

Providing
Developmentally
Appropriate
Support
*Certified Pediatric
Nurse Review
Course*

- *Information adapted from the Children's Hospital of the King's Daughters*

Psychosocial Factors: *Development*

Infants (birth – 1 year)

- Concerns:
 - Separation anxiety (8 – 24 months)
 - Lack of stimulation
- Responses:
 - Failure to bond
 - Distrust
 - Anxiety
 - Delayed skills development

Toddlers (1 – 2 years)

- Concerns:
 - Fear of bodily injury and pain
 - Frightening fantasies
 - Immobility/restriction
 - Limited verbal communication
 - Loss of routine and rituals
- Responses:
 - Regression
 - Uncooperativeness
 - Protest (verbal and physical)
 - Negativism

Infants and Toddlers

- ***Developmental Characteristics:***

- Sensorimotor stage
- Is attentive to familiar sights around home (6-12 months)
- Establishing “oneness” with Mom (12-28 months)
- Establishing sense of self vs. others (12-28 months)
- Forms attachment to favorite toy
- Attends to a variety of visual, auditory, and tactile stimuli

- ***Ways to Approach the Child:***

- Touching, holding, cuddling, rocking, and singing
- Imitate infant’s smiles and sounds; make sounds for older infants to imitate (i.e. lip smacking)
- Provide room to explore and move
- Favorite toy, familiar sounds, photographs, etc.
- “Peek-a-boo” games
- Provide a variety of visual, auditory, and tactile stimuli

Parents should be prepared for hospitalization and procedures so that they are better able to support their infant/toddler both physically and emotionally. The parent’s influence on their child is more beneficial to the child’s emotional well-being than is our interaction.

How Can YOU Help to Minimize the Negative Effects of Illness/Hospitalization?

• ***Infants:***

- Maximize parental participation
- Seek maximum information and support for parents (i.e. Physicians; Social Work; Child Life)
- Provide stimulation for the child

• ***Toddlers:***

- Support maximum parental participation in care
- Support preparation of parents for any upcoming surgeries/procedures by consulting Child Life

Specific Coping Techniques to utilize with Infants:

- **Sensory:**

- Sucrose
- Rapid Rocking
- Patting
- Stroking
- Sucking (i.e. pacifier)
- Cuddling
- Positioning
- Music

- **Cognitive or Behavioral:**

- Distraction (i.e. mobiles)
- Objects that change shapes, colors or positions
- Holding a toy or stuffed animal

Specific Coping Techniques to utilize with Toddlers:

- **Imagery:**

- Story telling
- Speaking to the child through a doll or stuffed animal

- **Sensory:**

- Rapid rocking
- Patting
- Stroking
- Sucking (i.e. pacifier)
- Cuddling
- Positioning
- Music

- **Cognitive/Behavioral:**

- Distraction (i.e. bubble blowing, nursery rhymes)
- Praise
- Action rhyme (i.e. pat-a-cake)
- Books (board, pop-up, interactive)
- Puppets
- Element of surprise
- Singing favorite songs

Psychosocial Factors: *Development*

Preschoolers (2 – 4 years)

- *View hospitalization as a form of punishment with misconceptions about medical equipment and procedures*
 - *Again, parents should be prepared for hospitalization and procedures so that they are better able to support their infant/toddler both physically and emotionally. The parent's influence on their child is more beneficial to the child's emotional well-being than is our interaction!*
- **Concerns:**
 - Pain
 - Separation
 - Changes in familiar environment/routine
 - Needles
 - Loss of control and independence
 - Magical/imaginative thought
 - **Responses:**
 - Regression
 - Anger toward primary caregiver
 - Acting out
 - Protest
 - Dependency

Preschoolers

- ***Developmental Characteristics:***

- Preoperational stage
- Egocentric
- Can retain mental pictures of objects
- Can only conceptualize things that they have experienced
- Re-enact things from their perspective
- Reality and fantasy are closely intertwined
- Animism
- Imminent justice (bad=punished)
- Little understanding of anatomy – they see their body as a container of fluid and bones (*Band-Aids*)
- Limited vocabulary and ability to express self

- ***Ways to Approach the Child:***

- Simple, concrete explanations
 - Sensation preparation
 - Sequence of events
 - *BE HONEST*
- Touring the hospital
- Comfort and reassurance
- Child's fantasy must be taken seriously
- Reassure the child that he is NOT being punished for any wrongdoing and that he is in the hospital to fix something specific

How Can YOU Help to Minimize the Negative Effects of Illness/Hospitalization?

- ***Preschoolers:***

- Support parent-child interaction
- Promote thorough preparation of children and parents for upcoming surgeries/procedures by consulting Child Life
- Perceived choices

Specific Coping Techniques to utilize with Preschoolers:

■ **Imagery:**

- Pretend Situations (i.e. taking a trip, blowing out candles, becoming a tree, or creating a fun place)
- TV fantasy
- Pretend roles
- Magic Glove
- Pain Switch
- Storytelling

■ **Sensory:**

- Patting - Hand-holding
- Stroking - Music

■ **Cognitive/Behavioral:**

- Distraction (i.e. blowing bubbles, breathing exercises, etc.)
- Praise
- Books (i.e. fantasy, pop-up)
- Action rhyme (i.e. pat-a-cake)
- Props (i.e. puppets)
- Counting
- Songs

Psychosocial Factors: *Development*

School-Age Children ***(4 – 12 years)***

- *Concerns:*
 - Needles
 - Loss of control
 - Fear of bodily injury and pain
 - Fear of illness and death
 - Waking up during surgery
 - Anesthesia and the associated loss of control
- *Responses:*
 - Regression
 - Displaced anger/hostility
 - Frustration
 - Withdrawal

School-Age Children

- ***Developmental Characteristics:***

(4 – 7 years)

- Preoperational stage
- Broader base of experiences
- Better verbal skills
- The best vehicle for self-expression and learning is play
- Developing a sense of initiative
- Intuitive thought = what the child sees is what they perceive
- Easier to establish trust with than younger children
- Tend to focus on one characteristic of an object while excluding others (Centering)

- ***Ways to Approach the Child:***

(4 – 7 years)

- Child should handle equipment and “practice” when possible
- Avoid making the child feel guilty about behavior or misunderstandings
- Provide reassurance that hospitalization and medical procedures are never punishment.
- BE HONEST
- Allow the child to “play out” stressful events

School-Age Children

- ***Developmental Characteristics:***
(7 – 12 years)

- Concrete operations
- Do not fantasize as much
- Concept of time is well established
- Learns about self in relation to peers
- Becomes competitive
- Easy to develop and establish trust
- Many have unrealistically high expectations for self
- Likes to be in control and feel competent

- ***Ways to Approach the Child:***
(7 – 12 years)

- BE HONEST and straightforward
- Information for preparation should be shared early
- Information should focus on sensory experiences and the child's role
- Allow child the opportunity to make realistic choices

How Can YOU Help to Minimize the Negative Effects of Illness/Hospitalization?

- ***School-Age Children:***

- Promotion of the parent-child relationship
- Encourage age-appropriate education of the patient by consulting Child Life
- Encourage the maintenance of normal routines and activities
- Perceived choices

Specific Coping Techniques to utilize with School-Age Children:

■ **Imagery:**

- Guided Imagery (i.e. favorite place, beach, mountains, favorite activity, sports)
- Pretend roles
- Pretend story (i.e. action heroes)
- Magic Glove
- Pain Switch
- Self hypnosis
- Visual fixation

■ **Sensory:**

- Music
- Hand-holding
(if child desires)

■ **Cognitive/Behavioral:**

- Distraction (i.e. blowing bubbles, breathing exercises, etc.)
- Praise
- Books (i.e. "I" SPY, Waldo, Magic Eye, taped stories, Mad Libs)
- Props (i.e. puppets)
- Counting
- Bangles (i.e. kaleidoscopes)

Psychosocial Factors: *Development*

Adolescents (13 – 19 years)

- *Concerns:*
 - *Dependence on adults*
 - *Invasion of privacy*
 - *Separation from peers*
 - *Loss of identity/skills*
 - *Body image and sexuality*
 - *Scars, disfiguration*
 - *Anesthesia and NOT waking up*
- *Responses:*
 - *Uncooperativeness*
 - *Withdrawal*
 - *Anxiety*
 - *Depression*

Adolescents

- ***Developmental Characteristics:***

- Formal operations (capable of abstract thinking)
- Understands hypothetical situations
- Comprehends past, present, and future
- Establishing own identity
- Experiences many feelings/emotions
- Biological awareness and sensitivity to anatomical insults
- Body image and self-esteem at critical stage
- Socialization with peers of major importance

- ***Ways to Approach the Adolescent:***

- *Respect privacy/independence*
- *Develop trust*
- *Needs help identifying expected behavior and ways to carry them out*
- *Preparation should begin days prior to surgery/procedures*
- *Needs to be given time to think about information provided*
- *Be available for questions*
- *Provide opportunities to make realistic choices*
- *Encourage peer support*
- *Share outcome of surgery/procedures*

How Can YOU Help to Minimize the Negative Effects of Illness/Hospitalization?

- ***Adolescents:***

- Encourage visitation of peers and time away from parents
- Afford maximum privacy
- Respect independence as much as possible
- Integrate adolescent in treatment process
- Maximize choices and participation in health care decisions

Specific Coping Techniques to utilize with Adolescents:

■ **Imagery:**

- Guided Imagery (i.e. favorite place, beach, mountains, favorite activity, sports)
- Progressive muscle relaxation
- Magic Glove
- Pain Switch
- Self hypnosis
- Visual fixation

■ **Sensory:**

- Music - Hand-holding (if desired)

■ **Cognitive/Behavioral:**

- Distraction (i.e. blowing bubbles, breathing exercises, etc.)
- Praise
- Books (i.e. "I" SPY, Waldo, Magic Eye, taped stories, Mad Libs)
- Bangles (i.e. kaleidoscopes)
- Conversation
- Counting
- Electronic hand-held games