



Your Role in Supporting Pediatric Patients: Developmental Responses, Language and Communication

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Objectives

Following this session, learners will be able to identify key aspects of effective interaction with pediatric patients by describing the following:

1. Emotional Safety and Trauma Informed Care
2. Developmental responses to medical care
3. Communication considerations and preparation
4. Working with pediatric patients with developmental or behavioral concerns



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Telling the Children

Certified Child Life Specialists

Certified Child Life Specialists help patients and families adjust and cope with the hospital or clinic setting, illness or injury and the treatments involved.

Child life specialists lead the way in creating an emotionally safe medical environment.

Specialists have training in ways to use play, recreation and educational techniques to assist children and families.



What Child Life Specialists Do



- Preparation
- Procedural Support
- Non-Pharmacological Pain Management
- New Diagnosis/Medical Teaching
- Medical Play/Developmental Play
- Expression of Feelings
- Trauma Support
- Legacy Building
- Compliance with Treatment
- Sibling and Friend Support
- Gaming and Technology
- Coping Support
- End of Life Support
- Advocacy



Emotional Safety Trauma-Informed Care

Emotional safety – Promotes resiliency, healing, and trust for pediatric patients and their families during all medical experiences (Association of Child Life Professionals)

Trauma-informed care (TIC)- Framework for recognizing, anticipating, and responding to trauma patients using emotional safety to prevent the creation of new medical trauma and or re-traumatization



4 R's of Trauma Informed Care



Realize



Recognize



Respond



Resist re-traumatization



Impact of medical traumatic stress

- Emotional harm
- Non-compliance
- Missed appointments
- Avoiding medical care in adulthood
- Passing medical fears onto own children



Child Development and Considerations for the Medical Environment



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Infant/Toddler Development

- Sensory motor
- Sense of safety from consistency
- Receives sense of security/safety from primary caregivers
- Toddlers-Autonomy

Infant/Toddler: Major Fears

- Separation from primary caregivers
- Loss of autonomy (toddlers)
- Restriction of movement (toddlers)



Thompson, R. (2009)



Scenario 1

- 8-month-old
- Brought in for vomiting and dehydration
- Parents have older siblings present

What are some considerations for care?



Preschool Development

- Initiative vs. guilt
- Magical thinking/animism
- Literal interpretations
- Very primitive ideas about their bodies

Preschool- Major Fears

- Separation from parent
- Fear of mutilation
- Loss of competence and initiative



Scenario 2

- 3-year-old
- Brought in by parents for laceration to the lip due to dog bite

What are some considerations for care?



School Age Development

- Industry vs. Inferiority
- Concrete Operations
- Eager to Learn

School-Age- Major Fears

- Loss of bodily control
- Enforced dependence
- Loss of competence



Scenario 3

- 8-year-old
- Brought in by EMS for broken leg due to being struck by car while riding bike.
- Patient needs another PIV placed for reduction

What are some considerations for care?



Teens and Young Adults Development

- Formal operations
- Believe they are invincible
- Vague in complaints and needs
- Perceived audience

Teens and Young Adults- Major Fears

- Isolation from peers
- Dependency on adult caregivers
- Loss of privacy
- Death
- Anything that makes them feel different from peers

Thompson, R. (2009)



Scenario 4

- 14-year-old
- Brought in for drug overdose/suspected suicide attempt
- Parents are clearly overwhelmed and repeatedly questioning patient
- Patient appears withdrawn

What are some considerations for care?



Communication Considerations



Developmental Level

Anxiety/fear level

Trauma

Pain

Primary language

Previous medical experiences

Avoid Ambiguous Language

We are going to give you an IV.

Ivy is poison.

Are you ready for your
CAT scan?

I didn't bring my cat.

Let's do our time out.

Am I in trouble?

We are going to put you
to sleep.

We "put our dog
to sleep" and he didn't come back
home.

This is no big deal.

It is to me!

I can't do the procedure
like this.

If I keep crying, I can go home.



Choosing Language



Hard

"The IV will hurt"

"It will burn"

"It will taste bad"

"The doctor will cut you here"

Soft

"You'll feel a quick pinch/poke"

"It might feel warm or cool going in"

"It might taste bitter"

"The doctor will make a small opening here"



AVOID...

“Don’t move while I do this”

“It’s a needle that goes in your arm”

“The blood pressure cuff feels like a hug”

“We’re going to use a saw to cut your cast off. It’s going to be loud.”

“Show me how brave you are/what a big kid you are”

TRY...

“Your job is to hold as still as you can”

“I’m going to slide this tiny straw under your skin into your vein (the blue lines)”

“You’re going to feel a tight squeeze for a few seconds”

“We’re going to use a cast remover/spinner to make an opening in your cast. It might sound like a lawn mower or vacuum cleaner.”

“Remember your job is be as still as you can. It’s ok to cry. I know this is scary.”





Communication

- Be honest
- Get down on the child's level
- Only make promises you can keep
- Offer choices only when choices are available
- State suggestions to the child in a positive rather than negative form (i.e. tell them what you want them to do)



Communication

- Avoid words with judgment attached (i.e. be brave, strong)
- Praise specific actions/behaviors
- Allow children to experience situations without predetermination
 - It tastes bad, it burns, it stings, you are not going to like it, it is going to hurt
 - Instead, Some kids have said... it feels cold, warm, tingly, pinchy. It might taste different, strong
 - Solicit their input. Tell me how it is for you



Communicating sensitive or life-changing information

- Plan
- Timing
- Support system
- Small amount of info to start
- Questions that can't be answered



Preparation

Expected outcomes of preparation:

Reduced anxiety

Improved patient cooperation

Enhanced post-procedural recovery

Reduced need for anesthesia

Increased sense of mastery and self-control

Enhanced trust (patient, family, staff)

Improved long-term emotional and behavioral adjustments



Explaining Procedures

- Be honest
- Show medical equipment
- Ask clarifying questions; avoid yes/no
- “First, then” for preschool or developmental delays
- Step-by-step with sensory information and timeframe for school age+
- Give estimated time of procedure
- Develop coping plan
- Allow time for rehearsal if possible



Help explain to the patient what they will experience through their senses...

“Some kids say it sounds like... feels like... smells like...”

See

- Camera - A big camera with a hole in the middle like a doughnut
- A soft, bendy plastic straw (IV)

Hear

- Loud MRI noises like construction sounds
- Popping like a soda can opening (J-tip)

Taste

- Salty (saline)
- Sprite without the bubbles (oral contrast)

Feel

- Cold, wet soap
- Tight hug/squeeze (tourniquet)
- Pinch, quick poke (IV)

Smell

- The ocean or a penny (saline)
- Hand sanitizer (ChloroPrep)



Develop a Coping Plan

- Involve caregivers (what might be difficult?)
- Ask patient “what do you know about today?”
- Give realistic choices
- Identify a comfort position
- Assign jobs, who will be speaking



Develop a Coping Plan

- Utilize distraction item (book, tablet, virtual reality, stress ball, fidget, etc.)
- Utilize comfort item - favorite blanket or stuffed animal
- Listen to soothing music
- Deep breathing exercises (blowing pinwheel)
- Counting, singing, looking at a book
- Talking, holding someone's hand



Comfort Positioning

- Promotes a sense of control in the child, parent and caregiver
- Provides physical closeness
- Provides emotional support
- Provides normalcy
- Decreases child's feeling of vulnerability
- Decreases anxiety caused by separation
- Extremity is successfully immobilized
- Increases cooperation
- Fewer staff are needed to complete procedure



Types of Comfort Positioning



Snuggle and Swaddle



Back to Chest



Chest to Chest



Side Sit



How to Use Comfort Holds During a Procedure

PANDA UP

P = Prepare *Consult Child Life, use prep supplies and treatment room, educate family*

A = Anxiety Reduction *Implement relaxation methods and coping plan*

N = Numb *Use numbing agents prior to procedures; sucrose for infants*

D = Distract *Apply methods such as vibration tool and alternative focus*

A = Attitude *Maintain a calm, positive attitude*

U = Use One Person's Voice *Understand everyone's role*

P = Position *Use comfort positioning*



Children with Developmental and Behavioral Challenges

- Increasing population
- Each individual is “unique”
- Chronic, lifelong impact, anxiety, stress
- Numerous diagnoses – Down syndrome, bi-polar, severe developmental delay, sensory processing disorder, autism spectrum disorders



Fears and Anxieties

- Dark/ Bright Lights
- Noises
- Touch
- Needles
- Hospital environment
- Crowds
- Long waits
- ID bracelet
- Changes in routine
- Medical uniforms and PPE
- Vitals
- Procedures
- Separation from caregivers

Signs of Escalation

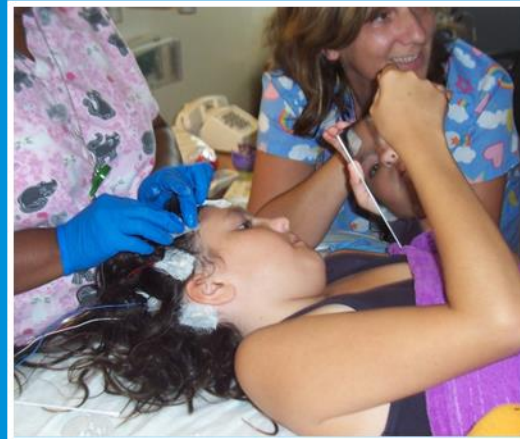
- Rocking
- Pacing
- Making noise
- Moaning
- Repeating phrases
- Self injury/Injuring others
- Attempt to flee or run
- Hand flapping
- Flopping to the ground
- Hiding
- Yelling

Common Reactions to the Medical Setting for Patients with Developmental Challenges



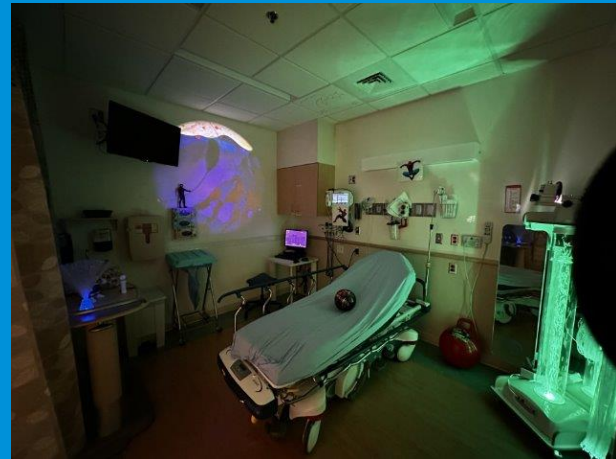
Support Strategies

- Communication
 - Visual Supports: counting boards, schedules, social stories
 - “First/Then” language
 - Communication devices
- Rehearsal and Modeling
- Transitions (timers & count down)



Support Strategies

- Utilize preferred items of interest for increased cooperation, motivation and adjustment
- Sensory needs support:
 - VECTA stations
 - Various sensory toys (lights, textures, vibration)
 - Mirrors
 - Weighted blankets





**We owe it to the future
not to harm our children
in their hearts and
minds while we cure
their diseases and
repair their broken
bones**



Discussion



References

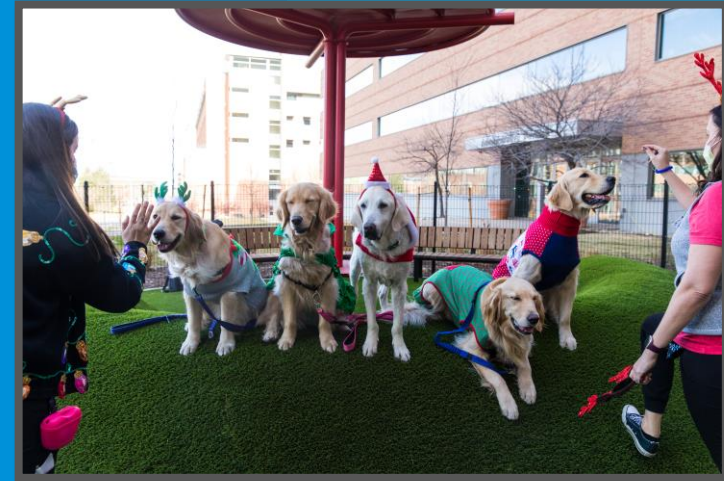
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