

[Child and Family Friendly HealthCare – A Model](#)

“Children Need More than Medicine to Get Well.” Anonymous.

Topics of Discussion

A Historical Look at the Hospitalized Child in North America

The Development of the Child Life Profession

An Introduction to a Model of Child and Family Friendly Healthcare

Child Friendly Communication

Supporting Parents, Siblings and Extended Family Members

The Late 1800s and Early 1900s

*It was acknowledged that **children reacted differently** to common diseases, suffered from **distinct diseases** and **presented unique diagnostic and therapeutic** challenges.*

1855, The U.S.A.'s first children's hospital opens in Philadelphia, Pennsylvania

Children's hospitals designed by adults for adults .

Long term hospitalizations are common.

Children often misunderstood illness as punishment.

The authority of doctors and nurses supersedes that of parents.

1900s

Attention was paid to entertaining sick children.

Play programs were initially managed by volunteers and nurses.

Children had little access to their families due to limited visiting hours.

Concerns that families would worsen homesickness, create behavior problems on the wards, introduce new infections and unsanctioned food, and adversely affect recovery.

1922, the first hospital based play program is established in Michigan.

1930s Research begins to examine children's reactions to healthcare.

1955

Nobel Laureate Dr. Fred Robbins asks Emma Plank to create a program to address the social, emotional and educational needs of hospitalized children at Cleveland City Hospital; this is the foundation of the child life profession.

"Most hospitals have programs designed to occupy and amuse children and, in some instances, these have been quite elaborate. The well intentioned volunteer who likes children still has a place. "...the needs are greater than what a volunteer can fulfill. ...programs should be under the direction of those with experience and training in child development, education and divisional techniques. "

1960s

1960, American Academy of Pediatrics recommends that all hospitals have playrooms.

1962, Emma Plank writes the book, "Working with Children in Hospitals.

1965, Anna Freud and Thesi Bergmann published "Children in the Hospital."

Research gradually becomes more specific to examine the practice and effects of child life type interventions.

1970s

As there was greater knowledge of the child's psychosocial needs, play programs became more specialized to include; medical play, child directed play, preparation and education.

These programs were managed by trained professionals, now known as child life specialists. Volunteers remained an important part of play programs.

Academic programs and the theoretical base, educational requirements and essential elements of child life practice are developed.

1980s and 1990s

1982, the first professional association for the Child Life profession was formed.

1985, American Academy of Pediatrics issues first statement supporting child life. Revisions occur during 1993, 2000 and 2008.

1993 , An experimental evaluation of a model of child life programming began at Phoenix Children's Hospital. The results of the study became the theoretical framework and justification for child life practice.

Child life programs begin to be established outside of North America.

Researchers study parental and patient responses and variables to healthcare.

Child Life in the New Millennium

2005, "Meeting Children's Psychosocial Needs Across the Health-care Continuum" is published.

2006, American Academy of Pediatrics revises statement on child life services.

"Child life services should be considered an essential component of quality pediatric health care and are integral to family-centered care and best-practice models of health care delivery for children."

Child Life Council Publishes Three Evidence-Based Practice Statements

Therapeutic Play in Pediatric Health Care: The Essence of Child Life Practice

Child Life Assessment

Preparing Children and Adolescents for Medical Procedures

<http://www.childlife.org/Resource%20Library/EBPStatements.cfm>

Today

There are 3575 Child Life Specialists

North America (3530)

Outside North America (45)

And over 425 child life programs in the world

Why?

Anxiety and stress interfere with a child's optimal response to medical treatment.

Physical limitations of illness and the healthcare environment can encourage dependency and erode self-esteem.

Interruption of normal life experiences can jeopardize a child's growth and development.

A child's healthcare encounter can at times be a positive experience when a truly comprehensive care is given.

In contrast to other settings where interventions are provided, hospitals can be a source of both hope and distress to the patient and family. (Council, 2006)

Role of a Child Life Specialist

Minimize stress as well as help the patient and family cope with the stress and anxiety endemic to health care experiences.

Promote the child's normal growth and development while in the health care setting and after returning home.

Prevent short and long term psychological upset.

Promote and support child and family friendly healthcare practices.

Be an advocate.

Ensure children's rights are respected.

What are the Qualifications?

Child Life Specialists have diverse academic backgrounds including:

Child development

Psychology

Human relations

Education

Sociology

Art, Music, Play Therapies

Public Health

Counseling

Have a Bachelor or Masters degree and

Complete a 480 hour supervised clinical internship at a children's hospital and

Pass a qualifying exam (English Language) to become a Certified Child Life Specialist (CCLS).

Child Life Interventions

Assessment

"Child Life Assessment: Variables Associated with a Child's Ability to Cope with Hospitalization." (Child Life Council)

Temperament

Coping style

Parental level of anxiety

Number of invasive medical procedures

Emotional Support

Although child life specialists have a primary role in psychosocial care, evidence-based practice models support inter-professional collaboration as a means of addressing complex issues associated with child and family adaptation to hospitalization. (Child Life Council.)

Diagnosis Education

Diagnosis education is a culmination of and an extension of all Child Life interventions. Should focus on child and family.

Pre-Procedure Preparation

An extensive review of the literature along with child life clinical experience have validated that most children prepared for medical procedures experience significantly lower levels of fear and anxiety compared to

children who are not prepared. Preparation also promotes long term coping and adjustment to future medical challenges. (Child Life Council.)

Psychological Procedure Support

Facilitates effective coping,
Enhances pain management,
Decreases anxiety and promotes calm,
Fosters a sense of mastery and
Strengthens parental support role.

Therapeutic and Medical Play

Empirical evidence provides support for the effectiveness of therapeutic play in reducing psychological and physiological stress in hospitalized children.

Additional research is necessary regarding the effectiveness of specific forms of therapeutic play, as well as how children in hospital perceive the value of these play experiences.

“Therapeutic Play in Pediatric Health Care: The Essence of Child Life Practice.” (Child Life Council)

Bereavement

Many parents seek someone who has been a trusted, constant influence in their child’s healthcare experience, someone who has knowledge of

children and of their child as a unique individual. Often, child life specialists satisfy these needs. (Towne 2001)

Child and Family Friendly Healthcare

The Benefits

Research demonstrates the psychological and financial benefits of providing child and family friendly healthcare.

Children who are calm and comfortable demonstrate less pain and anxiety and typically require less staff time.

Less pain medication requested,

Less pain reported with procedures,

Have shorter hospital stays and

Less long term disruption.

Child and Family Friendly Environment

Quality of Care

Child Development & Children's Rights

Communication

Dignity and Respect

Participation

Collaboration

Pain Management

Adapted from The Institute for Family-Centered Care and The Child-Friendly Healthcare Initiative (CFHI): Healthcare Provision in Accordance With the UN Convention on the Rights of the Child.

Child and Family Friendly Environment

Spaces will be safely designed to foster healing, minimize stress, normalize development and allow ample opportunity for play and expression.

2010, NACHRI – National Association of Children’s Hospitals & Related Institutions

Based on a scientific review of 320 evidence-based design studies in the academic literature that apply to the field of pediatrics, the report concludes that the physical environment of health care settings affects the clinical, physiological, psychosocial and safety outcomes among child patients and families.

<http://www.childrenshospitals.net//AM/Template.cfm?Section=Home3>

Quality of Care

The child will be provided the highest possible standard of care. The treatment should be in the best interest of the child, without discrimination based on gender, ethnicity, religion, or otherwise.

"There is no profit in curing the body if in the process we destroy the soul."

Samuel Gioter, M.D.

Child Development & Children's Rights

Health care is guided by the knowledge and application of child development principles and respect for the rights of the child and family. Children should be able to play and learn while in hospital.

What are the Rights of the Hospitalized Child?

1989: UN Convention on the Rights of the Child. (UN-CRC)

"The twentieth century began with children having virtually no rights; it ended with children having the world's most compelling human rights instrument. " (Moltman, et al., 2008)

2000: The Child-Friendly Healthcare Initiative (CFHI): Healthcare Provision in Accordance With the UN Convention on the Rights of the Child. Twelve standards related to healthcare of children.

2009: The Task Force on Health Promotion for Children and Adolescents in & by Hospitals (HPH-CA) publishes the "Self-evaluation model and tool on the respect of Children's Rights in Hospital."

Communication

Health care practitioners communicate and share accurate and unbiased information with patients and in order to effectively participate in care and decision-making. Children will receive age and developmentally appropriate education and preparation for all procedures.

Dignity and Respect

Health care practitioners listen to and honor patient and family perspectives and choices. Patient and family knowledge, values, beliefs and cultural backgrounds are incorporated into the planning and delivery of care. Confidentiality is honored.

Participation

Children and parents are encouraged and supported in participating in care and decision-making at the level they choose. Parents will be permitted and encouraged to stay with their child and accompany and support their child during procedures. Parents will be supported and educated on their rights and responsibilities as co-caregivers.

*"Childhood is coming to be widely seen not as "some kind of probation period before becoming an adult". Instead, she said, "the child emerges as an individual with dignity who has all the rights of a full human being."
(UNICEF, 1995)*

Collaboration

Health care leaders collaborate with patients, families and frontline staff members in policy and program development, implementation, and evaluation; in health care facility design; and in professional education, as well as in the delivery of care.

Pain Management

A multidisciplinary team should establish and maintain standards and guidelines for the assessment and control of physical and psychological pain and discomfort. The child and parents will be active members of the team in developing plans for the use of non pharmacological and pharmacological pain management techniques.

Sadly, in the past, children's pain was viewed as a diagnostic aid rather than an entity in its own right. (Thyer,1992)

Child Friendly Communication

"But the child's sob curses deeper in the silence than the strong man in his wrath." Elizabeth Barrett Browning

Build rapport with the child and family

Make small talk

Use a soothing voice

Be honest - even about pain

Stay positive and praise the child

Use comforting comments, I.e. "We will take good care of her." "I am here to help you." "We will be all done in a few minutes."

Avoid statements like: "It will be all right." "Don't worry." "Everything is going to be o.k."

If possible, sit at child's level

Give accurate, reassuring explanations of what's happening and why

Use child-friendly, age appropriate language

Avoid scary language, i.e. "put to sleep" and "wreck room"

Please Don't . . .

Tell me "It won't hurt" if it will.

Tell me "Don't cry."

Forget to listen when I have something to say.

Supporting Parents, Siblings and Extended Family Members

Assessment of Self

"We may have a difficult time facing the suffering of others because we don't know how to deal with our own pain and fear.

Will we look within?

Can we see that to be of most service to others we must face our own doubts, needs and resistances?"

(Dass & Gorman 1985)

Supporting Parents

Parents, as well as the ill child, often need social, emotional and financial support because situational demands can exceed personal resources.

Parents have confirmed the importance of support they received from their partners, friends and community members while tending to their ill child.

Parents may need social and emotional support in a variety of ways.

They may also need help seeking and securing financial support for the ongoing medical costs (McGrath, 2001).

Parents of chronically ill children have offered suggestions for increasing support for families (McGrath, 2001), including:

Families with a newly diagnosed child benefit from health care professionals or appropriately trained volunteers assigned to mentor them through initial stages of treatment.

Health care professionals should emphasize sensitivity when working with parents and assessing their need for support.

Introduce parents to others that share similar needs for support, thus opening lines for communication and affiliation. (Online and published resources.)

Parents who have a newly diagnosed child can be introduced to parents whose child successfully completed treatments or demonstrated successful coping and management of the treatment regimen.

Supporting Siblings

Suggestions for Healthcare Providers to Communicate to Parents

How can Parents & Guardians support siblings?

Be honest about what is happening.

Give them time to ask questions.

Allow them to express their thoughts and feelings.

Provide information to kids on an ongoing basis.

Allow opportunity for them to participate in taking care of their sibling.

Help inform others about what is happening. i.e. school teachers, coaches, neighbors, etc.

Avoid having siblings take on too many "adult responsibilities" in the home.

Give permission for them to laugh and to pursue their own activities and dreams.

Ask... and then listen.

(Adapted from Ringer, S. 2009)

How can health care providers provide support to siblings and extended family?

Call the family member by name and inquire about their welfare.

Ask the family member if they have any questions?

Offer support programming for young and teen siblings

Educate parents on sibling impact.

Include family members in hospital tours and events.

Assess sibling / family status upon intake.

Assess and recognize the special role of the family members.

Raise awareness within your institution.

Provide supportive and therapeutic resource options for family members.

Ask... and then listen.

(Adapted from Ringer, S. 2009)

How Parents can help their child cope with a chronic illness

Educate yourself about your child's illness.

Explain the illness to your child.

Help your child deal with his or her feelings about the illness.

Prepare your child for medical procedures.

Help your child lead as normal a life as possible.

Don't be afraid to discipline.

Give your child responsibilities.

Maintain family routines as much as possible.

Take care of yourself.

Prepare your child for the reactions of others.

Be mindful of what your child can overhear

Let others help.

Give your child some choices.

Look for role models.

Handle advice from others appropriately.

Work closely with your child's school.

Source: www.parenting-ed.org

我所要強調的事...

從現在開始的數十載...

我銀行裡有多少錢、我住什麼房子、

開什麼車子都不重要....

重要的是，這個世界會因為我在孩子生命中扮演的重
要角色

而更加美好。