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# **Will the Needle Make Me Bleed to Death?**

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## **The Development and Evaluation of a Cognitive-Behavioural Therapy for Chronically Ill Children with Needle-Related Distress**

**A thesis presented in partial fulfilment of the requirements for the degree of**

**Master of Arts**

**in**

**Psychology**

**at Massey University, Wellington**

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## Abstract

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For some chronically ill children, having an injection is a regular occurrence and can result in distress and avoidance behaviour for the child and their family. There can also be negative health implications of these children not having their injections. Research supports the effectiveness of cognitive-behavioural therapy for childhood needle-related distress (NRD), although there are significant gaps in the literature that need to be addressed. The aim of the present study was to develop and evaluate a six-session cognitive-behavioural therapy to alleviate NRD among chronically ill children. The research was designed to pilot this manualised approach, which was based on an existing therapy utilised at the Massey Health Conditions Psychology Service, relevant theory and empirical research. The therapy programme known as the “Coping Kids Treatment Manual” differed from previous research by incorporating cognitive components, carer involvement and multiple exposure sessions.

A single-subject multiple-baseline across participants design was used to assess the effectiveness of the treatment manual. Four chronically ill children (aged 6-14 years) of New Zealand European descent diagnosed with NRD and their carers participated in this study. Child and carer self-report measures were collected during baseline, treatment and once at one month follow-up. Results showed that, compared to pre-treatment levels, the majority of children and their carers demonstrated a reduction in distress and increase in coping behaviours related to needle injection situations. Follow-up data showed treatment gains were maintained and/or improved at one month. Most importantly, these gains were accompanied by three of the four children successfully receiving an in-vivo needle injection during session five of the intervention. Findings are interpreted in terms of previous literature, and implications are discussed according to theory, research and clinical practice. Limitations of the present study are highlighted and recommendations for future research directions are outlined. Suggestions for future research include evaluating the effectiveness of the treatment manual with a larger and more diverse group of children, extending follow-up periods and utilising more rigorous measures. Additional research is also required to investigate what components are most critical in producing meaningful change and to what extent carer involvement enhances treatment outcomes. Overall, preliminary findings offered support for the effectiveness of the Coping Kids Treatment Manual in treating four chronically ill children with NRD.

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