

Surviving Cancer Competently Intervention Program

The Surviving Cancer Competently Intervention Program (SCCIP) is an intensive, 1-day family group treatment intervention designed to reduce the distress associated with posttraumatic stress symptoms (PTSS) in teenage survivors of childhood cancer (ages 11-18) and their parents/caregivers and siblings (ages 11-19). By reframing cancer-related beliefs and consequences in a positive context using open communication of thoughts, fears, feelings, and memories, SCCIP aims to promote individual and family coping, competence, and resilience.

Four sequential group sessions are conducted on a Saturday or Sunday with six to eight participating families. The two morning sessions emphasize the use of cognitive-behavioral skills to reduce persisting distress around the cancer experience. These sessions are conducted separately for teenage survivors, mothers, fathers, and teenage siblings. Session 3, the first session of the afternoon, starts with separate group conversations with survivors, mothers, fathers, and siblings about the cancer experience and concludes with the sharing of these discussions with the whole group. The final session asks the families to identify what they have learned about the impact of cancer on different family members and how this knowledge can help place the cancer experience into a historical context that allows them to move on with their lives individually and as a family unit. Although the research on SCCIP used eight interventionists (one lead and one trainee/assistant per discussion group), the intervention requires only four, with one being a lead. The lead interventionist should be an experienced mental health professional familiar with cognitive-behavioral and family therapy approaches and the sequelae associated with survival of childhood cancer. All interventionists should be comfortable working with groups and have a basic knowledge of cognitive-behavioral therapy. The intervention also can be implemented without the siblings of survivors, which would eliminate the need for the fourth interventionist.

Descriptive Information

Areas of Interest	Mental health promotion Mental health treatment
Outcomes	Review Date: December 2008 1: Posttraumatic stress symptoms among teen survivors 2: Posttraumatic stress symptoms among parents 3: Current anxiety level of parents
Outcome Categories	Family/relationships Mental health Trauma/injuries
Ages	6-12 (Childhood) 13-17 (Adolescent) 18-25 (Young adult) 26-55 (Adult) 55+ (Older adult)
Genders	Male Female
Races/Ethnicities	Asian Black or African American Hispanic or Latino White
Settings	Outpatient
Geographic Locations	No geographic locations were identified by the developer.
Implementation History	In 1997, SCCIP was pilot tested with 19 families in Philadelphia, Pennsylvania. Since then, 150 families

	have participated in SCCIP at the same site.
NIH Funding/CER Studies	Partially/fully funded by National Institutes of Health: Yes Evaluated in comparative effectiveness research studies: No
Adaptations	No population- or culture-specific adaptations of the intervention were identified by the developer.
Adverse Effects	No adverse effects, concerns, or unintended consequences were identified by the developer.
IOM Prevention Categories	Selective Indicated

Quality of Research

Review Date: December 2008

Documents Reviewed

The documents below were reviewed for Quality of Research. The research point of contact can provide information regarding the studies reviewed and the availability of additional materials, including those from more recent studies that may have been conducted.

Study 1

[Kazak, A. E., Alderfer, M. A., Streisand, R., Simms, S., Rourke, M. T., Barakat, L. P., et al. \(2004\). Treatment of posttraumatic stress symptoms in adolescent survivors of childhood cancer and their families: A randomized clinical trial. *Journal of Family Psychology*, 18\(3\), 493-504. !\[\]\(a870788d6ed9b8fd294b7654a8c8526b_img.jpg\)](#)

Supplementary Materials

[Alderfer, M. A., Cnaan, A., Annunziato, R. A., & Kazak, A. E. \(2005\). Patterns of posttraumatic stress symptoms in parents of childhood cancer survivors. *Journal of Family Psychology*, 19\(3\), 430-440. !\[\]\(3211b5d1d968fc1665909b34f9f16010_img.jpg\)](#)

Kazak, A. E. (2007). Surviving Cancer Competently Intervention Program (SCCIP) summary. Unpublished manuscript.

Kazak, A. E. (2008). Surviving Cancer Competently Intervention Program fidelity manual. Philadelphia: Children's Hospital of Philadelphia.

[Kazak, A. E., Simms, S., Barakat, L., Hobbie, W., Foley, B., Golomb, V., et al. \(1999\). Surviving Cancer Competently Intervention Program \(SCCIP\): A cognitive-behavioral and family therapy intervention for adolescent survivors of childhood cancer and their families. *Family Process*, 38\(2\), 175-191. !\[\]\(6a9b39b98eb945faa14c645ec99e4eaa_img.jpg\)](#)

[Steinberg, A. M., Brymer, M. J., Decker, K. B., & Pynoos, R. S. \(2004\). The University of California at Los Angeles Post-Traumatic Stress Disorder Reaction Index. *Current Psychiatry Reports*, 6\(2\), 96-100. !\[\]\(9c2e8d1b5bd77cb5c9f83b7a9cff79fd_img.jpg\)](#)

[Sundin, E. C., & Horowitz, M. J. \(2002\). Impact of Event Scale: Psychometric properties. *British Journal of Psychiatry*, 180, 205-209. !\[\]\(e3275251d0893157c3584e20c81dc3ba_img.jpg\)](#)

Outcomes

Outcome 1: Posttraumatic stress symptoms among teen survivors

Description of Measures	Posttraumatic stress symptoms among the teen survivors were evaluated using the Impact of Events Scale--Revised (IES-R). The IES-R is a 22-item self-report instrument that measures the frequency of symptoms during the past 7 days that relate to a specific stressful life event. Items are rated on a 4-point scale ranging from 0 (not at all) to 4 (extremely) and cluster around three domain subscales: intrusive thoughts (e.g., "Pictures about it popped into my mind"), avoidant behaviors (e.g., "I had trouble staying asleep"), and hyperarousal (e.g., "I felt irritable and angry"). Study participants were asked to focus on the cancer experience as the stressful life event.
Key Findings	In a randomized controlled trial (RCT), teenage survivors of childhood cancer and their families were assigned to either SCCIP or a wait-list control group. Assessments of PTSS were conducted at baseline and again 7-11 months later. Teenagers receiving SCCIP reported less hyperarousal at the follow-up assessment than teenagers in the control group (p = .01).
Studies Measuring Outcome	Study 1
Study Designs	Experimental

Quality of Research Rating 3.3 (0.0-4.0 scale)

Outcome 2: Posttraumatic stress symptoms among parents

Description of Measures	Posttraumatic stress symptoms among the mothers and fathers of teen survivors were evaluated using the IES-R. The IES-R is a 22-item self-report instrument that measures the frequency of symptoms during the past 7 days that relate to a specific stressful life event. Items are rated on a 4-point scale ranging from 0 (not at all) to 4 (extremely) and cluster around three domain subscales: intrusive thoughts (e.g., "Pictures about it popped into my mind"), avoidant behaviors (e.g., "I had trouble staying asleep"), and hyperarousal (e.g., "I felt irritable and angry"). Study participants were asked to focus on the cancer experience as the stressful life event.
Key Findings	In an RCT, teenage survivors of childhood cancer and their families were assigned to either SCCIP or a wait-list control group. Assessments of PTSS were conducted at baseline and again 7-11 months later. At follow-up, fathers receiving SCCIP reported fewer intrusive thoughts ($p < .01$) and less hyperarousal ($p = .05$) than fathers assigned to the wait-list control group. No group differences in PTSS were found for the mothers.
Studies Measuring Outcome	Study 1
Study Designs	Experimental
Quality of Research Rating	3.3 (0.0-4.0 scale)

Outcome 3: Current anxiety level of parents

Description of Measures	The mothers' and fathers' current anxiety level was measured by the State-Trait Anxiety Inventory (STAI), a 40-item self-report questionnaire that evaluates current (state) and dispositional (trait) anxiety using a 4-point scale ranging from 1 (not at all) to 4 (very much so). Sample items include "I feel calm," "I feel upset," and "I tire quickly."
Key Findings	In an RCT, teenage survivors of childhood cancer and their families were assigned to either SCCIP or a wait-list control group. Assessments of anxiety were conducted at baseline and again 7-11 months later. At follow-up, fathers receiving SCCIP had larger decreases in current anxiety than fathers assigned to the wait-list control group ($p = .05$). No group differences in anxiety were found for the mothers.
Studies Measuring Outcome	Study 1
Study Designs	Experimental
Quality of Research Rating	3.3 (0.0-4.0 scale)

Study Populations

The following populations were identified in the studies reviewed for Quality of Research.

Study	Age	Gender	Race/Ethnicity
Study 1	6-12 (Childhood) 13-17 (Adolescent) 18-25 (Young adult) 26-55 (Adult) 55+ (Older adult)	52% Female 48% Male	85% White 9% Black or African American 5% Hispanic or Latino 1% Asian

Quality of Research Ratings by Criteria (0.0-4.0 scale)

External reviewers independently evaluate the Quality of Research for an intervention's reported results using six criteria:

1. Reliability of measures
2. Validity of measures
3. Intervention fidelity
4. Missing data and attrition

5. Potential confounding variables
6. Appropriateness of analysis

For more information about these criteria and the meaning of the ratings, see [Quality of Research](#).

Outcome	Reliability of Measures	Validity of Measures	Fidelity	Missing Data/Attrition	Confounding Variables	Data Analysis	Overall Rating
1: Posttraumatic stress symptoms among teen survivors	3.8	3.8	3.8	2.4	2.4	3.8	3.3
2: Posttraumatic stress symptoms among parents	3.8	3.9	3.8	2.4	2.4	3.8	3.3
3: Current anxiety level of parents	3.8	4.0	3.8	2.4	2.4	3.8	3.3

Study Strengths

The study used a standardized treatment manual and measures with strong psychometric properties. A fidelity ratings form based on the manual was used to rate treatment adherence and interventionist competence from randomly selected audiotapes of all sessions, with high interrater agreement between the two judges assigning ratings. The study employed a wait-list control group. Sophisticated statistical modeling was used to incorporate missing data into the analyses.

Study Weaknesses

Overall study attrition was high (22.7%) and differed between intervention (38%) and control (7%) conditions. In addition, the greater loss of the most symptomatic families in the intervention group compared with the control group compromised the success of randomization. The postintervention assessment took place 3 to 5 months after participation.

Readiness for Dissemination

Review Date: December 2008

Materials Reviewed

The materials below were reviewed for Readiness for Dissemination. The implementation point of contact can provide information regarding implementation of the intervention and the availability of additional, updated, or new materials.

Children's Hospital of Philadelphia. (2008). Surviving Cancer Competently Intervention Program fidelity manual. Philadelphia: Author.

Children's Hospital of Philadelphia. (2008). Surviving Cancer Competently Intervention Program (SCCIP) training syllabus. Philadelphia: Author.

Children's Hospital of Philadelphia. (n.d.). Interventionist training series--Surviving Cancer Competently Intervention Program (SCCIP): Working with families of adolescent cancer survivors, modules 1-6 [PowerPoint slides]. Philadelphia: Author.

Children's Hospital of Philadelphia. (n.d.). Surviving Cancer Competently Intervention Program flipcharts. Philadelphia: Author.

Children's Hospital of Philadelphia. (n.d.). Surviving Cancer Competently Intervention Program (SCCIP) feedback form--mothers/fathers. Philadelphia: Author.

Children's Hospital of Philadelphia. (n.d.). Surviving Cancer Competently Intervention Program (SCCIP) feedback form--teen survivors/siblings. Philadelphia: Author.

Division of Oncology, Children's Hospital of Philadelphia. (2008). Surviving Cancer Competently Intervention Program intervention manual. Philadelphia: Author.

Readiness for Dissemination Ratings by Criteria (0.0-4.0 scale)

External reviewers independently evaluate the intervention's Readiness for Dissemination using three criteria:

1. Availability of implementation materials
2. Availability of training and support resources
3. Availability of quality assurance procedures

For more information about these criteria and the meaning of the ratings, see [Readiness for Dissemination](#).

Implementation Materials	Training and Support Resources	Quality Assurance Procedures	Overall Rating
3.7	2.5	2.9	3.0

Dissemination Strengths

The intervention manual is well organized and provides thorough, step-by-step guidance for conducting sessions. The developer provides a required training to new implementers that uses role-play, session observation, supervised practice, and analysis of taped sessions. The fidelity manual emphasizes both adherence to the model and competence in implementer execution, with individual rating sheets corresponding to each of the program sessions. Additional feedback forms are also provided to support quality assurance.

Dissemination Weaknesses

There is no discussion of how implementers identify appropriate participants or adapt the curriculum for use with different cultural groups. While training content is standardized, the way in which training is scheduled and delivered is not clear. It is also unclear what technical assistance is available. The materials include little information on interpreting the data derived from fidelity tools. No guidance is provided for monitoring program outcomes in new implementation sites.

Costs

The cost information below was provided by the developer. Although this cost information may have been updated by the developer since the time of review, it may not reflect the current costs or availability of items (including newly developed or discontinued items). The implementation point of contact can provide current information and discuss implementation requirements.

Item Description	Cost	Required by Developer
Program materials	Free	Yes
2-day, on-site training (includes phone-based consultation sessions, fidelity manuals, and fidelity checklist)	\$1,500-\$2,500 per site per day depending on site needs and travel expenses	Yes

Additional Information

Implementers should plan to serve food during the 1-day intervention. Providing food enables the families to stay during lunch and breaks, which encourages casual interaction among families and program staff.

Replications

No replications were identified by the developer.

Contact Information

To learn more about implementation, contact:

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Consider these [Questions to Ask](#) (PDF, 54KB) as you explore the possible use of this intervention.

Web Site(s):

- <http://www.chop.edu/consumer/jsp/division/generic.jsp?id=77763>