



Child Life Programs

Integrating the educational, recreational and emotional needs

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[transcript of powerpoint presentation]

INTRODUCTION

- This communication focuses on the American Child Life programs
- designed to meet the educational and psychosocial needs of paediatric patients
- and their families generated as a result of hospitalization and illness

What is the purpose of my presentation?

1. Through this communication is intended to show a specific pattern of action as a mean to inform and promote the work of European hospital teachers with the idea to push them go far
2. To insist on the idea that together with academic activities and the school curriculum is essential to take into account recreational and emotional aspects, focusing on the specific situation of illness and hospitalization of the students, including family support
3. And to stress that Hospital teachers must integrate all this in their role, always collaborating with all professionals involved in the care of young patients.

Objective of the Child Life programs

In a general way, they have the goal of normalizing the life of young patients and their families basis on an environmental approach that involves health professionals, schools and the wider community.

More specifically, I will focus on five points of these programs:

- I Psychological intervention
- II Recreational intervention
- III Family intervention
- IV Interdisciplinary collaboration

Starting with the first point:

Psychological intervention

- I can say that a central aspect in the major objective of the Child life program is to reduce
- patient's fears and anxiety caused by hospitalization and illness
- At the same time a great importance is done to inform properly about illness, treatments and hospital context
- Information and preparation for hospitalization are offered using the following strategies:

Specific Intervention Strategies

INFORMATIVE TECHNIQUES

- I. Sensory and procedural information
- II. Interview
- III. Videos
- IV. Guided Tour



BEHAVIORAL TECHNIQUES

- I. Filmed models
- II. Molding
- III. Relaxation
- IV. Positive reinforcement

COGNITIVE TECHNIQUES

- I. Distraction
- II. Guided imagery
- III. Desensitization

These strategies are used to fight some negative elements that characterize the pediatric hospitalization such as:

- Isolation
- Limitation of movement
- Depersonalization
- Dependence
- Loss of privacy
- Poor information
- Restriction of visits
- The lack of decoration and furniture appropriate
- Medical gowns and uniforms

Child Life Programs also aim to combat

the main fears of preschool children facing to hospitalization:

- to be abandoned by their parents
- fear of the unknown
- to see hospitalization as a punishment for a bad behavior they have had

Child Life Programs also pursue to combat the main fears of school children facing to hospitalization:

- Pain
- Anesthesia
- Body Mutilation
- Losing their school desk and place in class (in regular school)

And in the same way, Child Life Programs also aim to

combat the main fears of adolescents facing to hospitalization such as:

- Dependence on parents and health care professionals
- Lack of activities
- Restriction of visits (friends and classmates)
- Hospital rules and routines
- Loss of control (specially during anesthesia)



Continuing with the second main point of the Child Life programs

II- Recreational or playful intervention

The value of play and recreational activities are also emphasised as instruments to offer medical information to children, as effective distracters against pain and as instigators of feelings' expression.

And what is the importance of play for children?

- Provides comfort and confidence
- It is a Means of communication
- A Way to express feelings
- And Channels to receive information
- Through play children can socialize with other children
- And they develop also physical and mental functions

Regarding point three of the Child Life programs:

III - Family intervention

- What is interesting to notice is that the program aims to address the needs of the entire family helping parents to better cope with the situation of childhood disease and even supporting brothers and sisters.

Family as a system

- several interrelated parts
- a change in one part affects other parts
- there is a tendency to balance

The intervention is aimed at reducing:

- Overprotection of the child by their parents
- excessive involvement of the mother in the disease
- Lack of organization
- Family conflict
- Emotional block
- Focus all the family problems on illness

Impact of the illness on siblings

Siblings can be regarded as the "forgotten children" in this process

Guidelines of Intervention focused on siblings are:

1. Give them information about the illness
2. Develop attitudes to cope with difficult situations in a constructive way
3. Expression of feelings towards the ill sibling (jealousy, guilt, shame, sadness or abandon)
4. Develop their own life project (compatible with responsibilities derived from the care of the ill sibling)



And the last point of the Child Life Programs I want to focus is

IV-Interdisciplinary collaboration

- cooperation among all the professionals involved is a fundamental aspect of the program

Here the principal actors

- Doctor
- Surgeon
- Nurse
- Psychologist
- Teacher
- Volunteers
- Clowns
- Cleaning staff

Besides specialists in

- Art therapy
- Music therapy
- Pet therapy
- etcetera etcetera etcetera

The starting point of this Child Life Programs

- Is The Association for the Care of Children's Health (ACCH) (founded in 1979)
- that In 1982 has been founded the Child Life Council (CLC)
as a non profit organization focused on pursuing a vocational training
for persons engaged in the Child Life programs
- In 1998 is developed an official certification to become a Child Life Specialist

The Child Life specialist

- Several American universities offer postgraduate intensive courses, usually one year, to become a Child Life Specialist
- These courses consist of knowledge and skills to work in the field of child and adolescent inpatient

To conclude my presentation:

I would stress that the main difference between hospital pedagogy in Europe and Hospital Pedagogy in North America focuses on:

- the importance given there to specific psychological training programs for hospitalized children and teenagers
- Along with this, emotional support and guidance provided to the families of pediatric patients
- However, the best approach in the field of child illness and hospitalization is not exclusive to the American model or any model
 - It is only one, of many ways, to carry out the hospital pedagogy
 - It is therefore necessary that every professional, each teacher, make the best synthesis and adaptation of models, programs, strategies and ideas
 - *all this in order to act in the best possible way*