University of Cincinnati

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I, Michelle L Burbage B.A., hereby submit this original work as part of the requirements for the degree of Master of Science in Health Education (Public & Community Health).

It is entitled:
Children with Chronic Illnesses and their Siblings: Building Resilience and Optimism

Student’s name: Michelle L Burbage B.A.

This work and its defense approved by:

Committee chair: Laura Nabors, Ph.D.

Committee member: Rebecca Vidourek, Ph.D.
Children with Chronic Illnesses and their Siblings: Building Resilience and Optimism

A thesis submitted to the
Graduate School
of the University of Cincinnati
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requirements for the degree of

Master of Science

in the Department of Health Promotion and Education
of the College of Education, Criminal Justice, and Human Services

by

Michelle L. Burbage

B.A. University of Cincinnati, 2012

July 2014

Committee Chair: Laura A. Nabors, Ph.D., ABPP
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Abstract

The present study examined the development of a manual with activities designed to foster self-esteem and positive thinking among children. The activities were administered at a local Ronald McDonald House. Children with illnesses and their siblings participated in the study. The activity’s utility as well as the children’s satisfaction and enjoyment with the activities were assessed. Parent and staff member’s perceptions of the activities were also examined. Findings suggested that children learned what makes them special as well as happy via the activities. Most of the children reported they would use their activities in the future to remember what makes them happy. Results indicated that females were slightly more satisfied with the activities and enjoyed the activities slightly more than males. The same was true for siblings who were more satisfied, felt more positive and enjoyed the activities more than children with illnesses. The overall consensus from the parents, other family members and staff was that the manual was a wonderful tool to promote positive thinking. One parent and one grandparent also reported that the activities might be better suited for older children, as some concepts are difficult for younger children to understand. These findings should be considered when developing interventions that aid children with chronic illnesses and their siblings in reducing anxiety, increasing coping, and promoting self-esteem. Health care professionals can utilize the manual activities as a way to foster optimism and build resilience among children.
Table of Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABSTRACT</td>
<td>i</td>
</tr>
<tr>
<td>TABLE OF CONTENTS</td>
<td>1</td>
</tr>
<tr>
<td>LIST OF TABLES</td>
<td>2</td>
</tr>
<tr>
<td>LIST OF FIGURES</td>
<td>3</td>
</tr>
<tr>
<td>CHAPTERS</td>
<td></td>
</tr>
<tr>
<td>I. INTRODUCTION</td>
<td>4</td>
</tr>
<tr>
<td>II. METHODOLOGY</td>
<td>7</td>
</tr>
<tr>
<td>III. RESULTS</td>
<td>11</td>
</tr>
<tr>
<td>IV. DISCUSSION</td>
<td>15</td>
</tr>
<tr>
<td>V. REFERENCES</td>
<td>19</td>
</tr>
<tr>
<td>VI. APPENDICES</td>
<td>29</td>
</tr>
<tr>
<td>Appendix A Description of Pilot Activities, Illness, and Demographics</td>
<td></td>
</tr>
<tr>
<td>Appendix B Description of Intervention Activities, Illness, and Demographics</td>
<td></td>
</tr>
<tr>
<td>Appendix C Interview Questions/Scale</td>
<td></td>
</tr>
<tr>
<td>Appendix D IRB Approval</td>
<td></td>
</tr>
<tr>
<td>Appendix E Manual</td>
<td></td>
</tr>
</tbody>
</table>
List of Tables

<table>
<thead>
<tr>
<th>Table Number</th>
<th>Table Description</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Pilot Group Information</td>
<td>22</td>
</tr>
<tr>
<td>2</td>
<td>Intervention Group Information</td>
<td>23</td>
</tr>
<tr>
<td>3</td>
<td>Description of Activities</td>
<td>24</td>
</tr>
<tr>
<td>4</td>
<td>What The Children Learned During Activities</td>
<td>26</td>
</tr>
<tr>
<td>5</td>
<td>How The Children Will Use Their Art</td>
<td>27</td>
</tr>
</tbody>
</table>
List of Figures

<table>
<thead>
<tr>
<th>Figure Description</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Artwork of Wishing Well by a Young Girl</td>
<td>28</td>
</tr>
</tbody>
</table>
I. INTRODUCTION

An estimated 10.3 million children and adolescents in the United States have been diagnosed with a chronic illness (Algozzine & Ysseldyke, 2006). Children and adolescents with chronic illnesses suffer from a myriad of stressors including social stressors, everyday stressors, and illness-related stressors (Hampel et al., 2005). More specifically, chronically ill children may encounter painful medical procedures, social and peer isolation, school absences, recurrent hospitalizations, and restrictive treatment regimens (Hampel et al., 2005). Moreover, children who are diagnosed with a chronic illness are at greater risk for developing emotional and mental health problems (Barlow & Ellard, 2006). Chronically ill children and their siblings may be especially stressed if the child is facing medical procedures and is away from home. This is a time when chronically ill children and their siblings are in very high need of support and positive thinking.

An illness can also have a major impact on the siblings of chronically ill children. Research indicates that in families with chronically ill children, one-third of siblings suffer from behavioral and emotional functioning difficulties (Besier et al., 2010). Previous research suggests that siblings may not want to concern their parents and therefore attempt to suppress their feelings, which can lead to emotional problems (Vermaes, van Susante, & van Bakel, 2012). Vermaes et al. (2012) conducted a meta-analysis and found that siblings of chronically ill children had more externalizing and internalizing problems as well as fewer positive self-attributes. In addition, siblings may face many responses including guilt that they are not ill, jealousy due to lack of parental attention, and helplessness due to not being able to aid their sibling, which in turn can cause them and their parents stress (Nabors et al., 2013; Healthy Children, 2013). Moreover, older siblings and siblings of children with life-threatening illnesses
have a greater probability of developing psychological issues than siblings of children with nonlife-threatening illnesses.

The field of positive psychology attempts to improve one’s well-being, satisfaction with one’s past, hope, optimism for the future, and the present happiness of individuals (Seligman & Csikszentmihalyi, 2000). In regards to the individual level, this field focuses on an individual’s positive traits such as spirituality and resilience whereas the group level focuses on virtues such as responsibility, tolerance and altruism (Seligman & Csikszentmihalyi, 2000). Positive emotions and resilience build upon each other, which in turn can promote healthy emotional well-being (Fredrickson, 2001). Interventions that utilize positive psychology can decrease negative emotional problems and increase resilience among individuals.

Increasing resilience through the use of positive psychology is a way to counter the negative emotional and behavioral effects chronic illness has on children and their siblings. Alvord and Grados (2005) defined resilience as the skills, abilities, and attributes that allow individuals to deal with difficulties. Resilience is needed in order to prevent mental health concerns such as anxiety and depression as well as various other stressors (Davydov et al., 2010; Edward, 2005). Resilience among individuals can be improved via activities related to positive psychology as these exercises can build positive emotions, provide meaning to events, and increase engagement in life (Seligman, Rashid, & Parks, 2006). It is important to build family and child resilience in order to improve and enhance the mental wellbeing of chronically ill children and their siblings (Hamall et al., 2014).

Positive thinking and enhancing self-esteem are ways to decrease stress and increase confidence. Optimism is an individual attitude that reflects a person’s hopeful anticipation for the future (Carver, Scheier, & Segerstrom, 2010). Children who have been diagnosed with a chronic
illness are at greater risk for experiencing feelings of low self-worth (Pinquart, 2013). Thus, it is essential that children are provided an opportunity to combat negative emotions via interventions. Learning skills to boost optimism can decrease the odds of a child suffering from depression and increase self-esteem (Seligman, 1995).

Resilience-based activities can aid individuals in identifying their strengths, foster healing, and build positivity (Walsh, 2003). Resilience not only can facilitate hope but also assist in decreasing stress. According to Walsh (2003) building a positive outlook, hope, and affirming one’s strengths is important in building resilience. Moreover, constructing supportive networks and expressing emotions can promote resilience. Positive activities aimed at these processes can be utilized in order to encourage positive thinking and resilience in chronically ill children and their siblings.

A study conducted by Last, Stam, Onland-van Nieuwenhuizen and Grootenhuis (2007) found that a psycho-educational group intervention for children with chronic illness had a positive effect. The program development was based on the principles from cognitive behavior therapy. Children were taught how to ask about as well as explain their disease, enhance their positive thinking, practice relaxation techniques and improve their social competence through group discussions, role-playing and lessons. As a result of the program, children made improvements in various areas including behavioral and emotional outcomes, social competence, information seeking, relaxation and positive thinking. This suggested that a positive psychology intervention did increase resilient functioning and have a positive influence on chronically ill children.

Interventions central to the coping and positive psychology activities for the Penn Resiliency Project (PRP) to promote child coping served as a model for the intervention
developed for this study. The Penn Resiliency Project was designed for youth as a group intervention to build resilience and facilitate coping. In addition, the Penn Resiliency Project incorporated positive psychology factors such as hope, creativity, and critical thinking into the program. Resilience was broken into two areas: problem solving and coping. The lessons of this program consisted of teaching cognitive-behavioral and social problem-solving skills to the children in order to aid children in coping with difficult situations and emotions (University of Pennsylvania, 2007). For this project, children were introduced to resilience building skills via cartoons, stories, and role-playing. The PRP study was found to prevent high levels of depression and anxiety as well as have long-lasting positive effects on children.

The current exploratory study aimed to examine the development and impact of activities to build child self-esteem and positive thinking. The activities were designed to be administered in a group format and to feature use of drawing and painting to develop projects that the children could display in their rooms. The activity groups were administered at a local Ronald McDonald House and included both children with illnesses and siblings. This thesis presents results of a formative evaluation conducted in two phases. Phase 1 was designed to conduct pilot groups to develop activities and Phase 2 involved conducting further groups to assess the impact of activities as well as children’s satisfaction with the activities.

II. METHOD

Participants

Phase 1: Pilot Groups: All participants were residents or family members of residents at a Ronald McDonald House. A total of five pilot groups took place with 21 participants. These groups served as the initial testing phase of the manual activities. Ages of participants ranged from 2-15 (M = 5.6, SD =3.35) years. The majority of the participants were female (n = 13,
61%) as opposed to male (n = 6, 28.6%). Children with illnesses represented 47.6% (n = 10) of the participants, whereas siblings represented 52.4% (n = 11) of the participants. Information related to demographic characteristics of participants is presented in Table 1.

**Phase 2: Intervention Groups:** All child participants were residents or a family member of residents at a Ronald McDonald House. A total of ten intervention groups took place with 29 participants. Ages of participants ranged from 2.5-12 (M = 5.9, SD = 2.7) years. Sixteen participants were boys (55.2%) and 13 were girls (44.8%). Chronically ill children represented 55.2% (n = 16) of the intervention group whereas siblings represented 44.8% (n = 13) of the group. Information related to demographic characteristics of participants is presented in Table 2. Detailed information on the children, illnesses, and activities for each intervention group are presented in Appendix B.

In addition, two female staff members, one administrator and one director of activities as well as two mothers and three grandmothers provided feedback in regards to the manual activities. All of the adult participants were Caucasian.

**Manual Development**

For the current study a team of health professionals, one child psychologist, one child life specialist, and one health educator, developed activities for the manual. Nine activities were designed in order to promote and build optimism and hope in children with chronic illnesses (see Table 3).
These activities, such as the wishing well and listing of positive things about oneself, were developed based on the teams’ clinical experience. The team’s previous experience of conducting groups at RMH also influenced the development of these activities. The team decided which activities to add to the manual based on a consensus.

This project was conducted in two phases. In phase 1, groups were conducted to test the activities in the manual. The activity ideas were tested by five pilot groups at a Ronald McDonald House, which took place from July of 2013 until November of 2013; these pilot groups are described in Appendix A. Five activities were successfully conducted with children (see Table 1). These activities were included in the manual.

In December of 2013 the manual was created and by January of 2014 the manual was distributed for family use. Upon manual distribution, phase 2 was conducted; ten intervention groups took place from December of 2013 until April of 2014. Different manual activities were implemented across groups.

Instrument for Phase 2

A 4-point scale (1 = not at all; 4 = a lot) was used to assess the satisfaction of the children, how positive the activity made them feel, and how much they liked the activity (Appendix C). Children were asked 1) Did the activity make you feel satisfied? 2) How positive did the activity make you feel? 3) How much did you like the activity? In addition, two open-ended questions were also used to assess what the children learned and how they would utilize their artwork to help themselves after the group ended. The investigator reviewed all information from children’s responses to questions and interviews with adults to determine relevant themes in the data.
Procedures

Approval from the university institutional review board was received for this study stating that non-human subjects were used (Appendix D). Children, parents and grandparents were approached by one of the researchers and asked if the child would be willing to partake in the activity. Children who agreed to participate were shown an example of the activity and provided art supplies. Group leaders guided the participants in expressing themselves, stimulating optimism, and building resilience with the use of the activities during the group sessions. Participants evaluated all the activities in the final manual.

Phase 1: Pilot Groups: Researchers observed the reactions of the participants in order to evaluate whether the manual activities were fun for the children as well as easy for the parents to conduct. Researchers looked for enthusiasm from the children and if the child understood the activity. Researchers also observed activity feasibility to determine if the activities would be easy for parents to conduct.

Phase 2: Intervention Groups: Children’s impressions of the activities were evaluated via the five questions. In addition, a sample of the children’s parents and grandparents provided feedback about their perceptions of the activities in the manual. Parents and grandparents were asked to provide their perceptions of the activities in the manual and give feedback about the utility of the manual. Parents were asked various questions such as; 1) Do you like the activities? 2) Do you think they would be helpful for your child? 3) Do you have any other thoughts or concerns about the manual? A researcher recorded parents’ and grandparents’ responses and transcribed her notes. Staff members, one administrator, and one director of activities, were contacted by email and asked to offer their perceptions of the manual.
Data Analysis for Phase 2

Data analysis was performed using SPSS statistical software package (Version 21.0). Frequency distributions, means, and standard deviations were used to describe participants’ background characteristics and overall perceptions of the manual. T-tests with a bonferroni correction was used to analyze the difference between children with chronic illnesses and siblings as well as gender differences in children’s responses indicating how positive they felt, their satisfaction and their enjoyment after completing the activities. Bivariate correlations were used to analyze age differences in child satisfaction, child positivity, and enjoyment of the activities.

III. Results

Phase 1: Pilot Groups

A total of 21 children took part in the pilot groups. Researchers observed the five groups to see which activities were feasible for children and families to complete on their own. Activities that required a lot of time, materials, or appeared to not be fun for the children were eliminated for the intervention group. Based on the observations of the researchers, a painting activity was removed from the manual as the activity was found to be messy and problematic for the children to understand. In addition, I Am Thankful Cards was also removed from the finalized version of the manual. This activity not only required a lot of material such as numerous stickers, cards, and decorative supplies, but the children seemed to demonstrate a lack of interest with the activity. The final activities in the manual were: Things that make me Happy List, Wishing Well, I Am Special Weekly Calendar, Safe and Happy Heart, Dynamite Dinosaur, Warm and Fuzzy Poster, I am a “Supper Star” poster, Helping Hands Butterfly, and Tree of Support (Appendix E).
Intervention Groups

Mean ratings of child report of satisfaction with the activities were very positive ($M = 3.9, SD = .436$). Sixty-five percent ($n = 13$) of the participants reported feeling very positive and 35% ($n = 7$) reported feeling somewhat positive about participating in the activities. Children also reported high levels of satisfaction ($M = 3.65, SD = .489$) and enjoyment ($M = 3.66, SD = .795$) after completing manual activities. Out of the 21 participants, 95.2% ($n = 20$) reported feeling very satisfied and one child reported feeling somewhat unsatisfied. As for how much they enjoyed the activities, 81% ($n = 17$) cited enjoying the activities a lot, 9.5% ($n = 2$) reported enjoying the activities some, one child reported somewhat not enjoying the activities, and one other child cited not enjoying the activities at all.

In regards to what the children learned, the main themes for the activities included feelings of happiness and being special (See Table 4).

Insert Table 4 about here

In addition, support from others and their wishes were two other themes discovered. Children reported that the Fuzzy Poster, Superstar Poster, and Things that Make Me Happy List enhanced their understanding of what makes them feel joyful. Children cited that the Dynamic Dinosaur and Weekly Calendar activities taught them why they are unique. The Wishing Well provided the children the opportunity to think about their aspirations whereas the Tree of Support revealed to the children the people in their lives who support and care for them.

The most common theme for the question pertaining to how they would use their activities in the future was happiness (See Table 5).

Insert Table 5 about here
The other themes included remembering what makes them happy via the artwork, giving the artwork to others, and keeping the artwork for themselves. Children reported that their Fuzzy Poster, Dynamic Dinosaur, Superstar Poster, Safe and Happy Heart, Things that Make Me Happy List, and Tree of Support artwork would be used to remind them what makes them happy when they are feeling depressed. Children cited that the Weekly Calendar artwork would be used to remember what they did earlier that week whereas the Wishing Well and Helping Hands Butterfly artwork would be either given to family members and friends as a gift or kept for their personal use. In addition to increasing happiness, children reported that The Tree of Support artwork would be kept for their personal use.

Significant differences in satisfaction were not found based on gender, $t(1, 19) = -0.860$, $p = .400$. Inspection of the means suggested that females ($M = 4.0$, $SD = .000$) were more satisfied with the activities than males ($M = 3.83$, $SD = .577$). Significant differences in positivity as a result of participating in the activities were not found based on gender, $t(1, 18) = .772$, $p = .450$. Inspection of the means revealed that males ($M = 3.72$, $SD = .467$) felt more positive due to participating in the activity as opposed to females ($M = 3.55$, $SD = .527$). Significant differences in enjoyment of the activities were not found based on gender, $t(1, 19) = -1.115$, $p = .279$. Inspection of the means demonstrated that females ($M = 3.88$, $SD = .333$) enjoyed the activities slightly more than males ($M = 3.5$, $SD = 1.0$).

Significant differences in satisfaction were not found between siblings and children with chronic illnesses, $t(1, 19) = .951$, $p = .353$. Inspection of the means indicated that siblings ($M = 4.0$, $SD = .000$) felt more satisfied due to the activities than children with a chronic illness ($M = 3.818$, $SD = .603$). There were no significant differences in positivity between siblings and children with chronic illnesses, $t(1, 18) = 1.060$, $p = .303$. Again, siblings ($M = 3.777$, $SD = .440$)
reported slightly more positive feelings after completing the activities than chronically ill children \( (M = 3.54, \ SD = .522) \). Significant differences in enjoyment of the activities were not found between siblings and children with chronic illnesses, \( t(1, 19) = .179, \ p = .860 \). Siblings \( (M = 3.7, \ SD = .948) \) and children with a chronic illness \( (M = 3.63, \ SD = .674) \) both reported that they enjoyed completing the activities.

Bivariate correlations did not reveal age differences in child satisfaction, \( r = .252, \ p = .271 \ (n = 21) \). Moreover, the relationship among age and child positivity was not significant, \( r = -.199, \ p = .400 \ (n = 20) \). Lastly, no significant differences in enjoyment of the activities were found based on age, \( r = .268, \ p = .240 \ (n = 21) \).

**Parent Perceptions**

The overall consensus from the parents and other family members was that the manual was a wonderful tool to promote positive thinking. The main theme that parents cited was that the activities in the manual reinforced the children’s “positive attitudes.” One mother stated that the activities were, “great for building positivity and helping my child get out of his funk. He sometimes gets into a funk and I don’t know what to do. This would help.”

A grandmother who was taking care of her grandchildren also liked the activities. She said that the, “doctors don’t think about the kids feelings. They talk about death in front of them” and “they need to know there are great things going on.” This manual gives them hope and positivity so they can keep fighting. She also liked the manual as it “also gets the parents involved.” The grandmother explained how many of the parents at the RMH sometimes did not have the time to be involved with their children as they were stressed due to the child’s illness. Thus, helping their child with the activities gave parents a chance to connect with their children.
Even though the parents and family members felt that the manual could be helpful in stimulating positivity, two felt that the activities were of limited value for very young children such as toddlers and preschool age children. For example, one of the grandmother’s stated that this manual was not suitable for small children, and activities were better suited to work with older children. One parent did see areas for improving the manual and she mentioned how many of the activities may be hard for a child to understand without an in-depth explanation of their purpose. She also reported that the activity leaders should define the purpose of the activities and provide definitions of the words “happy” and “support” before providing the instructions and beginning an activity.

*Staff Perceptions*

Two staff members at the RMH, one administrator and one director of activities were interviewed. They expressed appreciation of and excitement about using the manual. Staff stated that the activities were great and one staff member insisted she was going to try a few of the activities with her children. Specifically, “I love the calendar about what makes them special!” Another staff member prepared to make the manual available to families. She stated, “We really do appreciate all the time and effort you put into the booklet.”

**IV. Discussion**

The present study found that the majority of children in the pilot and intervention groups enjoyed the activities. In addition, many of the children in the intervention groups felt satisfied as well as positive about partaking in the manual activities. Research indicates that learning skills to increase optimism, such as activities that utilize positive psychology, can lower the probability a child will suffer from depression and promote positive emotions (Seligman et al., 2006; Seligman, 1995). Thus, engaging in the activities may be a protective factor for children with
illness and their siblings, while they are coping with stress related to having a medical illness and residing with a sibling who is coping with a chronic illness.

Moreover, the main themes regarding what the children learned included happiness and being special. Children reported that the activities not only revealed what makes them happy, but also guided the children in showing them what personal qualities and strengths make them unique. Previous research has shown that children with chronic illnesses are at increased risk for experiencing feelings of low self-worth (Pinquart, 2013). Thus, it is vital that activities, which enhance self-esteem, are utilized. Furthermore, when asked how they would use their activities, the most common response was that they would use their artwork to help them remember what makes them happy. As stated, this supports the notion that resilience-based activities can help increase positivity and optimism among individuals (Walsh, 2003).

Differences between boys and girls and children with illnesses and siblings of children who were ill were not significant. Regarding gender differences, females reported being more satisfied with the activities and enjoying the activities more as opposed to male children. Previous studies have indicated that among children, females use different coping strategies than males (Hampel & Petermann, 2005). Females tend to utilize problem solving and social support as a method of coping (Eschenbeck, Kohlmann, & Lohaus, 2007). This may have been an influencing factor as to why females rated the activities higher than the males since the activities provided the children an opportunity to work through their problems as well as communicate with other children and adults. In addition, siblings reported being more satisfied with the activities, feeling more positive after participating in the activities, and enjoying the activities more as opposed to children with chronic illnesses. No age differences were found for the current
study. This could be due to the sample size and with more participants, differences based on the age level of the children may occur.

In terms of parent and staff factors, most reported that the manual activities could aid in strengthening children’s positive attitudes. Two of the parents and grandparents also reported that some of the activities might be challenging for young children to understand. Based on the parent and grandparent feedback, future research can elaborate on the manual by adding activities that are more suitable for younger children such as activities that focus on drawing their feelings and emotions instead of listing and drawing what makes them happy or special.

Limitations

Limitations of the current study included lack of a comparison group and small sample size. Moreover, causal relationships could not be determined as the study was cross-sectional. Furthermore, the activities were created for older children and this may have impacted the younger children’s understanding of the questions and in turn influenced their responses. Also, the data was self-reported by the children making social desirability bias a possible contributing factor in the data. Children may have enjoyed working with the research team rather than actually liking the manual activities and this could have caused them to provide positive evaluations of the activities. Children may have also reacted to the gender of the research team. Females may have rated activities differently than the male children as they worked with a research team comprised of females. Moreover, the children may have provided a positive assessment of the activities as they received one-on-one attention from the research team and therefore were reacting to the attention they received. Lastly, participants were recruited from one Ronald McDonald House, thus limiting the generalizability of the study findings to other children living at home or in other geographical regions.
Conclusions

The findings supported the need for boosting optimism and resilience among chronically ill children and their siblings. The findings may be valuable in conducting interventions that aid children with chronic illnesses and their siblings in reducing anxiety, increasing coping, and promoting self-esteem. Health care professionals can utilize the manual activities as a way to foster optimism and build resilience among children. Further research is warranted in order to determine if the manual activities have long-term effects in maintaining optimism and resilience among siblings and children with chronic illnesses. Future research may also consider investigating the possible impact the activities have on increasing family resilience and coping as well as if parents can implement the activities without guidance from a volunteer.
References


Table 1. Pilot Group Information

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<tr>
<td>3</td>
<td>I am a “Super Star” poster</td>
<td>1 Male 2 Females</td>
<td>2</td>
<td>1</td>
<td>2 Caucasian 1 Hispanic</td>
</tr>
<tr>
<td>4</td>
<td>Safe and Happy Heart</td>
<td>1 Male 1 Female</td>
<td>1</td>
<td>1</td>
<td>2 Caucasian</td>
</tr>
<tr>
<td>5</td>
<td>Things that Make Me Happy List</td>
<td>1 Male 2 Females</td>
<td>1</td>
<td>2</td>
<td>2 Caucasian 1 African-American</td>
</tr>
<tr>
<td>6</td>
<td>I Am Special Weekly Calendar</td>
<td>2 Males 1 Female</td>
<td>1</td>
<td>2</td>
<td>3 Caucasian</td>
</tr>
<tr>
<td>7</td>
<td>Wishing Well</td>
<td>2 Males 3 Females</td>
<td>3</td>
<td>2</td>
<td>4 Caucasian 1 Hispanic</td>
</tr>
<tr>
<td>8</td>
<td>Helping Hands Butterfly</td>
<td>1 Male 1 Female</td>
<td>1</td>
<td>1</td>
<td>2 Caucasian</td>
</tr>
<tr>
<td>9</td>
<td>1. Helping Hands Butterfly</td>
<td>3 Males</td>
<td>1</td>
<td>2</td>
<td>1 Caucasian 2 Asian</td>
</tr>
<tr>
<td></td>
<td>2. Tree of Support</td>
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<tr>
<td>10</td>
<td>Wishing Well</td>
<td>3 Males</td>
<td>2</td>
<td>1</td>
<td>2 Caucasian 1 Greek</td>
</tr>
<tr>
<td>Activity</td>
<td>Instructions</td>
<td></td>
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<tr>
<td>Things that Make Me Happy List</td>
<td>Help your child discuss what makes him or her happy, then make a picture and list the items and draw a picture beside each one so that your child can recognize the items on the list. Try to mention or do one thing on the list every day for a week!</td>
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</tr>
<tr>
<td>Wishing Well</td>
<td>Have your child share his or her wishes for a wishing well. Draw a wishing well and have your child make a wish and color a special spot on the wishing well. Talk to your child about his or her wish and if possible try to help make the wish come true for your child.</td>
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</tr>
<tr>
<td>I Am Special Weekly Calendar</td>
<td>Write one special thing a day about your child on a calendar or post it on a mirror in his or her room. Or, have your child draw a picture with your help of one special thing each day for a week. Talk about what makes your child special and wonderful with him or her.</td>
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<td></td>
<td></td>
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</tr>
<tr>
<td>Safe and Happy Heart</td>
<td>Draw a large heart on a piece of paper. Help your child make a list of all the things that make his or her heart feel happy and safe. Put the list next to the heart and help your child illustrate the picture. Then, when your child needs a pick-me-up get the picture and go through the list and recapture or re-enact the things that lift his or her spirits.</td>
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<tr>
<td>Dynamite Dinosaur</td>
<td>Draw a dinosaur with three squares or circles on its shell or back. Let the child know that this is a Dynamite Dinosaur where the child can list 3 good things about him or herself. Have the child list the 3 good things.</td>
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<tr>
<td>Warm and Fuzzy Poster</td>
<td>Have the child create a list of things that make him or her feel good-- warm and positive. Then for each idea, glue a cotton ball on a piece of cardboard or a piece of construction paper. Keep the list of warm fuzzies to recall and review when a pick-me-up is needed.</td>
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</tbody>
</table>
| I am a “Super Star” poster            | Draw a star on a piece of construction paper or
purchase some felt and cut out a star and glue it on a piece of construction paper. Have the child decorate the star with stickers or color it. Then, make a list of all the ways in which your child is a superstar! Draw pictures next to each thing and keep the superstar poster and hang it in a special place so that your child can go over things that are special about him or her when needed!

Helping Hands Butterfly
Have your child hold his or her hands together -- with thumbs next to each other on a piece of paper. If your child can’t hold his or her hands together don’t worry about it. Trace your child's hands and it will make a butterfly shape. Color in the butterfly and put a sky around it. Let you child know it is a helping hands butterfly and ask him or her what helps with coping and have a list of ideas for helping your child cope handy-- along with some cool art!

Tree of Support
On a piece of paper draw the trunk and branches of a tree. Then, you and your child can add some leaves. On each leaf write down someone that is a support to your child. Have your child picture that person or make a plan to contact them. As you do this exercise you have a chance to process how loved and special your child is.
<table>
<thead>
<tr>
<th>Activity</th>
<th>Learned Themes</th>
<th>Quotes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fuzzy Poster</td>
<td>Happiness</td>
<td>“I learned what made me happy”</td>
</tr>
<tr>
<td>Dynamic Dinosaur</td>
<td>Being Special</td>
<td>“I learned what makes me special”</td>
</tr>
<tr>
<td>Superstar Poster</td>
<td>Happiness</td>
<td>“When you are upset you can look at it and be happy by looking”</td>
</tr>
<tr>
<td>Safe and Happy Heart</td>
<td>N/A</td>
<td>“I don’t know”</td>
</tr>
<tr>
<td>Things that Make Me Happy List</td>
<td>Happiness</td>
<td>“I learned how it is important to make stuff. I learned what makes me happy”</td>
</tr>
<tr>
<td>Weekly Calendar</td>
<td>Being Special</td>
<td>“What makes me special and what to do”</td>
</tr>
<tr>
<td>Wishing Well</td>
<td>Their Wishes</td>
<td>“I learned lots of stuff, coloring and wishes”</td>
</tr>
<tr>
<td></td>
<td></td>
<td>“My wish”</td>
</tr>
<tr>
<td></td>
<td></td>
<td>“help all the children not to feel sad and chance to meet other children”</td>
</tr>
<tr>
<td>Helping Butterfly</td>
<td>N/A</td>
<td>“Nothing”</td>
</tr>
<tr>
<td>Tree of Support</td>
<td>Support from Others</td>
<td>“I learned who helps me”</td>
</tr>
</tbody>
</table>
Table 5. How the Children Will Use Their Art

<table>
<thead>
<tr>
<th>Activity</th>
<th>Themes</th>
<th>Quotes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fuzzy Poster</td>
<td>Happiness</td>
<td>“When I get upset or sad or something I will look up at the poster and read it to be happy”</td>
</tr>
<tr>
<td>Dynamic Dinosaur</td>
<td>Happiness</td>
<td>“I will look when I am sad to be happy”</td>
</tr>
<tr>
<td>Superstar Poster</td>
<td>Happiness</td>
<td>“I will use it when I am upset”</td>
</tr>
<tr>
<td>Safe and Happy Heart</td>
<td>Happiness</td>
<td>“I will look at this poster in my room. It will cheer me up.” “my poster will help me feel better if I am worrying about my brother”</td>
</tr>
<tr>
<td></td>
<td></td>
<td>“It will help me remember my family and friends. It will help cheer me up and I like football”</td>
</tr>
<tr>
<td>Things that Make Me Happy List</td>
<td>Happiness</td>
<td>“Give it to my mom to be happy”</td>
</tr>
<tr>
<td></td>
<td></td>
<td>“I will give it to my Grammy or mom to show them what makes me happy”</td>
</tr>
<tr>
<td>Weekly Calendar</td>
<td>Remembering</td>
<td>“Use it for the days to look at”</td>
</tr>
<tr>
<td>Wishing Well</td>
<td>Give to Others; Keep It</td>
<td>“I will give it to my family”</td>
</tr>
<tr>
<td></td>
<td></td>
<td>“It is pretty. Give it to mom”</td>
</tr>
<tr>
<td></td>
<td></td>
<td>“Give to friend at RMH”</td>
</tr>
<tr>
<td></td>
<td></td>
<td>“Put in my room”</td>
</tr>
<tr>
<td>Helping Butterfly</td>
<td>Give to Others; Keep It</td>
<td>“Give it to my brother”</td>
</tr>
<tr>
<td></td>
<td></td>
<td>“I will keep it”</td>
</tr>
<tr>
<td>Tree of Support</td>
<td>Happiness; Keep It</td>
<td>“Put on my fridge to make myself happy and to cheer up”</td>
</tr>
<tr>
<td></td>
<td></td>
<td>“Keep it”</td>
</tr>
</tbody>
</table>
Figure 1. Artwork of Wishing Well by a Young Girl.
Appendix A

*Description of Pilot Activities, Illness, and Demographics*

The first pilot group consisted of three participants. The positive activity that was implemented was “Safe and Happy Heart”. For this activity, the children cited what made them feel protected and joyful. One of the children was a four-year-old Caucasian female who recently had surgery for Cloacal Anomaly. The next participant was a three-year-old Ecuadorian and Puerto Rican female. She was at RMH in order to receive a bone marrow transplant and chemotherapy to treat Hemophagocytic Lymphohistiocytosis cancer. Lastly, a sibling of a child with Convergence Insufficiency participated in the pilot group. The child was a four-year-old Caucasian female who reported that her sister recently received a liver transplant.

The second pilot group consisted of two participants. The children created a “Happy List” and reported what makes them feel happy as well as made wishes in the “Wishing Well”. A three-year-old Caucasian female attended the group. Her two-year-old brother was diagnosed with brain stem cancer. The other participant was a 4-year-old Caucasian female with two brothers and one sister. The participant was waiting for a colostomy. She was born with an imperforated anus, which had previously been corrected via surgery.

The third pilot group completed three positive activities. For “Painting Hands”, children had their hands painted and expressed how the paint and brush made them feel. “Fuzzy Poster” provided the children an opportunity to think about what makes them feel warm and happy. The participants listed what made them special for the “Dynamite Dinosaur” activity. Four children were present for the activities. A 4-year-old Caucasian male was a sibling to a chronically ill brother. He had a total of six brothers and sisters. The next participant was a 5-year-old female. She was from the Middle East and spoke little English. The participant suffered from a colon
problem and had one sister aged 1 ½. The next two children did not participate in any of the activities, as they were too young to understand. One was an 8-month-old who was diagnosed with Herpes and Encephalitis. The other child was a 14-month-old who was nonverbal, suffered from seizures and had CP.

The next group consisted of five children. The activities implemented included “Painting Hands” and “Superstar Poster” in which children listed what makes them special. A sibling of a child with a head injury participated in the pilot group. The 11-year-old Caucasian male reported that his brother was in the trauma center due to an accident at work that resulted in a head injury. Another participant was a 9-year-old Caucasian female with 4 younger brothers. Her one brother was at RMH as he was born 16 weeks premature. One of the children was a four-year-old Caucasian female who recently had facial reconstruction as she was born without a jaw and suffered from other facial deformities. Another child was an 8-year-old biracial female who was in the process of getting her anus and vagina rebuilt. The child was born without a vagina and had various anal deformities. She had one brother who was 11 years of age. Lastly, a 2-year-old Caucasian female joined the group. Her brother had Wiscott Alderich Syndrome and was receiving a bone marrow transplant.

The final pilot group consisted of six children. The participants made “I am Thankful Cards” to show their loved ones what or who they are grateful for. A 15-year-old Caucasian female who was waiting to undergo a heart transplant due to Cardiomyopathy attended the group. The next three participants were brothers. All three were Caucasian. One was a 4-year-old child who had food allergies, kidney problems and a sensory processing disorder. The other brothers were aged 9 and 6. The next participant was a 3-year-old Caucasian male. His brother, aged 7, had cancer. Another child, aged 3 and Caucasian, also had a brother, aged 1, with cancer
who was undergoing a bone marrow transplant. The last participant was a 6-year-old Caucasian female. She is the sibling of a 13-year-old male who is in isolation due to a bone marrow transplant. He had aplastic anemia and she was the bone marrow donor.
Appendix B

Description of Intervention Activities, Illness, and Demographics

The first group consisted of two siblings. The activity implemented was the “Fuzzy Poster” A 10-year-old Caucasian female diagnosed with CI attended the group. She had two brothers, one that attended the activity with her and another that was ill. The other participant was a Caucasian male, aged 8, who also had CI.

The second group comprised of 3 participants who completed a “Terrific Balloon”, “Dynamic Dinosaur”, or “Tree of Support”. The “Terrific Balloon” activity asked the children to list three reasons they are wonderful whereas the “Tree of Support” consisted of listing people who have helped them through the illness. The first participant was a 6-year-old Caucasian female. She had one brother, aged 13, who is ill with Aplastic Anemia and needed a bone marrow transplant. Her other sibling was a 16-year-old female. The other female in the group was a 6-year-old Caucasian with 3 siblings, aged 20, 18, and 15. She was suffering from NK cell deficiency and EDS. In addition, a Caucasian male, aged 8, with Hirschsprung disease joined the group.

The third group had three participants. The activity implemented was “I am a Super Star” poster. One child was a 9-year-old Caucasian female with five brothers and one sister. Her 5-month-old sister was having a new airway built. Another participant, a 7-year-old Hispanic female, also attended the group. Illness is uncertain as the participant did not want to explain but she did mention wearing a diaper due to the illness. The last child was a Caucasian male, aged 3. He did not have any siblings and was diagnosed with Bladder Exstrophy.

The fourth group had two participants that created “Safe and Happy Hearts”. A 7-year-old Caucasian male with acute lymphoblastic leukemia attended the group. He had one brother
and one sister. A Caucasian female, aged 6, with one brother and one sister also completed the activity. Her brother was ill and receiving a transplant.

Three participants were present for the fifth group. The children created a “Happy List”. The first participant was a Caucasian female, aged 4. She had one brother who needed a bone marrow transplant and gall bladder removal. Both children suffer from epilepsy. The next participant was a 3-year-old Caucasian female. Her brother was diagnosed with Wiskott Aldrich Syndrome. In addition, an African-American male, aged 9 joined the group. He was undergoing airway reconstruction.

The sixth group created “Weekly Calendars” which focus on what the children did each day of the week that was special to them. This group consisted of three Caucasian children. One was a 2 ½ years old male with one brother who was diagnosed with Down Syndrome. The other male participant was a 9-years-old with two brothers. He was suffering from colorectal cancer. Lastly, a 6 years old female with one brother, aged 13, and one sister, aged 16, participated in the group. Her brother had Aplastic Anemia and needed a bone marrow transplant.

The next group had five participants which complete “Wishing Well” posters. One was a Caucasian male, aged 6, diagnosed with cancer. Another participant was a Caucasian female, aged 8, in need of a liver transplant. Moreover, a 3-year-old Caucasian female attended the group. Her 18-month-old brother was diagnosed with Wiskott Aldrich Syndrome. The other participate was a 3-year-old Caucasian male with three brothers. His 8-year old brother was diagnosed with a Wilms Tumor and kidney cancer. His other brother, aged 2, had Down syndrome. The last participant was a 4-year-old Hispanic female. Not sure of illness.
The eighth intervention group consisted of five children. The activity implemented was “Helping Hands Butterfly” in which the children listed ways they can help others. The first participant was an 8-year-old Caucasian female in need of a liver transplant. Another child, a 3-year-old Caucasian male, also partook in the group. His 8-year-old brother was diagnosed with a Wilms Tumor and kidney cancer. His other brother, aged 2, had Down syndrome.

The next group comprised of three participants, all brothers. The activities completed included “Tree of Support” and “Helping Hands Butterfly”. One child was 6-years-old and Chinese whereas the other was 4-years-old and Chinese. Their other brother, Caucasian and aged 3, suffered from colorectal problems and GI issues.

The last group involved three children that made a “Wishing Well”. One was a Caucasian male, aged 4, with Apraxia. His 4-month-old sister was staying at RMH for Spina Bifida. She also had organs on the outside of her body as well as no vagina or anus. Another participant was a 3-year-old Caucasian male with GI. Lastly, an eleven-year-old male from Greece took part in the group. He had one sister aged 6. The male suffered from colostomy.
Appendix C

*Interview Questions/Scale*

Questions Asked With Scale:

1. Did the activity make you feel satisfied?
2. How positive did the activity make you feel?
3. How much did you like the activity?

Questions Asked Without Scale:

4. What did you learn?
5. How will you use your art poster?
Appendix D

IRB Approval

TO: Laura Nabors, PhD
Department of School of Human Services
ML 0068

FROM: Mike Linke, Ph.D., Chairman
University of Cincinnati
Institutional Review Board

DATE: February 6, 2012

RE: Children’s Hope Service Groups

Please be advised that I have reviewed the study referenced above as outlined in your submission to the IRB, and have determined that the work described in this project is not research involving human subjects.

Thank you for your continued compliance with the Board’s requirements with regard to your research activities.

Please note: This approval is through the U.C. IRB only. You may be responsible for reporting to other regulatory officials (e.g., VA Research and Development Office, UC Health-University Hospital). Please check with your institution and Department to ensure you have met all reporting requirements.
Children are Special Activities to Raise Hopes, Promote Fun, and Encourage Positive Thinking!

Best Wishes, The Children, Community and Health Research Team, Health Promotion and Education Program, School of Human Services, in the College of Education, Criminal Justice and Human Services at the University of Cincinnati

Manual Development by:
Michelle Burbage and Laura Nabors from the Children, Community and Health Research Team
The Children, Community and Heath Team provided help as well and they are: Nhung Hoang, Chia-Laing Dai, Jenny Bartz, and Ching-Chen Chen
Assistance also provided by Cathy Wash, School of Human Services, in the College of Education, Criminal Justice and Human Services at the University of Cincinnati
Activity 1: Happy List

Instructions:

Help your child discuss what makes him or her happy, then make a picture and list the items and draw a picture beside each one so that your child can recognize the items on the list. Try to mention or do one thing on the list every day for a week!

Materials Needed:

- Construction paper
- Crayons
- (Optional) Stickers
Activity 2: Wishing Well

Instructions:

Have your child share his or her wishes for a wishing well. Draw a wishing well and have your child make a wish and color a special spot on the wishing well. Talk to your child about his or her wish and if possible try to help make the wish come true for your child.

Materials Needed:

• Construction paper
• Crayons or paint
Activity 3: I am special weekly calendar

Instructions:
Write one special thing a day about your child on a calendar or post it on a mirror in his or her room. Or, have your child draw a picture with your help of one special thing each day for a week.
Talk about what makes your child special and wonderful with him or her.
In our weekly calendar a child said he or she had a special day when watching a movie, going to the zoo, or getting a hug from his or her parent! Once a parent knows of these things, it is a great list to have to cheer your child and raise his or her spirits.

Materials Needed:
• Calendar or construction paper
• Crayons
Activity 4: Safe and Happy Heart

Materials Needed:

- Construction paper
- Crayons

Instructions:

Draw a large heart on a piece of paper. Help your child make a list of all the things that make his or her heart feel happy and safe. Put the list next to the heart and help your child illustrate the picture. Then, when your child needs a pick-me-up get the picture and go through the list and recapture or re-enact the things that lift his or her spirits. For example, one little girl had us write next to her heart that going to the lake for a visit with her family was fun as was spending time with her dog. We helped her imagine these things and "make a picture of the good times in her mind" and this helped her to reduce feelings of "missing home."

Another little girl reported that she liked chocolate, a blankie and the Woah Woah song from Bruce Springstein -- and her parent helped her write this next to her heart. She and her parent promised to sing the song she liked every day and her parent went out and bought the girl a blankie and she felt more at home! Thus, this small art activity gave the parent an idea of how to cheer a little one!
Activity 5: Dynamite Dinosaur

Instructions:

Draw a dinosaur or turtle with three squares or circles on its shell. Let the child know that this is a Dynamite Dinosaur or Terrific Turtle where the child can list 3 good things about him or herself. Have the child list the 3 good things and write them in a box. Then, let the child decorate the picture!

Materials Needed:

• Construction paper
• Crayons
Activity 6: Warm and Fuzzy Poster

Instruction:

Have the child create a list of things that make him or her feel good-- warm and positive. Then for each idea, glue a cotton ball on a piece of cardboard or a piece of construction paper. Keep the list of warm fuzzies to recall and review when a pick-me-up is needed. And, of course, decorate the paper!!!

Materials Needed:

- Construction paper or cardboard
- Crayons
- Cotton Balls
- Glue
Activity 7: I am a “Superstar’” Poster

Instruction:

Draw a star on a piece of construction paper or purchase some felt and cut out a star and glue it on a piece of construction paper. Have the child decorate the star with stickers or color it. Then, make a list of all the ways in which your child is a superstar! It may be because he or she is good at jump rope, likes to play and dance, or is a good friend. Draw pictures next to each thing and keep the superstar poster and hang it in a special place so that your child can go over things that are special about him or her when needed!

Materials Needed:

- Construction paper
- Crayons
- Glue
- Felt
- Stickers
Activity 8: Helping Hands Butterfly

Instructions:

Have your child hold his or her hands together -- with thumbs next to each other on a piece of paper. Trace your child's hands and it will make a butterfly shape. Color in the butterfly and put a sky around it. Let your child know it is a helping hands butterfly and ask him or her what helps with coping and have a list of ideas for helping your child cope handy—along with some cool art!

Materials Needed:

- Construction paper
- Crayons
Activity 9: Tree of Support

Instructions:

On a piece of paper draw the trunk and branches of a tree. Then, you and your child can add some leaves. On each leaf write down someone that is a support to your child. Have your child picture that person or make a plan to call them. As you do this exercise you have a chance to process how loved and special your child is.

Materials Needed:

- Construction paper
- Crayons