



Save a Child's Heart: Buddy Program

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Introduction

- Save a Child's Heart (SACH) brings children from developing countries to Israel for life-saving heart surgery. Children over 5 years old come for treatment without parents and stay for approximately 3 months. The physical needs of the children are well met, but further emphasis needs to be put on the emotional health of the children.
- Research shows that there are long-term effects on attachment in children who are temporarily separated from their parents, and within this research we are provided with both risk and protective factors. Factors influencing the long term effects include; length of separation, quality of warm and personal care during separation, and maturity of the child. (Bowlby 1961, Rusby & Tasker 2008)
- The actual experience of a child undergoing invasive medical treatment is well documented and shows that some of the main emotional themes that need to be addressed are; fear of the unknown, loneliness, and boredom (Wilson et al 2010).
- Play therapy, medical clowning, and expressive therapies all contribute to relieving the suffering of children undergoing invasive medical treatments (JR Webb 1995, Linge 2012) and can be included in programming for children at SACH.
- To address the needs of these children with the results of the above research, a "Buddy Plan" will be implemented. The Buddy Plan will pair a qualified volunteer with a child over 5. The volunteer will address the emotional needs of the child during his/her medical experience in Israel.

Measures

1. Barton Hospital Picture Test (BHPT)

The Barton Hospital Picture Test (BHPT) is an instrument designed to elicit self-reports of stress in hospitalized children and will be administered at the beginning and the end of the intervention (Wilson et al 2007).

2. Child Interview

The child interview was designed to understand the impact that the Buddy has on the overall well-being of the child. The questions were adapted from the Inventory of Parent and Peer Attachment (Armsden & Greenberg, 1987), though modified to fit the design of this current study.

- Data will be collected both at initiation of intervention, after 4 weeks of intervention, and in the final week of child's stay in Israel

Limitations

Language barrier - Most children do not share a language with the volunteers & staff. The language barrier will be difficult to overcome in the sessions, and will be a limitation in collecting data

Small sample size - The original study includes only 5 children and 5 Buddies.

Insufficient child history - The child's family and emotional history is almost never known, and next to impossible to obtain.

Participants



The original study will consist of 5 children, between the ages of 5-12, who have traveled to Israel alone to receive open heart surgery. Each child will be paired with one "Buddy" for the duration of his/her treatment.

Procedure

Step 1 - Recruit high quality volunteers based on past professional and academic experience who will become "Buddies"

Step 2 - Provide comprehensive training to Buddies by SACH staff

Step 3 - Arrange formal introduction of Buddy to Single Child.

Step 4 - Buddy creates "Buddy Plan" based on his/her training which will include activities, lessons, and therapy sessions (where relevant)

Step 5 - Buddy continues to work with child for 3+ months at a minimum of 12 hours per week

Step 6 - Buddy will update his/her Buddy plan according to the needs and responses of the child, and the Buddy will keep a log after each session with his/her child



Conclusions

The conclusions of this study have the potential to greatly impact the experience of children undergoing invasive heart surgery in Israel

Relevant results can be extended to the entire volunteer program, and the Buddy Program could be implemented permanently into the program

Further studies might include a follow up comparing the emotional well being, especially in regards to how they recall their experience, of children who were enrolled in the Buddy Program vs. children who were not.