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Child Life: Meeting the Psychosocial Needs of Children and Families in the Hospital

Christine O. Newman, MS, RNC,* Carol G. Klingbeil, MS, RNC,* and Roberta B. Abrams, MA, RNC*

Health care providers recognize that hospitalization is stressful for children and their families. Infants, children, and adolescents have unique needs that must be addressed during periods of illness and hospitalization. Stress and anxiety, separation from family and friends, medical procedures, and the hospital environment all pose unique threats to the physical, emotional, intellectual, and social development of a child. The needs of children and families during their encounter with the health care environment are being addressed through comprehensive planning, education, and implementation of a Child Life Program at Henry Ford Hospital. This article serves as a brief review of literature supporting the need of Child Life programs and describes our recently created programs.

Pediatric Hospitalization

The effects of pediatric hospitalization have been the subject of considerable research for more than three decades. Publications addressing pediatric hospitalization have focused on the physical and emotional reactions of children and their families. Beginning in the 1950s, improvements in medical management increased pediatricians' awareness of the importance of the psychological aspects of hospital care. Prugh et al (1) report that "the emotional needs of the sick child need as much consideration as his food and drug therapy." The psychological aspects of pediatric care must include not only attention to the child's needs but also to the needs of the entire family.

The Child

Hospitalization creates real, imagined, and potential threats for the child (2). The exact nature of the threat depends on many factors: the age and development of the child, previous related experiences, and the child's relationships with parents and other family members. Although the term "threat" is not used specifically by many authors on this subject, agreement is evident on the major themes describing this phenomenon (1-5). Visintainer and Wolfer (2) classify "threats" into five categories, each assuming a need or cluster of needs. The primary threat is that of physical harm or bodily injury, including discomfort, pain, mutilation, and death. The second threat—separation from parents and the absence of trusted adults—is especially prominent for toddlers who struggle developmentally with trust versus mistrust. The threat of the new, the strange, the unknown, and the possibility of surprise comprise the third category. The fourth is the uncertainty about "limits" and "acceptable" behavior, and the fifth concerns relative loss of control and autonomy. Health care providers need to understand the threats children perceive when hospitalized. Children experience varying degrees of stress related to these threats and the extent to which they are removed, minimized, or managed.

Children's reactions to stress can be manifested by a variety of behaviors: regression, tears, withdrawal, sleep disturbances, speech disturbances, and negativistic reactions such as acting-out or misbehaving (3,5,6). It is important to accept the child's need to react to stress and to recognize behavior indicative of these reactions. Children should be encouraged and assisted in expressing their feelings. Knowledgeable health care workers can provide interventions that will minimize these behaviors as well as the underlying stress that precipitates them.

Parents

Hospitalization of a child is an extremely stressful and anxiety-producing event for parents. Sargent (7) recognized that cognitive challenge is encountered when parents must develop an understanding of the course of hospitalization, hospital routines, potential complications, and prognosis. Emotional challenges facing parents include the vulnerability of the child imposed by hospitalization, increased dependency of the child, and parental helplessness. Additional stresses for parents include absence from work, arranging child care for siblings, and trying to maintain a routine for siblings at home. Children are perceptive and at a very early age pick up stress-related cues from parents. Parental anxiety is directly correlated with the child's adverse reaction to hospitalization. Therefore, medical staff must recognize and support the parents' needs to see their child receiving competent physical care, to understand their

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child's condition and treatment, and to feel capable and important in the parental role while the child is hospitalized (8). These interventions facilitate positive interactions between parents and health care providers and thus help the child to accept the hospital experience.

Interventions over the past decades have reflected a more family-centered approach to care, including liberal parental visitation, rooming-in, and participation of parents in the care of their child. Children are encouraged to bring familiar items from home. In many hospitals Child Life or play programs have evolved to be an integral part of pediatric services. Play is the work of children and often their main mode of communication (9). Play is essential for the psychosocial development of children, whether healthy or ill. The provision for play is particularly needed in the hospital setting, to provide the child with a means of coping with the stress of illness and hospitalization (10). Experts acknowledge that play expedites staff work by increasing the child's cooperation through creation of a familiar situation in which he or she is able to experience a sense of control and respond effectively to stressful events (11).

**Child Life Programming**

Because of the potential consequences of children's adverse emotional reactions to hospitalization and medical encounters, health care professionals have identified multiple interventions aimed to minimize stress and anxiety of children, to promote growth and development, and to support family members. This grouping of interventions is often identified under the "umbrella" title of a Child Life Program—sometimes named in other institutions as Children's Activity Programs, Play and Recreational Therapy, or Child Development Programs. Child Life programming is supported by the American Academy of Pediatrics which mandated in 1971 that hospital pediatric services institute programs to alleviate and prevent psychologic upset in the child experiencing hospitalization and medical encounters (12).

Over the past decade Child Life programs have been instituted as an intervention to assist families and children in normalizing their hospital experience and fostering growth and development. Child Life programs originally focused on decreasing separation anxiety and enhancing adjustment of children and families to hospitalization (13). Today, these programs begin with assessment of variables which affect the child and the family. Self-image, situational adjustment, adaptive behavior, anxiety level, stress, and depression are all considered when planning individualized strategies to meet the needs of children and their families.

**The Henry Ford Hospital Child Life Program**

The Henry Ford Hospital Child Life Program formally began in June 1988 and is still in an early stage of development. Pediatric leaders identified the need for Child Life programming in the summer of 1987, when a multidisciplinary task force convened to address a common concern for improved psychosocial care of children and families. In March 1988, a Clinical Nurse Specialist was employed to direct the development of the Child Life Program. Goals were identified to provide a foundation for the first year of the program (Table). The rationale for the program, its goals, and initial components were shared with a multidisciplinary group representing nursing, medicine, occupational and physical therapy, social work, respiratory therapy, and volunteer services.

**Table Goals of the Child Life Program**

<table>
<thead>
<tr>
<th>Number</th>
<th>Goal of the Child Life Program</th>
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<tbody>
<tr>
<td>1.</td>
<td>To minimize stress and anxiety for the infant, child, and adolescent through appropriate play and diversion activities that encourage expression of feelings, understanding of medical experiences, and control over the environment.</td>
</tr>
<tr>
<td>2.</td>
<td>To promote maintenance and growth of the child's relationship with his/her parents, family, and peers through policies that encourage and provide for parent involvement in the child's care, rooming-in, and sibling and peer visiting.</td>
</tr>
<tr>
<td>3.</td>
<td>To provide a supportive and therapeutic child-oriented environment, as well as specially trained staff who understand the developmental needs of children, family stressors, interventions to assist children and families to cope with illness and hospitalization, and available institutional and community resources.</td>
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<tr>
<td>4.</td>
<td>To provide a variety of creative play and diversion opportunities, special events, and educational programs to promote positive experiences during hospitalization and to foster continued growth and development.</td>
</tr>
<tr>
<td>5.</td>
<td>To provide appropriate developmental assessments of infants and children who are developmentally delayed or at risk for developmental delay due to chronic conditions, acute illness, or high-risk social environments.</td>
</tr>
<tr>
<td>6.</td>
<td>To provide consultation and education to multiple disciplines and volunteers who work in areas that serve infants, children, and adolescents.</td>
</tr>
<tr>
<td>7.</td>
<td>To promote through education and publicity the unique needs and special qualities of infants, children, and adolescents in the Henry Ford Health Care System and surrounding communities.</td>
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</table>

*Staff Education*

Education of health care providers is critical to implementing the program and a key factor to the ultimate attainment of its goals. The success of a Child Life program in any hospital depends on the level of commitment of all staff who serve children to understand and value their unique needs in the hospital setting. Unlike hospitals which serve only children, it is especially challenging to educate and support the many staff members who interact sporadically with hospitalized children. Staff members who work in hospitals primarily serving adults often voice frustration in their inability to interact therapeutically with children to help them cope with stressful experiences. Child Life staff provide requisite knowledge and assistance to staff from multiple departments, providing valuable skills to help children and staff cope with necessary procedures. Education and multidisciplinary collaboration are important focal areas during the first year of operation. The initiation of the Henry Ford Hospital Child Life Council is one vehicle to promote education as well as multidisciplinary collaboration. The Council represents a body of committed professionals who meet monthly to discuss issues and collaborate on projects that will strengthen the care provided to children and families.

Policies and procedures related to the psychosocial care of children and adolescents in the hospital are also being developed.
by staff. For example, the playroom is identified as a "safe place" for children where they are in control of their experiences and no interventions from health care providers are allowed. Minimizing the number of daily blood draws for children is stressed to physicians and nurses who can evaluate and control this aspect of their care. These educational components and policies are being incorporated into orientation programs for nurses and physicians. Orientation to the Child Life Program and to general psychosocial concepts of hospitalized children and families includes a structured day in each new nursing staff's orientation program. Future orientation programs will be directed toward the resident group that rotates monthly through inpatient pediatrics and includes not only Pediatric residents but also Emergency Medicine, Internal Medicine, and Family Practice residents.

Trained volunteers are an integral part of the Child Life Program at Henry Ford Hospital. Volunteers are screened and formally oriented to the Child Life Program by the Child Life Nurse Specialist. All volunteers in Pediatrics are Child Life volunteers and support the staff in their efforts to provide a safe and stimulating environment for the pediatric patients. Education is an important aspect of the volunteer program and supports the volunteers who are committed to the program and their work.

**Components of the Child Life Program**

**Play and activities program**

Play and diversion activities are the core of a Child Life Program. Arts and crafts, books, toys, audiovisual games, and other programs are available for the children and teens in a central playroom on the Pediatrics Unit. In the fall of 1988, the playroom was remodeled into one large central room to accommodate more group activities and equipment. Although most group activities are held in the playroom, individual projects and play activities are also taken to the children's bedsides. Children in isolation, traction, or who are bedridden for various reasons also benefit from Child Life activities and require special attention to their play and diversion needs because of their immobility and/or isolation from other children.

The daily operation of the play program currently consists of a structured morning group activity in the playroom, free play, and bedside activities for children unable to leave their rooms in the afternoon. The playroom coordinator plans daily activities and maintains a safe playroom environment with assistance from volunteers and nursing staff. The structured program operates Monday through Friday, 9 AM to 5 PM, with future goals to expand coverage to evenings and weekends. The Child Life Clinical Nurse Specialist assesses the needs of children and teens who require individual play therapy, special diversion activities, and more intense Child Life services based on diagnosis, length of stay, and behavioral responses. Currently, children and teens with chronic illnesses placing them at risk for repeated hospitalizations, multiple procedures, and long-term stays are in need of more intense Child Life interventions and planning.

Medical play therapy, for example, with special anatomically correct dolls and real medical equipment is an effective intervention for preschool and school-age children (Fig 1). Learning about procedures and gaining a sense of control and mastery over experiences are all benefits of medical play activities.

A more formal program that has been restructured recently is the Pediatric Pre-Admission Orientation Program. This program is available to the families of all children who will be admitted for either surgery or special tests. The focus of the program is to decrease anxiety and increase understanding of the hospital environment, equipment, and staff by providing a tour of the operating room and/or inpatient unit, allowing them to handle equipment, and presenting an opportunity for questions to be answered before the child's hospitalization. The program is supported by Volunteer Services, operating room staff, and pediatric nursing staff.

**School program**

School activities are important to children who are hospitalized for any length of time. Children who miss school because of repeated hospitalizations or a lengthy illness can fall behind, causing frustration and lower self-esteem in addition to physical illness. The Child Life Program supports children's school activities by identifying those who qualify for hospital or homebound teaching services and making appropriate referrals to the Detroit Public School System hospital teacher. For the majority of children who don’t qualify, the Clinical Nurse Specialist encourages parents to bring in the children's schoolbooks and coordinates their work along with parents and the nursing staff. Recently, a room adjacent to the playroom has been identified as the Pediatric Resource/School Room which will be equipped with computers, books, and educational materials so that children can focus on educational activities in a supportive environment while they are hospitalized.
Parent program

Parents are the most important resource for children and teens who are hospitalized. They know their child best and can support them in a familiar and unique way. Aspects of the Child Life Program that focus on parents help them to understand and cope with the needs of their hospitalized and/or chronically ill child. Education as well as support networks are important to the parent program. Providing parents with literature related to their children’s normal growth and development, safety, and illness is one educational focus. An audiovisual library to support the pediatric and neonatal staff in their efforts to provide parent education during hospitalization has been a focus for parent support. The pediatric nursing staff are currently developing a short video program about the unit, which will be shown over the closed-circuit television station, to help orient parents and their children to the inpatient unit.

Both the neonatal intensive care and pediatric units have initiated weekly parent support and discussion meetings coordinated by nursing staff members. Staff help parents to understand not only how their hospitalized child is reacting to the environment and the stresses related to the child’s illness, but also those needs of siblings and other family members at home. Sibling visits are encouraged in pediatric units throughout the hospitalized child’s stay.

Special events

Special events are an important part of any Child Life Program. They provide variety, spirit, and special experiences for children and their families as well as staff. These events include celebrations of birthdays and holidays, celebrity visits, puppet shows, and other special programs. For example, children celebrated Halloween by visiting various departments in the hospital for trick-or-treat (Fig 2). During the summer outside picnics are held for those children who can attend. In March of each year Children and Hospital’s Week is celebrated with various events to focus attention on the special needs of children who are hospitalized. Sparky Anderson, the Detroit Tigers Manager, has helped to provide some very special pizza parties for the children throughout the summer months at Henry Ford Hospital. Special events provide opportunities for outside groups as well as staff to participate in a unique and rewarding experience as they help children and families during hospitalization.

Financial Support

Financial support for the program has been established through private donations, institutional backing, and CATCH (Caring Athletes Team for Children’s and Henry Ford Hospitals)—an organization founded by Sparky Anderson. This sup-

Fig 2—Children trick-or-treat in the hospital to celebrate Halloween.
port allows for the purchase of equipment and supplies and daily
d operation of the program.

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