Minimizing Healthcare Induced Anxiety and Trauma

For Pediatric Patients

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Samantha Krawiec does not have a significant financial relationship to report.

Session Objectives

01 Understand the role of a Certified Child Life Specialist in helping children, youth, and families cope with stressors of visiting the ED

02 Learn evidence-based techniques and tricks that are often effective in reducing anxiety during stressful experiences

03 Discuss best practices when providing care to pediatric patients in the ED, including trauma informed care practices for behavioral health patients

What is a Certified Child Life Specialist?

Certified Child Life Specialists (CCLS) are trained professionals that use knowledge of child development to best meet the psychosocial needs of children and families during stressful situations.

The professional standards to become a CCLS…

- Complete volunteer, practicum, and internship hours in health care setting
- Complete specific coursework in human growth and development, child development, family studies, psychology, and medical terminology
- Pass the national certification exam to become certified
- Participate in professional development hours to keep up with certification
- Adhere to code of ethics created by the child life council

Main Roles of a Child Life Specialist

- **PLAY** to help children develop, understand their experiences, and learn coping skills
- Provide **PREPARATION** for hospital experiences to reduce fears and anxieties
- Provide **PROCEDURAL SUPPORT** to help distract and be a comfort person for the child
- Advocate for alternative forms of **PAIN MANAGEMENT**
- Engage children in educational activities and resources to provide **DIAGNOSIS EDUCATION** and support
- Provide **EMOTIONAL SUPPORT** to patient, siblings, and parents
- Offer memory making and support for the entire family during **BEREAVEMENT** situations
- Normalize the hospital environment by planning **SPECIAL EVENTS**, programming, and securing donations

Top Reasons to Utilize Child Life in the ED

- A child has an upcoming procedure.
- A child was just diagnosed with a new chronic illness.
- A child is in pain and needs help managing their pain in alternative ways.
- A child is having trouble coping with their hospital visit
- A child is here for long wait times and could benefit from therapeutic play interventions
- A family needs resources and support navigating their illness/experience
- An adult patient has children at the bedside that need help understanding their caregiver's medical events

Now that you understand the role of child life…let's move on to examples & techniques you can use in your own practice to help children cope!

Stop and Assess!

Child Variables

- Chronological age **vs.** developmental age
  - They are not equal
- Child's temperament
- How is the child coping?
  - Find out their baseline

Family Variables

- Is the parent calm and present?
  - Use them as a tool
- Is the parent stressed or crying?
  - Provide a safe space
- Parental anxiety and distress correlate with a child's anxiety.

Illness Variables

- Chronic vs. acute illness

Previous Medical Experiences

- How have they coped with procedures in the past?
- What has helped them stay calm?
- History of invasive procedures or previous hospitalizations?
  - Past chart notes from MDs, Social Work, Child Life, etc. can be very helpful

Most common for pediatric patients in the Emergency Department

PAIN

- Is personal
- Varies from one situation to the next
- Difficult to assess & measure
- Causes different responses in each child
- Deserves to be acknowledged instead of minimized

ANXIETY

- The ED is frightening for children
- An unexpected visit in an unfamiliar environment
- Acknowledging a child's fears and anxieties, providing family centered care, and giving developmentally appropriate information can help to ease healthcare induced anxiety.

Studies show that children describe medical procedures and the associated anticipatory anxiety of pain to be the most distressful aspect of hospitalization

Tips & Techniques for Managing Pain

- **Distraction**
  - Bubbles, counting, light spinner, look and find
- **Alter the Environment**
  - Lights, temperature, etc.
- **Positioning**
  - Comfort holds
- **Meditation/ Guided Imagery**
- **Music**
- **Virtual Reality**
- **Deep Breathing Activities**
  - Tummy breathing, prompted breathing, birthday candle breathing
- **Conversation**
  - What has worked in the past? Normalized conversation

Common forms of DISTRACTION

Even if you don't have physical items accessible- you can still always distract!
Try out conversation, singing, comforting touch, deep breathing

Comfort Positions

- A comfort position is a physical strategy of using caregivers to help a child remain still during a medical intervention as opposed to the traditional approach of restraint.
  - Children who are restrained during medical interventions have negative experiences (Karlson, 2016)
  - Studies show that children who sit upright during a medical procedure, such as an IV, exhibit less distress by promoting the child's sense of control throughout their experience (Trottier, et. al., 2019).
  - Comfort positioning can enhance cooperation and provide an active role to caregivers (Skaljic, 2020).
  - When implementing comfort positions, it generally requires requires less staff presence, improves parent satisfaction and decreases parent anxiety (Romito, et. al., 2021).

"One of the most powerful things that can be done to bring comfort and lessen pain for kids is being closer to their caregivers"

The 5 Tenants of Properly Implementing Comfort Positions

1. Parents must be given accurate information about how to successfully implement a comfort position
2. Parents must be given a choice about the level of participation during the procedure
3. Parents must be set up for success by being shown the correct way of getting into the position and being given detailed instructions
4. Parents must be comfortable with extra pillows and support as necessary
5. Parents must be made aware of plan and given breaks whenever necessary

TUMMY TO TUMMY

The child sits on parent's lap, facing parent. Their legs straddle and wrap around parent's waist. Parent wraps both arms around theirs, for a full embrace, using underarms and forearms to keep their arms safely contained. This works even for older children.

IV, BLOOD DRAW, IM INJECTIONS, SHOTS

BACK TO CHEST

The child sits on parent's lap, facing away from parent. Parent wraps both arms around child in a comforting hug. Parent can also wrap legs around child for a full embrace. Bigger kids can sit on a chair or bed, and straddle them from behind.

IV, BLOOD DRAW, IM INJECTIONS, SHOTS

SIDE LYING

The child lays flat on the bed. The parent lays on side next to the child. Parent can place their top leg over the child's legs for added containment. Parent can use top arm to hold their hand by their side.

LACERATION REPAIR, HEAD, FACE, EYE, ORAL EXAM

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BOTTOM TO BOTTOM

The parent sits in the bed with the back of the bed positioned straight up like a chair. The child sits between the parent's legs and lays down. Parents can hold child's hands down by their side.

LACERATION REPAIR, HEAD, FACE, EYE, ORAL EXAM

HEAD OF BED

Parent lays their arm over the top of their body above the waist. The parent leans over to embrace the child and keeps their hands above the waist. For catheterization on boys, legs can remain straight.

URINARY CATHETERIZATION, LEG IM INJECTIONS

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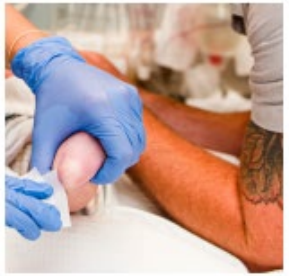
COMFORT FOR INFANTS

Parents should be present and offer face-to-face soothing support. Body parts not being actively worked on can be swaddled for comfort. Options: one arm out swaddle, top of the body only swaddle.

IV, LAB DRAW, LP, CATHETERIZATION, HEEL STICK



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ONE VOICE
TECHNIQUE

Each one of the letters of ONE VOICE stands for a different component of the environment that we need to remember…

O- one voice should be heard during the procedure
N- need parental involvement
E- educate patient before the procedure about what is going to happen

V- validate child with words
O- offer the most comfortable, non-threatening position
I- individualize your game plan
C- choose appropriate distraction to be used
E- eliminate unnecessary people not actively involved with the procedure

*Using the ONE VOICE technique can help to avoid overstimulation of the child and ease anxiety

ONE VOICE
TECHNIQUE

*Using the ONE VOICE technique can help to avoid overstimulation of the child and ease anxiety

Other Pain Management Options

Buzzy Bee

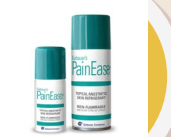
Vibrating device with ice wings. Desensitizes the site and tricks the body's nerves to dull the pain

EMLA cream

A cream (mixture of lidocaine and prilocaine) put on the skin prior to procedures to numb the site

J-Tip "popper"

Sprays buffered lidocaine onto the site to numb the skin



Pain Ease / Freezy Spray

Topical anesthetic spray to control pain associated with needle procedures

Sucrose Water / Sweet Ease

Drop sugar water in infant's mouth or on pacifier right before the poke so the infant can suck to relieve short term pain.

Tips & Techniques for Managing Anxiety

- Fear of the unknown can be one of the biggest causes of anxiety during hospitalization
  - How do we help? **Provide preparation and validation**!
- Clearly outline their expectations and rules at the **start** of hospitalization
- **Introduce yourself** and always let children know when to expect you again / who to expect next
- **Limit unexpected changes** when possible.
- Help the child develop **routines and schedules**
- Be prepared for emotions and negative responses

The best way to prevent challenging behaviors: prepare child ahead of time, ask parents questions how their child copes, focus on what the child can do and can control

Tips & Techniques for Managing Anxiety

- Provide coping tools like fidget toys, popits, stress balls, art supplies, etc.
- Allow chances for breaks & alone time when possible.
- Encourage positive self talk.

  (you are strong, you are brave, we will get through this together)
- Provide fun moments and time for humor
- Remain non-judgmental
- Be patient & aware of your body language and tone
- Show genuine interest to get to know them and help them through this stressful time.

Stressful situations may alter a child's ability to communicate and behave as they usually would. No matter how they may behave, remember they are still a child and still deserve our respect

Providing Validation

Phrases to avoid:

- “Don’t cry”
- “Be a big girl/boy”
- “You’re fine!”
- “It won’t hurt”
- “Almost done!”
- “You’ll go home soon”

Phrases to try instead:

- “I can see this is hard for you, I am proud of you for staying still/brave/calm”
- “I am proud of your hard work”
- “You did such a good job taking deep breaths!”
- “It is understandable that you feel anxious/sad/mad. I am here for you”
- “Some kids tell me it feels like ____, but all of our bodies are different. Will you tell me what it feels like for you?”
- “We don’t have all the answers yet, but I promise to keep you informed and involved”

Effective Preparation

- More than 50 years of research supports 3 key elements of effective preparation…
  1. The provision of developmentally appropriate information
  2. Encouragement of emotional expression and questions
  3. The formation of a trusting relationship with a health care professional

- Preparation decreases anxiety and fear, increases cooperation and compliance, improves mental health outcomes
- Without information, children create fantasy ideas in their head. Giving a child no information is more harmful
- Use simple, concrete explanations to explain what is going to happen Descriptive words are helpful in describing sensations
- NEVER lie to a child- lying breaks trust

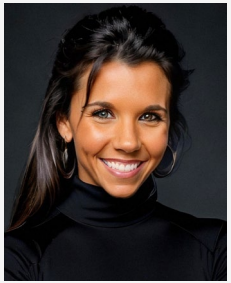
Behavioral Health Patient Care

- Prioritize building rapport and connecting with the patient
  - Normalized conversation can go a long way!
- Create an environment in which the patient feels safe and comfortable.
- Remain non-judgmental, patient, and calm
  - sometimes they just need someone to listen
- Provide play opportunities and safe comfort items
  - examples of safe items: popits, playing cards, crayons, stress balls, playdoh/model magic, stuffed animal (these will vary dependent on acuity of patients)
- Always provide emotional validation
  - this helps a child learn to regulate and will result in less problem behaviors
- Trauma informed care approach
  - shift approach from “what is wrong with you” to “what happened to you”

Examples of phrases to use with behavioral health patients:
“What is something you’re feeling right now?”
“How can I help you feel safe here?”
“I’m here to support you, when you are ready”

THANK YOU!

Please feel free to reach out to me with any questions!



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