61 DIFFERENCES IN SELF CONCEPT BETWEEN CHILDREN ON HEMODIALYSIS (CH) AND NORMAL CHILDREN (C)

ATTENDING A SUMMER CAMP. William A. Primack, Paul

Brown, Morris Schoeneman, David Goldsmith and Ira Greifer, Albert Einstein College of Medicine, Department of Pediatrics, Bronx, New York.

Clinical observations suggest that CH have a poor self-image due in part to isolation from peers imposed by frequent and prolonged medical treatments. The effect on the self image of both C ($n=99$) and CH ($n=24$) of spending 2 weeks in a camp attended predominantly by C was tested by the Piers-Harris Children's Self Concept Scale. The CH had been on dialysis for 31 ± 5 (SE) months and originated from 16 kidney centers located in 12 states. Upon arrival at camp the mean self concept score of CH (52.3 ± 2.3) was lower ($p<.01$) than that of C (59.8 ± 1.0). CH were found to have more anxiety ($p<.001$) and scored significantly lower than C ($p<.05$) in estimating their popularity, happiness, and attitude towards school. There were no differences in self evaluation of behavior or of physical appearance. The camp experience improved the total self concept score in all children ($p<.05$) but the difference between the groups persisted ($p<.05$). However, the differences between CH and C in estimation of popularity were no longer detectable ($p>.2$) and the difference in happiness tended to lessen ($.1 < p < .05$). This study demonstrates that children on chronic hemodialysis have a lower self image than most children, particularly in regard to popularity, happiness, and attitude towards school. It also demonstrates that a recreational program which integrates them with their normal peers, has a substantial beneficial effect.

62 EVALUATION OF 5-HYDROXYTRYPTOPHAN AND PYRIDOXIN ADMINISTRATION IN YOUNG CHILDREN WITH DOWN SYNDROME.

Siegfried M. Pueschel. (Spon. by Robert Schwartz)

Brown University, Rhode Island Hospital, Department of Pediatrics, Providence.

The principle objective of this study was to evaluate the effect of L-5-hydroxytryptophan/pyridoxin administration upon the motor, social, language and intellectual development of young children with Down Syndrome. Infants with Down Syndrome were assigned in random fashion to the placebo, pyridoxin, 5-hydroxytryptophan and 5-hydroxytryptophan/pyridoxin groups.

Of the original 114 children with Down Syndrome, 89 were found to be appropriate to be included in the final study sample. Selected aspects of developmental variables were analyzed for drug effects early in life (3-6 months), toward the end of the study period (24-36 months), and during an interval between the early and late observations (progress from 3-36 months).

Controlling for influencing factors such as severe congenital heart defects and parental follow-through, detailed biostatistical analysis of the longitudinal study did not show any significant improvement in motor, mental, social and/or language development in Down Syndrome children who were administered pyridoxin, 5-hydroxytryptophan or the combination of 5-hydroxytryptophan/pyridoxin.

5-hydroxyindol blood levels were significantly increased in patients that received 5-hydroxytryptophan. However, there was no correlation of the 5-hydroxyindol blood levels with any measures of developmental and growth parameters.

63 THE HIGH-RISK NURSE. Peggy Rapoport, Pat Mueller, Barbara Bideaux, David Bolam, Yoshio Miyazaki, and Charles L. Paxson, Jr., U. of Nebraska Coll. of Med., Omaha, (Spon. by G.C. Rosenquist).

The National Commission on Nursing has reported that 70% of hospital staff nurses resign yearly, and the longevity of each nurse is one year. For the past 3 years we have used a new approach to prolong longevity of the nurse at "high-risk" for job stress while caring for ill newborn infants.

Nurses have been geographically relocated into companion areas of the NICU: the low-risk nursery and the convalescent area; 126 nurses participating in the program have been interviewed to determine their reasons for resigning or staying. Turnover rates for resigning nurses were calculated (no. employed/no. resigning) and comparisons were made with other "high-risk" nursing areas.

Nurses resigning most often left because of a spouse's job relocation or for pregnancy. Only 9% stated "job dissatisfaction" as the prime reason for resignation. Nurses remaining in the NICU program felt that the low-risk nursery was boring, interaction with house officers was vital to their job satisfaction, to tackle the NICU setting. Mean longevity for nurses leaving the program was high (20 mo.), and the turnover rate was 63%. Turnover rate for the same time period for medical and surgical ICUs were 76% and 80%, respectively.

We conclude that geographical relocation away from the daily stress of the newborn intensive care unit provides the high-risk neonatal nurse with a "rest" which may increase her job longevity.

64 BEHAVIORAL OBSERVATIONS IN THE INITIAL EVALUATION OF CHILD ABUSE Irvin Redlener (spon. by W.W. Cleveland)

Univ. Miami Sch. of Med. Dept. of Ped., Miami, Florida

Relatively little is known of the immediate effects of chronic physical abuse on the behavior of the child. These effects are important since certain interactions and behaviors in the abused child might be considered characteristic or even diagnostic of the abuse syndrome. The following observations, made particularly during the first 24 hours of care, can be considered highly suggestive of the child abuse syndrome or of "inadequate parent-child relationship": 1. Postural Compliance: retention of passively positioned awkward postures in the child of approx. 6 mos. to 4 years. 2. Behavioral Compliance: non-combative acceptance of painful or uncomfortable procedures such as venipuncture. 3. Inappropriate Interpersonal Interactions: rejection of parents and/or inappropriate affection for medical personnel in the age range usually associated with marked dependence on parent-child bond for protection and comfort. 4. Frozen Watchfulness (Ounsted): characteristic flat affect accompanied by intensive gaze fixation upon adults in the immediate vicinity of the child. 5. Role Confusion: inappropriate comforting of the parent by the young child or unusual demands by the parent which exceed the child's stage of emotional development. Analysis of more than 100 abuse cases in our institution over an 18 mos. period emphasizes the prevalence of these behavioral observations as compared to patterns seen in a control group. Behavioral observation is a diagnostic tool in assessing the Child Abuse syndrome.

65 TEACHING STANDARD ENGLISH TO FOUR AND FIVE YEAR OLD INNER CITY BLACK CHILDREN: IMPLICATIONS FOR PERFORMANCE ON TESTS OF ABILITY AND ACHIEVEMENT

Pearl L. Rosser, Andrea T. Jeffers and Wanda K. Mitchener (Sponsored by Melvin E. Jenkins)

In order to render appropriate and meaningful diagnoses of development, it is important for physicians and others involved in the health care of children to be cognizant of assessment instruments being utilized. There is increasing evidence that many tests which are presently used for diagnosis and subsequent placement into special classes are linguistically biased. Typically Black inner city, low income dwellers speak Vernacular Black English which contains significantly different features from the Standard English appearing in evaluational tools.

In order to minimize the mismatch and resulting interference which speakers of Black English may encounter when learning to read, it has been theorized that this population may benefit from being taught Standard English before learning to read. The purpose of this study was to determine whether teaching Standard English to Black inner city preschool children affected their performance on a test measuring Standard English competence. The effects of Standard English instruction on a standardized measure of intelligence and general language ability on a language comprehension test were investigated. Particular test items containing taught Standard English features were analyzed and subjects' preferences for Standard English and Vernacular Black English were measured.

The sample consisted of 60 low income, four and five year old Black children.

66 THE EFFECT OF INFANT INTERHOSPITAL TRANSFER UPON PATTERNS OF PARENTAL RESPONSE.

C.Sia, M.M.Sokal, S.Sokal, & R.G.Harper,

Depts. of Ped. & Ob.-Gyn., North Shore U. Hosp., Manhasset, NY, & Depts. of Ped. & Ob.-Gyn., Cornell U. Medical College, NY, NY (Intr. by F.Lifshitz).

Parents of all infants who stayed 2 weeks or longer in the neonatal intensive care unit were surveyed to (1) assess the levels of contact and anxiety experienced by parents of infants transferred to the neonatal intensive care unit; and (2) to compare these levels with those of parents of infants who were born in-hospital. Morbidity was assessed using the Infant Morbidity Score. Thirty-three were parents of transfer infants and 58 were parents of born-in infants. There was no significant difference among the transfer and born-in infants in severity of illness or length of hospitalization. Parents of transfer infants had significantly less infant contact than parents of born-in infants ($p<.05$). Anxiety levels in each group of parents were similar. There were significant positive correlations between contact and anxiety ($p<.03$) and between infant morbidity and anxiety ($p<.01$) in both groups. These findings suggest that the decreased contact by parents of transfer infants due to early separation and to distance did not alter the pattern of response to their infant's illness.