



A member of Children's Hospital and Health System.

Kohl's Child Life Program Nursing Student Orientation





Content overview

- Child Life Services
- Goals of preparation
- Assessment: key considerations
- Effective communication techniques for pediatric patients





Child Life Services

<http://www.childlife.org>

The role of child life specialist is to support children/families and promote coping through:

- Play
- Encouraging self-expression
- Preparation
- Procedural support
- Education





What is Preparation?

“The communication of accurate, developmentally appropriate information in advance of an experience.”

(Gaynard et al., 1998)





Goals of preparation

- Reduce fear and anxiety
- Promote long term coping and adjustment to future health care challenges

**(Child Life Council Evidence-Based Practice Statement Summary:
Preparing Children and Adolescents for Medical Procedures, August 2007)**





What Does the Evidence Tell Us?

(O'Connor-Von, et al.)

- Important to assess patient prior to procedure
- Preparation must be individualized
- Determine role of parents/healthcare providers





Assessment: Key Considerations

- **Age/developmental level**
- **Personality**
- **Ability to cope with new situations**
- **Prior healthcare experiences**
- **Diagnosis/complexity of the procedure**
- **Family support system**
- **Cultural considerations**





Communication with Children

- Provide accurate, complete information
- Use softened words
- Avoid using too much detail
- Ask the child to describe what **they** think will happen
- Medical terms should match a child's age/developmental level
- Provide children with choices
- Encourage the child to play an active role

(Stanford, 1985)





Considerations in Choosing Language

- Words with dual meanings can be confusing
- “Check in” with the child to assess understanding
- Be sensitive to each child and their learning needs
- Let the child judge their experience





Key Messages

Preparation

- Provides child with an opportunity to gain a sense of mastery over an unfamiliar situation
- Enhances cooperation
- Promotes trust and understanding between child and health care provider
- Alleviates misconceptions



Resources

Kohl's Child Life Program www.chw.org/childlife

- “A Guide For the Caregiver of the Hospitalized Child”
- “Helping Kids and Teens Understand Medical Language”
- One Voice
- Positioning for Comfort
- About Child Life (Child Life Council)
www.childlife.org





Children's Hospital of Wisconsin*

A member of Children's Hospital and Health System.

Child Life Specialists at Children's Hospital of Wisconsin are Bachelor or Master's degree, certified professionals with expertise in helping children and their families overcome life's most challenging events. With an expertise in child development and family systems, Child Life Specialists promote effective coping through play, preparation, education, guided imagery and self-expression activities. They provide emotional support for families, and encourage optimum development of children facing a broad range of challenging experiences, particularly those related to healthcare and hospitalization.

Research has shown that stress can inhibit the ability of a patient to heal and stay healthy. Interventions provided by Child Life Specialists can also reduce the need for sedatives and pain medication by helping them prepare for and cope with pain.

Staffing availability at Children's Hospital of Wisconsin

Child Life Specialists are available Monday through Friday from 0630 to 2130. Child Life Specialists staff the Emergency Room 7 days a week and are available for priority consults until 2200. Week-ends are covered by Emergency Room Specialists from Noon to 2000.

How to contact Child Life at Children's Hospital:

- Put a consult in through Sunrise
- Phone: (414) 266-3465
- Mail stop: C630
- Fax number: (414) 266-6669

Typical reasons to consult for Child Life services:

- Procedural support:
- Non-pharmacological pain management
- Preparation
- Grief and bereavement support

To learn more about Child Life, visit: <http://www.childlife.org/files/AboutChildLife.pdf>

NEONATES - 0 to 30 days

Developmental Issues

- ◆ Startle reflex when moved quickly or hears loud noises
- ◆ Sucking reflex – sucks on anything placed in mouth
- ◆ Rooting reflex – opens mouth and turns head toward side where cheek is stroked
- ◆ Grasps anything placed in hand, then just lets go
- ◆ Focuses on objects 8-12 inches away
- ◆ Hearing is fully mature
- ◆ Moves head side to side while lying on stomach
- ◆ Begin gurgle, coo, and grunt

Hospital Stressors

- ◆ Startles to loud noises and sudden movement
- ◆ Blinks in response to bright light
- ◆ Impaired basic needs

Coping Behaviors

- ◆ Crying
- ◆ Sucking
- ◆ Quiets to soft music, singing, or talking
- ◆ Soothes when swaddled in blanket or being rocked

Interventions

- ◆ Encourage parent presence and participation in care
- ◆ Show parent how to touch or hold infant if connected to unfamiliar medical equipment
- ◆ Avoid quick movements
- ◆ Decrease noise levels and bright lights
- ◆ Avoid hunger and maintain warm room temperature
- ◆ Talk in soft, soothing voice 8-12 inches away from face

Pain Management/Comforting Techniques

- ◆ Light up toys
- ◆ Soft music
- ◆ Encouraging statements
- ◆ Comfort Positioning
- ◆ Singing

INFANTS - Birth to 12 months

Developmental Issues

- ◆ Learns through senses
- ◆ Development of trust
- ◆ Attachment to primary caretaker
- ◆ Minimal language
- ◆ Meet basic physical needs

Hospital Stressors

- ◆ Separation from parents
- ◆ Impaired basic needs
- ◆ Stranger anxiety

Coping Behaviors

- ◆ Crying, fussing
- ◆ Hand-mouth activity

Interventions

- ◆ Encourage parent presence and participation in care
- ◆ Show parent how s/he can still touch or hold infant if connected to unfamiliar medical equipment
- ◆ Involve parents in “positioning for comfort” techniques during procedures (act as comforter, not restrainer)
- ◆ Decrease number of caregivers
- ◆ Avoid hunger
- ◆ Talk before touching
- ◆ Maintain adequate room temperature

Pain Management/Comforting Techniques

- ◆ Light up toys
- ◆ Soft music
- ◆ Encouraging statements
- ◆ Comfort Positioning
- ◆ Singing

TODDLERS – 1 to 3 years

Developmental Issues

- ◆ Seeks independence
- ◆ Developing language skills
- ◆ Learns new skills such as walking and toilet training
- ◆ Mobility is means to learning
- ◆ Threatened by changes in routine
- ◆ Short attention span

Hospital Stressors

- ◆ Separation from parent and fear of abandonment
- ◆ Stranger anxiety
- ◆ Unfamiliar environment
- ◆ Loss of autonomy and mobility
- ◆ Change in routine
- ◆ Back-laying position frightens toddlers
- ◆ Respond fearfully to sudden movements or loud noises

Coping Behaviors

- ◆ Regression of recently learned developmental skills
- ◆ Clinging behavior
- ◆ Temper tantrums

Interventions

- ◆ Encourage parent presence and participation
- ◆ Allow for motor activity
- ◆ Maintain daily schedule
- ◆ Offer choices when possible
- ◆ Expect treatment to be resisted
- ◆ Provide simple explanations

Pain Management/Comforting Techniques

- ◆ Light up toys
- ◆ Music
- ◆ Encouraging statements
- ◆ Bubbles
- ◆ Favorite object
- ◆ Singing
- ◆ Videos
- ◆ Comfort Positioning

PRESCHOOLERS - 3 to 5 years

Developmental Issues

- ◆ Egocentric
- ◆ Increased, yet limited language skills
- ◆ Fantasy and magical thinking
- ◆ Fear of the dark
- ◆ Limited concept of time
- ◆ View hospitalization and illness as a punishment
- ◆ Learn best by doing
- ◆ Does not understand death as final

Hospital Stressors

- ◆ Separation from parent
- ◆ Heightened fears (pain, strangers, medical equipment)
- ◆ Feels loss of protection and a sense of abandonment
- ◆ Misconceptions develop from lack of understanding
- ◆ Unable to distinguish between fantasy and reality
- ◆ Loss of competence & initiative in developmental tasks

Coping Behaviors

- ◆ Regression
- ◆ Temper tantrums
- ◆ Aggression and anger
- ◆ Guilt
- ◆ Fantasy

Interventions

- ◆ Encourage parent presence and participation in care
- ◆ Offer choices when possible
- ◆ Reinforce that hospitalization, treatments, and procedures are not punishment
- ◆ Allow expression of feelings through play and verbalization
- ◆ Encourage child participation in care
- ◆ Allow for manipulation of equipment and explain in concrete terms (touch, smell, taste, sound, and sight)
- ◆ Be realistic and truthful
- ◆ Avoid words that provoke fantasies (cut, bleed)
- ◆ Correct misconceptions

Pain Management/Comforting Techniques

- ◆ Humor/Jokes
- ◆ Soft music
- ◆ Encouraging statements
- ◆ Bubbles
- ◆ Favorite object
- ◆ Singing
- ◆ Videos
- ◆ Comfort Positioning

SCHOOL AGE – 6 to 12 years

Developmental Issues

- ◆ Heavily involved with peers
- ◆ Develops concrete thinking
- ◆ Active learners, invent and design things
- ◆ Increased participation in self-care
- ◆ Well-developed language skills and concept of time
- ◆ Concerns about body image

Hospital Stressors

- ◆ Loss of bodily control
- ◆ Enforced dependence
- ◆ Loss of competence
- ◆ Fears body mutilation and deformities
- ◆ Fears loss of bodily functions and/or body parts
- ◆ Fears pain
- ◆ Fears death
- ◆ Fears anesthesia

Coping Behaviors

- ◆ Guilt (better able to test reality of situation, although fantasies have not entirely disappeared)
- ◆ Acting out
- ◆ Regression
- ◆ Depression
- ◆ Withdrawal
- ◆ Cognitive mastery

Interventions

- ◆ Offer choices when possible
- ◆ Teach coping strategies that encourage mastery
- ◆ Help child recognize aspects of their effective coping
- ◆ Encourage child participation in care
- ◆ Give child tasks to help
- ◆ Give specific information about body part affected
- ◆ Identify and correct misconceptions
- ◆ Respect child's modesty
- ◆ Provide age-appropriate activities that foster sense of accomplishment

Pain Management/Comforting Techniques

- ◆ Humor/Jokes
- ◆ Music
- ◆ Encouraging statements
- ◆ Deep breathing
- ◆ Favorite object
- ◆ Singing
- ◆ Videos
- ◆ Comfort Positioning

ADOLESCENT – 13 to 18 years

Developmental Issues

- ◆ Socialization is important
- ◆ Rapidly changing body image
- ◆ Body image relates to self-esteem
- ◆ Need for privacy
- ◆ Increasing independence and responsibility
- ◆ Struggle to develop self-identity
- ◆ Use of deductive reasoning and abstract thought

Hospital Stressors

- ◆ Lack of trust
- ◆ Loss of independence and control
- ◆ Threat of change in body image
- ◆ Restriction of physical activities
- ◆ Loss of peer acceptance and/or fear of rejection
- ◆ Threat to bodily competence
- ◆ Threat to future competence
- ◆ Fear of death

Coping Behaviors

- ◆ Defense mechanisms
- ◆ Intellectualization
- ◆ Conformity
- ◆ Uncooperative behavior

Interventions

- ◆ Respect and maintain privacy
- ◆ Involve adolescent in care and decisions
- ◆ Allow peers to visit
- ◆ Communicate honestly
- ◆ Discuss potential psychological and physical changes
- ◆ Address long-term issues in follow-up
- ◆ Provide opportunity for follow-up discussion and guidance as needed

Pain Management/Comforting Techniques

- ◆ Humor/Jokes
- ◆ Music
- ◆ Encouraging statements
- ◆ Deep breathing
- ◆ Videos/DVDs
- ◆ Guided Imagery

A Guide for the Caregiver of the Hospitalized Child

**Explanations of age related
issues, stressors and behaviors.**

**Caregiver interventions to help
children and families cope with
hospitalization and medical
procedures.**

Prepared by the Child Life Department at
Children's Hospital Orange County
Orange, California, USA
January 2004

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HELPING KIDS & TEENS UNDERSTAND MEDICAL LANGUAGE



Words or phrases that are helpful to one child may be threatening to another. Health care providers must listen carefully & be sensitive to the child's use & response to language.

Hard to understand:

X-ray, CT, MRI

The medicine will burn

Cut; open you up, incision

Electrodes, leads

Put you to sleep, sleeping gas

Don't move

Take your vitals (vital signs)

This part might hurt

Catheter or I.V

Take your blood/ draw your blood

Numb

Dressing, dressing change

Do you want to take your medicine?

We're going to transfer you now, okay?

More clear:

take a picture of your head, leg, body, etc.

some kids say this will feel warm, let me know how this feels for you

make a small opening

stickers with strings that go on your finger, toe, stomach or head

medicine that helps your body go into a very deep sleep, you will wake up when the test or surgery is all done.

your job is to try to hold still

measure to see how warm your body is, strong your heart is pumping, & how well you are breathing

some kids' say it feels like a quick pinch

straw-like tube

need a little bit of your blood to look at

to not feel anything

take off old Band-Aids and put on new Band-Aids

time to take your medicine, do you want to drink it with a sip of water or sprite?

to move you from your bed to the wheelchair, hold your body stiff like a board



One Voice

The hospital setting is a scary place. Kids are in an unfamiliar place with strange equipment. Routines are disrupted and there are few choices for children undergoing treatment.

The purpose of the **ONE VOICE** campaign is to remind healthcare professionals to be considerate of the clinical environment that we expose children to during medical procedures. Each of the letters stands for one component of the environment that we need to remember.

- **One voice** should be heard during the procedure:
 - One person should be designated to do the speaking during a procedure. It can be the CCLS, a nurse, the parent, child care partner etc.
 - It's OK for the parents to be a second voice of comfort to a child as long as it is not disruptive.
- **Need for parental involvement:**
 - Parents are the most important people in a child's world, they **NEED** to be present
 - Parents should be given a specific task/role during the procedure when appropriate ie, verbally console child, give child a hug etc.
- **Educate** the patient before the procedure about what is going to happen:
 - Utilize Child Life to provide teaching to patients of all ages.
 - Use simple, non-threatening words.
 - Demonstrate expectations: i.e., "You need to hold your hand really still" "It's OK to cry or say OUCH, but you need to hold your hand still".
- **Validate** a child with your words.
 - Target specific behaviors and always keep it in the positive. "You're doing such a good job holding still", "I like the way you're telling me you're angry", "It's not OK to hit, but you can yell ouch".
- **Offer the most comfortable, non-threatening position.**
 - Utilize Positioning for Comfort holds. Lying down is the most threatening position to a child.
- **Individualize** your game plan.
 - Each child is different and each situation is different. Often the same child will react differently from one procedure to the next, even if it's the same procedure.
- **Choose appropriate distraction**
 - Offer a child choices for distraction: bubbles, books, music, toys, before you start the procedure.
- **Eliminate unnecessary staff** members who are not actively involved with the procedure.
 - Make sure that only people who are actively involved in the procedure are in the room. If you think you may need an extra set of hands, have them wait outside the room and call them in if needed.

Comfort care

Tips to support pediatric patients and families

When a child has a procedure, there are things you can do before, during, and afterwards to make it a more positive experience—both for the child and the parents.

Before

...Learn from parents and history

- Make sure the procedure is needed. There may be other options.
- Get the equipment and the treatment room ready first. Avoid safe zones (child's room, playrooms).
- Contact Child Life for support.
- Find out if the child has had this treatment before. If so, note what has and has not worked well.
- Describe what you are doing in a way the child and the parents can understand.
- Ask parents how their child copes best. Find out if the child wants to watch the procedure.
- Offer additional distractions based on the child's developmental level.
- Use the appropriate pain scale to determine the child's pain score. Plan for medication if needed.
- Assign roles. Have one person talk with the child to reduce anxiety.
- Do not bribe, threat, or give false reassurances to the child.

During

...Customize your approach to the child

- The same approach won't work for every child. Be ready to stop, regroup, and tailor your approach.
- Have the child in a seated position, if possible.
- Hurrying increases anxiety. Be calm and confident, and do not rush.



- Engage parents. They can hold the child, hold the child's hand, or distract the child.
- Involve the child in the procedure, if possible.
- Give praise, praise, and more praise.
- Determine the child's pain score.

After

...Document for the future

Praise the child and the parents. Determine the child's pain score. Later, have the team evaluate the process critically. Ask:

- Did this go well? What could we do better next time? What did the child respond well to? Dislike?
- Document the answers in the child's chart to help improve the process.