

First author/ Date published	Title	Location	Topic/Focus/ Question	Paradigm/Method	Population studied	Discipline	Age (in years)	Gender	Serious illness	Findings
(1) Jacobowski 2016	Pediatric palliative care and end-of-life in childhood cancer: Opportunities for child and adolescent psychiatrists	Massachusetts	pediatric cancer patients experience psychosocial suffering that can be recognized and addressed by PPC teams, however PPC continues to be introduced late in the disease trajectory, and PPC teams do not often include child psychiatrists who have specialized training to address these symptoms and the complicated family dynamics surrounding them.	Symposium presentation abstract	Palliative team	Psychiatry			cancer	Symposium presentation of standards for PC in pediatric oncology, common psychosocial symptoms, and opportunities for integration of psychiatrists on PPC teams for children especially at EOL
(2) O'Malley 2021	Mental healthcare and palliative care: barriers.	Massachusetts	overview of mental health issues in PC, ways psychology and psychiatry can be helpful, current approaches, and barriers/facilitators to services in PC	Qualitative	Palliative team	Psychology; Psychiatry				Most prevalent mental health conditions seen in PC include delirium, depression, anxiety, adjustment disorder and existential distress; SWs are often included in US PC teams and are responsible for addressing psychosocial concerns, however psychologists and psychiatrists are rarely integrated PC team members and can offer specialized training in the recognition and treatment of advanced mental health conditions in the seriously ill; barriers including lack of reimbursement models for psychological services at EOL, lack of inclusion of psychiatrists and psychologists on PC teams, lack of clearly defined roles, gaps in PC training in psychiatry and psychology; largest healthcare system in the US, the Veterans Health Association, has adapted three integrated PC models (PC consult team, home-based PC, and community living center) where an interdisciplinary team cares for seriously ill veterans with comorbid psychiatric disorders, and always includes a psychiatrist or psychologist delivering a full range of services
(3) Abdelaal 2023	Palliative care for adolescents and young adults with advanced illness: A scoping review.	Canada (scoping review with majority of included studies completed in the US)	explore relevant literature regarding PC and EoL needs of AYAs with advanced life-limiting illness	Qualitative	Patient		10-39y			Highlights disparity in AYAs with serious illness; Underserved population with high levels of distress, unmet needs, and poor quality of EoL care; AYAs more likely to experience severe refractory psychological symptoms; Early ACP is important; Need for dedicated training for PC providers caring for AYAs due to complex needs.

(4) Albrecht 2019	Psychosocial Experiences of Young Adults Diagnosed With Acute Leukemia During Hospitalization for Induction Chemotherapy Treatment.	Pennsylvania	explore psychosocial experiences of young adults with acute leukemia undergoing induction therapy	Qualitative	Patient	18-39	cancer	Young adults undergoing prolonged admission for chemotherapy related to acute leukemia experience high levels of distress when admitted to an adult academic center; require early palliative care consult; three themes: 1- "getting through" (remaining positive); 2- feeling supported yet isolated (family and social media helpful but feel separated from society, and surrounded by elderly inpatients); 3- information exchange preferences (clear answers, earlier psychological support).
(5) Pao 2018	"Will you remember me?": Talking with adolescents about death and dying	Maryland	importance of discussing death and dying with adolescents; developmental considerations; practical approaches	Qualitative	Patient			Adolescents with serious illness are an especially vulnerable population given stage of developmental transitions; barriers exist in communication surrounding serious illness and EoL for both the patient/family and healthcare providers; formal training/education is lacking in this realm; developmentally-appropriate social, emotional, cognitive, and language skills are imperative; decrease in overall anxiety/distress in adolescents who have been involved in ACP
(6) Husson 2018	Psychosocial challenges and health-related quality of life of adolescents and young adults with hematologic malignancies.	London (review of literature published in American Society of Hematology journal)	discuss psychosocial issues of AYAs with hematologic malignancies, how they effect health-related quality of life, and challenges in providing high-quality supportive care	Review	Patient	15-39	cancer	AYAs are a distinct population due to unique challenges faced: developmental milestones related to education, employment, as well as financial challenges; social relationship issues related to peers, family, marriage, starting a family, and sexual intimacy; psychological issues such as anxiety, depression, PTSD, treatment-related body image disturbances, lack of assessment of psychological issues by healthcare providers, lack of AYA-specific psychological interventions; EoL challenges including complex decision-making. Health-related quality of life assessment measures lead to open communication between patient and healthcare workers, which correlate with optimal supportive care and more meaningful outcomes for AYAs. Using a multidisciplinary approach is best early in disease trajectory to allow for optimal supportive care. AYAs feel isolated as they do not fit in geriatric nor pediatric population, and need support from others their age who are experiencing similar problems, via face-to-face meetings, online communities, retreats. AYA module should be required across the

									interdisciplinary spectrum of healthcare providers.	
(7) Peck 2019	Provision of adequate pain management to a young adult oncology patient presenting with aberrant opioid-associated behavior: A case study	Tennessee	highlight risk factors such as undertreated pain and treatment-related anxiety for aberrant opioid-associated behavior in AYAs with cancer	Qualitative	Patient	Psychology	Male	cancer	Pain and anxiety were closely related in a young adult male with cancer, leading to the misuse of opioids; pain and anxiety management required a multidisciplinary approach including maximized pain control and psychological intervention, which thereby decreased the aberrant opioid-associated behaviors; self-report screening measures play an important role in adaptation of patient-and-family-centered treatment	
(8) Kentor 2021	Interdisciplinary symptom management in pediatric palliative care: A case report	Texas	case report illustrating methods and effectiveness of interdisciplinary PC team in management of complex medical and psychosocial needs of a previously labor-trafficked young adult woman of Mexican-American decent	Qualitative	Patient		19y	Female	cancer	As a result of diligent interdisciplinary collaboration led by PPC, allowing for a whole-person approach to treatment of total pain (including physical, psychological, social, and spiritual components), a vulnerable young adult Mexican-American female gained psychological resilience in the face of medical complexity. Tailoring to patient/family cultural and spiritual practices is imperative in providing quality PPC and positive psychosocial outcomes.
(9) Sample 2021	Unheard voices: Underrepresented families perspectives of pediatric palliative care	Oregon	topical review summarizing existing literature on PPC experiences of patients/families identifying as Black, indigenous, and people of color	Review	Family					There exists a paucity of literature regarding PPC in patients and families who identify as Black, indigenous, or people of color. Two themes found include the importance of pain management, and honest and respectful communication from providers.
(10) Ferrell 2018	National Consensus Project Clinical Practice Guidelines for Quality Palliative Care Guidelines, 4th Edition	California	4th edition of National Consensus Project Guidelines for Quality Palliative Care intended to encourage the integration of PC principles/best practices into care of those with serious illness	Competencies/ Guidelines	Palliative team					NCP Guidelines 4th edition will advance the field of palliative care and includes the expansion of key elements in each domain including: comprehensive assessment, caregiver support and education, care coordination role, cultural inclusivity, and communication as a prerequisite for quality care. Guidelines for Domain 3: Psychological and Psychiatric Aspects of Care specify the need for: comprehensive developmentally and culturally sensitive mental status screenings; SW to facilitate mental health assessment and treatment in all care settings either directly or through referral to subspecialty psychological/psychiatric care; IDT communication of these needs to

						<p>patient/family and the implications in establishing GoC/development of treatment plan; addressing of family conflict; delivering of grief support; providing referrals for patient/family members who require additional support. PC teams should rely on SW ability to assess and support mental health issues, provide emotional support, and address distress among patient/family. The IDT screens, assesses, treats, and monitors psychological/psychiatric distress along the continuum of care, either directly or with the support of subspecialty psychology/psychiatric services. Education related to assessment and treatment of psychological/psychiatric aspects of care is an essential element of quality palliative care, as well as grief assessments and services.</p>
(11) Benini 2022	International Standards for Pediatric Palliative Care: From IMPaCCT to GO-PPaCS	Italy (literature review/international PPC standards expert panel)	international group of experts revised PPC standards from a global perspective	Qualitative	Palliative team	<p>Definitions of life-threatening vs life-limiting vs terminal conditions given, as well as categories for each and PPC eligibility criteria; the magnitude of global need for PPC and levels of care of PPC programs are explained; Standards written for domains across PPC (a child's clinical, developmental, psychological, social, spiritual, familial, communication, ethical, and advance care planning; humanitarian emergencies; and education/training for HC providers). Education/Training standards include having trained members of the interdisciplinary PPC team offering psychological support, specialized mental health professionals especially when distress levels are high. Psychological needs should be evaluated where possible by trained specialists within the PPC team, or, if not available, individuals trained in psychological care. Suitable psychosocial tools appropriate to child's age and development should be employed. Foster resilience, enhance self-esteem, and promote autonomy. Allow social interaction adapted to their age/development/physical condition. Family sharing, conflict management. Standardized and validated tools that are culturally relevant should be used to measure needs</p>

										of child and family, and outcomes of assessments should be available to all professionals of the IDT. PPC education must be a core part of all pediatric healthcare professional programs. Promote IDT education. Country-specific education curricula for PPC IDT. Referral center and academic institutions for PPC education must be identified.
(12) Cress 2023	Palliative Measurement of Anxiety in Young Women With Gynecologic Malignancy: A Review of Three Instruments	Ohio	palliative measurement of anxiety in young women with gynecologic malignancy	Review	Palliative team	MD; APRN; PA; RN; SW; Chaplaincy/Spiritual	15-40y	Female	cancer	Use of the National Comprehensive Cancer Network Distress Thermometer can serve as a reliable and valid instrument by which palliative care teams can measure both baseline and real-time anxiety in young women with gynecologic malignancy; State Trait Anxiety Inventory is reliable and valid in this population and can be used to discriminate between acute and trait anxiety, and where quick treatment may need to be justified such as for pre-procedural anxiety; Beck Anxiety Inventory is valid and reliable for clinical and research purposes, and/or for prolonged admissions where anxiety needs to be monitored over a period of time and differentiated from depression.
(13) Stoyell 2021	Evaluation of a Quality Improvement Intervention to Improve Pediatric Palliative Care Consultation Processes	North Carolina	improve psychosocial screening and documentation of psychosocial needs in PPC	Quantitative	Palliative team					Quality improvement project used a Plan-Do-Study-Act model and evaluated results of two cycles which implemented an in-person training emphasizing the importance of screening for psychological distress, and a change to documentation template to include screening for indicators. Screening for non-pain symptoms are important in gaining an accurate picture of "total pain." Documentation is key for consistency among interdisciplinary care of PPC patients.
(15) Buxton 2015	Child and adolescent psychiatry and palliative care.	Massachusetts	understand how child and adolescent psychiatrists can be helpful in palliative care	Qualitative	Palliative team	Psychiatry				Palliative providers are often consulted to assist with support, yet lack formal training in mental health. Child and adolescent psychiatrists' most important contribution to PC would be providing education to treat anxiety and depression with a developmental perspective, in addition to consultations in cases that involve multiple psychotropic medications and/or complicated family dynamics. Without this expertise and collaboration, the PC field falls short of its goal to address the full spectrum of patients' suffering.

(16) Rodin 2020	Psychological Interventions for Patients With Advanced Disease: Implications for Oncology and Palliative Care.	Canada (review of global literature and published through American Society of Clinical Oncology)	review of literature on psychological interventions for patients with advanced disease; implications for oncology and PC	Review	Palliative team	Psychology	cancer	Interventions for patients with advanced cancer were summarized into 3 categories: new diagnosis, living with advanced cancer, at or near EoL. Barriers to optimal delivery of psychological care include: oncology and PC teams remain variable in regard to inclusion of psychosocial specialists; lack of awareness; lack of advocacy at systems level; lack of valid and reliable outcome measures in advanced cancer population; inconsistent screening. There is a need for systematic approach to knowledge sharing and skill-building training.
(17) Farabelli 2020	Top Ten Tips Palliative Care Clinicians Should Know About Psychosocial and Family Support	Pennsylvania	present social worker's perspective and identify the PC social worker's role in addressing psychosocial distress for people with serious illness across all settings	Qualitative	Palliative team	SW		PC SW: offer specialized expertise in addressing the emotional, social, practical, and existential concerns related to serious illness; are skilled at engaging and documenting ACP and EoL discussions; understand the framework of trauma-informed care, as well as developmental concepts of death; are trained in a specialized skill set to provide assessment and interventions to patients with mental health issues (anxiety/depression) amid serious illness; connect patients/families with community resources assisting with problem solving around basic living needs; establish rapport leading to deeper conversations about psychosocial issues including GoC and existential distress; specialize in grief along the illness trajectory-perform grief assessment, normalize grief responses, provide support for anticipatory loss, post-death bereavement; organize and lead family meetings with complicated dynamics; foster a safe space for all disciplines to share feelings, thoughts, and diverse opinions; illicit what is truly important to a patient/family at the EoL, focusing on the assessment and interpretation of their psychological, cultural, and spiritual priorities. Understanding background and expertise of all PC team members will improve outcomes.
(18) Jacobowski 2016	Pediatric palliative care and child and adolescent psychiatry	Massachusetts	Although data is less available in this population, is reasonable to suspect children and adolescents, similar to adults, experience frequent rates of anxiety, depression, and delirium at EoL.	Symposium presentation abstract	Palliative team	Psychiatry	0-19y	Symposium presentation exploring the role of the child and adolescent psychiatrist in PPC of children with serious illness, and ways they can help educate PC teams; psychiatrists should be involved to increase quality of life for seriously ill children and their families.

			Given their training, child and adolescent psychiatrists can offer unique developmental, therapeutic, and psychopharmacological set of skills to PPC teams.						
(19) Basak 2019	Role of Child Life Specialists in Pediatric Palliative Care	New York	describe the role of the Child Life Specialist on the PPC team	Qualitative	Patient		14y	cancer	An adolescent boy and his family were positively impacted by involvement of the palliative CLS during his EoL experience. CLS was able to provide developmentally appropriate interventions which allowed patient and family to be open to other palliative measures, leading to better psychological well-being and a more peaceful death.
(20) Berger 2019	Handbook of supportive oncology and palliative care: Whole-person adult and pediatric care	California	define the role of psychological consultation in PPC settings	Book chapter	Palliative team	Psychology			Psychological status of a seriously ill child/AYA should be assessed at initial palliative care consultation, similar to the medical or nursing assessment. Psychological services have been integrated into medical settings, but they remain on the periphery in PPC. Psychologists can provide consistent support across the continuum of care for children and AYAs with serious illness, both inpatient and outpatient. Availability of psychological consultation services is often limited. Some diagnoses for which PPC teams are involved need special attention to cognitive and physical ability, and therefore require adapted assessment and intervention, best implemented by a mental health professional.
(21) Ronald 2020	Insights and experiences of chaplain interns and social work interns on palliative care teams	Kentucky	present chaplain and SW interns' perceptions of an interdisciplinary PC training experience	Qualitative	Palliative team	SW; Chaplaincy/ Spiritual			All participants reported gaining interdisciplinary knowledge during their time. Seven themes were outlined in this phenomenological study, all linked to communication: learning lessons (new knowledge), disappointment, being there (including consistent communication among PC team), dealing with family matters (both complicating and simplifying factors), making hard decisions, chaplain as existential comforter, and social worker as psychosocial resource. Integration of interdisciplinary professional education is vital. Team members must have flexible roles to provide quality care and meet evolving patient/family needs.

(22) O'Mahony 2020	Expanding the interdisciplinary palliative medicine workforce: A longitudinal education and mentoring program for practicing clinicians	Illinois	describe implementation and evaluation of a two-year interdisciplinary PC training program	Mixed methods	Palliative team	MD; APRN; PA; RN; SW; Chaplaincy/Spiritual			26 mid-late career professionals (2 MDs, 10 APRNs, 1 PA, 5 SWs, 7 chaplains, 1 nurse) participated in a 2-year PC training program including live conferences, self-guided computer-based training, mentorship, and practice improvement projects; provided feedback via pre- and post-surveys; most frequently mentioned positive outcomes of the program were multimodal teaching formats, interdisciplinary learning; suggestions for future curricula included increased online learning, documentation practices; all disciplines received training in addressing psychiatric symptoms (among 11 other PC skills) and all participants reported a significant increase in skill development at the end of the program
(23) Orloff 2022	Pediatric hospice and palliative care: The invaluable role of social work		describe key skills utilized by SW on interdisciplinary PPC team; Oxford Textbook of PC SW	Book chapter	Palliative team	SW			SWs are trained to recognize cultural factors and social determinants, provide age- and developmentally-appropriate biopsychosocial-spiritual assessments/ interventions in the provision of PPC across the span of of childhood and into young adulthood, across all settings of care, for both patient and family, through the illness trajectory into EoL/grief/bereavement; eleven guidelines/standards were written in 2004 by which PC SW practice continues to be informed; function as advocates and educators
(24) Schneider 2023	Ethical quandaries at end of life: Navigating real-world case examples as a pediatric psychologist	New York	discuss ethical challenges pediatric psychologists might encounter at patient EoL	Qualitative	Palliative team	Psychology	15-18y	cancer	Ethical issues exist in treating a child or AYA at EoL, and psychologists can play an important role as they are trained in concepts of autonomy, shared decision-making, conflict resolution, determinations of value of life, implications of pediatric suffering, truth-telling, withdrawal of treatment, moral distress related to patient/family/provider disagreements. Psychologists are trained in research and interpret literature to provide both novel and established therapeutic interventions. Interdisciplinary PPC teams would benefit from understanding different training backgrounds and role contribution of each team member. Psychologists can help to navigate ethical dilemmas in cases surrounding children in PC.

(25) Hildenbrand 2021	Psychologists in pediatric palliative care: Clinical care models within the United States.	Delaware	examine roles of psychologists in PPC services, barriers and facilitators of their involvement in PPC, and strategies to improve integration of psychology into PPC	Mixed methods	Palliative team	Psychology	The majority of respondents were white female MDs, psychologists, or APRNs, employed full-time at university teaching hospitals with formal PPC programs all within the US. Five respondent psychologists reported being a member of their PPC team, while others were involved on a consultative basis and according to clinical needs and availability. Nearly half of nonpsychologist respondents reported that their hospital did not have a psychologist who provides PPC services. 93% of psychologist respondents most frequently endorsed delivering services related to assessment and treatment of psychological symptoms. Barriers to psychology services in PPC included overlapping roles/lack of role distinction with other psychosocial providers; unsupportive institutional/departmental culture, billing, funding, and perceived lack of need for psychology services among PPC providers. Facilitators included dedicated psychology time to PPC and research partnerships, in addition to the role delineation, supportive culture/perceived need, flexible billing and productivity requirements, and interdisciplinary collaboration. Opportunities to improve integration included strategies to address above-mentioned barriers, as well as improved training and establishing guidelines/certifications for psychologists in PPC, development of PPC standards and quality metrics to involve psychologists.
(26) Edlynn 2016	The Role of Psychology in Pediatric Palliative Care	Colorado	describe the role of psychology in pediatric palliative care, delineate how a psychologist adds to this interdisciplinary model	Qualitative	Palliative team	Psychology	PPC teams continue to have substantial variability in terms of composition and operations, and research remains limited. Integration of psychologists into PPC teams would answer the call for making behavioral health a priority for all children, and will augment the mission of PPC in providing holistic services for children with serious illness
(27) Muriel 2016	Pediatric Palliative Care and Child Psychiatry: A Model for Enhancing Practice and Collaboration	Massachusetts	describe models of collaboration between palliative care and child/adolescent psychiatry in children with serious illness	Qualitative	Palliative team	Psychiatry	Both PPC and pediatric psychiatrists are consultative teams with overlapping skillsets, however psychiatrists bring can play an important role in the advanced mental healthcare of children and AYAs with serious illness; levels of collaboration

							include 1) consultation for differential diagnosis and psychotropic medication recommendations, 2) time-limited pharmacologic and non-pharmacologic intervention, and 3) integrated co-management with regular communication among teams for cases of life-threatening illness with comorbid psychiatric symptoms; integrated care can support educational exchange among teams; interdisciplinary learning can also occur beyond fellowship and should include integrated approaches to continuing education
(28) Wolfe 2022	Interdisciplinary Pediatric Palliative Care, 2nd edition			Palliative care textbook	Palliative team	MD; APRN; PA; RN; SW; Chaplaincy/Spiritual	
(29) Pruskowski 2019	The Need for Palliative Care in Pharmacy Education.	Pennsylvania	present the need for PC-focused experiences in Doctor of Pharmacy (PharmD) programs, and approaches for integration	Qualitative	Palliative team	Pharmacy	PC pharmacists roles include: direct patient care (optimizing symptom management, authoritative resource in optimal use of medications, analgesic prescribing and deprescribing recommendations); medication reconciliation; education and medication counseling (patients, caregivers, and families); and administrative (ensure safe use of medications, and manage supply chain). Barriers to pharmacy involvement in PC include: MHB does not require a pharmacist as part of the PC team; often pharmacists cannot bill third-party payers and therefore do not generate revenue for HC systems; gap in PharmD curricula and lack of post-graduate training opportunities (though evolving); previous schools of pharmacy, medicine, and nursing have included PC-focused instructional designs in their curricula (electives courses anywhere from 3-16 weeks, simulations, web-based interactive education; workshops; web-based learning including hyperlinks as adjuncts; role playing stations; ELNEC; classroom-based professional skill enhancement, interdisciplinary case-based learning modules; interdisciplinary/intercollegiate graduate-level course

(30) Jonas 2022	Defining Core Competencies and a Call to Action: Dissecting and Embracing the Crucial and Multifaceted Social Work Role in Pediatric Palliative Care	New York	definition of core competencies of a PPC SW	Competencies/ Guidelines	Palliative team	SW	Informed by field experts, reviewed by the Social Work Hospice and Palliative Care Network, and guided by already-established adult PC SW practice, this is the first formal publication delineating PPC SW competencies along all domains of care (physical, psychological, psychiatric, social, spiritual, cultural, ethical). Competencies include advocacy, patient/family preferences, policy, communication/information sharing, conflict management, care plans, ACP, counseling, identification of patient/family priorities, interprofessional collaboration, education, understanding of childhood diseases, grief, loss, EoL care, program development, mentorship, community building, resource identification, cultural responsiveness, referral relationships, self-care and wellbeing management. Lack of post-graduate PPC SW learning opportunities.
(31) Thompson 2023	Competencies for Psychology Practice in Pediatric Palliative Care	Virginia	determine PPC competencies for psychologists	Competencies/ Guidelines	Palliative team	Psychology	There is a lack of standards/guidelines/expectations for psychologists in PPC. PPC Psychology Working Group sought to establish competencies, promoting awareness among other HCPs and within systems, which included 6 clusters: Science (research methodology, ethical conduct of research, interdisciplinary research, dissemination), Application (assessment, intervention, consultation), Education (teaching and supervision), Interpersonal (communication and relational), Professionalism (values and attitudes, diversity, ethics, reflective practice, self-assessment, and self-care), Systems (interdisciplinary, leadership and administration, advocacy-local, state, and national). This list has the potential to serve as a change agent for formal educational curricula.
(32) Lippe 2022	Updated palliative care competencies for entry-to-practice and advanced-level nursing students: New resources for nursing faculty	Texas	primary palliative care competencies for entry-level and advanced-level nursing students	Competencies/ Guidelines	Palliative team		Palliative nursing experts gathered to refine competencies for primary palliative care in entry-level and graduate-level nursing programs, to align with AACN Essentials; document serves as a guide for schools of nursing to achieve objectives including preparing students to provide compassionate and competent care to people with serious illness, ensure faculty has

								expertise to teach these skills, and demonstrate achievement of competency of graduates
(33) Ferrell 2016	HPNA Palliative Nursing Manuals: Pediatric Palliative Care			Palliative care textbook	Palliative team	APRN; RN		
(34) Dahlin 2023	Advanced Practice Palliative Nursing			Palliative care textbook	Palliative team	APRN		
(35) Thompson 2021	Introduction to the special issue on palliative care, end-of- life, and bereavement : Integrating psychology into pediatric palliative care.	Virginia	highlight role of psychologists in PPC	Review	Palliative team	Psychology		Psychologists are not commonly integrated into PPC teams, however their vast expertise in non- pharmacological pain management, person- centered care, communication, ethics, family assessment, research, education, and advocacy provides added value to the interdisciplinary PPC team.
(36) Kaye 2019	Provision of palliative and hospice care to children in the community: A population study of hospice nurses	Tennessee	original cross- sectional survey data gathered regarding hospice nurses and their provision of care to children in the community	Mixed methods	Palliative team	RN		Discordance found between the physical, psychosocial, and spiritual needs of seriously ill children and their families and the availability of trained pediatric providers in the tri-state community. Hospice nurses reported lack of formal training in pediatric palliative and hospice care, limited opportunities to maintain or build their skills, and a lack of regular reflective debriefing when providing pediatric palliative and hospice care in the community.
(37) Wiener 2020	Advances in pediatric psychooncology.	Maryland	review of the literature regarding pediatric psycho- oncology standards of care	Review	Patient	Psychology	cancer	Categories of literature review findings: distress screening, interventions, survivorship, PC and bereavement. Identified two psychosocial assessment screening tools (Psychosocial Assessment Tool and Distress Thermometer), both reliable and validated in the pediatric oncology population. Routine screening remains rare. Barriers include lack of institutional resources, lack of knowledge/awareness of validated tools, and concerns regarding integration of findings into clinical workflows. Interventions are not regularly implemented due to lack of trained professionals, which has been combatted with various initiatives (telehealth calls with mental health providers, online-delivered education for patients and families, training non- clinical professionals to assist in resilience training of AYAs). PC involvement was reviewed, specifically in regard to ACP and encouraging autonomy

									and shared decision-making in GOC.
(40) Kara 2022	Racial Disparities in the Provision of Pediatric Psychosocial End-of-Life Services: A Systematic Review	Texas	systematic review of literature based on racial disparities in the provision of pediatric psychosocial EoL services	Review	Patient				Of 109 yielded articles, 16 peer-reviewed articles met final criteria; results highlighted a lack of research discussing racial differences in psychosocial aspects of care of children at the EoL; themes extracted included service enrollment, decision making, and communication among Black, Asian, and White Americans
(41) House 2021	Adding Life to Their Years: The Current State of Pediatric Palliative Care in CKD.	Washington	provide definition of PPC and highlight unmet need in pediatric nephrology	Qualitative	Patient			chronic kidney disease	Within nephrology, there continues a misconception regarding PC being associated with EoL, rather than holistic care aimed to relieve suffering of patient and family. Professional education programs exist to assist learning of primary palliative care for subspecialists such as nephrologists to gain expertise needed to provide holistic care to pediatric patients with chronic kidney disease. A structured approach is needed to provide PC to this population into and through adulthood.
(42) DeCoursey 2019	Advance Care Planning and Parent-Reported End-of-Life Outcomes in Children, Adolescents, and Young Adults With Complex Chronic Conditions.	Massachusetts	evaluate parental EoL preferences for their children, adolescents, and young adults with complex chronic conditions	Qualitative	Family	<= 35y		complex chronic conditions	Parents of children and AYAs with CCC highly value ACP early in illness course; ACP associated with improved parent-reported EoL outcomes and better quality of life, a decrease in child suffering, and a decrease in parental decisional regret.
(43) Park 2018	Anxiety and Depression in Young Women With Metastatic Breast Cancer: A Cross-Sectional Study	North Carolina	determine prevalence of and factors associated with anxiety and depression symptoms in young women with newly diagnosed metastatic breast cancer	Quantitative	Patient	<40y	Female	cancer	Higher physical symptoms burden significantly associated with increased anxiety; one third of all women expressed moderate-severe anxiety; depression was less common
(44) Krakauer 2021	Augmented Package of Palliative Care for Women With Cervical Cancer: Responding to Refractory Suffering JCO Global Oncology	Massachusetts	describe a package of palliative therapies for women with cervical cancer that can prevent or alleviate refractory suffering	Qualitative	Patient		Female	cancer	Women with refractory suffering related to cervical cancer have a higher prevalence of pain, anxiety, and depression, and can benefit from a palliative care "package" which includes palliative surgery, radiotherapy, advanced medical therapies, nerve blocks, and psychological services integrated within the oncology team.

(45) Jacobowski 2020	Beyond the SSRI: Assessment and Treatment of Depression and Anxiety in Pediatric Palliative Care (SA506)	Ohio	many PC providers have limited psychiatric training and limited access to psychology services, therefore this symposium session aimed to increase attendees' skills in addressing anxiety and depression in children and AYAs with serious illness; objectives for learners included: being able to clarify underlying anxiety/depression with proper interview questions when gathering patient history, identifying 1st and 2nd line pharmacologic agents; and describing nonpharmacologic therapy interventions PC providers can implement and naming the symptoms/diagnoses for which those interventions are appropriate	Symposium presentation abstract	Palliative team	Psychology; Psychiatry	Symposium presentation
(46) Hendricks - Ferguson 2021	COMPLETE (Communication Plan Early Through End of Life): Development of a Research Program to Diminish Suffering for Children at End of Life.	Missouri	describe the development and testing of PC/EoL communication intervention designed to overcome barriers diminish suffering for children at EoL; a future research report	Mixed methods	Family	cancer	The COMPLETE I and II studies advocate for early EoL discussions between RN/MD dyad and parents of children with advanced cancer, which is correlated with better quality of life and pain control for the patient, and decreased emotional distress for parents. COMPLETE II added refined training to include: three vs two days of training; trained actors for role-play; communication skills with use of empathic statements and assessment of family goals and values; interprofessional collaboration training; off-site training to ensure focused time for interprofessional team building and learning. These studies led to National Institutes of Health and National Cancer Institute funding to conduct a randomized control trial to evaluate the intervention among parents of poor-prognosis cancers at seven pediatric oncology treatment centers; study in progress.
(47) Goel 2022	Do palliative care providers use complementary and integrative	New York	document recommendation rates of complementary and integrative medicine (CIM)	Quantitative	Palliative team	MD; APRN; PA	PA or APRNs were more likely to recommend CIM therapies as compared to MDs and DOs, around eight times per week; anxiety, mood/distress

	medicine? A nationwide survey		therapies and assess if use varies by provider characteristics by way of surveying MD, DO, PA, and APRN in PC						and pain were the major reasons for recommending CIM; most frequent modalities used included massage, meditation, relaxation, hypnosis and biofeedback; CIM interventions were used over twice as much in pediatrics as compared to adult PC
(48) Ferrell 2019	End-of-Life Nursing and Education Consortium Communication Curriculum for Interdisciplinary Palliative Care Teams	California	describe a curriculum which provides communication skills for interdisciplinary PC teams	Mixed methods	Palliative team				Participants of the pilot End of Life Nursing Education Consortium study reported the two most helpful modules included Domain 3: Psychological and Psychiatric Aspects of Care and Communication Training and Coaching. With proper training in the ELNEC, nurses, SW, physicians, and chaplains are uniquely positioned to address PC communications needs, specifically in rural areas or those with limited funding to continuing education.
(49) Emerson 2021	Ethical Issues in Providing End-of-Life Cancer Care for Transitional-Aged Youth.	California	discuss ethical guidelines and the support of psychological support services for interdisciplinary teams caring for transitional-age youth with cancer at EoL	Qualitative	Patient	Psychology	16-24	cancer	Transitional-age youth (ages 16-24) present challenges in decision-making at EoL related to multiple factors (). Integrating psychologists can help interdisciplinary teams, patients, and families by navigating challenging clinical situations, promoting nonmaleficence, and retaining patients' rights and dignity (specifically by encouraging patients and families to voice preferences early in the course, understanding and interpreting anticipatory grief, facilitating regular multidisciplinary meetings, integrating assessment tools, and facilitating EoL discussions).
(50) Lau 2019	Exploratory analysis of treatment response trajectories in the PRISM trial: Models of psychosocial care	Washington	better understand PRISM intervention in AYAs with cancer; investigate whether PRISM a) improve psychosocial well-being over time, b) prevent deterioration of symptoms over time, c) sustain patient well-being?	Quantitative	Patient		12-25y	cancer	PRISM (resilience training which includes: stress-management, goal-setting, cognitive reframing, meaning-making) in addition to Usual Care (referrals to psychosocial multidisciplinary teams including SW, palliative, chaplain, pain medicine, CLS, psychology and psychiatry, school, PT/OT, and art/music therapies) were associated with improvement of psychosocial well-being over time in AYAs with cancer, according to patient-reported outcomes. PRISM can be implemented by nonclinical professionals, thus providing wider access to entry-level psychosocial care, allowing for specialists to be involved at more appropriate advanced levels/better utilization of limited resources.

(51) Brenner 2021	Exploring the Psychological Aspects of Palliative Care: Lessons Learned from an Interdisciplinary Seminar of Experts	Massachusetts (seminar of experts)	understand key psychological aspects of PC that support adaptive coping, and to highlight future clinical, education, and research implications to advance psychologically-informed PC	Qualitative	Palliative team	Psychology	PC clinicians are masters of communication, but still need a psychologically informed approach with a deeper understanding of the psychological concepts of transference, counter-transference, and attachment theory. A toolbox is needed with defined psychological skills, while keeping HC disparities/populations in mind, with opportunities for experiential learning for PC providers- role play, debriefing, verbal reflective exercises, in-services, retreats, intensives, and workshops.
(52) Kaye 2020	Hospice nurses request paediatric-specific educational resources and training programs to improve care for children and families in the community: Qualitative data analysis from a population-level survey	Tennessee	describe types of pediatric-specific training received and educational content preferred by hospice nurses	Qualitative	Palliative team	RN	This study identified gaps in training/education for community-based hospice nurses providing care for pediatric patients. The vast majority of hospice nurse respondents reported: no formal training in pediatric palliative and hospice care, that their agencies lacked formal training or resources on providing care to children; reported a desire for educational strategies to improve their comfort/competency in provision of care to children. Only 24 respondents received formal PELNEC/ELNEC training. Hospice nurses self-report inadequate exposure to educational resources and programs and have a desire for better training in pediatric palliative and hospice care. Preferences of respondents for additional education included psychosocial and pain assessment/management, communication, and medication use among others.
(53) Fink 2020	Interprofessional Master of Science in Palliative Care: On Becoming a Palliative Care Community Specialist	Colorado	describe the development of a 36-credit Master of Science in Palliative Care program meant for professionals across the interdisciplinary spectrum	Mixed methods	Palliative team		There is a need for formal PC education to meet the PC demand in the US. Interprofessional cohorts reflect the goal of goal of PC teams according to the NCP Guidelines. A hybrid primarily online curriculum suits the needs of mid-career professionals seeking rigorous PC education.
(54) Kaye 2020	Investigation of modifiable variables to increase hospice nurse comfort with care provision to children and families in the community: A population-level study across Tennessee, Mississippi, and Arkansas	Tennessee	given the absence of accessible pediatric programs, children with serious illness who desire to be home typically receive care from adult organizations, most of which have negligible experience and training in pediatric palliative and hospice care;	Quantitative	Palliative team	RN	Hospice nurses in the tri-state area of Tennessee, Mississippi, and Arkansas express a nearly unanimous lack of comfort with respect to provision of pediatric palliative and hospice care. Self-reported modifiable variables that could facilitate increased comfort in this population include: clinical experience, formal training, and hospice willingness to enroll more pediatric patients.

			quantitative analysis of community-based hospice nurse survey data, exploring modifiable variables to increase their comfort caring for pediatric patients with serious illness being treated in the community						
(55) Upshaw 2021	Palliative care considerations and practices for adolescents and young adults with cancer.	Georgia	highlight factors which should be considered when providing PC to young adults with cancer	Review	Palliative team		12-24y		Seriously ill AYAs are a vulnerable population as disease disrupts normal development and transition into adulthood. Quality PPC for AYAs begins with the recognition of developmental and cultural influences of each individual patient and family. Existing literature in this population stresses the importance of autonomy, decision-making, ACP, location at EoL, symptom management (with focus on context of psychological and psychosocial factors), and family and bereavement. The interdisciplinary approach allows for holistic support in AYAs with serious illness.
(56) Newman 2023	Palliative care interventions among adolescents and young adults with serious illness: A scoping review	Wisconsin	scoping review looking at PC interventions among AYAs	Review	Palliative team	Psychology	13-25y	cancer, HIV/AIDS, and cystic fibrosis	final review included 22 articles offering nine PC interventions: two ACP interventions, mindfulness-based meditation, PRISM, creation of a music video, and four electronic application-based interventions; results leaned largely toward intervening in the psychosocial domain of quality PC;
(57) Brown 2020	Pediatric palliative care	California	Clinical handbook for consultative psychologists in pediatric palliative care	Book chapter	Palliative team	Psychology			Psychological services have been integrated into various medical settings, but remain on the periphery in PPC. The psychological status of each child referred to palliative care should be assessed at baseline. Psychotherapeutic approach to children and adolescents in PC is not yet developed, but best practices can be extrapolated from literature in pediatric psychology; psychotherapeutic relationship serves as a profound intervention in managing children's distress as it offers an open space to express emotion, both with and without the family. Availability of psych consults is widely limited and PPC providers can serve as emotional supporters in mental health professional absence, or with their recommendations from

								afar. While psych consultation is not necessary in every PPC case, some diagnoses require more mental healthcare due to developmental and cognitive delays, as well as history of psychiatric comorbidity. Psychologists can provide care across the disease continuum, building supportive relationships with both patient and family, before and after death.	
(58) Akard 2019	Pediatric palliative care nursing	Tennessee	Increase nurses' and other HC providers' awareness of palliative research initiatives meant to enhance life and decrease suffering of children living with serious illness and their families	Qualitative	Palliative team	RN		Nurses are in ideal roles to provide PPC at the bedside, serve as leaders in national organizations, fill educator roles, support the global community in pediatric death and dying, and bridge gaps across disciplines.	
(59) Lichtenstein 2019	Psychiatric symptom management in adult and pediatric cancer patients: Anxiety, delirium, and depression		clinical manual of supportive care for cancer patients addressing psychiatric management of anxiety, depression, and delirium in adults and pediatrics	Book chapter	Palliative team		cancer	Defines anxiety, depression, adjustment disorder, anticipatory grief, delirium; describes most common risk factors, manifestations/symptoms, most commonly used screening tools, diagnostic criteria, pharmacological and non-pharmacological options for treatment of each	
(60) Fladeboe 2021	A novel combined resilience and advance care planning intervention for adolescents and young adults with advanced cancer: A feasibility and acceptability cohort study.	Washington	determine the feasibility and acceptability of delivering an augmented psychosocial intervention for AYAs with advanced cancer at risk for poor psychosocial outcomes such as anxiety and depression (using the previously developed PRISM program with the addition of Voicing My Choices ACP tool)	Mixed methods	Patient		12-24y	cancer	Promoting Resilience in Stress Management (PRISM) with addition of ACP was a positively perceived intervention in AYAs with advanced cancer. The majority of participants described ACP program as valuable. Anxiety, depression, and hope were unchanged after the program, suggesting the intervention did not cause worsening psychological distress. PRISM-ACP is feasible and acceptable for AYAs with advanced cancer, aligning with evidence that suggests AYAs want to be involved in decision-making, and find ACP a helpful psychosocial supportive measure.
(61) Srolowitz 2022	Top Ten Tips Palliative Care Clinicians Should Know about Music Therapy and Art Therapy	Pennsylvania	describe role of music and art therapists in PC	Qualitative	Palliative team				Music and Art Therapists are professionals trained in art-based interventions, that have been shown to relieve symptoms in patients with serious illness. Music and art therapy are person-centered, identity-validating, culturally sensitive, relational, spiritual, emotional approaches for both seriously ill patients and PC teams, allowing them a platform to express themselves and their thoughts/feelings. Inclusion of Music and Art Therapists promotes

								equity and dignity, and enhances experiences of patient, family, and staff.
(62) Detwiler 2019	Understanding the pediatric cancer patient and caregiver perspective, "The illness experience"	Virginia	understand the illness experience of children and their caregivers	Book chapter	Family		cancer	Chapter provides a table describing the illness experience of children and adolescents according to developmental stage (impact of illness, cognitive stage, major fears, concept of illness, and interventions); suggest early integration of PPC for not only patient but family as well; introduces courageous parents' network
(63) Rogers 2021	Use of an Online Palliative Care Clinical Curriculum to Train U.S. Hospital Staff: 2015-2019	New York	review trends in hospital use of CAPC online clinical training curriculum	Quantitative	Palliative team			CAPC curriculum provides multidisciplinary online training in communication and pain/symptom management including depression and anxiety, among other units; shown to be effective in training hospital-based HCPs in many PC domains of care
(64) Montgomery 2020	Using patient-reported outcomes to measure symptoms in children with advanced cancer	Wisconsin	focus on patient-reported symptom measurement in children with cancer	Quantitative	Patient	7-18y	cancer	Pain and sleeping difficulties were associated with higher levels of psychological distress
(65) Connor 2018	Hospice and Palliative Care: The Essential Guide, 3rd edition			Palliative care textbook	Palliative team			MD; APRN; PA; RN; SW; Chaplaincy/Spiritual
(66) Fairman 2016	Clinical Manual of Palliative Care Psychiatry			Palliative care textbook	Palliative team			Psychiatry
(67) Hain 2021	Oxford Textbook of Palliative Care for Children, 3rd edition			Palliative care textbook	Patient			
(68) Hunt 2014	Pediatric Palliative Care Consultant			Palliative care textbook	Palliative team			MD; APRN; PA; RN; SW; Chaplaincy/Spiritual

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