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EDITORIAL

Educating and counseling children about physical health

The amount and variety of research in patient education and counseling has increased substantially during the last decades [1]. However, studies that aimed at children are still relatively scarce. In this special issue, a review is presented of recent studies on educating and counseling children about their physical health and illness. The title of this issue implies some conceptual choices, which we will explain in this introduction. In addition we will argue for the importance of using models and theories in the field of education and counseling for children.

Without neglecting the role of parents or teachers in educating and counseling children, our main focus of interest is the *children* themselves. Children have their own characteristics, conditions and experiences, which should be taken into consideration during medical encounters. This issue includes studies with children up to 18 years of age. Some of the contributions focused on young children (age 0–12 years) [2–6], some on adolescents (age 12–18 years) [7–9] and others on both young children and adolescents [10–14].

The need for special attention to children is illustrated by Pyörälä, who studied their participation roles in the dietary counseling of diabetics. She found that the role of the child patient decreased, when the number of adult participants increased [14]. Like adults, children deserve a ‘patientcentered’ approach. Such an approach implies the activation of the person to take some control during the process or the eliciting and discussion of the person’s views and needs [15]. The contribution of Koopman et al. illustrates this by presenting developmental stages in children’s views on illness and health related concepts [5]. Hämeen-Anttila et al. studied children’s cognitions as well. They tested if pictograms improve children’s understanding of medicine leaflet information. They found that even well-understood pictograms did not help the children understand the leaflet information, although they reduced the need for probing [4]. Bruzzese et al. stressed that adolescents need their own approach. Although prevalence of asthma is higher among adolescents than among children, few self-management programs have been developed for adolescents. They designed a program focusing on the developmental transitions in cognition, knowledge, autonomy, identity development, and peer relations in terms of their influence on adolescents’ management of asthma [8]. DiMatteo et al. considered the challenges due to transition to adolescence as well. In their review they examine adherence to pediatric regimens in the context of communication among providers, pediatric patients, and their families [10].

The two related concepts this journal is dedicated to, *education* and *counseling*, are covered in this issue. In this journal, patient education is defined as a planned learning experience, which influences patient’s knowledge and health and illness behavior. A combination of methods can be used, such as teaching, behavior modification techniques and counseling. Counseling is an individualized process involving guidance and collaborative problemsolving, to help the patients to better manage their health problem. In this issue we have several contributions that primarily aim at counseling [2,11,13,14]. For instance, Chesson et al. reviewed studies to examine the needs of children with chronic physical

illness. They discussed how the children's needs may be met by counseling, and made recommendations regarding counseling services. They defined counseling as 'a skilled dialogue in which one person helps another who has some personal difficulty that is important to him/her' [2]. Furthermore, one study in this issue is covering both education and counseling [6] and seven studies aimed at education other than counseling [3–5,7–10,12]. For instance, Defoche et al. evaluated changes in physical activity and psychosocial determinants in youngsters treated for obesity. The amount of physical activity as well as social support by family members increased during the intervention, but decreased following treatment [12]. Colland et al. studied poor adherence to self-medication instructions in children with asthma and their parents. They found that only an individually tailored and multi-component program improve patient's selfregulation [3].

Thirdly, the title includes the concept *physical health*. According to the definition of the World Health Organization, health is 'a state of complete physical, mental, and social well being, and not merely the absence of disease or infirmity' [16]. As a result, one can discriminate physical, mental and social health, concepts that require different knowledge and approaches. Therefore, we limited ourselves in this special issue to education or counseling about *physical health*, although this can result in improvements of mental and social health as well. Most contributions in this special issue address children with an illness or disorder: chronic illnesses in general [2,10], obese children [11,12], survivors of childhood cancer [7], children with diabetes [14], with asthma [3,8], or with epilepsy [13]. Some of the contributions address interventions to healthy children: smoking prevention [9] and the understanding of medicine leaflet information [4]. Two of the presented papers studied both children with a chronic illness and healthy children [5,6]. The focus on physical health does not rule out the importance of educational or counseling approaches directed to the psychosocial aspects of certain physical illnesses and health complaints. For instance, in this issue Bosch et al. reviewed the psychosocial characteristics of obese children or youngsters and their families. They observed that prevention strategies focus more on enhancing physical activities, whereas curative interventions focus more on changing eating behavior patterns and modifying psychosocial dysfunction [11]. Furthermore, Galetti and Sturniolo stressed that children and adolescents with epilepsy and their families need more than medical therapeutic support to get an acceptable quality of life [13].

Now the title of this special issues is explained, we like to emphasize the importance of using *models* and theories in the field of education and counseling for children. It is common knowledge that models and theories bring research and interventions at a higher level of understanding. Nevertheless, there are many interventions that are performed without using models or theories. Research on education and counseling seems to attract two kinds of researchers: the ones "that want to change the world", and the ones "that want to understand the world". The first kind of researchers primarily aims at obtaining successful changes. What the underlying mechanisms are, is considered less important. The second kind of researcher does not necessarily need successes as long as they know why the approach succeeded or failed. We are of the opinion that both kinds of researchers are necessary in the field of education and counseling. After all, the people that are the subject of education or counseling deserve successes, since it concerns their well-being. At the same time, if we do not know how these successes were obtained, we do not know were to put our future efforts. Co-operation of practice and theory oriented researchers will guaranty that models will be developed that are relevant for real life situations.

In this issue some examples are given of models used in research on educating and counseling children about physical health. Kremers et al. reviewed models that can be used in mapping smoking prevention efforts [9]. They argued that smoking initiation among adolescents is unplanned behavior. Therefore, they pleaded in favor of models that incorporate both conscious and unconscious processes in mapping smoking prevention efforts. Koopman et al. developed and tested a model that can be used to adjust health education to the children's developmental stage: the 'Through the Eyes of the Child' (TEC) model [5]. Absoloma et al. described models for designing a minimal intervention to explain the purpose of follow-up to survivors of childhood cancer. They evaluated an information booklet, that was based on theoretical concepts in the elaboration likelihood and stages of change models, which appeared a useful approach [7]. Defoche et al. used models to pinpoint the variables of importance in improving physical activity of obese children [12]. Theunissen & Tate made an inventory of theoretical models used in studies about educating and counseling children about physical health. Their systematic review resulted in a classification system to group the theories and models referred

to. The classification could function as an introductory guide and help to select appropriate theories and models when defining future research agenda's [6].

Summarizing, this special issue presents an overview of important concepts and a variety of interesting studies in the field of education and counseling children about physical health. We wish it may give the reader inspiration for their own work and hope that this issue may stimulate to submit manuscripts about this neglected topic to Patient Education and Counseling.

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