POWER TO THE PATIENTS!

Play in Healthcare Settings: Challenges and Opportunities

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Playing in Healthcare Settings
Overview and Purpose

- Discuss changes in healthcare
- Outline changes in play provision
- Summarize research and societal issues
- Highlight need for study
- Invite dialog
Early recognition of children’s psychosocial needs and play as the basic process:

Through play a child grows, develops, expresses his emotions, and adjusts to his environment. Play becomes a safety valve for his hidden wishes and fears and a balance for the tensions that are a part of every growing child’s life. Ill or well, the child needs play. (Richards & Wolff, 1940, p. 229)
Changes in the 1940s/1950s/1960s

- Move from disease-oriented to patient/child-oriented care
- Long-hospitalizations, hospitals as center for care
- Establishment of play activities programs
- Changes in parental involvement
- Emerging research on deprivation of play and relationships
- Founding of the Association for the Care of Children’s Health
Changes in the 1970s/1980s

- New children’s hospitals built, pediatric services expanded into outpatient and related facilities
- New treatments in various contexts, shorter hospital stays
- Expanding play programs, now generally termed “Child Life”
- Play focused in playrooms, now available on most units
- Multiple disciplines use play as one of several modalities
- Expanding body of research on effects of hospitalization interventions – mostly on preparation and parent involvement, few on play or play program participation
Changes in the 1990s/2000s

- Specialization of play provisions – medical play and specific therapies (e.g., art, music)
- Training/roles of Child Life specialists change
- Greater use of technology in interaction with children
- Slowing of new Child Life programs and expansion of existing ones
- Increased emphasis on a continuum of healthcare, greater emphasis on homecare and outpatient care
- Limited research on effects of hospitalization or interventions
Current Status of Play in Healthcare Settings

- Although there are play facilities and sometimes play facilitators in outpatient areas and emergency rooms, the majority of play services are focused in the acute, hospital setting.
- Play is primarily focused on preparing children for procedures/experiences and or expression of feelings about same (Medical Play).
- Group play, focused in play rooms is less prevalent, and often conducted by the less trained, less credentialed Child Life specialists.
- Specialized therapies (e.g., pet, music, art) and entertainment are increasing.
- Use of technology for preparation, interaction, contact with schools, and emotional support are increasing.
Rationale for Play Changes

The age distribution of hospitalized children has shifted to an increasing proportion of infants. Although fewer children are being hospitalized, the children who are admitted are more seriously ill and often require longer stays. Child life programs have had to adapt to less mobile patients who have more complex medical problems. As a result, fewer group interactions are possible, and greater individualization of care is needed. Staff members are challenged to meet each child's developmental, emotional, and educational needs more quickly and efficiently than before and to provide as "normal" a life experience as possible. At the same time, the expansion of outpatient care has resulted in more demands for ambulatory child life activities as their value and benefits have become recognized.

Child life programs in health care settings promote optimum development of children and their families, to maintain normal living patterns and to minimize psychological trauma.

Typically, child life professionals (1) supervise therapeutic and diversional play; (2) prepare children for and assist children during medical tests and procedures through education, rehearsal, and coping skill development; and (3) support families during hospitalization or challenging events.

Child life professionals support a philosophy of "family centered care" in health care facilities. (Child Life Council, retrieved on 5/15/06 from www.childlifecouncil.org)
SPONTANEOUS/FREE OR UNSTRUCTURED PLAY

Playroom-focused play and activities
Impact of Self-selected Play

- Play is expressive and facilitates release of feelings;
- Play allows children to select object/themes to regulate their feelings;
- Play encourages children to be self-initiators;
- Play permits children to interact with others in a manner that is comfortable;
- Play and playrooms encourage a sense of normalacy, continuity, predictability;
- Play settings and opportunities tell children they are valued and empower.
Structured dramatic medical play can offer opportunities to relieve children's emotional distress (which often is not openly demonstrated) through imaginative play situations.

Properly structured medical play, which often includes using pretend medical or nursing equipment, allows children to express thoughts and feelings, assimilate reality, resolve internal conflicts, achieve mastery, and cope effectively.

Guided medical play allows the teacher to scaffold the learning of the child to incorporate higher levels of understanding (Vygotsky, 1976). It also provides a vehicle for a child's self-expression and is a way for children and adults to communicate nonverbally.
Preparation and Expression

- Medical Play
- [Pictures deleted]
Impact of Medical Play

- Encourages children to focus on relevant hospital events/experiences;
- Provides opportunity for children to reveal understanding/distress about impending or experienced events;
- Allows adults to assess knowledge/feelings and scaffold their understanding.
Specialized Therapeutic Activities/Therapies

- Art therapy
- Music therapy
- Pet therapy
Specialized therapeutic activity/therapies rationale

- Focused/increased empowerment
- Diverse interests/stimulation enhanced
- Greater evidence of efficacy
- Physiological evidence of impact (e.g., endorphins, heart rate, oxygen intake)
- Support to general play/activities
- Third party payment (when certified therapists used)
Entertainment

- Diversion
- Laughter
- Empowerment
Clowning
Computer/Internet

- Empowerment
- Continuation of normal activities (school), relationships
- Development/continuation of support systems
- Access to information to assimilate at own initiation/need
- Play with games/symbols
Foundations & Special Groups

- Starlight/Starbright Foundation
- Life Skills 4 Kids
Microsoft Grant Supports Computer Center for Hospitalized Children

The Clubhouse, funded by a grant from Microsoft, has computers equipped with state-of-the-art adaptive hardware and software -- such as touch screens, keyboards with oversized keys, voice-activated switches and talking monitors -- to ensure that all children of all abilities will have full access to the Internet and be able to use the computers for communication, education and therapy to enhance their recovery. Today's opening ceremonies were helped along by two professional athletes, Paul Pierce of the Boston Celtics and Tim Wakefield of the Boston Red Sox, whose teammates have pledged to provide mentoring and support for children using the Microsoft Clubhouse.

At the new Microsoft Clubhouse, children will be able to communicate with other children coping with similar health issues; keep in touch with friends and relatives who may not live close enough to visit them in the hospital; and maintain friendships with classmates. According to hospital officials, the Clubhouse will help facilitate the children's transition between home, hospital and school by assisting with academic training and breaking down the barrier of isolation that often surrounds children who are hospitalized or recovering from serious injuries or illnesses. The Clubhouse also will be used as a therapeutic tool to enhance recovery, allowing children to work on skills ranging from visual-motor and fine-motor skills to cognition and memory training.
Summary Values of Play

- Play allows adults to enter their world and to show that children are recognized and valued;
- When an adult plays with a child, there is a temporary equalization of power.
- When children play on their own using objects and relationships as symbols as they transform them, they have power.

REFERENCES


Lila: Play in Sanskrit

Richer than our term “play”, lila means divine play – the play of creation, destruction, and re-creation, the folding and unfolding of the cosmos; free and deep, it is both the delight and enjoyment of this moment, and the play of God; it means love.

(Nachmnaovitch, S. {1990}. Free play: The power of improvisation in life and the arts. New York: G.P. Putnam’s Sons, p. 1)