESTION

- Is there a need for a socialization group within Occupational therapy on the Oncology floor at Children's Hospital Colorado? If so, how can we overcome the barriers to successfully implement this program?



<https://www.stanfordchildrens.org/en/service/adolescent-young-adult-cancer>

BOTTOM LINE FOR OT

- In Oncology, occupational therapy's role is “to facilitate and enable an individual patient to achieve maximum functional performance, both physically and psychologically, in everyday living skills regardless of his or her life expectancy” (Penfold, 1996 p. 75).
- Items Occupational therapist may evaluate include: activities of daily living and life skills including need for adaptive equipment, cognition or assistive technology, cognition and visual perceptual skills, **socialization**, progression of developmental skills, and more,
- During the disease, there will be limiting factors that affect the patient to complete the activities they want and need to do including self care, leisure activities, play, endurance and beyond.
- In order to incorporate psychosocial and peer supports with adolescents on this floor, occupational therapy along with other professionals must be involved in facilitating groups to meet the needs of the adolescent population.

Proposed Ideas:

1. Age group Teen Zone “hang out”
 - One study did something similar however inpatient and outpatient adolescents were involved in dinner and an activity (Cassano, Nagel, & O'Mara, 2008)
 - Those in this group felt more like a normal teen, sharing experiences with others who knew and receiving valuable inspiration from group members
2. Adolescent patients and their sibling's group
 - Child Life Specialist at Children's reports siblings may feel a sense of isolation like their siblings going through treatment.
 - Powerful for both patient and family
3. Socializing without going out of the room
 - Hospital pen pal to still have communication without barrier of fatigue
 - Big/little brother sister program- have a mentorship program in place for the older patient to assist the younger through the treatment process.
4. Social Reality Virtual Reality
 - Two or more people can enter a virtual room, talk and play from their own room.
5. Ohmni Robots
 - Adolescent in room has an iPad controlling the Robot throughout the hospital. Can attend groups this way.

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