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domains. Regular demonstration of skill acquisition could be recorded for each participant by a combined effort of the instructor, school principals and the workshop attenders. Inter-school competitions, where finished workshop products are exhibited, could be integrated into an assessment strategy. It is pertinent to involve the tradespersons in the continuous assessment of the students to make them learn on the job.

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## INTERVENTION PROGRAMMES FOR DEVELOPING POSITIVE SELF-CONCEPTS IN HOSPITALIZED CHILDREN

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When a child suffers an illness, conflicts are generated. If the illness is severe enough to warrant hospitalization, the individual must become integrated into a new environment and a new system, which gives rise to a new set of tensions and conflicts.

The patient must necessarily become adapted to physical changes brought on by treatment, surgery, immobilization, and to new daily routines affecting eating and sleeping habits. Contact with family and friends is restricted and new relationships with hospital personnel and other patients in a totally new environment come into play. There are also the added factors of cultural and academic deprivation along with a subsequent decrease in social interaction which is imposed by the new environment.

Other elements contributing to the presence of psychological alterations in the

hospitalized child include a lack of information with respect to what will happen during the hospital stay and a perceived lack of control over medical events. Such aspects constitute significant risk factors to the psychic health of pediatric patients.

The absence of orientation and support for the hospitalized child offered by teachers, psychologists, parents and hospital staff poses an added risk for the onset and sequels of psychopathological manifestations.

All of this leads necessarily to the elaboration and implementation of orientation and in-hospital follow-up programmes. Although such programmes require specialized personnel, material and economic resources, they in turn compensate for such expenditures by reducing the negative psychological effects brought on by hospitalization.

The preparation of children for hospitalization has received considerable attention in recent psychology, health and behavioural medicine publications. Abundant research shows that preparation for hospitalization reduces the adverse psychological effects which this can cause in the child (Atkins 1981; Carmel 1990; Dahlquist and Gil 1986; Melamed and Ridley 1988; Thompson 1985).

This presentation proposes a series of steps for the design of a programme of preparation for hospitalization and psychopedagogical follow-up in order to develop positive self-concepts in hospitalized children.

## **Method**

### *Subjects*

Forty children between eight and twelve years of age, admitted to the pediatric ward of Clinica Universitaria de Navarra, were divided into two groups: a control group and an experimental group. Each group was composed of 20 children (10 females and 10 males). They had a variety of diagnoses and severity of physical illness. Children were selected randomly between both groups.

### *Material*

The Piers-Harris Children's Self-Concept Scale (CSCS) (Piers 1969) was used in a validated Spanish version. The scale is frequently employed as a global measure of self-concept. The CSCS consists of 80 items. For each item children can select between an affirmative or negative response, and each appropriate response is assigned a value of one point. Total points are summed to determine the level of self-concept for each child, with higher scores indicating greater self-concept.

The CSCS has potential value as a diagnostic tool in clinical and counselling settings because responses to the scale can be scored on six separate scales, namely: undesirable or bad behaviour; intellectual and school status; physical appearance and attributes; anxiety; popularity; and happiness and satisfaction.

Alpha coefficients ranged from .78 to .93 for school children. Validity has been supported by studies that correlated the CSCS with other self-concept instruments. The CSCS is a widely used measure in the field (Hughes 1984; Janos et al. 1985; Coleman 1985; Zimet and Farley 1986).

### *Procedure*

On the first day of admission to the hospital, patients completed the CSCS. After that, only with children from the experimental group did we start with the psychopedagogical programme.

A second testing session occurred on the last day of hospitalization.

### **Description of the psychopedagogical programme**

The programme begins on the very first day of hospitalization. The first objective of the programme is to establish a good rapport between the person in charge of the programme and the child. An interview is the means which has been chosen to achieve such an end. The parents and the child will already have been met. The child will go to the interview alone and the conversation will last approximately fifteen minutes.

At this point a tour of the hospital takes place which begins at the entrance and includes the medical consulting rooms and the admission section.

Then the child is shown the lifts and their location and the various hospital wards. Each ward is briefly toured along with the X-ray and rehabilitation sections, and their purpose is explained. The pediatric ward is given special attention.

The person in charge of the programme will inform the parents concerning the regulations and routines of the clinic. A copy of the European Charter of the Rights of the Hospitalized Child (approved in 1986 by the European Parliament) is given to the parents. Parents are encouraged to participate in the child's hospital experience and to maintain close contact with him or her. They are informed of the importance of their attitudes in helping the child to cope with anxiety and adaptation, which will in turn contribute to a better recuperation and a lessening of psychological trauma.

Likewise, parents are advised as to the importance of their own psychological reactions and responses as decisive influences on their child; that their own fears and anxiety can easily be transmitted to the child, to his or her detriment.

Finally, parents are introduced to some of the nurses on the ward who will come in direct contact with the child and they are encouraged to maintain daily contact, they and their child as well, with the person in charge of the programme.

#### *Follow-up stage*

For the purpose of reducing the stress, anxiety and physical pain that medical treatment can produce in the child three intervention techniques are applied.

- First, relaxation. The person in charge of the programme will show the child certain relaxation techniques. This will help him or her to cooperate more actively, to raise the threshold.
  - Cognitive approaches. The imagination is controlled or guided so that the patient can reinterpret pain as something agreeable.
- These two techniques are applied together six times a week in sessions which do not last longer than 30 minutes.
- Three times a week social behaviour training is performed. For each child target skills are chosen which are seen to be the most needed in the particular case (complaining and being complained to, asking favours, saying no, asking why, relating to persons of a different social status, conversations, etc.).

The follow-up programme is accompanied by training in self-control. The child is instructed to evaluate his or her own behaviour, and specific actions are targeted for modification, maintenance or discontinuation.

To make this self-evaluation the child is asked to be aware of his or her own behavioural responses in specific situations: cooperating with the prescribed treatment, relaxing to control and reduce fear, putting social skills into practice, etc.

For this purpose each participating child is given a specially prepared score-sheet on which to note down his or her behaviour in such circumstances along with frequency.

Each time the child successfully manages to carry out self-controlled behaviour, he or she is permitted a reinforcement, which consists in gratifications previously chosen by each child. Autry and Langenbach (1985) showed that children who

were subjected to a programme of self-regulation increased their internal locus of control.

A chip economy system is practised for the regulation of reinforcements. For each three responses considered positive, which the child will have noted down on the score sheet, he or she will receive one chip. Three chips can be traded for one of the reinforcements previously chosen (sweets, specific objects, leisure activities, a privilege, etc.).

## Results

The effects of our programme were examined using an analysis of covariance (ANCOVA) for the variable self-concept.

We wanted to test if there were statistically significant differences between the group of children that received the programme and children from the control group.

*Table 1.* Analysis of covariance for the variable self-concept after the administration of the programme. We show Variation Source, (Treatments and Error); Quadratic Sum; degrees of freedom; Mean Square and Snedecor F.

VS	QS	df	MS	F
Treat	474.85	1	474.85	25.3
Error	695.25	37	18.8	

As expected, because of the group assignment procedure, analysis of covariance conducted on the CSCS scores revealed significant group effect:  $F(1,37) = 25.3$ ,  $p < .01$ .

The differences between experimental group and control group were statistically significant. These results clearly indicate that children that received the programme of preparation for hospitalization and psychopedagogical follow-up showed a self-concept more positive than children that did not receive such a programme. Children from the control group described themselves as having significantly higher self-concepts than children from the experimental group.

## Discussion

For the purpose of verifying the effectiveness of our programme of intervention at the end of its application, self-concept is evaluated at the beginning of the child's stay and reevaluated at the end, to discover whether any significant changes have taken place during hospitalization.

The results of this investigation suggest that self-concept was enhanced by the intervention programme. In the experimental group self-concept was developed positively, but children from the control group manifested a reduction of their self-concept on the last day of hospitalization compared to that of the first day of admission. The finding that pediatric hospitalization can affect the children's self-concept is consistent with others previous investigations (Billings et al. 1987; Susman et al. 1987; Barbero 1988; Edwards and Endler 1989).

There are many effects that hospitalization may produce on a child; emotional and behavioural alterations are frequent in hospitalized children. The child often tends to interpret hospitalization as a punishment for something he or she did. Along with the

separation from parents, the physical pain caused by illness and its treatment reinforce such impressions.

In this study, the fact that the control group shows a major self-concept disorder after the hospitalization period is consistent with the idea that hospitalization causes psychological alterations in pediatric patients. On the other hand, the fact that the experimental group shows a good self-concept after the period of hospitalization, gives a positive result in favour of the psychopedagogical programme applied. The results also corroborate the effectiveness of a relaxation technique and a cognitive approach to enhancing the self-concept, and to reducing the stress and physical pain that medical treatment can produce in the child.

This kind of procedure has a great advantage because it does not need expensive equipment, as videotape or filmed peer models do.

Despite the advantages of personal preparation, some hospitals may not be able to offer it to all children because of a shortage of personnel. However, several studies (Twardosz et al. 1986) that compared different methods of preparing children for hospitalization demonstrated that a programme composed of extensive information with extended personal contact and opportunities for participation was more effective than a videotape. These results are consistent with the hypothesis that personal contact is a very important aspect of psychopedagogical programmes.

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