Emotional Social Support for Siblings of Hospitalized Children

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Master of Child Life

Nahoko Takasaki
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The Problem

Purpose of the Project

The purpose of this creative project is to bring awareness to siblings of hospitalized children and their needs, including psychosocial and developmental needs. The project is an activity book for each developmental age group: infant and toddler, preschool, school-age, and adolescent. Many parents and caregivers focus on their hospitalized children rather than their other healthy children. This is as it should be, but the siblings of hospitalized children also need attention and support. Therefore, the goal of this creative project is to help the siblings work through their emotions. They need opportunities to express their feelings and to learn coping skills to deal with their siblings’ hospitalizations and the changes in their family lives.

Importance of the Project

The creative project is designed to be an activity book for siblings of hospitalized children. Throughout the handbook, therapeutic tools and activities that help the siblings to work through their emotions are presented. Moreover, this play book helps the connection between the hospitalized children and their siblings through the activities.
Abstract

A hospitalization influences not only children with illness or injuries, but their family members. It is natural that parents tend to concentrate their attention on the hospitalized children. The healthy siblings need to adjust to receiving less attention and the changes in their family life. As a child life professional working in the hospital, it is important to make parents recognize emotional and behavioral changes of the healthy siblings and to provide support for them. This literature review will explore the influence of hospitalizations for the siblings, their coping styles with the hospitalization, emotional support for them, and ways to help bereaved siblings.
Emotional Social Support for Siblings of Hospitalized Children

Introduction

The sibling relationship is a complex and long-term relationship in one’s life. This special relationship influences self-concept and provides a safe place to build, test, and shape social skills (Bellin & Rice, 2009). Siblings interact with each sibling, so if an enormous change occurs for a sibling, the other siblings are also affected by the change. Hospitalization of a child leads to changes the whole family and brings anxiety for both parents and well siblings (Craft & Craft, 1989). It is natural that the hospitalized child becomes the center of the family life, and parents tend to focus on the hospitalized child rather than healthy siblings. However, the siblings also need attention and support from adults. This literature review will explore how the hospitalization influences siblings of hospitalized children, how they feel and react during the hospitalization, what kind of support is helpful for them, and how they cope with their siblings’ death.

Influence of Hospitalization for the Siblings of Hospitalized Children

The hospitalization of a child changes the whole family life style. The family goes to the hospital and continues the daily life at the same time. The hospitalized child is a center of the family life, so parents tend to focus on the child rather than other healthy children. “Parents are likely to be emotionally preoccupied with the ill child, and therefore may not be focused on problematic behavior in siblings” (Houtzager, Grootenhuis, Caron, & Last, 2005,
p. 37). Many studies showed discrepancies between perceptions of parents and siblings about sibling behavioral and emotional changes. Craft & Craft (1989) examined the level of parental and healthy sibling agreement in perceptions of sibling changes during the hospitalization. The results of this study demonstrated that parents and the siblings have a low level of agreement in their perceptions of effects the hospitalization on the siblings (Craft, & Craft, 1989). According to the results, the parents noticed regressions, such as bed wetting, but they did not notice the emotional changes and behavioral changes out of the house, such as wanting to spend time with parents and trouble concentrating at the school. The investigators found that the younger siblings and parents have especially a low level of agreement in their perceptions of sibling changes. Moreover, Sambuco, Brookes & Lah (2008) reviewed literature about the outcome of siblings of children with traumatic brain injury. In the literature review, they found that the siblings’ report, which is a level of psychological distress, is higher than the parents’ report.

Other studies also showed that young siblings reported more physical and motor problems than the parents (Houtzager, et al, 2005). The investigators inferred that many young siblings had few explanations of the hospitalization because many parents might think the siblings are too young to understand the situations and they can cope with everything because of their youth. Houtzager, et al (2005) observed that parents reported more positive emotions than the siblings.
Guite, Lobato, Kao, & Plante (2004) studied the impact of chronic illness and disability on siblings. They explored the relationship between sibling and parent reports of sibling responses to chronic illness and developmental disability. The findings indicated that the younger male siblings reported more sibling adjustment problems than other siblings. Moreover, the parents who reported more problems than the siblings tended to have negative impact of chronic illness and developmental disability on family’s social functioning (Guite et al, 2004). Parents who experience higher distress reported more physical problems in siblings (Houtzager, et al, 2005). In the study, Houtzager, et al, (2005) concluded the distressed parents’ report may be merely a reflection of parents’ own worry. Guite et al (2004) suggested that healthcare professionals need to provide additional support and services for parents who express high levels of anxiety or stress. Their findings also suggested using multi-method and multi-informant assessment strategies to assess sibling emotions and behaviors, especially for young children.

A descriptive study was conducted by Sloper (2000). This study has relied on the siblings’ reports and showed their emotional and behavioral problems. The participants who were 94 siblings of children with cancer had interviews at 6 and 18 months after diagnosis. According to the result of this study, 98% of the siblings reported some negative effects; loss of attention and status, loss of own and their families’ routines, and loss of security (Sloper, 2000). These problems had decreased 18 months after the diagnosis. Many siblings felt they
Support for Siblings

no longer have the same place and importance in the family as before. They also felt restrictions of their social lives and their holidays. They were shocked and fearful for the diagnosis (Sloper, 2000). The investigator mentioned that some siblings reacted positively to the situation, such as they understood the reasons for the life changes of the family and acquired support for their own needs.

Coping Styles of the Siblings

The siblings of hospitalized children have to adapt to the hospitalization, to changes in the family life, and to a decrease in attention from the parents. Moreover, coping with stress is in daily life for people, even young children. Each child has his or her own coping style, so it is important to find appropriate coping strategies for each child. Gold, Treadwell, and Vichinsky (2008) investigated the relevance of coping and sibling adjustment for critical situations. Gold et al, (2008) demonstrated the relationship between illness and demographic parameters, intervening variables and the outcomes of the sibling psychological adjustment. The participants were 97 siblings of children with sickle cell disease from 65 African-American families. This study was conducted by reviewing the charts and using the self-report questionnaires for the siblings and their caregivers. The result indicated that family adaptive processes which include family coping, support, expression, and low conflict positively affected sibling adjustment. Demographic parameters and family characters were not associated with sibling adjustment (Gold et al, 2008). The investigators mentioned that
parents performed as primary support givers for the siblings in this study, so the siblings and parents developed strong their bonds and spent for a long time together. They concluded that hospital visitation, psychological counseling, and treatment education may be beneficial opportunities for siblings to ask questions and to understand about the critical situations. In addition, the siblings’ psychosocial adjustment problems are difficult to recognize by parents, so the siblings need to receive particular attention (Houtzager, et al, 2005).

Support for Siblings

Siblings of hospitalized children have to adapt the idea that their brother or sister is ill and changing their roles in their families. They need to receive support from their family and society to cope with the critical event. Barrera, Fleming, and Khan (2003) explored the effect of emotional and social support on the adjustment of siblings of children with cancer. 72 siblings were divided into two groups; high social support and low social support. The results of this study indicated that siblings who had high social support showed fewer depression and anxiety and had fewer behavior problems than siblings with lower social support. The investigator suggested that siblings with low levels of social support may have problems of psychological adjustment, so they need to receive psychological interventions. Families and community members should recognize the beneficial effects of emotional social support on siblings to cope with stressful life event (Barrera et al, 2003).

Bellin and Rice (2009) studied the relationship between the quality of sibling
relationships in families of children with spina bifida and three factors: individual, family, and peer. According to the result of their study, only the family factor which is satisfaction with family functioning strongly related to the sibling relationships (Bellin & Rice, 2009). They concluded that if the siblings tended to report positively in their relationships with their siblings with spina bifida if they were satisfied with well communication with their families. For example, it is how their families respond to their own development and involve them to make decisions. Moreover, according to Sloper (2000), the siblings need to receive support to understand the situations and family disruption, to maintain their own interests and activities, and to express their feelings. In the study, Sloper (2000) mentioned that many parents were unsure about where to receive support, and they were not aware of the siblings’ needs. Therefore, it is important that health professionals draw the parents’ attentions to the siblings and help the parents to support the siblings. Good communication between medical staff and the family is crucial (Sloper, 2000).

A descriptive study, which explored the effect of the support group on sibling anxiety, was conducted by Houtzager, Groothenhuis, Last, and Kinderziekenhuis (2001). 38 siblings of children with cancer participated in the group. Although sibling have high anxiety levels before the group participation, their anxiety become less after the group participation. During the group sessions, the siblings learn new coping skills, enhance their understanding of their siblings’ illness and treatment, and share their experiences and emotions. Therefore, they can
Support for Siblings

diminish their anxiety through the sessions (Houtzager et al., 2001). The investigators insisted that appropriate information of the illness is related to anxiety reduction. The siblings can enhance feelings of control when they gain information about the illness. Many participants mentioned that they were reassured by being in a group with other children who have similar experiences. Therefore, they became less tense and easily expressed their feelings in the safe environment.

Art is one of supportive tool and providing psychological relief. Raghuraman (2002) who is an art therapist reported psychological effects on siblings of children with hearing loss in the family camp and summer sessions. The art therapist concluded that many hearing siblings were glad to take care of their brothers and sisters with hearing loss, but they also felt angry, jealous, anxious, and guilty. During the family camp and summer sessions, the siblings played art activities and spent with other children who had similar experiences to theirs. The author reported that the siblings seemed to enjoy drawing and talking to others about their pictures. In this art therapy, the siblings created four different types of art. At the first, the siblings were asked to draw family pictures. After the drawing, they shared the pictures and talked about their families and how important their families were for them. Second, the siblings drew positive and negative emotions. They chose positive or negative emotions about interactions with their siblings with hearing loss and drew the feelings. Some siblings showed their angers and dissatisfactions, and some of them drew their enjoyment and feeling
close bonds in their families. The siblings were also coloring and decorating their portraits. The purpose of this art activity was to know about their characters and to strengthen their self-esteem (Raghuroman, 2002). The author suggested making a feeling chart with their parents or their siblings with hearing loss for open communication. In the summer session, the siblings talked about emotions and identified each feeling as good or bad. The art therapist concluded that the siblings expressed, recognized, and understood their emotions through art.

The birth of a premature or critically ill newborn brings the family to a crisis. The siblings of infants who are in the neonatal intensive care units (NICU) also need support to adjust to the changes in family lives. The sibling education program helps the siblings to understand the hospitalization at the NICU and to strengthen family bonding (Speck, Miller, & Rohrs, 1993). In this program, the siblings visit their newborn siblings and play with a doll and several pieces of medical equipment that are commonly used in the NICU. Moreover, Munch and Levick (2000) reported the sibling night which consists of the parent group and the sibling group. The parents discuss child development and how to address the siblings’ needs in the program. The siblings are provided a workbook to express their feelings and they talk about their experiences and emotions. The authors concluded that this program is conducted by multidisciplinary members and the teamwork can address complicated needs of the siblings and parents.
Helping Bereaved Siblings

A sibling relationship is essential and interpersonal in the whole life. The death of a sibling may mean that the siblings who are survivors lose part of themselves. Thompson and Payne (2000) studied to determine what kind of questions bereaved children have and how doctors respond their questions. The questions were categorized into five groups; cause of death, lifespan, doctors, dead body, and grieving feelings. More than half of the children would like to know about the cause of death and particularly seemed to think how and why people have a disease. 29 questions were about the process of dying and living like how people die and live. In addition, the children who were age 9 to 11 were particularly interested in the concept of death, such as why people die. Small numbers of the children had questions for doctors, like why doctors cannot help people who are dying. Some participants would like to ask about the dead body, heaven, and grieving emotions, such as why some people cry and some don’t cry when they found out about the person’s death. The investigators concluded that although the doctor is the best person to answer the medical questions, it seemed to be difficult for the doctor to respond to emotion-focused questions. They also inferred that it is important to use imagery and to encourage children to participate in the explanation. For example, when a doctor explains cancer to a child, it is helpful to use Lego bricks to represent cancer and non-cancer cells. Moreover, responding a child’s question may contribute to enhancement of the child’s self-esteem. It is also crucial to
consider how a child cognitively and socially understands the answers.

Although bereaved siblings are physically separated from the brothers and sisters who died, their bonds continue forever. If the bereaved siblings feel emotional connections with their deceased brothers and sisters, the bonds help the siblings’ coping with the death. According to a literature review, bereaved siblings maintain the connections with the deceased by the brothers and sisters’ pictures, mementoes, memories, and prayer to them for protection during difficult times (Packman, Horsley, Davies, & Kramer, 2006). The authors inferred that many bereaved siblings search the meaning of their loss, and spiritual beliefs contribute to continue bonds. Moreover, when the bereaved siblings said or did negative things to the deceased, they suffer from feeling of guilt. If they could not say good-bye and apologize to the deceased, they are full of regret. The authors concluded that it is important to encourage the siblings to continue normal activities for working through their grief. Adults who are surrounding them should know that some siblings may not express verbally their feeling as adults and respect individual coping styles. They also need to realize that young children also experience grief and need attention. Open communication in the family is important, and it is useful to share memories with and express feelings about the deceased among the family. In addition, the surviving siblings need to be encouraged to enhance their self-confidence and establish their own life-goals. “It is useful to emphasize to siblings that finding ways of staying connected with the deceased child occurs naturally as a part of the
human experience of grief” (Packman et al., 2006, p.836).

It is helpful to encourage bereaved siblings to attend bereavement groups because they have opportunities to express and share their feelings with other bereaved siblings. A weekend program held for bereaved children, and they expressed their emotions through many activities, such as face painting, treasure hunt, and making a memorial book (Potts, Farrell, & Toole, 1999). The author concluded that the participants could grow their self-esteem, develop their understanding about themselves and others, and cope with grief.

This weekend program positively influences not only the siblings but their families. For example, many families openly discussed the death of their family members. Permission and honesty are crucial to support bereaved children (Potts et al., 1999).

Conclusion

The siblings of hospitalized children need to adjust changing their roles in their families and less attention from their parents. Many studies showed that the siblings reported adjustment problems that many parents do not realize. The siblings have their own coping styles and need to receive support. Emotional social support, special support groups, art therapy, and hospital visitation are helpful to cope with the crisis. Finally, it is important for bereaved siblings to respond to their questions and encourage them to continue the bond between themselves and their deceased brothers and sisters.
References


Procedure

Development/Approval of Project

I saw many siblings of hospitalized children that were confused about the healthcare environment. However, they often do not have opportunities to receive enough explanations about their brothers’ and sisters’ hospitalizations because their surrounding adults are too busy to support the hospitalized children. The unknown of brothers’ and sisters’ hospitalizations can cause anxiety, worry, and stress for the healthy siblings. Child Life services positively influence the healthcare environment for not only a child who is ill but for the whole family. Child Life offers developmental appropriate support for hospitalized children and their siblings with education, emotional support, and therapeutic activities.

How was the project developed?

This project is made for the siblings and their parents, and they may be able to express their feelings through this activity book at home. The book is divided into four sections; infants and toddlers, preschoolers, school-age children, and adolescents. Many coping skills are introduced in the book, and I considered developmental appropriate activities, pictures, and words for each section. The activities which are for young children are assumed that they play with their parents or caregivers. On the other hand, the activities of school-age children and adolescents are designed for them to work by themselves.

Who did you involve in the developmental process and why?
This project developed from experiences I have during the Child Life internship. Although the siblings and their families who I met were not directly involved in the process, I developed my ideas and searched through the interaction with them.

*Implementation*

It is helpful to provide appropriate sections for each sibling at the hospital from Child Life Specialists or other medical staff. For example, siblings need to express their feelings after they visit their hospitalized siblings. If the siblings cannot come to see the hospitalized children because of the hospital visitation rules or their ages, it is also effective to provide parents or caregivers the activity books with the explanation of how to use it and how much of a benefit it is for the siblings.
Evaluation

*Lori Lopez, Child Life Specialist at Riverside County Regional Medical Center*

This activity book is especially useful for siblings of children who need long-term hospitalizations such as cancer because they need the emotional support. Parents can easily understand in the infant and toddler section because the procedure was described step by step. The face sheets are definitely helpful to children to understand their emotions, and pictures and colors encourage children to perform the activities. The exchanging diary is extremely supportive for adolescents to express their feelings. She had an opinion on the introduction of the book. Although the introduction was academically and knowledgeably written, it may be difficult to understand for some families who have a low educational level. For example, they may be more familiar with the words “brothers and sisters” than “siblings”. Therefore, it is crucial to consider the family’s educational background.

*Monica Yerena, Child Life Specialist at the Riverside Community Regional Medical Center*

This project which has the beautiful and bright colors that are used throughout each activity is highly important to the sibling population at the hospital. The rationale and interventions apply to each developmental group in appropriate manner. The teen diary particularly would work well with patients and siblings. It is sometimes very difficult to verbalize how people are feeling, and it can open a new door to adolescences’ freedom of expression with sibling by journaling. It would be helpful to somehow include the Child Life
Specialist in processing feelings and debriefing after reading each entry. For the school aged children, it is important to put a face to what they are feeling and truly understand that feeling.

It is equally important to show positive coping skills when a sibling is feeling angry, worried, guilty or sad. Some children take their anger out in a physical manner which can be harmful. That is why Child Life Specialists teach them how to engage in a positive coping skill. It would be beneficial to include the teaching in the book.
I am Special too!

~Support for Siblings of Hospitalized Children~

An activity book for the siblings and their families
Preface

How to use this activity book

The sibling relationship is a unique and long-term relationship in one’s life. Each sibling interacts with each sibling and a sibling’s enormous change influence other siblings. A child’s hospitalization affects not only himself or herself but his or her siblings. It is natural that parents and caregivers tend to focus on the hospitalized child rather than their healthy children. However, the siblings also need to help to adjust to the changes in their family life.

This activity book is divided into four sections; infant/toddler, preschoolers, school-age children, adolescents. This book may help for the siblings to know how to express their feelings and cope with the crisis. Please work with your children and listen to them. It is a time to talk to them.
Infant/Toddler
~0-3 (Parents) ~
Infant Massage

Infants learn the new world through their senses, and touch is a very first sense in the life. They need plenty of positive touch to feel secure. Touch helps not only their physical development also emotional and social development. Massage can strengthen infants’ muscles and joints and help establish trustful relationships between parents and their babies. Moreover, the massage is also benefit for young children, and they enjoy time with their parents/caregivers.
Benefits of the massage

[For Infants/Toddlers]
- **Bounding**
  Positive touch makes them feel loved and valued and help develop attachment with their parents/caregivers

- **Communication**
  Massage helps to establish a nonverbal communication with parents/caregivers and to develop their self-esteem and sociability

- **Development**
  Massage can improve the circulation, respiration, digestion, and immune system

- **Relaxation**
  Have a fun time with their parents/caregivers

[For parents/caregivers]
- **Bounding**
  Touching helps develop attachment with children and allows them to express their love for children

- **Communication**
  The nonverbal communication enhance their relationships with their children and ability of providing the security

- **Confidence**
  They can improve their parenting skills through the massage. They learn to watch and interpret their children's reactions and facial expressions to touch

- **Relaxation**
  Enjoy the interaction with their children
Massage for Your Babies and Young Children

_Time_

_Quiet Alert_
It is the best time to provide massage when your baby or child is awake, quiet and still

_Engagement cues_
(Smiling, face bright, wide open eyes, raised eyebrows⋅⋅⋅)
If your baby or child stiffen, cries, or became irritable, it is a sign of a stop.

**Disengagement cues**
(Crying, no eye contact, falling asleep, turning away from you...)
An environment
It is important to set relaxed and comfortable environment for both of you.

- A warm place, 80 degrees Fahrenheit
- A quiet, calm atmosphere
- On a bed, sofa, the floor, or in your laps using a blanket, towel, cushion
- Soft bedding for the baby to lie on
- Soft brightness

Using Oil

Oil helps your hands move over your baby’s body smoothly. Natural oils are less irritate the skin and choose an organic variety if available. If you worry about your baby or child’s skin irritation, you can do a patch test before the massage. Through the patch test, you can make sure that your baby or child is not allergic to. Place a drop of oil on the inside of your baby’s wrist or ankle and check it after 20-30 minutes.

Natural, light, low-odor oils such as sunflower oil, grape-seed oil, and olive oil

Touching your baby
Support for Siblings

- Gentle touch and stroke
- Continue to make eye contact and talk to your baby during the massage
- Start from the legs, feet, arms and hands, and then front, back, head, and face.

**Toddler Massage**

Toddlers' attention spans are short because of their developmental age. It may be difficult to get your toddler to sit still, so try to provide massage into playtime and bedtime. Play games and sing songs that involve touch arms or legs, stroke the tummy or back, smiles and eye contact. This is a good time to strengthen a bond with your child!


Resources
Those books and groups may help you to find more information.

Books

- Alan Heath & Nicki Bainbridge (2004) *Baby massage - The calming power of touch*

- Lena Jelveus (2005) *Swedish child massage: A family guide to nurturing touch*

- Liddle Kidz foundation (2008) *Nurturing touch for the growing child*

Infant Massage Associations and groups

- Liddle Kidz Foundation  
  [www.liddlekidz.com](http://www.liddlekidz.com)

- International Loving Touch Foundation, Inc  
  [www.lovingtouch.com](http://www.lovingtouch.com)

- Infant Massage USA  

- International Association of Infant Massage  
  [http://www.iaim.ws/home.html](http://www.iaim.ws/home.html)
Preschoolers (4-6)
This book is for you!!

To children and their parents:

When kids get sick, sometimes they have to be in the hospital to get well. Their sisters and brothers stay at home and may miss them, like you. This book was made to give you some ideas to go through this difficult time. Please work with your children and listen to them. It's time to be with them!!
Tell Me About You...

My favorite color is ____________________________________________

My favorite food is ____________________________________________

My favorite movie is ____________________________________________

My favorite toy is ____________________________________________

My favorite thing to do is _________________________________________

My favorite animal is ____________________________________________

My favorite cartoon character is __________________________________
Your Family Portrait

Objective: To help children to remember the family bond.

[Let’s draw your family picture]

Who do you draw? ____________________________________________
How are You Feeling Today??

**Objective:** To help children understand feelings and make connections between their thoughts and feelings

**Instructions:**
1. Talk about each face and feeling (next page) When you feel the emotion
2. Cut the face sheet
3. Glue a face on the feeling chart every day and create original face too
4. Talk about your feelings/ Why you felt the emotions

☆ Feeling Cart ☆

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Making a Get Well Card

Objective: To help children connect with their hospitalized siblings

Drawing a picture for your brother or sister

To ___________________________ From ___________________________
School-Age Children (7-11)
To Children:

When kids *get sick*, sometimes they have to be in the hospital to get well. Their sisters and brothers stay at home and may miss them, like you. This book was made to give you some ideas to go through this difficult time.
Do You Know a Feeling of ...

**Objective:** To help children identify feelings and connect the words to the feelings that they have.

**Instructions:**

1. Think about the feelings and draw faces of the feelings.
2. Look at the face sheet (the following pages). Cut the faces and match feelings with the faces.
3. Talk about the feelings. When you have the feelings, etc.

Emotions:
- Angry
- Bored
- Worry
- Disgust
- Guilty
- Sad
- Happy
- Jealous
Fill in the Cylinder

Objective: To express feelings through a symbolic activity

Instructions:
① Think colors and feelings. Ex) Red is angry, green is happy
② Fill in the cylinder with colors, and images that come to your mind
③ The cylinder represents your mind and the colors show your feelings
You’re a Shining Star

Objective: To enhance self-esteem and reinforce positive self-image.

Instructions:
① Cut the stars
② Write the story of a good deed
③ Write your feelings; how did you feel to do this deed
④ Share your stars with your family and talk about the stories

I did:

I felt:

I did:

I felt:
A Letter for Your Sister or Brother

Objective: To reinforce the bonds that the child with his or her hospitalized sibling

Instructions: Write a letter for your hospitalized brother or sister. Write about yourself, school, and home, etc. You can also show your love for the brother or sister.

Dear

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

From
Adolescents (12-18)
To Teenagers:

When people get sick, sometimes they have to be in the hospital to be recovered. Their sisters and brothers stay at home and may miss them, like you. This book was created to give you some ideas to go through this difficult time.
Making Collage

Objective: To express teens’ feelings and display themselves

Instructions:

① Prepare construction paper, magazines, craft materials, markers, scissors, and glue
② Choose materials which are your favorite things and represent yourself
③ Glue the materials and draw
④ Share with your family and talk about your collage if you want
Bottling Anger/Worry

Objective: To express teens' anger and worry. To know how much they keep the feelings inside. To think that when people bottle anger and worry and they don't express the feelings, how the feelings affect their health.

Instructions:

1. Cut the shapes and prepare pieces of paper
2. Write the anger and worry you may have bottled up on the paper. Who? When? Where? Why?
3. Crush the paper and put it in a plastic bottle.
4. Talk about your feelings and the bottle.
Exchange Diary

Objective: To strengthen siblings' bonds through sharing their experiences and emotions

Instructions: Write in a diary with your siblings. When you write in the diary, give it to your hospitalized siblings. Your siblings write in the diary, and then back to you. You and your siblings can share feelings and experiences each other.
References


Lena Jelveus (2005) Swedish child massage: A family guide to nurturing touch


Rebecca Carman (2004) Helping kids heal - 75 activities to help children recover from trauma and loss