

兒童友善醫療概念與實務

Child-Friendly Healthcare



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醫療環境裡的兒童

小朋友被父母硬往醫院裡拉，在門口拉拉扯扯。
小孩子大哭，很害怕，不想去看醫生、上醫院。
面對未來未知的害怕、打針與好多陌生人的恐懼。
白袍恐懼症。住院恐懼症候群。
這些都聽過，孩子一樣也沒有少，
但是他們還多了很多無法了解為什麼的驚駭。
兒童生病是很可憐、很辛苦，
但是除了身體難過，他們所要面對的挑戰還更多。
這些，我們大人都習以為常。
跟孩子說要勇敢，要忍耐。
不乖就約束綁起來，再不行就鎮靜麻醉。
後來我才知道，原來可以不一樣。





Myra Fox and Child Life



現代兒童醫療發展趨勢

以病人為中心→以兒童及家庭為中心

Patient centered →

Child and Family centered

以生理疾病為中心→以全人為中心，照顧身心

Physical being focused →

Holistic approach

* 從以人為中心發展出友善醫療

From centered to friendly

兒童醫療發展趨勢

- 兒童全人性化的照顧
- 醫療與心理家庭社會支持並重
- 從兒童醫療治療疾病到照顧兒童健康
- 以長期慢性病兒童為主的特殊照護
- 急重症醫療集中化
- 預防保健與疫苗
- 成長發育
- 健康生活型態
- 心理與行為健康

聯合國兒童權利公約(United Nations Convention on the Rights of the Child)

世界簽署最多的公約

兒童權利的重點核心精神有

1. 生存 (生活與醫療照護)
2. 保護 (虐待或疏忽)
3. 發展 (最好的身心社會潛能)
4. 參與 (告知、表達、意見受到重視與考慮)

兒童友善醫療照護

Child Friendly Healthcare (CFH)

2000年由英國兒科醫療人員發起推動的全球兒童友善醫療推動計畫

Child-Friendly Healthcare Initiative,

<http://www.cfhiuk.org/>,

Pediatrics. 2000 Nov;106(5):1054-64.

以聯合國兒童權利公約為基準，
轉化成醫療上可以執行的建議準則
減少兒童因為醫療而害怕恐懼焦慮與受苦



Why is Child Friendly Healthcare important?

To improve the quality of health care given to children and families and **to reduce unnecessary fear, anxiety and suffering** during and because of a healthcare experience.

Children are still:

1. Needlessly dying, or becoming disabled, from treatable diseases and accidents
2. Suffering unnecessary pain
3. Experiencing unnecessary fear, anxiety and suffering during and after a healthcare experience, because their mental and psychosocial health needs are being overlooked.

醫療人員執行兒童友善醫療照護建議準則

1. 只有符合兒童最佳利益時，才讓他們住院。
2. 要儘可能提供最好的照顧，並盡量依照實證。
3. 提供安心、安全、與乾淨的環境。
4. 所有專業與資源要在兒童友善環境下，與家長一起合作，提供個別化的適齡照顧。
5. 兒童與家長定期充分告知與參與醫療決定
6. 不因任何原因歧視，公平接受醫療服務，並適齡提供注意隱私、尊嚴與尊重的醫療照顧
7. 所有疼痛與不舒服都有進行評估與適當處置

醫療人員執行兒童友善醫療照護建議準則

8. 受過兒童醫療訓練專業的人員，在合適的環境與資源下，提供最適宜的急重症醫療服務
9. 兒童身處在醫療機構之中，仍然可以繼續遊戲與學習成長。
10. 兒童保護，免於虐待，並得到安適的照顧
11. 兒童與孕婦的健康都有受到關心注意，並倡導其重要性
12. 提倡母乳哺育與適當餵食，並依照指引提供最適宜的營養

醫療場域：深度注意力轉移

所有的醫師都希望患者早日康復。但是對於患者及家屬我們也有義務告訴他們正確的診斷內容，即使診斷出來的結果並不很樂觀，我們也會激勵患者，提高患者的士氣。

若能豐富文化之旅及精神面的撫慰，也可以提高患者的士氣。在醫院裏若讓患者或多或少有接觸這些精神面及文化面的機會，將有助於患者提高士氣。患者對文化的經驗稱之為「**深度的注意力轉移 (sound inattentiveness)**」。

因為疾病變化之未知感，會給予患者一種不安及先入為主的觀念，而藝術品正足以引開患者的注意力。無論是視覺的、或是聽覺的、或是體驗的感覺及經驗，都會給患者一種渾然忘我的安定及鬆懈感。

--Dr. James H Semans

兒童/家庭友善醫療的營造

- 兒童、手足、家庭
- 硬體環境: 兒童療癒環境與安全
- 軟體: 專業人員與活動
- 兒童友善醫療輔導: 醫療輔導、藝術治療、音樂治療、遊戲治療、舞蹈治療、小丑醫生、戲劇治療、繪本治療、園藝治療、沙遊治療、休憩治療、動物輔助治療等
- 家庭資源中心
- 派駐醫院之學校教育: 床邊教學
- 活動舉辦: 說故事、美勞、氣球、魔術等

兒童醫療環境

- 以病人為中心改為以家庭為中心
- 兒童與家庭友善環境設計與規劃: 室內醫療與公共空間、戶外外觀設計與療癒花園
- 兒童視野
- 兒童人身安全
- 兒童預防意外
- 兒童環境安全、消防、無毒
- 感染控制
- 使用者友善動線、流程與設計
- 身心靈兼顧與學習成長，藝術陶冶與發展性

兒童友善醫療專業服務

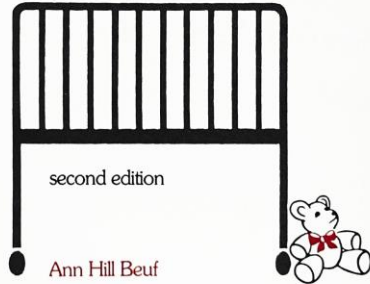
兒童在就醫治療過程中，因害怕治療過程、對醫療人員的恐懼、與家人分離，或面對陌生人、事、物的焦慮等心理因素，而出現的反抗、哭鬧、封閉等內情緒反應。

需要醫療心理相關專業人員的協助，和各種的調適性活動和輔導性介入的安排，能主動積極協助兒童和家庭、手足獲得正向的心理支持，以調適醫療檢查及治療過程中的挑戰，進而降低負面的情緒反應和長期潛在影響。

許多國外的研究指出，兒童友善醫療服務，如兒童醫療輔導師、藝術治療、舞蹈治療、醫院小丑等專業人員，在兒童和家庭的身、心理支持上扮演著相當重要的角色，不僅協助孩子的表達，更對於兒童與家庭的心理、生理調適有一定的影響，促進身心健康。

Biting off the bracelet

a study of children
in hospitals

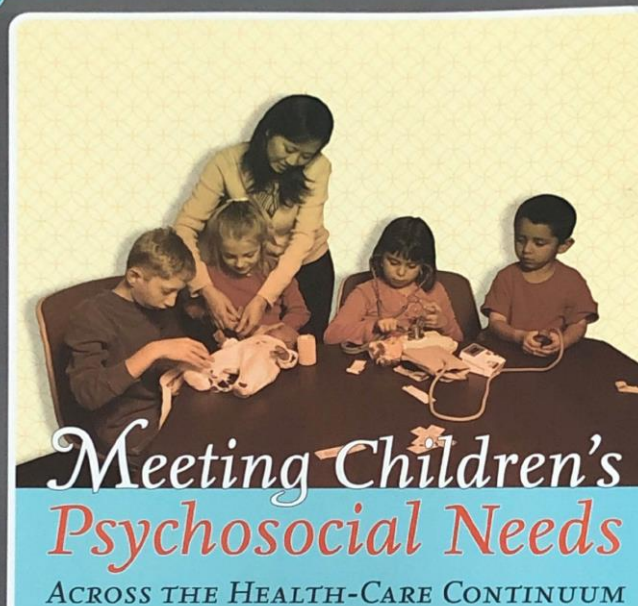
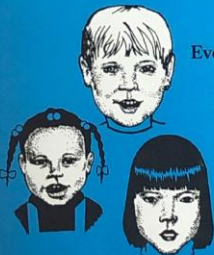


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PROTECTING THE EMOTIONAL DEVELOPMENT OF THE ILL CHILD

The Essence of the Child Life Profession

Evelyn K. Oremland, Ph.D.
as edited by
Jerome D. Oremland, M.D.



Meeting Children's Psychosocial Needs

ACROSS THE HEALTH-CARE CONTINUUM

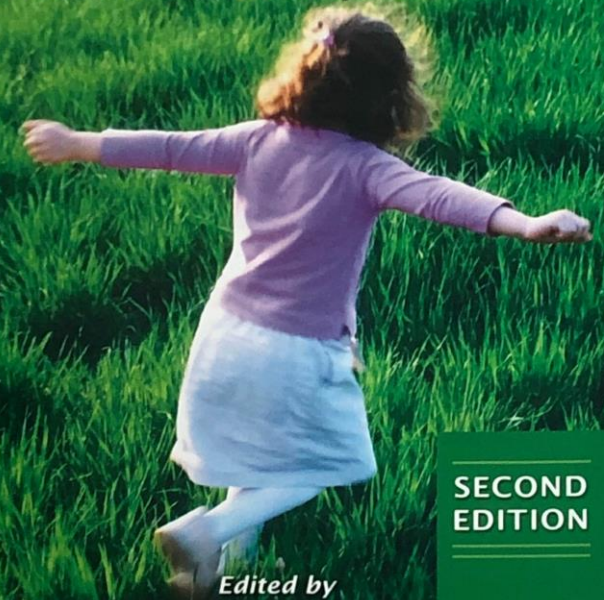
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The Handbook of CHILD LIFE

A Guide for Pediatric Psychosocial Care



SECOND
EDITION

Edited by
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Chapter	
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2. Theoretical Foundations of Child Life Practice	<i>Joan C. Turner</i>
3. Research in Child Life	<i>Richard H. Thompson, Katherine L. Bennett, and Charles W. Snow</i>
4. Therapeutic Relationships in Child Life	<i>Kathleen McCue</i>
5. Communication and Child Life	<i>Dene G. Klinzing and Dennis R. Klinzing</i>
6. Patient- and Family-Centered Care and the Implications for Child Life Practice	<i>Janet Nelms Cross, Priti P. Desai, Sheila Palm, Jacqueline L. Bell, Beverley H. Johnson, and Sharon M. McLeod</i>
7. Assessment and Documentation in Child Life	<i>Ellen Hollon, Eileen Clark, Chantal LeBlanc, and Linda Skinner</i>
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16. Child Life and Education Issues: The Child with a Chronic Illness or Special Healthcare Needs	<i>Patricia L. Weiner, Maggie Hoffman, and Cynthia Scherr Rosen</i>
17. Child Life in the Community and in Other Non-Traditional Roles	<i>Melissa Hicks and Kathleen McCue</i>
18. Child Life: A Global Perspective	<i>Priti P. Desai, Toni Crowell-Petrungaro, Melodee Moltman, and LeeAnn Derbyshire Fenn</i>

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Table 2
APPLICATION OF ERIKSON'S PSYCHOSOCIAL
THEORY TO CHILD LIFE PRACTICE

<i>Age</i>	<i>Psychosocial Stage</i>	<i>Issues</i>	<i>Child Life Interventions</i>
Birth-1 year	Trust vs. Mistrust	Separation from caregivers Unfamiliar environment, routines, and people	Prompt consistent care; encourage parent involve- ment to meet both physical and emotional needs
1-3 years	Autonomy vs. Doubt	Reduced autonomy Lack of opportunities for self-control Separation anxiety	Encourage normalization through play and explora- tion of environment and materials
4-5 years	Initiative vs. Guilt	Limitations on sense of control and independence Magical thinking and ego- centric thought resulting in misunderstanding, fear	Increase opportunities for control; maintain routines; assess understanding and provide age-appropriate explanations

6–12 years	Industry vs. Inferiority	Separation from normal activities associated with home, school and peers Concrete literal thought resulting in misunderstanding, reduced self-esteem	Promote opportunities for peer interaction, parental support; Structure and provide activities that allow for success; support connections to home and school
13–17 years	Identity vs. Role Confusion	Limitations related to privacy, peer relationships, independent activity and decision making Concern with perspective of others, body image	Provide opportunities for choice, control, self-expression and relationship building Allow for privacy but also promote peer interactions

Table 1
DEVELOPMENTALLY APPROPRIATE PLAY OPPORTUNITIES

<i>Age</i>	<i>Piaget: stages of play</i>	<i>Developmentally Appropriate opportunities Facilitated by Child Life Staff</i>
Birth-1 year	Sensorimotor	Tactile, visual, auditory, and kinetic stimulation such as positive touch, face-to-face contact, singing and talking, and rocking or swinging; walks in a stroller, tummy time and positioning for exploratory play through grasping, reaching, sitting, crawling, standing and walking; opportunities to experience cause-effect relationships; introduce colorful toys, books and changes in the environment: light, sound, textures
1-3 years	Symbolic representational	Imitation facilitated through opportunities for parallel play, use of props for symbolic play and exploration of sensory materials such as paint, play dough, sand, water, big blocks; increased exposure to language through talking, books, music, pictures and peer play

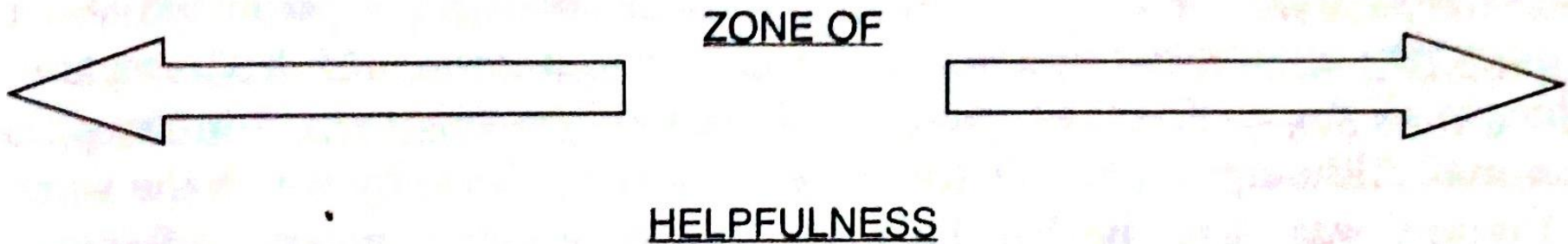
4–5 years	Preoperational	Increased opportunities for both independent activities and associative play in groups. For example, playrooms set up to allow for choice of activity, tone of activity (passive–quiet, active–physical) and individual or group play
6–12 years	Games with rules	Exposure to familiar, novel and ‘safe’ activities, ideas and friends can be facilitated through structured opportunities for appropriate interactions with materials and peers, e.g. bingo, tic tac toe, board and card games; emerging development of language and understanding of new concepts is encouraged through the introduction of stimulating interactive programs such as health-related games or experiments and music or magic tricks

ZONE OF HELPFULNESS FOR PROFESSIONALS

DISTANT
COLD
ALOOF
FORMAL

BALANCED

INTRUSIVE
OVER-INVOLVED
SELF-FOCUSED



EXAMPLES

"We need more than toys"
"I didn't feel supported"
"My child was just another prep"

EXAMPLES

"My CLS tried to parent my child"
"My CLS is my best friend"
"I call my CLS at home for advice"

Figure 2. Zone of Helpfulness for Professionals.

Clinical Relationships

- Therapeutic
- Supportive
- Non clinical

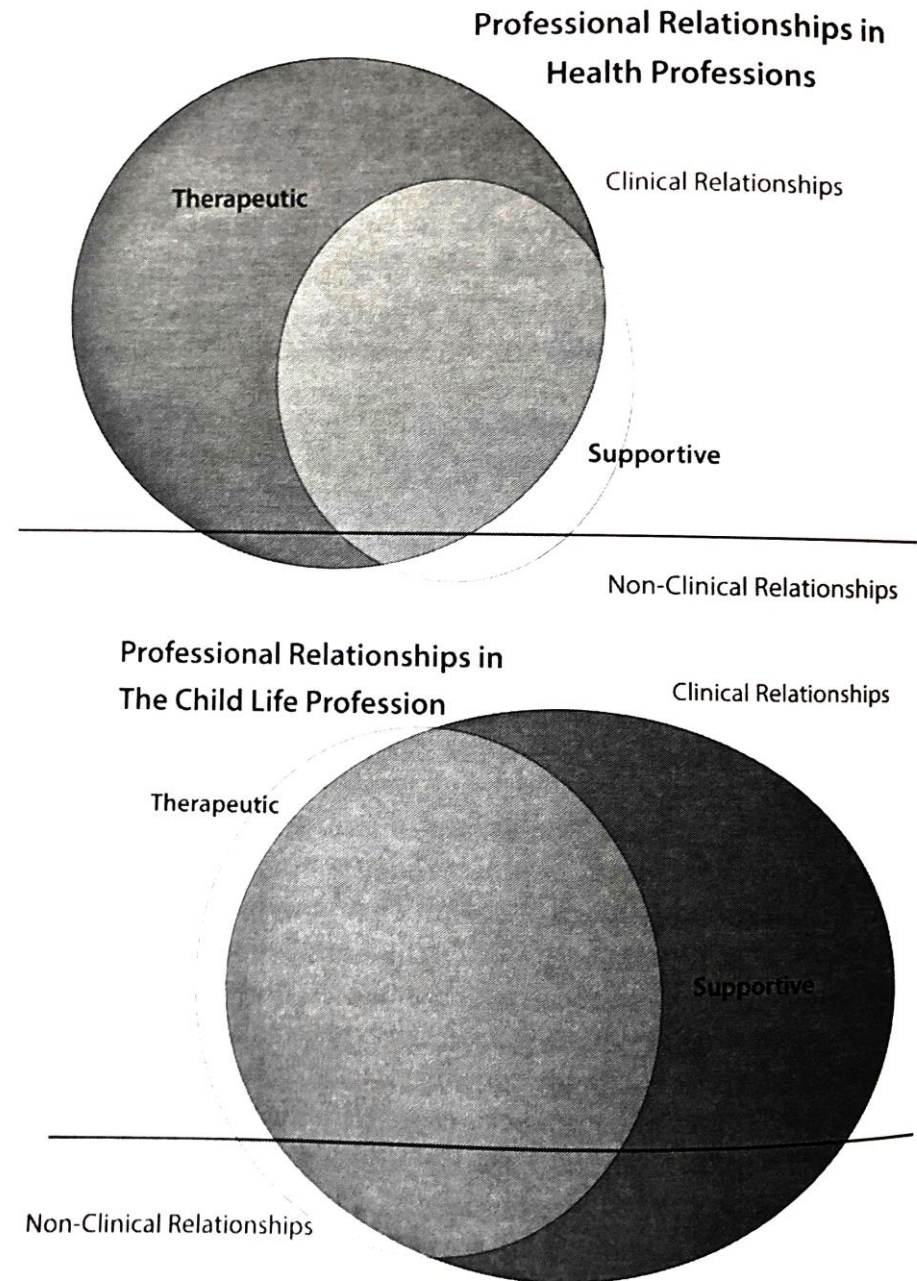


Figure 3. Professional Relationships in Health Professions



Child Life Service 兒童醫療輔導

- Empowering children and families to cope with life's challenges
- 讓兒童與家庭能勇敢面對與克服生活的挑戰



Child Life:

Empowering Children and Families to
Cope With Life's Challenges

American Academy
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™

FROM THE AMERICAN ACADEMY OF PEDIATRICS

Organizational Principles to Guide and Define the Child
Health Care System and/or Improve the Health of all Children

POLICY STATEMENT

Child Life Services

American Academy Of Pediatrics
Committee On Hospital Care And Child Life Council
2000, 2006, 2014, 2018

Pediatrics 2014;133(5):e1471-e1478

POLICY STATEMENT Organizational Principles to Guide and Define the Child Health Care System
and/or Improve the Health of all Children

American Academy
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AAP Publications

REAFFIRMED

Policy Statement: Patient- and family-centered care and the pediatrician's role. *Pediatrics*. 2012;129(2):394–404. Available at: <http://pediatrics.aappublications.org/content/129/2/394>. Reaffirmed February 2018

Policy Statement: Child life services. *Pediatrics*. 2014;133(5). Available at: www.pediatrics.org/cgi/content/full/133/5/e1471. Reaffirmed February 2018

兒童醫療輔導的目標

- 協助輔導兒童及青少年病患的整體醫療經驗
- 協助病童在最大心理安全的情境下，得到醫療照顧、減少非必要的焦慮、恐懼、疼痛或麻醉經驗
- 有認知和衛教的成分，更包含了心理支持和輔導的性質
- 透過評估、互動和提供合適的發展性休閒活動安排，來正常化醫療經驗(normalization)
- 協助兒童及青少年病患之外，以家庭為中心的社會心理支持是兒童醫療人文關懷的重要趨勢，包含病童、主要照顧者、家長及手足，提供相關心理支持性的介入

生病兒童的社會需求

- 1)情緒性支持：得到家人、師長、同學、醫護人員等的愛護和接受
- 2)訊息性支持：延續學校學習、得到對疾病的概念
- 3)尊重性支持：保障身體隱私、尊重其身體感受，增加自我控制感
- 4)實質性支持：病房環境、遊戲室、休閒設備..等的提供
- 5)網絡性支持：與原有同儕、醫護人員、病童朋友、義工等有良好的關係

適合Child Life介入的十種時機

- 兒童侵入性或會疼痛的醫療處置: 靜脈留置針IV、鼻胃管放置、手術、傷口換藥等
- 兒童於用藥、疼痛控制及醫療檢查配合度上適應困難: MRI, CT, RT等
- 兒童病人及家屬在理解診斷、治療過程、醫療介入等方面上需要協助。
- 新診斷長期或重大疾病及其影響: 癌症、罕病等
- 兒童或家庭適應上之困難或家庭無法提供足夠的支持

適合Child Life介入的十種時機

- 兒童本身特殊情況: 心智障礙、退縮、畏懼、理解力有限、溝通困難等。
- 兒童過去負面的醫療經驗
- 兒童創傷: 兒虐、家暴或創傷性的意外
- 加護病房兒童病人。而12歲以下手足探訪，需由兒童醫療輔導師事先提供心理支持及準備，並陪伴探訪。
- 兒童、手足或家長的(即將)死亡。

兒童醫療輔導介入模式

- **Assessment:** 與兒童建立關係、評估兒童的穩定度、了解過去經驗、說明及示範comfort positioning...
- **Education and Preparation:** 以友善及適當用詞誠實向兒童解釋醫療介入原因、感官感受、討論適應方式(coping skills)、雙向提問...
- **Procedure time:** 邀請兒童協助、給予選擇性、comfort position、家長適時參與、口頭說明、鼓勵、允許哭泣、分散注意...
- **Post Procedure:** 程序理解的確認、鼓勵提問、同理心、鼓勵責任的完成...
- **Play Time:** 提供情緒心情調適的活動、藝術治療的介入

兒童醫療輔導範疇

- **醫療遊戲**: 教育的工具，也讓孩子能表達情緒、恐懼與挫折，處置前的評估與準備，澄清誤解
- **壓力調適**: 壓力調適技巧與應用，給予孩子選擇的機會，處置過程的支持與安慰
- **兒童發展**: 注意醫療與疾病對孩子的影響，家長與醫療人員的教育
- **以家庭為中心**: 家長與兄弟姊妹的教育與支持
- **醫療衛教**: 了解疾病與醫療過程，增加配合度
- **事前身心準備**: 手術與各種處置
- **哀傷輔導**: 對孩子本身與家庭

兒童友善醫療團隊合作-One Voice

O= one voice should be heard during the procedure

N= need for parental involvement

E= educate the patient before the procedure

V= validate a child with your words

O= offer the most comfortable, non-threatening position

I= individualize your game plan

C= choose appropriate distraction

E= eliminate unnecessary staff who are not actively involved in procedure

兒童友善醫療介入後的反應與影響

治療時間縮短

耗材節省

哭鬧掙扎減少

生命徵象穩定與疼痛減少

尖叫反應下降

抗拒行為下降

肌肉緊張度下降

減少麻醉需求

降低創傷後壓力症候群



RESULTADOS

ANALISE FENOMENOLOGICA

Agradecimento ao T.O.
Espere, Espere

CONSIDERAÇÕES FINAIS

Pensando sob a ótica humanizadora, acreditamos que ações do tipo Projeto Cirurgia em Família, desenvolvidas em uma unidade hospitalar pública, são importantes para a melhoria da assistência aos pacientes e familiares, visando a uma assistência mais humanizada e integral, com o envolvimento da comunidade e da família. Assim, acreditamos que a realização de projetos desse tipo, em outras unidades hospitalares, pode contribuir para a melhoria da assistência aos pacientes e familiares, visando a uma assistência mais humanizada e integral, com o envolvimento da comunidade e da família.

STUDIES FROM

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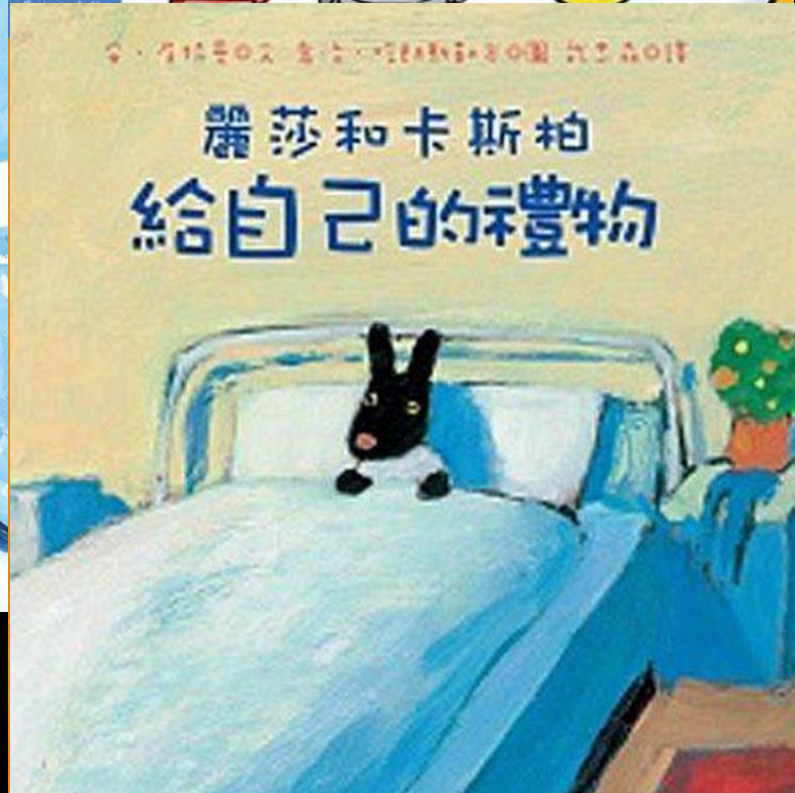
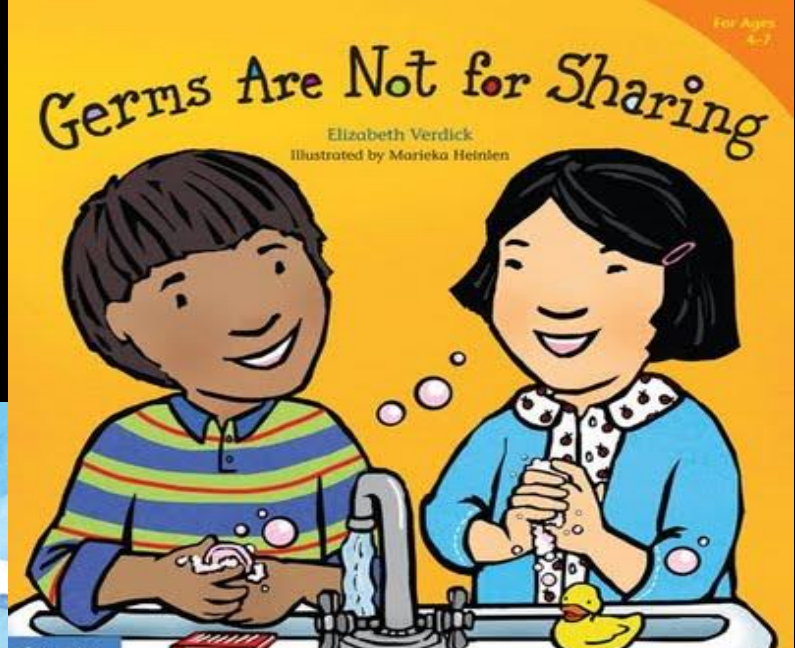




兒童醫療輔導： 壓力調適



繪本與故事



安撫姿勢 Comfort Positioning

一些姿勢會對小朋友產生安心的感覺或害怕的感覺
善用這些技巧可以幫助孩子度過不舒服的醫療過程

Infant positioning: Promoting comfort

Non-Nutritive Sucking: infant's natural response to stress

- Offer pacifier/ if mother is breastfeeding put infant to the breast during the procedure.
- Allows close face contact with parent.



Swaddling: Most suitable for infants 0-3 months

- Swaddle infant leaving limb accessible for the procedure.
- Promotes self-calming.
- Used in conjunction with pacifier or sucrose.
- After procedure, swaddle infant to promote calming and recovery.

Facilitated Tucking and Containment:

Provides boundaries which promote a feeling of safety

- Acts as a comfort measure and minimises distress.
- Allows for positive interaction with parent and observation of infant.
- Used in conjunction with distraction.
- Offer pacifier or sucrose during the procedure.



Infant's arms or legs tucked in sheet.



Containment promotes boundaries, it can be used for procedures or daily care.



Be sweet to infants up to 18 months
Sucrose equals short term comfort/pain relief

When should sucrose be used

- For painful/distressing *procedures and tests*
- Not appropriate for ongoing comforting of upset babies

How does sucrose work best

- **Only** works if given **orally** (not via NGT or PEG)
- Sucrose concentration may vary, give in small increments

Who can give and sign for sucrose

- All Nursing & Medical Staff/Allied Health/Technicians/Pathologists

Where to record

- **Inpatient** – Record in the as required "pm" section of the Medicine Chart (MR690/A)
- **Outpatient** – Record in a log book or the patient notes (Patient name, DOB, procedure, amount of oral sucrose)

Storage

- Bottled sucrose 33% stored in fridge, use within one month – RCH pharmacy supplied
- Pre-packaged sucrose products, expires in 2 years, stored at room temperature



How to give sucrose

- Prepare recommended amount to be given (see table)
- Give approximately 1/4 of the total amount of sucrose 2 minutes prior to the start of the procedure
- Give small amounts at the start and throughout the test or procedure
- The effect lasts 5-8 minutes
- Total amount to be given in 24 hours (see table)

How much to give

Patient group	Nil orally	<1000 grams	Newborn 0-1 months	Infants 1-18 months
Total amount to be given	0.2 ml	0.2-0.5 ml	0.2-1 ml	1-2 ml
Recommended total amount in 24 hrs	1 ml	2.5 ml	5 ml	5 ml

What else helps

- **Sucking** – breast feeding/dummy if used
- **Positioning & parental contact** – swaddling, holding and cuddling. Upright positions for infants >6 months
- **Distraction** – Older infants; sight/sound toys, bubbles or singing



Comfort Positioning for Naso Gastric Insertion

Distraction is offered above the child to help keep his or her head in the right position

Parent places one hand on the child's head to keep it still

Back of bed is on a 45° angle

Young children can sit on top of the parent's lap

Parent places his or her arm firmly over the top of the child's arms



Your Play Specialist is always happy to support children or provide distraction for them during procedures.

打針抽血安撫姿勢





Comfort Positioning for Luer Insertion

Parent's arm is placed over the child's arm to keep the child still

Distraction is offered to the child

Child sits facing adult with legs straddled



Use a stool without a back for easier access

Child's arm is accessed from behind

Tame the Pain 馴服疼痛



- Developed by Standish Foundation
- Empowering providers with tools to help kids minimize fear and pain from needles
- Research shows we can improve this experience for the child and family as well as the provider.
 - Procedural interventions (injection techniques)
 - Physical interventions (body position and activity)
 - Pharmacologic interventions (pain medicines)
 - Process interventions (education and implementation)
 - Environmental Interventions (play, sights and sounds)
 - Psychosocial Interventions (child life and psychology)

安靜呼吸遊戲 Brain Breaks Breathing Exercises for Kids

BACK TO BACK BREATHING



Find a partner and sit on the floor back to back. Sit tall and close your eyes if you want to. Decide who will start - that person begins by inhaling deeply and then exhaling slowly, and then continues to breathe slowly and deeply. Their partner should feel the expansion in their partner's back each time they breathe in and then try to sync their own breathing so that both partners are breathing in time together.

TUMMY BREATHING



Lie on the floor and place a small stuffed animal on your stomach. Breathe in deeply through your nose and feel the stuffed animal rise, and then feel it lower as you slowly exhale through your mouth. Rock the stuffed animal to sleep using the rise and fall of your stomach.

ELEPHANT BREATHING



Stand with your feet wide apart and your arms dangling in front of your body like an elephant's trunk. As you breathe in deeply through your nose, raise your arms up high above your head. Then slowly swing your arms down again as you breathe out through your mouth.

BUBBLE BREATHING



Sit comfortably with your eyes closed. Begin by imagining you are holding a bubble wand. Breathe in deeply and then, as you breathe out slowly and gently, imagine you are blowing bubbles into the room. Imagine the bubbles are filled with peace or love or happiness and that you are filling the whole room with a peaceful, happy feeling. As you keep breathing slowly and blowing your imaginary bubbles, feel your body become calm and relaxed.

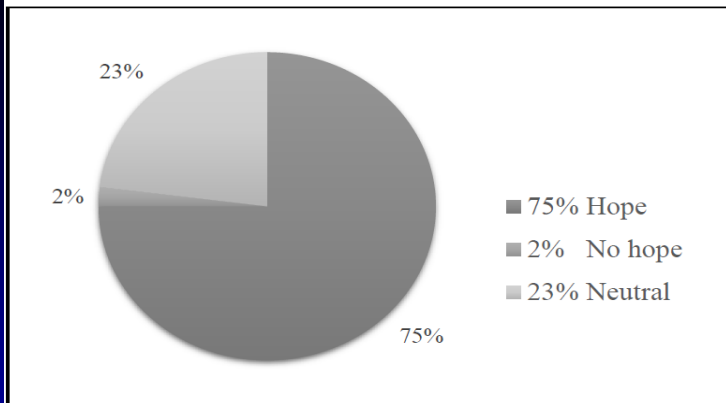
台大兒童醫院 兒童醫療輔導需求調查

家長問卷 226份

Table 1: "Child Life Specialists" of Parents' view

Level of assistance	Frequency (N=87)	Percentage
5-Very helpful	34	39%
4-Helpful	34	39%
3-A little help	15	17%
2-Dispensable	1	1%
1-No help	3	3%

Figure 1: Parents' willing with respect to Child Life Specialist to assist in the cause anxiety medical procedures



- intervention with or without CLS, the average **anxiety score of the sick children** was statistically significant difference. (before **2.990** VS after **2.083**, p-value <0.0001)
- Questionnaire survey on the sick children itself, up to **81%** of the sick children itself "would like the CLS to explain or accompany “

Child Life Service

Questionnaire survey of children-friendly medical services for pediatric related medical staff , n=142

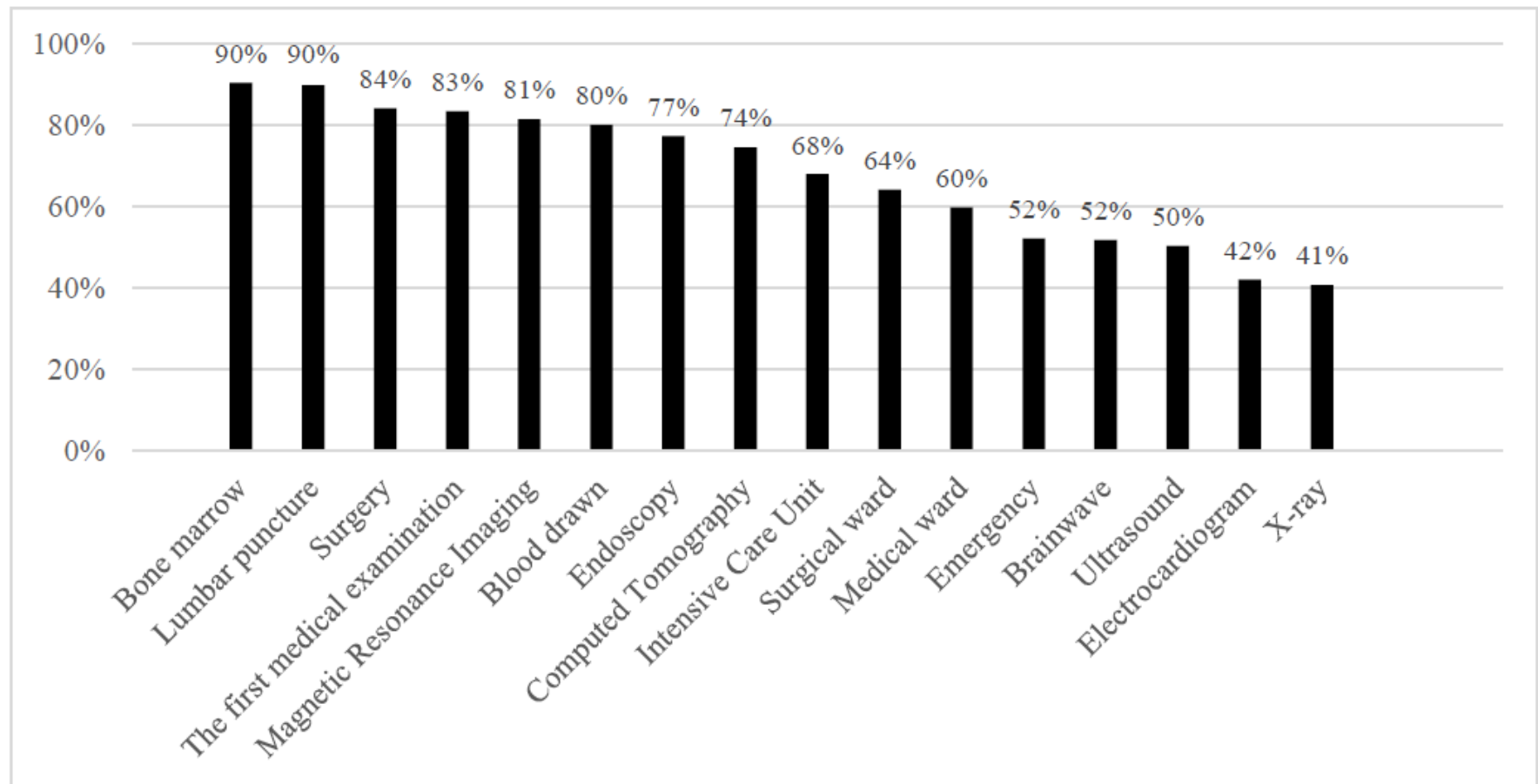
Up to 99% of pediatric medical staff consider the emotional care and adjustment of sick children as equally important as their physical care

82.5% of the medical staff had heard or seen the interaction between CLS and the sick children,

81.5% of the medical and nursing staff considered ""Child Life Specialists" were helpful.

Medical staff viewpoint of needs

Figure 2: A Needs Survey of Medical Treatment of Sick Children's Psychological Adjustment and Preparation



Child Life Service

- 118 medical staff in contact with the CLS who agreed that the role of CLS
 - provide cognitive and psychological preparation for the medical treatment of sick children
 - provide a bridge of communication between medical team and the sick children family
 - provide medical services Child and family-centered physical and mental support.
- More than half of the medical staff do not thought that the interaction between CLS and the sick children will affect the medical treatment process or delay medical staff time.

Child Life Service

- Of the 18 medical staff in the division of Hematology and Oncology and imaging medicine
- 94.4% agreed that assistance from Child Life Specialists can reduce the amount of unnecessary sedation or narcotic drugs
- 88.9% agreed that assistance from Child Life Specialists can reduce anesthesia children care time or manpower in recovery room.

Child Life Service

Table 3: Medical team's views on Child Life Specialists

Units	1: Quite helpful	2:A little help	3: Dispensable	4:No help
The units with Child Life Specialists (N=42)	33(79%)	9(21%)	0(0%)	0(0%)
The units without Child Life Specialists (N=25)	9(36%)	14(56%)	2(6%)	0(0%)



表達性 藝術治療



表達性藝術治療

- 表達性藝術治療：利用各種藝術形式
- 藝術、音樂、舞蹈、戲劇
- 過程與作品同等重要
- 創作樂趣與引導過程的取捨
- 依個案的個別情況提供：
- 情緒、心情、想法的調適及表達
- 提供身心調適、分散不適的時間、空間
- 經過創作過程的安排提供主控權
- 人際社交互動的縮影及表現
- 對家人的祝福、
留予家庭回憶建造的作品



兒童藝術治療

從藝術治療開始

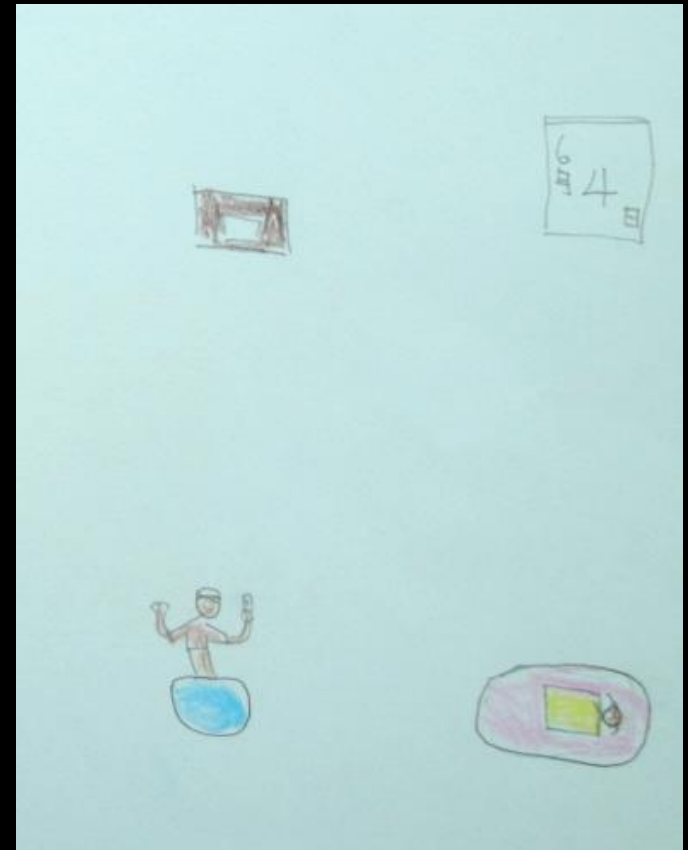
兒童精神科的介入方法

Medical art therapy: the use of art expression and imagery concerning the individuals who are physically ill, experiencing trauma to the body, undergoing aggressive medical treatment such as surgery or chemotherapy and are either experiencing such process oneself or related to such process from their significant others.”

生病兒童壓力源

Stress Sources identified in pediatric patients

- **Separation** from parents or caregivers through hospitalization
- **Loss of independence and control** which accompanies illness and hospitalization
- **Fears and anxieties** about medical procedures which may cause harm or pain, and worry about death



藝術來幫忙

How art helps the pediatric patient

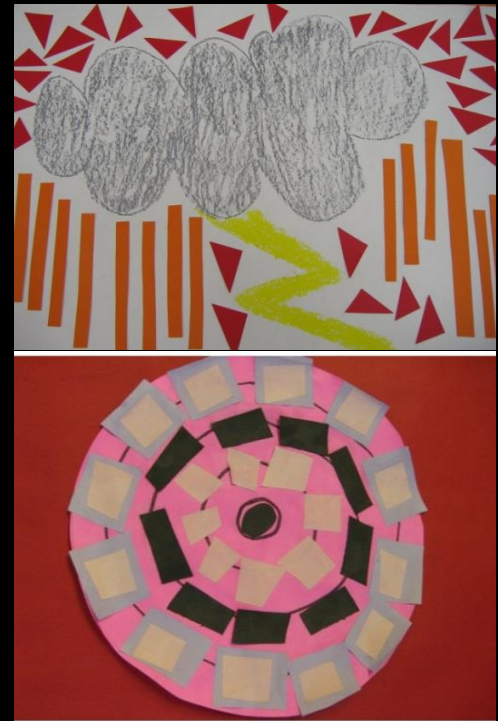
The process of:

- problem solving skills
- improvisation
- spontaneous expression
- a sense of control/mastery
- rehearsal of medical procedures

Through the act of:

cutting/arranging/molding/gluing/drawing/taping

Accompanied with creativity, logical thinking, feelings and ideas.



Who might need Medical Art Therapy?



Children:

who are facing aggressive treatment or procedure

who are bed-bound/restricted

undergoing physical change caused by treatment or illness

- having sudden changes since treatment that are not medically related:

- difficulty sleeping/ change in mood or affect/ appears anxious, depressed/ less active or verbal

- who's significant other is facing medical treatments or above conditions.

醫療 + 藝療

- 疾病與治療為一種感官經驗，更需感官方式的過程來引導、介入
- 繪畫提供語言所不能(不及)的表達機會
- 兒童在治療過程中由消極被動角色變為積極主動的角色
- 象徵性的繪畫內容提供經驗統整、具體化和外化的機會
- 兒童能將情緒和感受收納在創作中，成為可控制、可預期的事件
- 創作過程能去敏感，提供安全感，降低緊張、焦慮的感受

小丑醫生：紅鼻子醫生Clown Care

- 醫院有專業小丑表演，能夠讓兒童及家長用更療癒正向的心情去面對疾病的挑戰，紓解因治療造成的壓力與苦痛，重拾歡笑與對生命的熱情。也陪伴所有醫療人員，也能暫時放輕鬆。將溫暖與人性帶到醫療環境裡。
- 馬照琪老師於103年在法國完成專業醫院小丑訓練的專業人士，也是台灣第一位小丑醫生。
- 服務對象含病童、家長與醫護人員
- 紅鼻子關懷小丑協會





紅鼻子醫生



活動之舉辦

- 床邊教學教師
- 台灣黑熊醫院
- 節慶慶祝活動
- 音樂、劇團等表演活動
- 氣球、摺紙、黏土、攝影等
- 說故事
- 親子共讀



兒童友善醫療：安寧緩和

兒童友善醫療環境塑造

心願完成：喜願協會 (3-18歲服務對象)

生命繪本、繪本治療

遊戲治療

心理治療

床邊教育

兒童醫療輔導 (Child life Service)

表達性藝術治療：藝術、音樂、舞蹈、戲劇等等

小丑醫生、動物輔助(寵物)、(嬰兒)按摩、芳香療法
、休憩、園藝、沙遊、冥想、瑜珈、活動舉辦等



兒童友善醫療：安寧緩和圓夢計畫

醫院內醫師、護理師、社工人員照顧

基金會：兒童癌症基金會、

台灣喜願協會(3-18歲服務對象)

台灣圓夢協會(>18歲)

I wish

To have

To meet

To be

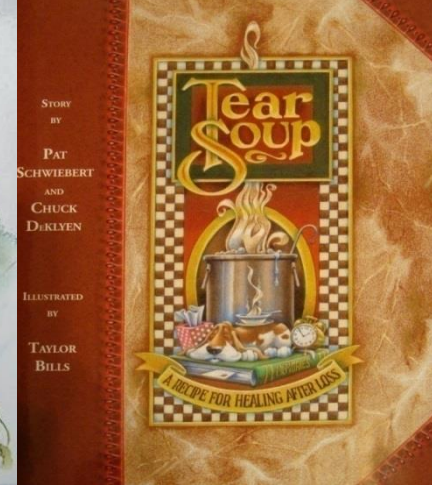
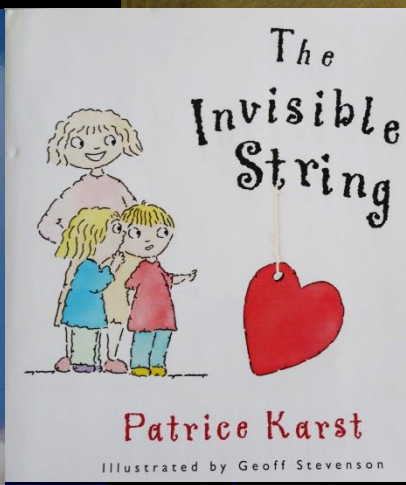
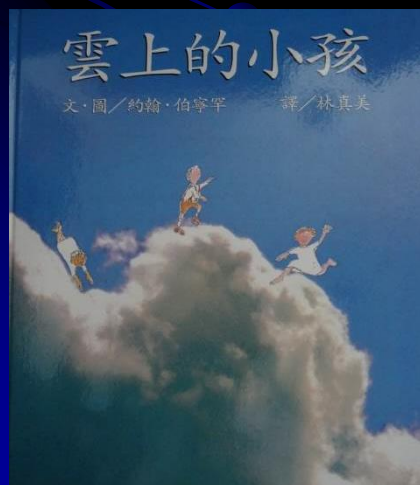
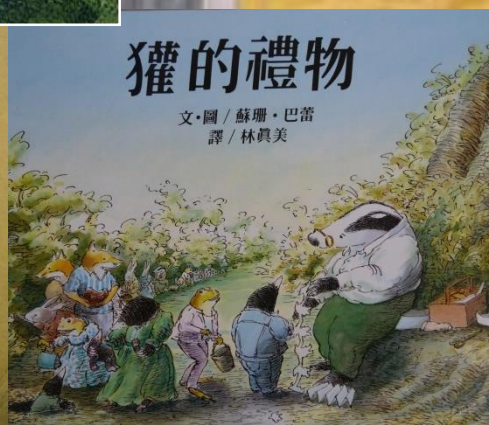
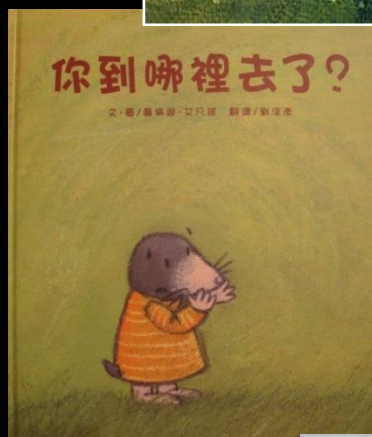
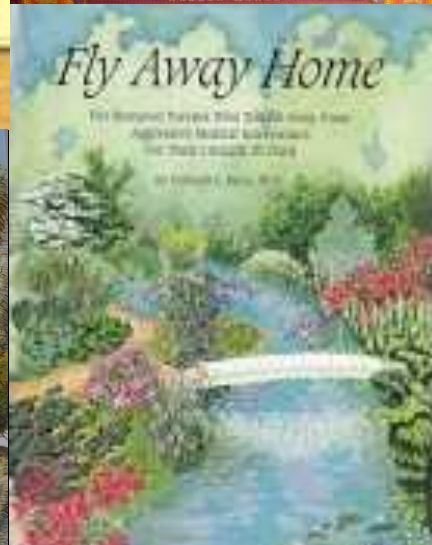
To go

美麗願望成真的旅程



與孩子談死亡： 生命繪本

解釋生命與死亡
長輩的死亡
朋友死亡
寵物死亡
葬禮



兒童友善醫療

床邊安寧緩和表達性藝術治療

表達性藝術治療：利用各種藝術形式

過程與作品同等重要（創作樂趣與引導過程的取捨）

依個案的個別情況提供：

情緒、心情、想法的調適及表達

提供身心調適、分散不適的時間、空間

經過創作過程的安排提供主控權

人際社交互動的縮影及表現

視覺化對家人的祝福

留予家庭回憶建造的作品



末期病童及家庭的臨終心理支持

Bereavement Services for the Children and Family

兒童醫療輔導及藝術治療的介入

病童：

不同發展階段的兒童對死亡的理解不同：病童本身的認知？
病童自身的回憶建造(legacy building)

家庭：

陪伴家庭度過困難經驗：怎麼面對？要不要說？怎麼說？
協助家庭回憶建造-手印、照片、衣物

手足：

手足面對死亡的適應方式各異
手足支持：以適合兒童發展階段的用字對手足解釋病情、
治療、死亡

兒童友善醫療--末期病童及家庭支持 兒童醫療輔導(Child Life Service)

末期階段：醫療團隊與家庭間的溝通與傾聽；

個案想法的傳達；個別家庭的獨特性

死亡階段：莊嚴及尊重的空間與時間

細膩的陪伴/不陪伴：了解家庭當下需要；表現/隱含

提供支持：下一步怎麼走？真誠且實用的資訊

說再見：家人/醫護人員

保持連結：家庭與病童最後的連結關係

持續的關心：紀念日；特別的安排

專業照顧者的自我照顧

在認知與理智的需求上，大部分醫護人員需要確認他們已經盡力了，正確地做了所有應當做的事。

Debrief適時有簡短有意義的回顧

詳細檢討整個過程，則等適當時機，整個團隊客觀地討論進行，給予回饋

EMOTION模式

E：Environment 安全完善的工作環境

M：Mellow out 身心靈的放鬆

O：Observe 自我觀察

T：Team 團隊的合作與支持

I：Identification 自我角色認同

ON：啟動

兒童友善醫療展望

- 兒童友善醫療概念推廣
- 專業認識
- 專業人員培育
- 專業人員服務
- 專業人員正式全職聘用
- 有兒童醫療的地方，有兒童友善醫療
- 讓兒童可以得到注重全人與兼顧身心健康的照顧與成長



總結

讓我們的兒童
帶著一個有準備的心情，
知道有許多人關心跟幫忙，
許多挑戰就變的沒那麼困難。

空間是硬體與軟體的結合，
有心可以讓醫療難關變得溫馨好過，
擁有健康的心情與態度，
面對世界的多彩多姿。

