

# CHILD LIFE THERAPY: PROCEDURE SUPPORT

## PRACTICE GUIDELINE<sup>®</sup>

### DOCUMENT SUMMARY/KEY POINTS

- Play is a natural part of children's lives, it is reassuring, a tool to gain understanding and explore feelings, it allows expression and is empowering.
- Child Life Therapists use play as the medium to interact with children and normalise the hospital environment. They provide procedure preparation through the use of developmentally appropriate language and resources. In addition they provide support and distraction during procedures with developmentally appropriate tools and the facilitation of coping strategies.
- Research shows that the unknown promotes anxiety; it is essential to prepare children and young people for procedures.
- During procedures using the "ONE VOICE" approach can assist in creating a calmer environment.
- When available Child Life Therapists should be utilised for procedure support. When they are not available the following techniques can be used by other clinicians or staff.

### CHANGE SUMMARY

- Document due for mandatory review.
- No changes in practice.

### READ ACKNOWLEDGEMENT

- All SCHN clinical staff who perform or assist in minor procedures on the ward or unit, need to understand and acknowledge this document.
- The information is useful to shared service

<b>Approved by:</b>	SCHN Policy, Procedure and Guideline Committee	
<b>Date Effective:</b>	1 <sup>st</sup> April 2019	<b>Review Period:</b> 3 years
<b>Team Leader:</b>	Manager	<b>Area/Dept:</b> Child Life Therapy

## Child Life Therapy

For infants, children and young people, play is a natural part of life. Play is reassuring, a tool to gain understanding and explore feelings, it is expressive and empowering<sup>[3]</sup>. The facilitation of opportunities for therapeutic play and recreation is a central part of the Child Life Therapists role.

Child Life Therapists use developmentally appropriate language and resources to discuss and explain the healthcare journey and to desensitise children and young people to the hospital environment.

A core part of the Child Life Therapist's role is the provision of preparation prior to procedures through the use of developmentally appropriate teaching tools, this is often followed up with support and distraction during procedures.

When available Child Life Therapists should be utilised for procedure support. However when therapists are not available the following techniques can be used by other clinicians/or other staff to optimise procedures for the patients in our care.

## Tips for Clinicians

### Engaging Children

Trust in hospital staff is crucial to children's coping. To assist in building trust and rapport, be genuine and honest at all times. Some strategies to facilitate this can include:

- Address the child/ren by their first name
- Get down to the child's level and introduce yourself and your role
- Acknowledge the unfamiliar nature of the health care environment
- Look around the bedside for clues to the child or young person's interests to incorporate into the conversation
- Try to engage the child or young person in conversation about their interests or join them (with their permission) in play e.g. take teddy's temperature

### Preparing for Procedures

There are three key drivers for procedural anxiety :

1. What children and young people don't know, and frequently imagine to be worse than the reality
2. A difficult previous experience
3. Carers anxiety levels

#### **To assist in reducing anxiety:**

- Explain the procedure to the child or young person and their carer using the five W's – Who? What? Where? When? Why?
- Show equipment you are going to use where appropriate

- Identify their role in the procedure e.g. holding your arm still.
- Talk about the entire process honestly and give them time to ask questions.
- Talk about how distraction is a way for their brain to help them cope best during procedures.

## Talking about Procedures

In providing procedure preparation, the timing, amount and type of information you give depends on the child's state and developmental level. It is important to find out about the various communication methods/devices that children with additional needs may be using.

Be sure to:

- Be clear and use simple non-threatening language.
- Encourage the child to re explain the procedure, after your explanation to assess their understanding.
- During examinations or procedures offer reasonable choices – e.g. Which ear will I look in first? Would you like to look at a book or use a stress ball?

**NOTE:** It is critically important to find out about the various communication methods/devices that children with special needs may be using.

## The environment

- Where ever possible beds, bed spaces and play rooms should be maintained as a safe area for patients. Therefore the preference is for invasive procedures to occur in treatment rooms.
- To help alleviate carer and patient anxiety minimise the amount of time they need to spend in the treatment room. Where possible have the required staff and equipment set up, ready to proceed before bringing the patient and their carer into the space.
- It is helpful to have distraction tools such as music, bubbles, books and toys readily available in the treatment area. Otherwise apps or games on parent's or teenagers personal devices can be invaluable in a procedural context. Developmental appropriateness and assessment of individual taste are essential to the success of distraction tools. (See: [Appendix 1](#) for a guide to suggestion distraction tools for different developmental stages)

## Procedural Sedation

Procedural sedation can be an important adjunct for highly anxious patients prior to and/or during invasive procedures. Providing preparation and education for children, young people and their carers around sedation and its administration will ensure that maximum benefit is gained during its implementation.

Informing the Child Life Therapist about the sedation being used will enable them to prepare the patient for the procedure and apply distraction techniques that are appropriate the specific procedure and the patients level/type of sedation.

## Comfort Positioning

Parents and carers can assist in supporting a child during a procedure by using holding positions, which have been proven to provide comfort to the child and reduce anxiety<sup>[1,2,4]</sup>. These positions include sitting on the carers lap or being koala cuddled by their parent. Comfort positioning empowers the child to feel in control and should be used in conjunction with distraction.

Because children have reduced peripheral vision a child's comfort can be increased during a procedure by simply allowing them to sit up rather than lay down. If the procedure requires the patient to lie down you might allow the carer to lay on the bed with the child, using comfort touch.

### During the Procedure (ONE VOICE)

- **ONE** voice at a time during the procedure.
- **NEED** to offer a role to the parent and or the patient e.g. read, hold hands, whisper reassurance. Encourage their involvement and acknowledge their capacity to assist the child in feeling calm and reassured.
- **EDUCATE** the child and family before the procedure about what to expect.
- **VALIDATE** the child with words and gestures. Encourage them and acknowledge behaviours that are helpful to completing the procedure. Otherwise acknowledge what it was difficult for them.
- **OFFER** the most comfortable, non-threatening position. Children often feel more in control and less anxious when they are sitting up
- **INDIVIDUALISE** your game plan. Find out what has worked well before and what hasn't, especially for special needs children.
- **CHOOSE** appropriate distraction to be used. See: [Appendix 1](#)
- **ELIMINATE** unnecessary people not actively involved with the procedure. Less people and less noise means that the process is less intimidating

### After the Procedure

Research shows that stress and anxiety arising from procedural interventions can be alleviated when a positive conclusion is experienced. This may involve providing the child or young person with praise for what they did well, a bravery certificate, a fun activity they can engage with, a debrief or a hug from their carer.

## References

1. Cavender, K., et al. (2004). "Parents' Positioning and Distracting Children During Venepuncture: Effects on Children's Pain, Fear, and Distress." *Journal of Holistic Nursing* 22: 32-56.
2. Cohen, L. (2008). "Behavioral Approaches to Anxiety and Pain Management for Pediatric Venous Access." *Pediatrics* 122: s134-s139.
3. O'Jessee, P. and L. Gaynard (2009). *Paradigms of Play The Handbook of Child Life A Guide for Pediatric Psychosocial Care* R. Thompson. Springfield, Illinois USA, Charles C Thomas Publisher: 136-159.
4. Stephens, B., et al. (1999). "Techniques to comfort children during stressful procedures." *Accident & Emergency Nursing* 7: 226-236.

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## Appendix 1 Ideas for Different Age Groups

Distraction and play are well documented in research as valuable tools to assist children and young people in coping with procedures. The following outlines some basic developmental information and strategies and techniques in developmental groupings. These can be helpful for parents and staff to use with patients of different ages before, during and after procedures.

### Babies (0-1yrs)

Babies read the world through their senses and communicate with a mixture of language and gesture, meaning carers are useful translators. They are used to eye contact and regular physical closeness with their carers so comfort positioning is an ideal procedural strategy for this group. Occasionally particularly with younger babies swaddling can be comforting.

Children of this age are highly sensitive to their caregivers stress so working to ensure that the caregiver is as comfortable and in control as possible will be highly beneficial. A good strategy can be to provide the carer with a specific role e.g. softly hum a lullaby or twirl the rain stick.

In general minimal stimulation and a calm tone are best for this age group. Try to speak to them in gentle and soothing tones, make regular eye contact and smile. Wherever possible try not to break familiar routines: eating, sleeping, comforters (e.g. find out if they suck their thumb and attempt the cannula in the other hand)

0-1 year	Distraction Techniques	Concluding the Procedure
	Soft Music such as lullabies Touch Massage Parents calm voice Rain Sticks / Ocean Drums	Cuddles & Gentle Toys - Rain sticks/drums Soft voice

### Toddlers (1-3yrs)

Toddlers are starting to use language as a strong expressive tool, remember to use simple words and short sentences. They also tend to be very mobile and are easily upset by being restrained or confined, use toys and novel games to keep them entertained in the one place.

Toddlers generally respond well to routine so working with carers about matching routines as much as possible is incredibly helpful. Children at this age start to express strong preferences often related to popular culture, these can be incorporated into distraction and rapport building e.g. Peppa Pig, Thomas the Tank Engine

Careful assessment is required before preparation which should be simple and concrete e.g. might simply involve playing with a nitrous mask. It is generally more medical play rather than structured preparation which is effective in this age group.

They require physical reassurance from their parents and so again are good candidates for Comfort Positioning.

1-3 years	Distraction Techniques	Concluding the Procedure
	Music Light & Sound Toys Pop-up Toys Bubbles Counting Story Books (can be a visual block also) You Tube Clips on parents devices	Sticker Toys TV/Movie Cuddles

### PreSchoolers (3-6yrs)

Preschoolers can generally talk and full sentences and answer questions, so it is important to include them in conversations which they are present for, to give them ample time (up to 10 seconds) to answer questions, and to not talk over them.

They tend to be very concrete and think in the here or now therefore preparation should be simple and should utilise pictures, dolls and real equipment to explain what is planned (ask permission to use their doll or toy). It should not too far before the procedure and should involve giving them a role e.g. "your job will be to keep your arm still" or "you can clean it with the wipe when we're done". A useful strategy for this age can be a simple summary with limited words e.g. for cannulation "Tight pull, clean, drinking straw in, little drink, tapes on, done"

Children this age enjoy control and familiarity so providing them with real choices which can be followed through is a powerful motivator e.g. "would you like to sit on mum's lap or on the bed?" or "would you like to look at toys or play a game?"

Allow them to be close to their carer. Consider positioning for procedures

3-6 years	Distraction Techniques	Concluding the Procedure
	Favourite music Bubbles Books Magnet Books	Sticker Craft pack TV/Movie

## Primary School Age (6-11yrs)

Have a greater understanding of their bodies and their illness or injury

May have inaccurate recollections of past experience

Like to be prepared and in control

May fear pain/failure/altered body image

Can understand limits and rules

Are able to 'reframe' bad experiences

Should be included in decisions affecting them

Ask them questions about their problem and provide clear reasons as to why this may be happening and why you need to do specific tests/procedures

Be honest! Describe what things will feel like

Take time to allow a child to be an active participant. Avoid holding down and wrapping

Use pictures and models to explain things, ask the child to tell you to ensure they understand

Discuss coping strategies and debrief after a difficult time

6-11 years	Distraction Techniques	Concluding the Procedure
	Favourite music DVD Breathing Squish Ball Talking about Favourite Things	Sticker Craft pack TV/ DVD

## Tweens and Teens (11yrs and up)

A time of great physical and emotional change

Hold adult concepts and understand illness and treatment but may know less than they are letting on

May struggle with separation/independence from carers

Require privacy

May want to take control of their own care

Allow for privacy. Knock on doors and ask if it is a good time to see them

Be straightforward and honest. Elicit cooperation

Listen to them and take all concerns seriously

Check for understanding

If seeing teens with parents, make sure they both have the opportunity to talk. Wherever possible obtain consent of both parent and child

**11 to 15 years**

11-15 years	Distraction Techniques	Concluding the Procedure
	Favourite Music Jokes Books Squish Ball Search and Find Book	Verbal reward Ask if they have any questions regarding what just happened

**15 and over**

15+	Distraction Techniques	Concluding the Procedure
	Relaxation Jokes Breathing Ipod Computer Games	Verbal rewards Ask if they have any questions regarding what just happened