**Therapeutic recreation summer camp in CCHS: psychosocial changes in patients and their parents associated with participation**

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**Introduction**: Therapeutic recreation (TR) camps for children and young people have been developed to promote skills in self-care of disease and enhancing self-esteem for children with several chronic illness, such as asthma, diabetes, etc. To our knowledge there aren’t any reports of TR camps for patients with Congenital Central Hypoventilation Syndrome (CCHS), who usually have a limited daily-life autonomy. The Italian Association Congenital Central Hypoventilation Syndrome (AISICC) in collaboration with the Kinderspitex Oberwallis (Switzerland) has organized a TR camp for a small group of adolescents and young adults. To assess the effects of the experience pre- and post-camp questionnaires were administered to parents and patients. **Methods**: During the summer of 2011, 6 patients with CCHS, confirmed by genetic tests, participated in a week-long TR camp at Visp (Switzerland). We obtained full data from 4 patients (average age 19 years, age range 15-23 yrs.) and from 5 couples of parents. The State-Trait Anxiety Inventory (STAI, Spielberger et al., 1983) and the Psychological General Well-Being Index (PGWBI, Revicki et al., 1996; Grossi et al., 2002) were used in pre-camp (T1) and post-camp (T2) for patients and parents. The STAI is a measure of the anxiety levels and the PGWBI is a measure of sense of subjective well-being or distress. **Results**: Due the small sample size of the group we only reported descriptive results. The patients reported lower state anxiety levels in T2 than in T1, 32.5 *vs.* 34.0 respectively. The mothers experienced lower trait anxiety levels in T2 than in T1, 37.8 *vs.* 41.0 respectively. The fathers reported lower scores in T2 than in T1 for both state (30.2 *vs.* 35.0, respectively) and trait (34.2 *vs.* 39.4, respectively) anxiety levels. For the PGWBI, both patients and parents reported higher total scores in T2 than in T1 suggesting that after the TR camp they all experienced a better emotional well-being (patients T1 = 88,8 *vs.* patients T2 = 95,5; mothers T1 = 75,4 *vs.* mothers T2 = 83,6; fathers T1 = 82,8 *vs.* fathers T2 = 86,0). **Conclusions**: Despite limitations (i.e., small size group and lack of a control group) the participation of adolescents and young adults with CCHS in a TR camp showed a reduction of anxiety levels and increased emotional well-being. Parents also reported similar positive changes at the end of camp. The implementation of these experiences, with the involvement of family associations, is recommended.