

ASCENT

Advancing the Science of Palliative Care Across the Lifespan

Next-Gen Palliative Interventions: Opportunities to advance care and care delivery in serious illness across the lifespan through innovative research methods.

Supported by the National Institute on Aging of the National Institutes of Health under Award Number U54AG093230. The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Institutes of Health.

ASCENT Mission

The mission of the ASCENT Consortium is to develop and support a nationwide interdisciplinary palliative care scientific community who will perform important and innovative hospice and palliative care research to improve care for persons with serious illness across the lifespan and those who care for them.

The ASCENT Consortium will achieve this mission by:

1) Developing a national scientific infrastructure and community

2) Funding and supporting the generation of new knowledge and research methodologies

3) Expanding the hospice and palliative care scientific community

4) disseminating research findings and resources across multiple key audiences

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NEW ASCENT RESOURCE!

Stage Ib Guidance Document

The Stage Ib Feasibility/Pilot Study Guidance Document is now available.

- Linked directly on the Pilot and Exploratory Studies Award webpage.
- Contains key recommendations for feasibility and pilot testing design.
- Scan the QR code to access the document.

Scan QR Code to Visit Webpage

Use your mobile camera or scanner app

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ASCENT Grand Rounds Kickoff Overview

Schedule & Timing

Hosted monthly on the Second Tuesday at 3pm ET / 12pm PT (September to May)



Innovation & Discussion

Generate discussion around and innovation in key areas of serious illness research.



Knowledge & Rigor

Disseminate knowledge and insights developed by ASCENT to strengthen rigor in the conduct of serious illness research.

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Thank you for joining us for

ASCENT Grand Rounds!



Have a question?

Please use the **Q&A feature** to submit your questions anytime.

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Panel Presenters



Abby Rosenberg



Ana-Maria Vranceanu



Frank Puga



Kate Courtright

PRISM: a story of resilience in research (and life)

Abby R. Rosenberg, MD, MS, MA, FAAP, FAAHPM, FASCO
Wolfe-Duncan-Joselow Chair for Palliative Care and Resilience, Boston Children's Hospital
Chief, Pediatric Palliative Care, Dana-Farber Cancer Institute
Professor of Pediatrics, Harvard Medical School
@AbbyRosenbergMD

Palliative Care & Resilience

Dana-Farber Cancer Institute | Boston Children's

Dana-Farber/Boston Children's Cancer and Blood Disorders Center

HARVARD MEDICAL SCHOOL TEACHING HOSPITAL



Why Resilience?

Promoting Resilience in Stress Management

prism



Goal:
"Menu" of resources
(simple, proven, learnable)



Audience:
Disease "agnostic"



Timing:
High stress



Manualized:
Protocols
(reproducibility, training)



Question:
If we "teach" resilience in times of high stress, will psychosocial outcomes get better?



prism

Feasibility/Acceptability (**Phase 1 pilot and cohort studies**)
- Youth (with cancer, type 1 diabetes, Cystic Fibrosis)
- Parents (of youth with cancer, type 1 diabetes)

"This is so helpful, I wish we had done this sooner."

Efficacy (Phase 2 RCT – AYAs with newly diagnosed cancer):
↑ resilience, quality of life, benefit-finding, hope
↓ psychological distress, depression
Impact durable 2 years later

Efficacy (Phase 2 RCT – Caregivers children with serious illness):
↑ resilience, benefit-finding

Efficacy (Phase 3 RCT – AYAs with diabetes):
↓ disease-related distress, ↑ self-efficacy, ↑ adherence

Efficacy (Phase 3 RCT – AYAs receiving HCT):
↑ hope, QOL among those with baseline distress
↓ CTRA gene expression (biomarker of stress response)

Efficacy (Phase 3 RCT – AYAs with advanced cancer):
↑ hope, resilience within 3-months
↑ QOL, ↓ anxiety, ↑ patient engagement thereafter

Ongoing:
- **Optimization** (**Phase 3-4** Optimization of digital delivery, scalability)
- **Dissemination and Implementation** (**Phase 4**, real world clinical integration)
- **Feasibility/Acceptability** (**Phase 1** Integration of AI as tool for coaches / recipients)
- **Non-Research:** Routine workshops for healthcare workers; bedside resilience resource assessments and PRISM-skills coaching.

Rosenberg et al., J Pediatric Psych, 2016; Yi-Frazier et al., Fam Syst Health 2017; Rosenberg et al., Cancer 2018; Rosenberg et al., Pedi Blood Cancer 2019; Rosenberg et al., JAMA Netw Open 2019; Rosenberg et al, JAMA Netw Open 2021; Rosenberg et al, Cancer 2024; Yi-Frazier et al, JAMA Netw Open 2024

Opportunities to advance care and care-delivery…





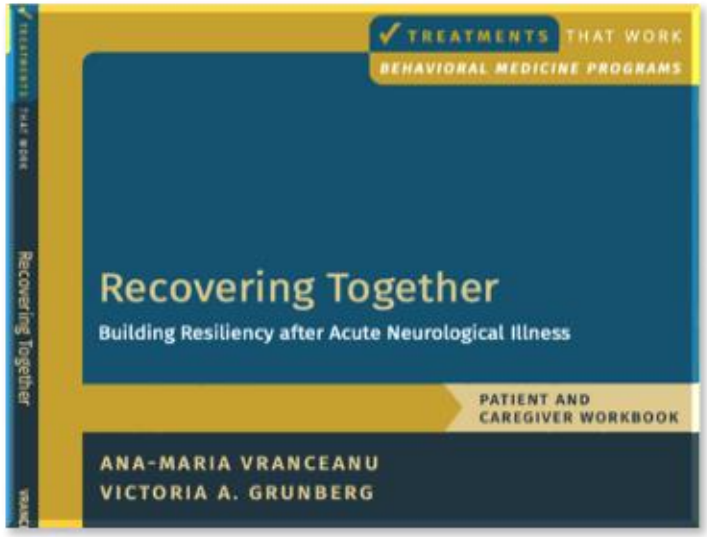


Co-Design, Cultural/Experience-Based Adaptations, Priority Groups

Central Coaching, Collaborative Care Clinical Delivery, Digital “Dose” Experiments, Text-and AI-Based Interventions, Train-the-Trainer Models, Expert Content, New Modules

Dyadic Behavioral Interventions

Recovering Together (RT); PI: Vranceanu



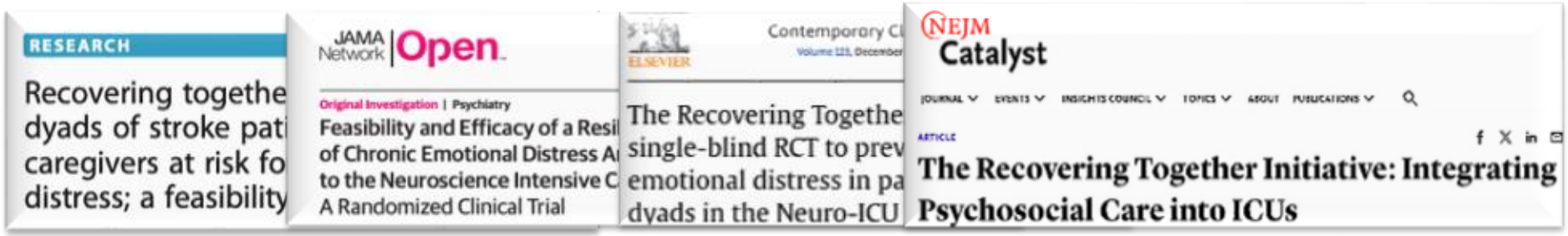
Theories & Conceptual Model

Preliminary Work

Qualitative work (dyads & staff)

Iterate & optimize RT

Develop & refine RT manual → Pilot trials w exit interviews → Efficacy-effectiveness RCT of RT v. HEC → Dissemination & implementation



2014-present (Funding: AHA, NINR R21, NINR R01)

Let's Talk Tech PI: Berridge

Prelim dyadic qualitative research

Theory of Dyadic Illness Management

Domain experts Delphi survey

Survey (n=825) for content development

Clinician review of content

Integrate findings, optimize LTT web-app technically, add LTT Report sharing capability

Develop, responsively refine, and optimize LTT → Pilot studies w/ exit interviews + fly on the wall user testing → Efficacy RCT of LTT vs. usual care mechanistic trial



JMIR AGING Berridge et al

Original Paper

Advance Planning for Technology Use in Dementia Care: Development, Design, and Feasibility of a Novel Self-administered Decision-Making Tool

Innovation in Aging, 2023, 7, 1–13
https://doi.org/10.1093/geroni/igad018
Advance access publication 2 March 2023
Original Research Article

THE GERONTOLOGICAL SOCIETY OF AMERICA

OXFORD

Sharing patient technology preferences with care networks: Stakeholders' views of the "Let's Talk Tech" decision aid for dementia care

Preliminary Efficacy of Let's Talk Tech: Technology Use Planning for Dementia Care Dyads

Journal of Alzheimer's Disease
2025, Vol. 105(3) 825–836
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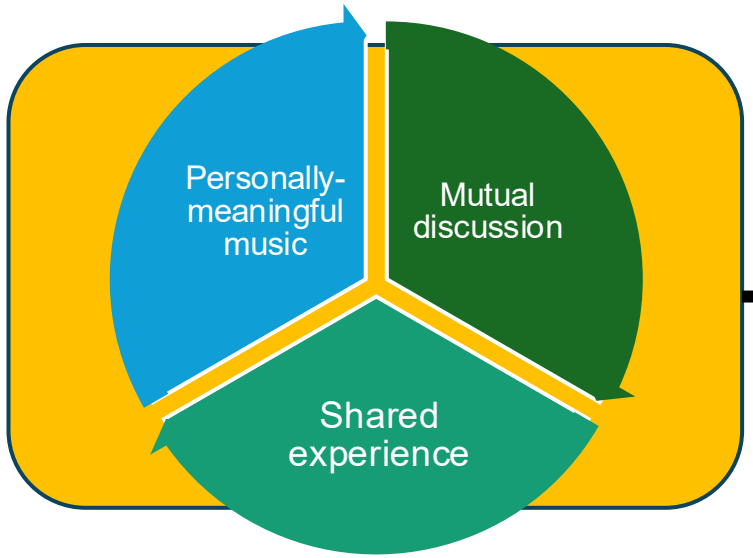
2019-present (Funding: NIA K01; PennAITech; CONFIDE-ADRD Roybal trial)

Shared Music; MPIs: Darina Petrovsky, Ph.D. & Katherine Ramos, Ph.D.

NCCIH R34AT013824-01A1

CONCEPTUAL MODEL

ADAPTED SHARED MUSIC LISTENING INTERVENTION



(+) mutuality
(feelings of intimacy, connection, and understanding of others, emotional connection)

PROXIMAL OUTCOME – DYADIC HEALTH

DISTAL OUTCOME – INDIVIDUAL

PLWD (+) Relationship quality **Baseline**

PLWD (+) Relationship quality **Follow up**

PLWD well-being

Care partner (+) Relationship quality **Baseline**

Care partner (+) Relationship quality **Follow up**

Care partner well-being

Aim 1 (Adaptation)
Stage Ia
- How can we adapt an existing MBI for dyads?
- Leverage Community Advisory Board

Aim 2 (Refinement)
Stage Ia
- How can we refine an adapted MBI?
- Conduct User Testing

Aim 3 (Pilot RCT Testing)
Stage Ib
- What is the feasibility and acceptability of an adapted MBI?
- Shared Music (Intervention) vs. Reminiscence activity (control condition)

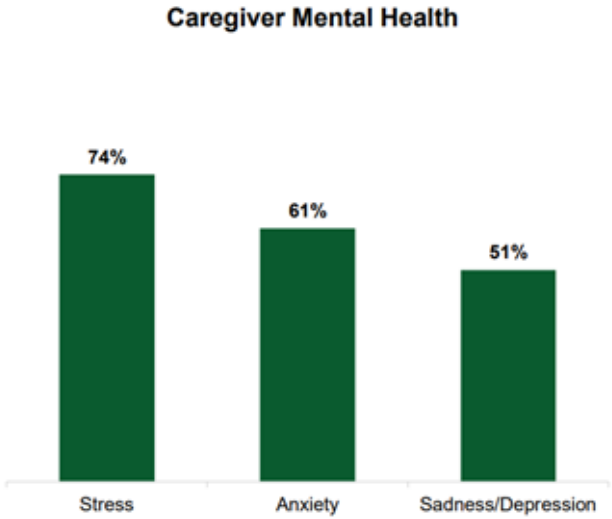
Developing and testing innovative interventions for family caregivers of people living with serious illness.

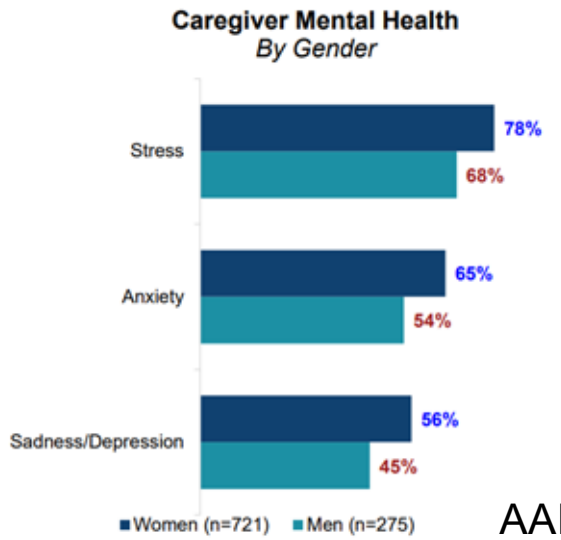
Frank Puga, PhD
Visiting Associate Professor

Keck School of Medicine of USC
Department of Family Medicine

Caregivers are uniquely at risk of experiencing poor mental health.

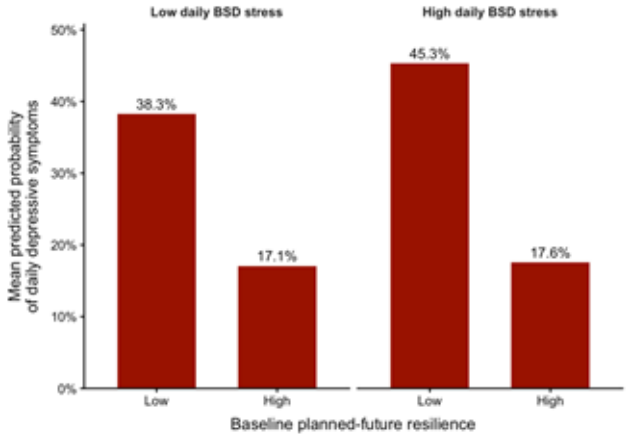


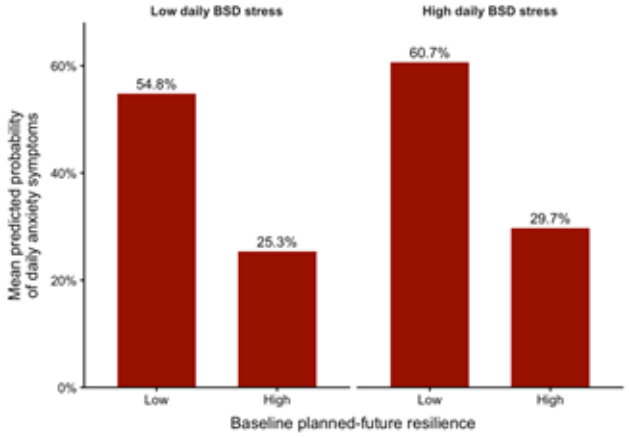


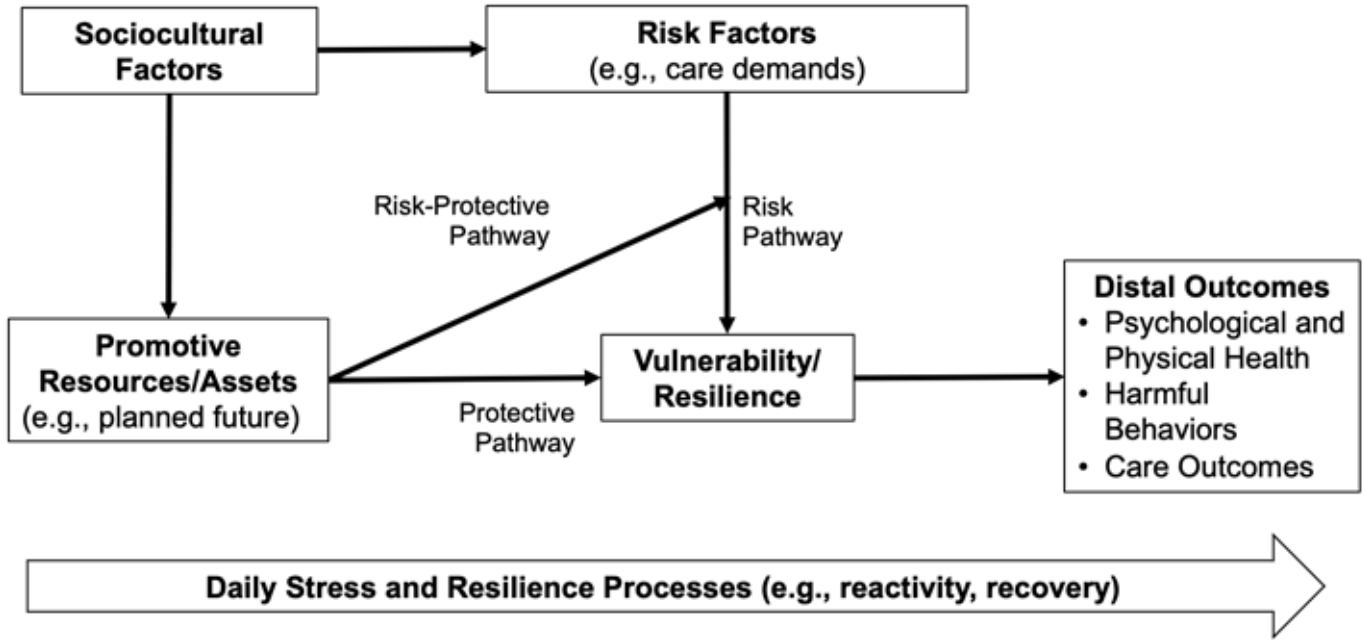


AARP, 2023

Enhancing Caregiver Resilience to Improve Mental Health







Other Exciting Areas for Intervention Development

1. Managing financial strain associated with caregiving

Received: 12 January 2026 | Revised: 11 June 2026 | Accepted: 15 June 2026
DOI: 10.1002/bsa3.70095

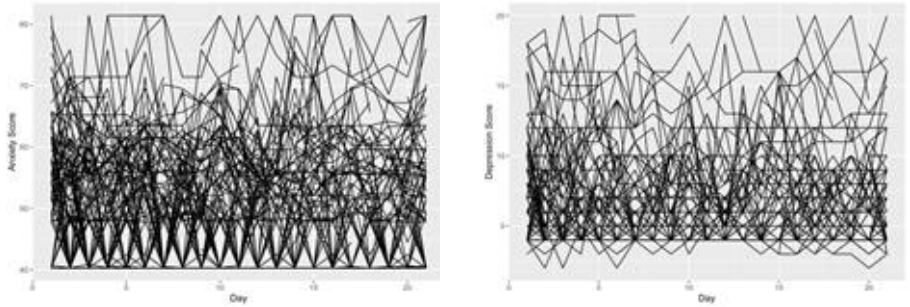
RESEARCH ARTICLE

Behavior & Socioeconomics of Aging

Financial strain contributes to daily depressive and anxiety symptoms in Hispanic and Latino family caregivers of people living with dementia: A daily diary study

Kylie Meyer[1] | Natashia Bibriescas[2] | Abigail Poe[2] |
Megan Thomas Hebdon[3] | Frank Puga[2,4]

2. Modifying daily stress and resilience processes



3. Enhancing social interactions and connection

Daily Experience	Depression	Anxiety
Social connection	-29%	-26%
Pleasant non-care activity	-30%	—
Exercise	—	-35%

Note: Percent increase reflects odds ratios from multilevel logistic models (all $p < .05$)

From efficacy to impact: a shifting paradigm in intervention research



Building a health care culture in which quality palliative care reaches everyone who needs it.

Real-world clinical problems need real-world solutions: Access, Equity, Resources, Policy, Value

Methods to accelerate rigorous knowledge translation

RANDOMIZE

- Pragmatic trials
- Hybrid effectiveness–implementation
- Optimization trials
- Bayesian adaptive designs
- Rapid-cycle randomized testing

QUASI-EXPERIMENTAL

- Target trial emulation
- Regression discontinuity
- Instrumental variables
- Difference-in-differences
- Robust matching

Treatment effect heterogeneity
Identify the greatest opportunities for high-impact use of scarce resources

Bayesian inference
Probability of meaningful benefit; strength for small populations and informative for decision-makers

Mixed methods
Capture local context and culture to guide rapid adaptation and adoption of effective interventions

Questions and Discussion

Have a question?

Please use the **Q&A feature** to submit your questions anytime.

Website:
ascentpalliativecare.org

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NEXT GRAND ROUNDS

Where do we go from here?

Understanding geographic variation in access to care for seriously ill individuals



DATE
November 12, 2026



TIME
3:00 – 4:00 PM ET

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