

# Supporting Families and Children in Hospital in Qatar: *Report Objectives and Main Findings*

Natalie Williams, Ph.D.

Department of Child, Youth and Family Studies

[nwilliams17@unl.edu](mailto:nwilliams17@unl.edu)

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# Importance of Pediatric Psychosocial Care (PPC)

Child illness and hospitalization is a major family stressor that can negatively affect both child and family well-being.

PPC can minimize the adverse effects of hospitalization and health care experiences for children and families.





## Overarching Goal of the Report

To promote the use of evidence-based practices to help children and their families effectively manage the unique challenges of childhood illness and hospitalization.

# Specific Objectives

1. Elaborate the historical context of PPC
2. Describe the prominent theories guiding PPC
3. Identify concepts and practices central to the provision of evidence-based PCC in hospital
4. Outline specific recommendations for the implementation of PPC in Qatar and other countries



# Major Milestones in Pediatric Psychosocial Care

## Early 1900s – United States and Canada

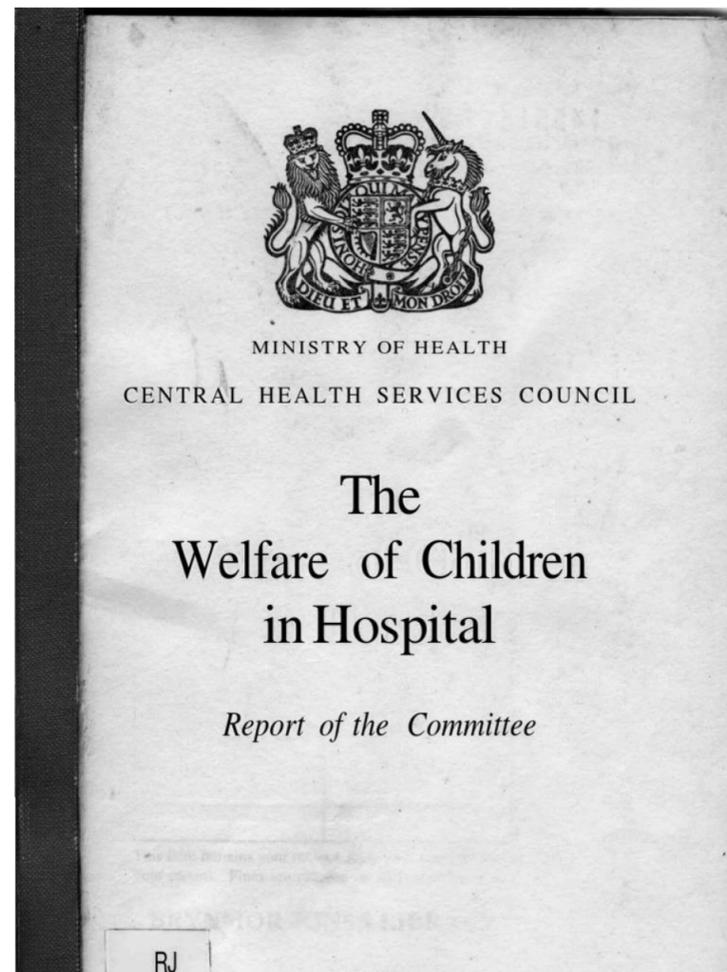
- Hospital play programs shifted perspectives on best practices in caring for children in hospital.
- Research emerged on the adverse effects of traditional care approaches on child and family well-being.



*Emma Plank*

# Major Milestones in Pediatric Psychosocial Care

## 1958 – Platt Report



A landmark publication in the United Kingdom that accelerated the progression and formalization of pediatric psychosocial care around the world.

# Major Milestones in Pediatric Psychosocial Care

1980s – UN Convention on the Rights of the Child (UNCRC)

- International human rights document addressing critical issues affecting child well-being.
- Informed the development of international initiatives aimed at enhancing supportive care for children facing medical stressors.



# Evidence of Progress in the Field

## Where are we today?

- Organizations around the world advocate on behalf of children in medical settings.
- Increased capacity to promote resilience in families facing child illness and hospitalization, and improved quality of life for chronic patients.



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# What are the prominent theories guiding PPC?

*In practice, PPC is theoretically eclectic.*

- Cognitive – Piaget, Vygotsky, Information Processing
- Social Learning Theory
- Attachment Theory
- Temperament Theory
- Stress and Coping
- Ecological and Family Systems



# The Practice of PPC in Hospital

What are the main strategies and contexts for PCC in hospital?

- Therapeutic play
- Psychological preparation and coping
- Family-centered care approach
- Critical care/end-of-life support and intervention



# Therapeutic Play

## Purpose and implementation



- Provides recreation, learning and growth opportunities, and brings children comfort.
- Used to help the child appropriately express worries, desires, and psychological conflicts.
- Occurs throughout the hospital and is adapted to address individual patient needs.

# Therapeutic Play

## Research evidence



Reduces anxiety



Improves coping responses



Increases patient and family satisfaction with care

# Psychological Preparation and Coping

## Purpose and implementation

- Informs patient and family about what they can expect during a procedure, and teaches coping strategies.
- Interventions are conducted in advance of a planned procedure, during the procedure, and/or post-procedure.



# Psychological Preparation and Coping

## Research evidence

- A variety of props and tools are useful for delivering preparation and coping interventions
- For advance preparation: include procedural and sensory information, and seek to influence children's coping skills and appraisals
- Distraction and sensory interventions are effective in reducing child distress during medical procedures



# Family Centered-Care

## Rationale and central goal



- The family can serve as a child's primary source of strength and support in the context of coping with medical conditions and their treatment.
- FCC strives to establish and maintain mutually beneficial partnerships between patients, families, and healthcare professionals.

# Family Centered-Care

## Hospital practices

Unrestricted  
family visitation

Parental presence  
during CPR and  
invasive  
procedures

Family-centered  
rounding

Family  
conferences

# Family Centered-Care

## Research evidence

- Parental presence and involvement in children's care has positive outcomes for the child and family, physicians and nurses, and hospitals and other healthcare institutions.
- Identified barriers to the implementation of FCC: family absence, inadequate communication between providers and families, institutional barriers, differing expectations regarding family involvement.



# Critical Care/End-of-Life

*A unique PPC practice domain*

- Families face numerous novel and potentially overwhelming experiences.
- Pediatric psychosocial care professionals are uniquely positioned to identify and advocate for policies and practices that support the coping and quality of life in these circumstances.



# Critical Care/End-of-Life

## Identified sources of stress and intervention needs

**Parent(s)** — attributes of the environment, communication challenges, family stressors, role changes

**Patient** — sensory overload, communication challenges, privacy

**Siblings** — family separation, lack of information, fears about sibling's health and parental well-being



# End-of-Life

PPC professionals should strive to help the family:

- 1) Maintain connections with their child
- 2) Communicate effectively with the child and team
- 3) Make cherished memories
- 4) Navigate the medical system
- 5) Allow the child a death consistent with family goals, values, and lifestyle
- 6) Talk about death/funeral plans with sensitivity to culture and personal beliefs



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