

EXPLORING COPING SKILLS OF HOSPITALIZED CHILDREN: A CHILDREN'S
BOOK PROPOSAL

by

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Abstract

Hospitalization is not an easy challenge to face, especially for children. Hospital stays typically involve uncomfortable or painful procedures experienced in unfamiliar environments with unfamiliar people. Children may become fearful in anticipation of, or during hospital stays. Because of their developmental level, children ages 5-9 years old need effective coping skills that allow them to navigate stressors that come with hospitalization. Children ages 5-9 are especially vulnerable to hospital stressors and in need of effective coping skills due to high rates of hospitalization. Along with these children, parents and siblings also need effective coping skills and knowledge of hospital stressors to maintain their own health and provide support for the patient. The implementation of an interactive children's book intervention would be beneficial to pediatric hospital patients, their siblings and their parents. The proposed intervention will incorporate knowledge from Erikson's stages of psychosocial development, family emotional systems theory, research on common hospital stressors, and previous evidence of the effectiveness of children's books about hospitalized children.

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Table of Contents

I. Introduction.....6

II. The Hospitalized Child 10

III. Theory.....12

 A. Psychosocial Stages.....12

 B. Family Emotional Systems Theory.....13

IV. Common Stressors.....15

V. Coping Skills17

 A. Effective Coping Skills.....19

 B. Ineffective Coping Skills.....20

 C. Coping Skills for Parents.....22

 D. Coping Skills for Siblings.....25

VI. Professionals.....26

 A. The Role of Staff in a Child’s Coping.....26

 B. Social Workers.....27

 C. Child Life Specialists.....28

VII. Play Therapy.....30

 A. Normative Play.....30

 B. Medical Play.....31

 C. Therapeutic Play.....31

VIII. Children’s Books.....32

IX. Children’s Book Proposal.....34

X. Conclusion.....39

XI. References41

Introduction

Numerous children are hospitalized each year for a variety of reasons. During their hospitalization, they must utilize coping skills in order to navigate stressors that come with being hospitalized. In 2012, almost 6 million children in the United States ages 0-17 were hospitalized for an average of 4 days (Witt, Wiess & Elixhauser, 2014). Considering that such a large number of children experience hospitalization at some time during their childhood, hospital staff, parents, and siblings should be aware of the unique stressors that may occur. Awareness of these stressors will help them to better navigate the child's responses and reactions and model positive and effective coping.

Pediatric hospital patients navigate many different stressors while in the hospital. Stressors are defined as a feeling that demands are exceeding a person's resources (Delaney, 2006). Some troubles that children face in the hospital are a lack of socialization and education, painful procedures and surgeries, and isolation. These stressors can cause emotional or physical reactions that require the use of coping skills (Delaney, 2006). When a person's demands become too overwhelming and exceed resources, coping skills help bring stress back under control (Delaney, 2006). Coping skills and stressors go hand-in-hand. Coping skills are emotion- or problem-solving strategies that allow people to control emotions, thoughts, and actions in response to stressors (Delaney, 2006). Coping skills are natural responses to stressors and every child develops them in unique ways. Different issues require children to use different coping skills. For example, if a child is experiencing anxiety or fearfulness before undergoing a procedure in the hospital, they may need to use distraction as a coping skill in order to reduce stress during the procedure itself. If that same child is experiencing issues related

to emotional development, distraction may not be the appropriate skill, and instead, they may use therapeutic play to not only prepare for the upcoming procedure but to also foster emotional and social development. The body's natural response to a stressor is to utilize a coping skill (Delaney, 2006).

Stressors of hospitalized children are directly related to physical symptoms (Mabe, Treiber, & Riley, 1991). This means that physical symptoms experienced by hospitalized children can cause stressors that non-hospitalized children may never experience. For instance, stressors of a non-hospitalized child may include social challenges, educational delays, or struggles in the home amongst family members. Hospitalized children face these same stressors, but additionally face operations and procedures that can cause physical symptoms such as vomiting, dehydration, or constant fatigue.

Through their life course, children develop and utilize coping skills that change over time (Barendregt, Laan, Bongers, & Nieuwenhuizen, 2015). During the coping process, the coping skills may change or adapt to the stressor the child is experiencing. An example of this would be if a child were experiencing the stress of anticipating a new procedure and professionals targeted the coping skill of preparation in order to prepare the child mentally and physically for that procedure. However, if the child had to undergo that same procedure multiple times, they may be more prepared for that procedure and therefore benefit more from the coping skill of distraction during the course of that procedure.

Because hospitals are a new environment for many families, patients experience feelings of isolation and fright regarding new procedures and new professionals

(Association of Child Life Professionals, 2017). In addition to the stressors of that individual child, the siblings and parents also face many additional stressors that require an increase in interventions or modified coping skills. For example, parents may experience issues with marital distress, job loss, or financial struggles (Ogilvie, 1990), while siblings may experience stressors like isolation, neglect, developmental delays, absences from school, and feelings of jealousy (Mabe et al., 1991). All of these stressors not only impact the parents and siblings but also impact the hospitalized child who is witnessing the troubles. These stressors build upon one another and can impact the family dynamic in positive or negative ways. During a child's hospitalization, it is important that the child's parents and siblings utilize coping skills and a support system as well as encourage the hospitalized child to utilize their own set of coping skills. According to Thompson (2009), there is no true definition of family, and families can exist in a variety of shapes and sizes. Every family has different dynamics, different needs and challenges, utilizes different methods of communication, and responds to stress differently.

This literature review and research proposal will examine the qualities, demographics, and characteristics of children in hospitals; theories related to child development and family structure; coping skills of hospitalized children, siblings, and parents; and the use of professionals and bibliotherapy as effective methods of improving coping. Based on the literature, a children's book will be developed and proposed to assist children ages 5-9 years old in coping with stressors that are unique to a hospitalized child. This literature review and research proposal will focus on the 5-9 year old age range because this age range can best benefit from a children's book based on their level of education and development. This age range also experiences high rates of

hospitalization and can best benefit from this intervention. In addition, the book will incorporate siblings and parents in order to illuminate the importance of those relationships during hospitalization.

The Hospitalized Child

Numerous children are hospitalized each year for a variety of reasons; and some are hospitalized more than once per year. Hospitalization has a large impact on a child's emotional, educational, and social development as well as their physical well being. Hospitalization can create a feeling of isolation from peers, can affect children's development as well as their self-confidence, and can result in physical pain from procedures and surgeries. In 2012, 5.9 million children in the United States ages 0-17 were hospitalized compared to 9 million adults in the United States (Witt et al., 2014). Price, Stranges & Elixhauser (2012) researched pediatric hospitalizations in 2009. Per a population of 10,000, 24.9 children ages 5-9 were hospitalized for cancer and 1,700 children ages 5-9 were hospitalized for other causes (Price, Stranges & Elixhauser, 2012).

Shockingly, 3.2 percent of children ages 5-11 years missed 11 or more days of school in the past 12 months because of illness or injury (Centers for Disease Control and Prevention, 2017). Missing this much school can have negative effects on social and emotional development. If a child is missing school, they are missing the presentation of information from their teachers. Additionally, the child is not able to spend time with other children and develop socially. For example, during a child's missed week of school, new friendships may have been formed, new memories have been made, and more information has been learned. When the child returns to school, they may also continue to miss out on social opportunities due to a need to make up missed academic assignments.

Witt et al. (2014) conducted a study on the most common diagnoses and number of stays of hospitalized children ages 0-14 in order to illuminate the prevalence of pediatric hospitalization. According to Witt et al., 2014, the three most common

diagnoses and number of stays of hospitalized children ages 0-17 are respiratory diseases including pneumonia, acute bronchitis, and asthma. Children with these respiratory diseases accounted for 371,600 of the children's hospital stays in 2014 (Witt et al., 2014). Although respiratory disease was the most common diagnosis for children in hospitals, among the top diagnoses were mood disorders, appendicitis, skin infections, fluid disorders, chemotherapy, and urinary tract infections, all of which require hospital stays (Witt et al., 2014).

Witt et al. (2014) referenced the common diagnoses of hospitalized children, but many of these diagnoses did not require a long hospital stay or a procedure. Witt et al. (2014) also illustrates the most common procedures that children in hospitals undergo. Many of these procedures require a few days stay in the hospital, minimum. The Agency for Healthcare Research and Quality (2003) stated that the average hospital stay was seven days. This means that during this time, hospitalized children are exposed to a new environment, new people (nurses, doctors, counselors, etc.), and possibly undergo procedures. They are no longer in a comfortable environment and must find new ways to navigate their stressors of a new environment, new people, and pain itself. Witt et al., (2014) states that the most common operating procedures during hospital inpatient stays in 2012 were circumcision, appendectomy, cesarean section, partial excision, treatment of the hip or femur, tonsillectomy, insertion or removal of an extracranial ventricular shunt, and the treatment of a lower extremity. These procedures require a stay in the hospital and accounted for 1,248,900 hospital stays in 2012 of children ages 0-17 (Witt et al., 2014).

Theory

Psychosocial Stages

Erik Erikson developed a psychoanalytic theory comprised of eight stages titled Psychosocial Stages. McLeod (2013) emphasizes that Erikson's stages are psychosocial in nature because they include both the individual and society and interactions between them. Five of the eight stages focus on ages 0-18 years, and the other three stages go beyond childhood into stages of adulthood. The first five stages are (a) Trust vs. Mistrust (0-18 months), (b) Autonomy vs. Shame and Doubt (18 months-3 years), (c) Initiative vs. Guilt (3-5 years), (d) Industry vs. Inferiority (5-13 years), and (e) Identity vs. Role Confusion (13-21 years) (Erikson, 1968). Each stage builds upon the previous one, and during each of the stages, there is an opportunity for psychosocial development. The development occurs in response to how children are socialized and how this affects the child's sense of self (McLeod, 2013).

Although many pediatric hospital wards serve children ages 0-17, children's books are typically most effective for pre-adolescent youth based on their developmental stage. The proposed children's book will mainly attract hospitalized children ages 5-9 years because of this age group's interest in reading and their ability to read. In addition, this age group shows interest in interactive activities and therapeutic play. Although each stage of development is important, the fourth Psychosocial Stage of Industry vs. Inferiority is especially relevant to this age group.

Following the stages of Trust vs. Mistrust, Autonomy vs. Shame and Doubt, and Initiative vs. Guilt, the fourth stage, Industry vs. Inferiority, is associated with the virtue of competency and attending school for children ages 5-13 years (Erikson, 1968). As

children grow older, they become more self-aware and begin to understand logical reasoning, scientific facts, and other matters such as socialization and appropriate behaviors that are typically learned in school. These children develop social skills and an abundance of knowledge. When a child makes the effort to perform a task and succeed, they develop self-confidence. However, if they fail, they tend to feel that they are inferior to others (McLeod, 2013). For example, if a child is hospitalized and they cannot play in a baseball game with their teammates, they may lose their self-confidence knowing that they cannot perform tasks like swinging a bat, running the bases, or pitching in the way their peers can. Although most children are only hospitalized for an average of four days, many children are hospitalized for weeks or months at a time (Sanderson, 2003).

Children in this stage can experience stress during even a short hospital stays; however, during lengthy hospitalizations, children may not be able to attend school, play sports, or surround themselves with other children. Hospitalization can contribute to progression through the stage of development. Hospitalization can either delay the development or accelerate it due to a need to be independent. This delay or acceleration of development depends upon the impact of stressors.

Family Emotional Systems Theory

Murray Bowen originally developed family emotional systems theory in the 1940s, building on Alfred Adler's beliefs that family dynamics impact personality formation and tenets of general systems theory (Walsh, 2013). Since its creation, family systems theory has been widely used for family assessment and intervention. The theory explains how the family unit influences individual family members and provides a framework for professionals who work with families. This theory is unique in its ability

to acknowledge subtle emotions within families that develop over time (Walsh, 2013). Because of this, the theory allows an understanding of boundaries, enmeshment, and emotional distance. Using family emotional systems theory allows professionals to identify emotions and use them as strengths to unite and encourage families.

Family emotional systems theory allows professionals to understand many aspects of family relationships, evaluate a family's needs, and perform a proper needs assessment (Walsh, 2013). By evaluating these aspects of families, professionals can better understand the needs of each individual family. The theory creates a framework for understanding emotional relationships between family members and how those relationships influence the family system and its functioning. The theory holistically evaluates relationships, characteristics, and demographics of the family through careful evaluation and benefits families through implementation of what is learned.

In order to properly analyze families while using this theory, professionals primarily use the interpersonal triangle. The interpersonal triangle explains that all intimate relationships are unstable and require a third party in order to remain stable (Walsh, 2013). When conflicts arise in relationships and harmony no longer exists, a third party is responsible for the mediation, ventilation, and problem solving (Walsh, 2013). The interpersonal triangle can be especially useful for professionals when evaluating families of hospitalized children. For example, if parents of a hospitalized child are not agreeing on a course of treatment, it can negatively affect the child who assumes the role of mediator instead of patient. When anxiety is a factor in relationships and situations, it can interfere with a person's ability to problem solve (Walsh, 2013). For instance, a parent may become anxious regarding their child's procedures and hospitalization or their

ability to solve a problem or make an effective decision related to the child's course of treatment. In order to help families better understand anxiety and their relationships, professionals can utilize genograms, detriangulation, and increasing insight of issues faced by individual family members and how those issues may affect everyone. By creating genograms, families can better visualize their relationships. Genograms are a visual representation of families and relationships within the family. The creator of the genogram can identify levels of functioning of each family member as well as relationship patterns among family members. For example, if a child did not get along with their parent and illustrated a conflict while creating their genogram, professionals can use this as a conversation topic in order to ask questions to assist the child in understanding that relationship. Utilizing the process of detriangulation can benefit families through disrupting their current interpersonal triangles to form new relationships and alliances. This can benefit families and reduce their anxiety through forming stronger relationships and support systems. Increasing insight can lead to change through understanding that individual behavior affects another person's feelings and behavior. Two techniques are commonly used while increasing insight, including person-situation reflection and developmental reflection. Person-situation reflection is focused on the present, while developmental reflection is focused on family history and patterns (Walsh, 2013). After increasing insight, families can develop a sense of understanding of one another that will lead to change. Families can reflect on problems and others' behavior during this process in order to shed light on new ways to manage stress.

Common Stressors of Hospitalized Children

Visiting the hospital can be frightening to children because of unfamiliar sights

and sounds, an increase in strangers, a fear of pain and procedures, and a lack of normalization. These experiences may trigger anxiety in hospitalized children (Burns-Nader & Hernandez-Reif, 2016). Children, especially children ages 3-6 years, express their anxiety through regression in behaviors, aggression, lack of cooperation, withdrawal, and difficulty recovering from procedures (Burns-Nader & Hernandez-Reif, 2016). Each child is different in how they cooperate and recover, but it is common for children to be unsure and hesitant in a hospital setting due to each of the aforementioned factors.

Minimizing hospitalized children's anxiety is important to help children approach medical situations with a sense of comfort, achievement, and control (Burns-Nader & Hernandez-Reif, 2016). When a hospitalized child's anxiety and stress levels are minimized, they are better able to embrace the hospital experience, prepare for procedures, and recover after procedures. Developing healthy and effective coping skills is crucial for hospitalized children. Children with less anxiety display more cooperation during medical procedures, report less fear post-procedure, require less sedation, and have shorter recovery times (Burns-Nader & Hernandez-Reif, 2016).

A common stress for hospitalized children is a lack of socialization with their peers due to time-consuming treatment and isolation in the hospital rooms (Sanderson, 2003). Missing multiple days of school can negatively affect socialization and social development because of a lack of exposure to social situations and learning experiences.

According to Coyne (2006), the most common anxieties of children in hospitals are a new environment, adapting with separation from their parents, coming in contact with different medical and surgical procedures and equipment, a change in routine

activities, and seeing distressed children and unknown hospital staff. Children ages 5-9 may feel a stronger need for the guidance of their parents and a dependency upon their parents (Bsiri-Moghaddam, Basiri-Moghaddam, Sadeghmoghaddam, & Ahmadi, 2011). However, they may not want to express this. According to Erikson (1968), children of this age are in the stage of Industry vs. Inferiority, and gaining independence is very important to them. These children may have a fear of being called names if they accept help or admit that they need help from their parents. In addition, their peer influence may also transfer in to a fear that they may lose their status in their group of friends due to disability, losing control, unconsciousness, or surgery (Bsiri-Moghaddam et al., 2011).

Coping Skills

Coping is a way to manage internal or external stressors. Attempts to cope with stressors and coping itself has many impacts that can increase levels of cortisol in the body (Potasz, Varela, Carvalho, Prado, & Prado, 2013). Cortisol is a stress hormone that affects various body functions such as regulating metabolism, helping to reduce inflammation, assisting with memory formulation, and controlling blood pressure (Potasz et al., 2013). For example, in the controlling of blood pressure, cortisol reduces stress and can maintain healthy levels of bodily stressors. Without cortisol, a body's stress levels would be too high for normal functioning. When a person is stressed, cortisol is released in to the body. An increase in cortisol levels is the body's natural response to stress. In order to regulate cortisol levels, coping skills are needed.

Examples of a child's response to stress are screaming, crying, sickness, and sleep disturbances (Potasz et al., 2013). These responses can be both positive and negative, depending on the child and their personal stressors. Children and their bodies do

whatever they can to cope with stress. If screaming relieves stress, it can be considered a positive and effective coping skill.

The way that a child reacts to a crisis or anxiety can depend on their age, previous experiences, isolation, gravity of the disease, and support systems (Bsiri-Moghaddam et al., 2011). For children ages 5-9, hospitalization could be the first major crisis that the child experiences. If this is the case, children may struggle more with stress and discovering what coping skills work for them. It is important to recognize that children are constantly developing coping skills, both effective and ineffective. Experiences, trauma, and stress can all cause the creation and development of coping skills as children grow older and more experienced.

While in the hospital, children are more vulnerable and more stressed due to exposure to a setting, fears, and emotions that have never before been experienced (Coyne, 2006). Stress can have many negative effects, and since stress is more likely to increase in a hospital setting parents, siblings and professionals should be aware of children's response to stress. Morawska, Calam & Fraser (2015) explains that the presence of parents in a healthcare setting is revealing itself to be one of the most important aspects of a child's hospitalization. Parents can serve as coaches through their child's hospitalization.

Children's stress can have an emotional or physical response depending on developmental stage and age (Potasz et al., 2013). During the psychosocial stage of Initiative vs. Guilt, a child's stress may be related to unhealthy relationships with parents and feelings of guilt due to a lack of self-sufficiency. During the psychosocial stage of Industry vs. Inferiority, a child's stress may be related to social situations or a lack thereof.

Effective Coping Skills

In order to cope in a problem-solving way, patients should act directly on the stress they are experiencing in order to change it (Delaney, 2006). Ways to do this include planning and problem solving, shifting attention, avoiding the problem, or distraction. For example, if a child in the hospital is stressed about an upcoming procedure, they should act on that stress and use distraction as a coping skill in order to not dwell on the pain of the procedure itself. In order to cope in an emotion-focused way, patients focus on the stress itself, attempting to regulate the emotions associated with the stress (Delaney, 2006). This means that patients should focus on the cause of their stress in order to experience healthier emotions. For instance, hospitalized children can act on the sadness they may experience from being away from friends in order to cope with being away from those friends. When hospitalized children enter the age range of 6-10 years old, they use both problem-solving and emotion-focused coping skills because they have experienced both in school or family life. Because these children are in Erikson's stage of Industry vs. Inferiority, they seek social support from friends and family. Through the use of therapeutic play in playrooms, children can continue to develop socially and form connections with other children who are in similar situations. This can serve the same purpose as reading a children's book as a method of bibliotherapy. Both are methods of distraction and coping skills that allow the formation of relationships and universalization.

Preparation is another skill that can be utilized with the help of Child Life Specialists. Preparation is a means to reduce stress and to promote more effective coping (Rollins, Bolig & Mahan, 2005). A child's fear gets stronger when they do not know what is

happening or cannot understand why it is happening (Bsiri-Moghaddam et al., 2011).

Preparation is beneficial because the child is able to feel as if they have gained a control and understanding of the situation.

Play is an effective coping skill that allows for children of all ages to express their fears and anxieties in a manageable and controlled way (Burns-Nader & Hernandez-Reif, 2016). Although children in different age groups play in different ways and with different materials, children ages 3-9 typically play with the use of technology and creative materials that allow them to role-play. Many children in this age range love playing with medical toys, role-playing as doctors or teachers. In coping with stressors such as hospitalization, play can be an effective coping skill that also allows children to feel normal and develop effectively because they are still being provided with the opportunity to play. Burns-Nader & Hernandez-Reif (2016) found that children preferred to use coping strategies in which they were actively involved, such as play. Specifically, children love role-play activities in which they are empowered to be the teacher or the doctor. In addition, the hospitalized children stated play as their preferred coping method significantly more often than the non-hospitalized children (Burns-Nader & Hernandez-Reif, 2016). This is most likely because play in hospitals is an escape from procedures and pain, making it more exciting and enjoyable. Play in hospitals is an opportunity children can take full advantage of. In hopes of encouraging play among hospitalized children, the children's book will feature play and highlight hospital resources for children to take advantage of. The book itself will serve as a method of distraction and preparation that is an escape from procedures and pain.

Ineffective Coping Skills

Although many services and resources are available to educate and encourage effective coping skills, children often revert to ineffective coping skills in stressful situations. These ineffective coping skills look different for each child and vary based on their emotional responses to stress. Hospitalized children often express anger in inappropriate ways, vocalize emotions in extreme ways, and want others to hear how they feel (Burns-Nader & Hernandez-Reif, 2016). These coping skills emerge due to a need to make their own decisions. Often times, hospitalized children have their choices made for them by their parents or professionals. Responses to stress are one of the few things that hospitalized children can control. Non-hospitalized children make choices like what they want for dinner or what they wear to school. Hospitalized children are not given the same privilege.

Common examples of a 3-5 year old child's response to stress are screaming, crying, sickness, and sleep disturbances (Potasz et al., 2013). Examples of a 5-9 year old child's response to stress may include the same responses but also include more developed responses such as asking questions or acting out. These responses are not effective for most children because they are not educational, positive, and can cause more distress. However, in some situations, these responses can allow an opportunity for help or be the only option for a coping skill depending on the child's reason for hospitalization. For example, a child struggling with respiratory issues may not be able to speak but instead respond to their stress by crying. Depending on the level of development, understanding the Psychosocial Stages created by Erikson can give insight as to why a child is displaying ineffective coping skills. For example, if a child is age 3-5

years old they are in the stage of Initiative vs. Guilt. This stage is associated with the virtue of purpose and the event of exploration. If a child is hospitalized during this stage, they may not be able to express initiative in caring for themselves and exploring themselves and the world, which can result in guilt and a lack of purpose. This guilt can transform into sadness and anger, both likely ineffective coping skills as opposed to creativity and exploration, which are effective coping skills. Sadness and anger are ways to relieve stress but do not provide a positive outcome and can also create additional stress. However, creativity and exploration allow an opportunity for learning and self-development and are therefore effective. Through the use of creativity and exploration, therapeutic play can also be used as a coping skill in order to grow developmentally, emotionally, and socially.

Coping Skills for Parents

Training parents on coping skills can increase their ability to respond effectively to their child, increase the child's perception of control, and reduce the likelihood of a child experiencing fearful interpretation (Zastowny, Kirschenbaum, & Meng, 1986). This is helpful because of the large role that parents play in Erikson's psychosocial stages of development. During the Initiative vs. Guilt stage, children look to their parents for approval. Without their approval, a child can feel guilt for disappointing them. During the Industry vs. Inferiority stage, parents set children up to experience taking performing and self-confidence. Parents play an important role because of their strong influence on the child's life. Family environment is the most important factor related to children's adjustment (Morawska, Calam & Fraser, 2015).

Barbarian, Hughes & Chesler (1985) examined the stressors and coping strategies of parents of children with cancer. The family dynamic and whether or not the parents can cope with the stress is a deciding factor in the success of the family during the process of raising a child with cancer (Barbarian, Hughes & Chesler, 1985). Stressors for parents can include costs of treatment and hospitalization, disruption in the family routine, and increased focus on the child. In the study by Barbarian, Hughes & Chesler (1985), parents reported using the coping strategies of information seeking, problem solving, help seeking, balance, religion, optimism, denial, and acceptance. According to Rollins, Bolig, & Mahan (2005), the most intense forms of relationships occur when a child has a life-threatening illness.

Each of Erikson's psychosocial stages are greatly dependent upon the child's environment in addition to a parent's cooperation and willingness to help their child. Trust vs. Mistrust, Autonomy vs. Shame and Doubt, Initiative vs. Guilt, Industry vs. Inferiority, and Identity vs. Role Confusion are related to parent's reactions and ability to let their child learn and experience the environment and people around them. For example, during the stage of Initiative vs. Guilt, children are typically exposed to play and some kind of schooling and are encouraged to translate lessons learned in school to real life. Children are typically confident in their ability to complete tasks on their own, but having to ask for help can cause a sense of guilt for being a nuisance to their parents. For instance, if a parent or caregiver does not react positively to the child's actions or does not meet expectations, the child will feel embarrassed for not being able to meet their expectations. A more specific example is if a child is coloring a coloring sheet and goes outside of the lines, and the parent does not respond positively to the artwork, the

child may feel guilt. Having too much guilt during this stage can cause a fear towards completing tasks and inhibit creativity (McLeod, 2013).

The Nicklaus Children's Hospital (2017) website is a wonderful resource for parents, specialists, and children. The resource provides a break-down of play, needs while in the hospital, social skills, and developmental stages for the following age ranges: 0-4 months, 5-10 months, 11-15 months, 16-20 months, 20-24 months, 2-3 years, 3-5 years, 5-11 years, and 13 years and up. Parents of hospitalized children can view this website in order to educate themselves on how to better meet the child's needs depending upon their age. With this information in mind, the children's book will be created to foster the development of social skills and friendships within the hospital as well as serve as a source of insight and universalization for hospitalized children.

Certified Child Life Specialists (CCLS) in their needs assessment of the hospitalized child also evaluate the stressors of parents. They provide the parents with information about the child's condition, provide advice on how to care for their hospitalized child, and provide resources like support groups or family event nights in order for the parents to cope (Burns-Nader & Hernandez-Reif, 2016). The book will feature a Child Life Specialist who is relatable and encouraging in order to encourage a relationship between the reader and the professional. Child Life Specialists could also serve as a provider or reader of the book to families in the hospital.

Many families are not negatively affected by childhood hospitalization and even reported that they were closer than before coping with the hospitalization. Raising a child with cancer, a terminal illness, or a temporary illness does not have to be detrimental to a family or parents. Especially with the use of family emotional systems theory, families

can be successful and better understand their relationships and roles within their family. For example, if a child creates a genogram through the use of family emotional systems theory, the family can use it to reflect on their relationships and possible stressors. This can increase insight and cause more positive relationships to be formed.

Coping Skills of Siblings

Rollins et al. (2005) states on pg. 499, “When a child is the patient, the patient is the family.” This is important for professionals to recognize in order to provide family-centered care and to best meet the needs of each member of the family, including siblings.

Siblings of hospitalized children often experience unintentional neglect, lack of socialization, and lack of development. This is mainly due to the parents’ need to be involved with the hospitalized child. It is important to make the sibling of the hospitalized child feel valued and appreciated in order to recognize and encourage their positive coping skills. Often times, parents do not realize that the siblings of hospitalized children need to cope with their sibling’s illness and are also facing similar stressors such as a lack of socialization and development (Delaney, 2006). For example, if the sibling of a patient is between the ages of 5 and 13 years, they are in the psychosocial stage of Industry vs. Inferiority, which is associated with the virtue of competency and attending school. If the sibling misses multiple days of school in a row due to a need to be at the hospital with their family, they may begin to feel inferior and lose self-confidence due to a lack of participation with other children. In order to counteract this, the implementation of coping skills for siblings is extremely important.

Certified Child Life Specialists in their needs assessment of the hospitalized child also evaluate the stressors of siblings. CCLSs perform a needs assessment of the sibling based on their developmental age, their knowledge of hospitals, their knowledge of their sibling's condition, routine changes, and their past personal medical experiences (Burns-Nader & Hernandez-Reif, 2016). This allows the CCLS to plan interventions that are tailored to the sibling's needs. These interventions can include medical play with a doll, self-expressive activities, or inclusion activities with the sibling. Burns-Nader & Hernandez-Reif (2016) believe that medical play is beneficial to siblings of hospitalized children in the same way that it benefits the hospitalized children because they were able to express concerns and cope with emotional surrounding their experiences.

Professionals

The role of staff in a child's coping

Hospital staff plays an integral role in the hospitalized child's emotional and physical development in addition to helping them cope. Hospital staff encourages the use of effective coping skills among the pediatric patients. The staff can create a healthy, stress-free environment in order to help patients cope as best as possible while on the unit by being available to support patients and providing clear expectations of the roles of the staff (Delaney, 2006). After reading a children's book about hospitalization, children can reduce their anxieties towards these professionals and form more meaningful relationships that help them cope with the stressors they are experiencing. All children rely on protection, predictability, restfulness, and intimacy (Bsiri-Moghaddam et al., 2011). These are all qualities that professionals can encourage within the child during hospitalization.

Play therapists, music therapists, art therapists, child psychologists, social workers, and child life specialists all play a role in support a child during their hospitalization and work with one another to help the children develop effective coping skills (Burns-Nader & Hernandez-Reif, 2016). By incorporating these roles in to the children's book, children will gain familiarity and increase the likelihood of cooperating with professionals.

Power plays a huge role in relationships (Rollins et al., 2005). There are few services in the hospital that children can say no to. Children in a hospital setting are often powerless. Being able to say no to something, even something as simple as “no thank you” to an art project, can make a difference in their day and empower them as patients. Professionals in a hospital setting provide opportunities for children to make smaller decisions that can empower them and benefit them in the long run.

Social Workers

Social workers are well known for providing resources to individuals and families, completing interventions, and providing counseling or therapy. Each of these social work skills are relevant to patients in the hospital, especially children. According to Coquillette, Cox, Cheek, & Webster (2015), common topics addressed by hospital social workers are concrete resources, chronic medical conditions, adjustment reaction, family issues, and cognitive development. By addressing these topics, hospital social workers are not only improving the lives of the child, but also the lives of their families.

Social workers can use family emotional systems theory to evaluate family dynamics and provide interventions that would help the family bond with one another during hospitalization and form stronger relationships based on their emotions. Through

the use of the interpersonal triangle, genograms, detriangulation, and increasing insight, social workers can assist families through their hospital experience (Walsh, 2013).

These professionals can provide resources to relieve stressors, especially stressors of the parents whose main concerns are costs of treatment and hospitalization and disruption in the family routine (Barbarian, Hughes & Chesler, 1985). Social workers can also connect families to resources like the Ronald McDonald House for parents to stay closer to their children while they're being hospitalized.

Certified Child Life Specialists

Certified Child Life Specialists are professionals who receive their master's degree in Child Life, complete a Child Life internship of 600 hours, and are licensed through the Association of Child Life Professionals after taking an exam on child life theory (Association of Child Life Professionals, 2017). While pursuing their master's degree these professionals must take classes on human anatomy, play therapy, death and dying, family therapy, child development, and a class taught by a practicing CCLS (Association of Child Life Professionals, 2017). CCLSs work in children's hospitals around the United States.

The role of a Child Life Specialist is to help hospitalized children cope with the stress, anxiety, and uncertainty of treatment and illness through the use of therapeutic play, preparation, and education (Association of Child Life Professionals, 2017). The Association of Child Life Professionals (2017) states "experiences related to healthcare can lead to feelings of fear, confusion, loss of control and isolation that can inhibit their development and have negative effects on their physical and emotional health and well-being" (pp. 1). This is important to recognize because extra precautions and care should

be given to hospitalized children in order to help them cope with the many stressors of hospitalization.

The first step that a CCLS must take is conducting a mental assessment based on the child's developmental level and comprehension level through asking the child a series of questions (Burns-Nader & Hernandez-Reif, 2016). After assessing the developmental and comprehension level, a CCLS assesses the child's stress level and support system. Upon completion of the needs assessment, a CCLS will provide interventions that will minimize the child's stress during their hospitalization.

Child Life Specialists can help a child by educating, preparing, supporting, engaging, advocating, promoting, and normalizing (Nicklaus Children's Hospital, 2017). One of the most important things a Child Life Specialist does is to educate children and families on what a diagnosis means and what the procedures will be like. Child Life Specialists do this through medical play. After educating patients, they prepare the child, their siblings and parents for tests and procedures in addition to supporting the children during the procedures by using distraction and coping skills (Burns-Nader & Hernandez-Reif, 2016). Therapeutic and expressive activities allow for children to cope with their fears in a healthy way. In addition to the direct work with patients, Child Life Specialists advocate for patients and families as well as promote family-centered care, and normalizing the hospital environment for patients and families in order to assist with development and growth (Burns-Nader & Hernandez-Reif, 2016).

It is common for children to be hesitant to play in the hospital setting. CCLSs are important in navigating this hesitancy by developing trusting relationship with the children and engaging them in play in order to increase parent and child interactions and

decrease negative behaviors.

Play Therapy

Therapeutic play and unstructured forms of play have been proven to be beneficial among hospitalized children coping with stress (Potasz et al., 2013). Play provides an opportunity for children to control their environment and create a world that they dream of and can escape to, in which they can make choices and re-create events (Potasz et al., 2013). Play is also a natural form of development, according to Erikson, and allows children to develop socially as well as learn from mistakes. The three most common types of play used by child life specialists in the hospital setting are normative play, medical play, and therapeutic play (Burns-Nader & Hernandez-Reif, 2016).

Normative Play

Normative Play is a normal activity that the child finds pleasure in doing (Burns-Nader & Hernandez-Reif, 2016). Examples of normative play are board games, puzzles, pretend play, and crafts. During hospitalization, the access to normative play may not be readily available. It is for this reason that CCLSs make an effort to have normative play activities readily accessible in hospitals through the use of playrooms and volunteer programs. Normative play is also an activity in which parents and siblings can participate with the children. Normative play is important because it allows for natural development and the meeting of developmental milestones, even within a hospital setting (Burns-Nader & Hernandez-Reif, 2016). It also provides familiarity within a hospital setting and allows for relationships to form between professionals and the child while occupying time and giving the child something enjoyable to do.

Medical Play

Medical play allows for play and exploration around the theme of medicine in which the child can decide what to do with medical materials (e.g. Band-Aids, tongue depressors, stethoscope) (Burns-Nader & Hernandez-Reif, 2016). There are four themes of medical play according to Burns-Nader & Hernandez-Reif (2016):

1. A medical theme is always used,
2. The play must be initiated by an adult but continued by the children,
3. It is presented as fun,
4. It attempts to help children gain mystery and control, express emotions, and explore fear.

Burns-Nader & Hernandez-Reif (2016) believe that Medical Play is especially beneficial because the play is related to their cause of anxiety. Medical play can increase the children's understanding of medicine and medical experiences, address misconceptions with hospitalized children and their siblings, and allow the children to express their fears and concerns. Medical play can take many forms such as role rehearsal, indirect medical play, and medical art.

Children and siblings both benefit through unstructured medical play because it allowed them to create positive experiences related to their stressor of hospitalization. Another purpose of medical play is to prepare for upcoming procedures. When faced with the same procedure that they have previously engaged in play with, this preparation has been proven to cause the children to experience less anxiety before and after the procedure because they have gained more information and more familiarity (Burns-Nader & Hernandez-Reif, 2016).

Therapeutic Play

Therapeutic play activities encourage children to think and express themselves and

their fears during the time of difficult events. Therapeutic play is commonly used to reduce anxiety in hospitalized children (Burns-Nader & Hernandez-Reif, 2016).

Therapeutic play is a structured play that encourages children to express themselves while aiming to encourage a child's natural development, well-being and coping skills (Burns-Nader & Hernandez-Reif, 2016). Children who use ineffective coping skills such as expressing anger or vocalizing emotions in an extreme way can especially benefit from therapeutic play. Therapeutic play can allow children to tell their stories, celebrate their life, and acknowledge their strengths while allowing the CCLS to gain insights in to the child's life, thoughts, and feelings (Burns-Nader & Hernandez-Reif, 2016). Therapeutic play looks different to every child but has been proven to be beneficial in reducing anxiety, reduce negative emotions, and lower signs of distress (Burns-Nader & Hernandez-Reif, 2016).

Taken together with these results in mind, incorporating play in to the coping process could be extremely beneficial to hospitalized children. Allowing hospitalized children to have a place to learn and explore could increase their ability to cope and the speed in which they cope.

Children's Books

Hospitals can pose many stressors for children including viewing surgery as a punishment, feeling scared by doctors in masks and scrubs, and feeling uncomfortable away from home (Felder-Puig, Maksy, Noestlinger, Gadner, Stark, Pflugler, & Topf, 2013). Anxiety surrounding surgery can cause behavioral issues among pediatric patients. This can cause distress among parents and, in return, affect the child in a negative way. In the research study by Felder-Puig et al. (2013), a children's book titled

Rabbit Maurice was developed and written about a rabbit who has a tonsillectomy and an adenoidectomy and given to parents to read to their children in order to better prepare them both for the surgery and hospital stay surrounding the surgery. It was discovered during the study that the parents who read the children's book to their child had a more positive stay and their children were less anxious and more well-behaved after surgery (Felder-Puig et al., 2013). The purpose of the book was to prepare the parents and children for the surgery. The results of the study concluded that parents were more involved in their child's hospital stay, were less anxious, and felt more informed and prepared for the surgery if they read the book the night before (Felder-Puig et al., 2013).

Compared to other methods of preparation like brochures and tours, the children's book was more effective in reducing stress of parents and children in hospitals (Felder-Puig et al., 2013). Overall, the parents and children reacted positively the book was a cost-effective resource (Felder-Puig et al., 2013).

Bibliotherapy is defined by Stewart & Ames (2014) as the use of reading materials to provide healing and growth. Stewart & Ames (2014) also provide four stages of the bibliotherapy process: identification, catharsis, insight, and universalization. The first stage of identification is when the child finds similarities between themselves and the book so that they can begin forming connections. The second stage of catharsis is when children should be able to release their emotions as they experience the challenges of the characters that they have identified with. The third stage of insight is when children should find hope that their problems can be solved and they can begin to look on the bright side. The final stage of universalization can decrease feelings of isolation by realizing that their life is similar to the lives of the characters.

Based on this research by Felder-Puig et al. (2003), it can be determined that the need is great for a children's book geared towards children ages 5-9 that addresses stress caused by hospitalization and can be used as an intervention to develop coping skills. According to Price, Stranges & Elixhauser (2012), approximately 17.3% of children ages 5-9 in the United States were hospitalized in 2009. With a similar number projected in 2018, so many children in the United States are currently facing stressors and anxieties related to hospitalization. Children need to understand that stresses caused by hospitalization such as a new environment and the exposure to procedures are normal and okay. Through the use of bibliotherapy and the assistance of parents and Certified Child Life Specialists, this children's book can be utilized as form of bibliotherapy and also as a method of distraction as a coping skill. Reading children books is also a wonderful way for parents to continue to be involved in their child's procedure and is more of a way for them to help than simply holding their hand.

Children's Book Proposal

Taken together with this research in mind, an interactive children's book about the hospital environment for children ages 5-9 would be an effective intervention for the stressors that hospitalized children experience. This intervention would assist children in navigating their own coping skills and developing effective coping skills while in the hospital. Hospitalized children experience a wide range of stressors, and an interactive children's book could serve as a coping skill of distraction and calming for many of those stressors. Coping skills relieve stressors that any person is experiencing (Potasz et al., 2013). By reading this children's book alone or with parents or professionals and

interacting with its activities, hospitalized children will experience a reduction in stress and gain self-confidence.

This book will allude to coping skills but also serve as an intervention and method of preparation itself by being utilized as a distraction. Distraction is a method often used by Child Life Specialists in which professionals distract a child during a procedure with the use of a book, a game, a discussion, etc. (Burns-Nader, & Hernandez-Reif, 2016). In addition, the book will provide an opportunity for parents to read with their children as a bonding experience and also encourage educational elements while the hospitalized child is not in school.

The book will be interactive, allowing children the opportunity to draw their own characters and decorate their hospital room. Coping strategies in which children are actively involved have been proven to reduce stress more efficiently than strategies in which children are not actively involved (Burns-Nader & Hernandez-Reif, 2016). Being involved in the creating and writing of this book will involve the children in a way that other coping skills of crying, watching TV, or listening to music may not. Having power over one's life plays a huge role in relationships of children (Rollins, Bolig & Mahan, 2005). There are few services in the hospital that children can say no to. Giving hospitalized children an opportunity to create their own story could benefit them and allow them to make decisions. The book will include a few blank pages in the back so that children can write and illustrate their own story about their hospital experience. These pages provide a unique opportunity for children to write about themselves, things they have learned, or their favorite and least favorite part of staying in the hospital.

By providing an opportunity for artistic interaction with the book, it allows the parents an opportunity to give the child praise and form relationships while also allowing the child to make decisions. Hospitalized children experience a higher level of dependency upon their parents (Bsiri-Moghaddam et al., 2011). According to Erikson (1968), children ages 5-9 are in the stage of Industry vs. Inferiority, in which the child is learning to perform tasks and gain self-confidence. Through interaction with the book, children are performing tasks. Children can gain self-confidence through reassurance and excitement from parents while reading the book and completing the artwork. Parents can provide positive feedback, which is essential to success within the Industry vs. Inferiority stage (McLeod, 2013). A parent's cooperation and willingness to help are extremely important to Erikson's psychosocial stages. Morawska, Calam & Fraser (2015) explains that the importance of parents in a healthcare setting is revealing itself to be one of the most important aspects of a child's hospitalization. Reading this children's book together will provide an opportunity for parents to provide positive reinforcement as well as form bonds with one another.

Family emotional systems theory can be utilized to navigate relationships between family members while reading the book with the assistance of a professional. Family emotional systems theory acknowledges subtle emotions within families that develop over time, allowing an understanding of boundaries, enmeshment, and emotional distance (Walsh, 2013). The book can provide an opportunity for prompts from professionals in order to better understand the child's family structure. After this, professionals such as Child Life Specialists can perform a proper assessment, the first step to intervention (Burns-Nader & Hernandez-Reif, 2016).

Through the child's interaction with the book, the book can also be seen as a form of therapeutic play while incorporating art elements. Play is an effective coping skill that allows for children of all ages to express their fears and anxieties in a manageable and controlled way (Burns-Nader & Hernandez-Reif, 2016). Therapeutic play and unstructured forms of play have been proven to be beneficial among hospitalized children coping with stress (Potasz et al., 2013). This interaction will provide an opportunity for children to have power over their lives and choices. The book will be black and white and include stickers and art materials such as glitter glue, googly eyes, and colored pencils. This will give children the opportunity to decorate their room as if they are in outer space or turn their hospital gown into a cute dress in their favorite color. Therapeutic play activities encourage children to think and express themselves and their fears during the time of difficult events. Therapeutic play can allow children to tell their stories, celebrate their life, and acknowledge their strengths while allowing the CCLS to gain insights into the child's life, thoughts, and feelings (Burns-Nader & Hernandez-Reif, 2016). Including blank pages in the back for children to write their own story will serve as a form of therapeutic play.

Another goal of the children's book will be to portray hospital professionals in a positive light in hopes of forming relationships between the reader and the professional and reducing the child's anxieties towards the professional. All children rely on protection, predictability, restfulness, and intimacy (Bsiri-Moghaddam et al., 2011). By creating characters such as a Child Life Specialist and a doctor, children will understand that these professionals can provide that protection and predictability. The ability of professionals to work together for the common goal of the child is essential to success of

the patient (Burns-Nader & Hernandez-Reif, 2016). This is made easier when the patient understands the roles of these professionals and begins to form relationships with them.

Witt et al. (2014) describes an array of diagnoses, surgeries, and procedures that children ages 0-17 experience while hospitalized in the United States. For this reason, the proposed children's book will not focus on a specific diagnosis or treatment plan, but instead remain broad while including general ideas related to surgery, IVs, staying overnight in the hospital, experiencing social activities in the hospital, and a new and unfamiliar setting. The main character will be the patient in order to give patients someone to relate to and identify with. Children can follow the patient in the book to learn effective coping skills and methods of communication while in the hospital while also feeling some form of universalization. By allowing the children to illustrate their own book, they can dress the character how they wish. The children may choose to draw the hospital gown to match theirs, or give it brighter colors and a fun design. The main character will also be within the 5-9 year old age range in order to best relate to the demographic of readers that are ages 5-9. This age range is a common time to be hospitalized for an illness or procedure, and children of this age are developmentally able to read and understand the book.

This book will hopefully reduce fear in the hospitalized child, resulting in less sedation and providing an opportunity for a shorter recovery time. Burns-Nader & Hernandez-Reif (2016) state that children with lower anxiety during hospitalization are more successful during procedures and have shorter hospital stays.

Conclusion

In conclusion, Erikson's Psychosocial Stages and family emotions systems theory are all crucial to understanding a child's development and emotional responses, understanding the relationships between family members, and providing resources to families to develop more effective coping skills and better relationships. Utilizing each of these theories as professionals is important to understanding hospitalized children and their coping skills.

Hospitalized children are a large population in need of the use and development of effective coping skills. Child Life Specialists and other professionals can best implement these coping skills after they gain an understanding of the child's needs and development. Their role in the coping process is to teach new coping skills and provide opportunities for the child to play. CCLSs encourage normative play, medical play, and therapeutic play among hospitalized children and their siblings. These forms of play are most effective in providing an opportunity for normal development among children, familiarizing children with medical procedures and the hospital setting, and providing an opportunity for utilizing a child's strengths.

CCLSs also impact the parents and siblings of the hospitalized child by encouraging positive coping skills and providing resources. CCLSs play a crucial role in the holistic experience of a child's hospitalization by incorporating family members and completing interventions that reduce stress in a child and promote effective coping skills.

Overall, coping skills of children in hospitals are readily available and assist in reducing the stressors of hospitalized children through the use of play and bibliotherapy. The creation of the children's book will foster encouragement within patients and

siblings, be an opportunities for bonding between parents and children, and serve as a method of preparation and distraction. By providing opportunities for creativity and interaction within the book, children will feel empowered to make their own decisions and gain self-confidence.

References

- Association of Child Life Professionals . (2017). Child Life. Retrieved November 06, 2017, from <http://www.childlife.org/>
- Barbarin, O., Hughes, D., & Chesler, M. (1985). Stress, coping, and marital functioning among parents of children with cancer. *Journal of Marriage and Family*, 47(2), 473-480. doi:10.2307/352146
- Barendregt, C., Laan, A., Bongers, I., & Nieuwenhuizen, C. (2015). Adolescents in secure residential care: The role of active and passive coping on general well-being and self-esteem. *European Child & Adolescent Psychiatry*, 24(7), 845-854. doi:10.1007/s00787-014-0629-5
- Bsiri-Moghaddam, K., Basiri-Moghaddam, M., Sadeghmoghaddam, L., & Ahmadi, F. (2011). The concept of hospitalization of children from the view point of parents and children. *Iranian Journal of Pediatrics*, 21(2), 201–208.
- Burns-Nader, S., & Hernandez-Reif, M. (2016). Facilitating play for hospitalized children through child life services. *Children's Health Care*, 45(1), 1-21. doi:10.1080/02739615.2014.948161
- Centers for Disease Control and Prevention. (2017). National Center for Health Statistics. Retrieved November 22, 2017, from <https://www.cdc.gov/nchs/fastats/child-health.htm>
- Clark, H. B., Striefel, S., Bedlington, M. M., & Naiman, D. E. (1989). A social skills development model: Coping strategies for children with chronic illness. (Cover story). *Children's Health Care*, 18(1), 19.

- Coquillet, M., Cox, J., Cheek, S., & Webster, R. (2015). Social Work Services Utilization by Children with Medical Complexity. *Maternal & Child Health Journal, 19*(12), 2707-2713. doi:10.1007/s10995-015-1795-x
- Coyne, I. (2006). Children's experiences of hospitalization. *Journal of Child Health Care, 10*(4), 326-336. doi:10.1177/1367493506067884
- Crespo, C., Santos, S., Tavares, A., & Salvador, Á. (2016). "Care that matters": Family-centered care, caregiving burden, and adaptation in parents of children with cancer. *Families, Systems, & Health, 34*(1), 31-40. doi:10.1037/fsh0000166
- Delaney, K. R. (2006). Learning to observe relationships and coping. *Journal Of Child And Adolescent Psychiatric Nursing, 19*(4), 194-202. doi:10.1111/j.1744-6171.2006.00071.x
- Erikson, E. H. (1968). *Identity: Youth and crisis*. New York: Norton.
- Felder-Puig, R., Maksys, A., Noestlinger, C., Gadner, H., Stark, H., Pfluegler, A., & Topf, R. (2003). Using a children's book to prepare children and parents for elective ENT surgery: Results of a randomized clinical trial. *International Journal Of Pediatric Otorhinolaryngology, 67*(1), 35.
- Mabe, P. A., Treiber, F. A., & Riley, W. T. (1991). Examining emotional distress during pediatric hospitalization for school-aged children. *Children's Health Care, 20*(3), 162.
- McLeod, S. A. (2013). Erik Erikson. Retrieved from www.simplypsychology.org/Erik-Erikson.html

- Morawska, A., Calam, R., & Fraser, J. (2014). Parenting interventions for childhood chronic illness. *Journal of Child Health Care, 19*(1), 5-17.
doi:10.1177/1367493513496664
- Nicklaus Children's Hospital. (2017). Child Life. Retrieved November 08, 2017, from <https://www.nicklauschildrens.org/patients-and-families/family-centered-care-services/childrens-experiences/child-life>
- Ogilvie, L. (1990). Hospitalization of children for surgery: The parents' view. *Children's Health Care, 19*(1), 49.
- Potasz, C., Varela, M. D., Carvalho, L. D., Prado, L. D., & Prado, G. D. (2013). Effect of play activities on hospitalized children's stress: A randomized clinical trial. *Scandinavian Journal Of Occupational Therapy, 20*(1), 71-79.
doi:10.3109/11038128.2012.729087
- Price, R., Stranges, E., & Elixhauser, A. (2012). Pediatric cancer hospitalizations, 2009. Retrieved December 29, 2017, from <https://www.hcup-us.ahrq.gov/reports/statbriefs/sb132.jsp>
- Rollins, J. H., Bolig, R., & Mahan, C. (2005). *Meeting Children's Psychosocial Needs Across The Health-Care Continuum* (1st ed.).
- Sanderson, L. D., & Barry, L. M. (2003). Children's experiences of end stage renal failure, coping with its treatment and side-effects, and perceived benefits of Starbright World Technology. *Physical Disabilities: Education And Related Services, 22*(1), 51-66.

- Spirito, A., & Stark, L. J. (1994). Stressors and coping strategies described during hospitalization by chronically ill children. *Journal Of Clinical Child Psychology*, 23(3), 314.
- Stevens, M. (1989). Coping strategies of hospitalized adolescents. *Children's Health Care*, 18(3), 163.
- Stewart, P., & Ames, G. (2014). Using culturally affirming, thematically appropriate bibliotherapy to cope with trauma. *Journal Of Child & Adolescent Trauma*, 7(4), 227-236. doi:10.1007/s40653-014-0028-6
- Thompson, R. H. (2009). *The handbook of child life: a guide for pediatric psychosocial care*. Springfield, IL: Charles C. Thomas.
- Van der Brug, M. (2012). Strategies to bring about change: A longitudinal study on challenges and coping strategies of orphans and vulnerable children and adolescents in Namibia. *African Journal Of AIDS Research (AJAR)*, 11(3), 273-282. doi:10.2989/16085906.2012.734989
- Walsh, J. (2013). *Theories for direct social work practice*. Stamford, CT: Cengage Learning.
- Walter, J. K., Benneyworth, B. D., Housey, M., & Davis, M. M. (2013). The factors associated with high-quality communication for critically ill children. *Pediatrics*, 131(Supplement 1). doi:10.1542/peds.2012-1427k
- Witt, W., Weiss, A., & Elizhauser, A. (2014). *Overview of Hospital Stays for Children in the United States, 2012*. (Rep.). Retrieved <https://www.hcup-us.ahrq.gov/reports/statbriefs/sb187-Hospital-Stays-Children-2012.pdf>

Zastowny, T. R., Kirschenbaum, D. S., & Meng, A. L. (1986). Coping skills training for children: Effects on distress before, during, and after hospitalization for surgery. *Health Psychology, 5*(3), 231-247. doi:10.1037/0278-6133.5.3.231