Discussion 2 Prompt:

First, define assessment, citing your readings. Then, respond to one of the following cases. Choose a case based on the setting you hope to work in the future. For those of you hoping for a fast-paced setting, go with Julio's case. And for those of you hoping for something slower, where you have more time for assessments, go with Flora.

Flora

Flora is a 13 y/o white female living in Dallas with her mother, step-father, and step-brother, 2 y/o Max. Flora is presenting to your inpatient unit after a successful urgent surgery to save her leg following a traumatic car accident that occurred last night. Flora's family was in the car together during the accident. Her mother and father are both being treated at a nearby adult hospital. Flora's brother was unharmed and is being cared for by the family's neighbor until the parents are released.

As the inpatient child life specialist arriving to work at 8:30am, you do not yet know the severity of the parent's injuries or their prognosis. As you wait for updates from the medical team, you hear that Flora has woken and is in severe pain. You plan to enter her room to help her cope with the pain and begin your assessment process. As you prepare, you think through your developmental theories to anticipate what Flora might need as a 13 y/o in pain and isolated from her family following an acute trauma. Integrate at least three child life theories into your discussion of her anticipated needs.

Julio

Julio is a 4 y/o Latino male who is arriving at your outpatient primary care clinic for a follow-up after blood work collected last week came out abnormal. Last week, Julio exhibited significant fear and anxiety regarding the blood draw and had to be restrained by nurses (you were not called despite being available). This week, you plan to be by his side during the procedure. You have five minutes with the family before the blood draw and will be in the room for the fifteen minute procedure. He is accompanied by his mother. Design a theoretically-informed plan for helping Julio and his mother through this experience. Integrate at least three theories into your plan.

Discussion #2 Initial Post

Assessment is a vital step in the work that child life specialists do. It involves collecting information from the patient, their medical record, their family, the heath care team and the CCLSs own observations (Hollon et al., 2018). This data is invaluable to Certified Child Life Specialists as they can use it to better understand the unique needs a child has and to inform their interventions. There are several models for assessment that can be helpful for child life specialists to gather information on a patient including the Stress Potential Assessment Process, the Psychosocial Risk Assessment for Pediatrics, and the Child Life Assessment Intervention Plan (Hollon et al., 2018).

In the scenario with Julio, the amount of time I would have to conduct an assessment would be extremely limited. Thus, I wouldn't use a lengthy and formal assessment process. Instead, I would use the three variables of the Stress Potential Assessment Process to guide the questions I would ask Julio and his mother to help quickly formulate an intervention plan with them. This would include asking questions about child, family and health care variables (Hollon et al, 2018). Much of the information already known about Julio in the description of his case would be important for the assessment, including that he is about to undergo a blood draw and responded poorly to his previous experience with one. In my assessment with Julio, I would ask him about how he is currently feeling and the severity of his anxiety and fears. I would also ask Julio's mother about how she responds when Julio is in pain or fearful, as well as if she has any recommendations to help Julio cope. Based on this information and the health care information gathered, I could then start formulating an intervention plan with the family.

The first theory I would use to inform the intervention plan for Julio would be Lazarus and Folkman's Stress and Coping Theory. It is evident that during Julio's last blood draw his primary and secondary appraisal were both negative, leading to stress and poor coping. If his feelings are the same or worse during this assessment, which would be more than likely, I would talk to a nurse or the doctor about the possibility of giving me an extra 30 minutes or so with Julio and his mother prior to his blood draw. I would then use that time to provide Julio with developmentally appropriate information and preparation. This approach has been supported by numerous child life specialists who rated providing information/preparation as the most effective strategy for reducing pain (Bandstra et al., 2008) This would be both a problem and emotion-based solution. It would not only take away the immediate danger of a blood draw to Julio but would also give me time to work through his anxiety with him.

Erikson's theory of psychosocial development would also be helpful in informing an intervention for Julio. Since Julio is 4 years old, he would be in Erikson's stage of initiative versus guilt, it is during this time that children often engage in magical thinking and egocentric thought (Turner, 2018). Julio's magical thinking may have led to misconceptions, which could have been a reason for his extreme anxiety and fear during his last blood draw. Keeping this in mind, it could be helpful to listen to his understanding of what happens when someone gets their blood taken. Any

misunderstandings could be corrected during preparation if nurses have allowed time. An additional struggle that children face in Erikson's third stage is limitations on sense of control and independence (Turner, 2018). Julio likely experienced extreme limitations on this by being restrained by nurses last time, which could have severe negative developmental impacts. Thus, it is important to avoid this and instead allow Julio to have opportunities for control in this situation. This could be done through letting him choose which arm he wants his blood taken from or what TV show he would like to play during it.

Finally, I would want to use Vygotsky's social cultural theory to help formulate a plan for Julio. According to Vygotsky, appropriate guidance techniques can enable children to reach a developmental level they would be unable to when acting independently (Turner, 2018). In Julio's case, I believe that comfort position and distraction would enable him to complete the blood drawn in calmer manner than he was able to without these scaffolds. Research has suggested that "developmentally appropriate distracting activities that are highly engaging and enjoyable have the potential to effectively reduce distress in children who undergo repeated needle sticks" (Dahlquist et al., 2002). Distraction could be accomplished through blowing bubbles, spinning light wands, and Julio's favorite TV show. Following these interventions, I would let Julio know that I am proud of how brave he was for sitting through the procedure and I would debrief with the family by asking what they thought about the interventions and their blood draw experience.

References

Bandstra, N. F., Skinner, L., LeBlanc, C., Chambers, C. T., Hollon, E. C., Brennan, D., & Beaver, C. (2008). The role of child life in pediatric pain management: A survey of child life specialists. *The Journal of Pain*, 9, 320-329.

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Hollon, E., Clark, E., LeBlanc, C. & Skinner, L. (2018). Assessment and documentation in child life. In R. H. Thompson (Ed.), *The handbook of child life* (pp. 195-229). Charles C. Thomas.

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Response #1

Hello Kayla!

I was very impressed by your assessment and intervention! The poke plan you designed was a fantastic way to allow Julio to experience feelings of initiative, which is so important for his age according to Erikson's theory. I also like how you used Bandura's social learning theory to explain your use of modeling with toys. I considered using this theory to explain how I would prepare Julio for his upcoming blood draw but chose to use Lazarus and Folkman's stress and coping theory instead. I find it so interesting how different theories can be used to validate similar interventions and techniques! One thing I would consider adding to your intervention plan is more opportunities for distraction. I thought the breathing technique you described was great. I loved how it brought in an aspect of imagery and involved Julio's mom. However, it might be a good idea to have a backup plan since 15 minutes is a very long time for a young child, who is scared to stay still and not panic. Other distractions for a child Julio's age could include bubbles, light wands, books or his favorite TV show. Great job on this post!

Response #2

Hi Bethany!

You gave some great examples of how child life specialists can collect information about a patient for their assessment. I would also consider how key information could be gathered from the healthcare team and through observations of child-family interactions. I agree that it would be of upmost importance to avoid restraining Julio as this could be extremely traumatic for him. While I understand your view that talking about the upcoming blood draw to Julio could cause him to feel increased anxiety, I think it is important to address misconceptions he might have that could be leading to his extreme fear. Children that are four years old often engage in magical thinking, which could be a cause of his reactions. However, I understand that it would be next to impossible to address all of Julio's fears in only five minutes. In my original discussion post, I talked about advocating for more time with the family to better prepare Julio for the blood draw. If this is not an option, though, your choice of distraction is a great alternative! I love how you gave examples of child friendly language to use during the blood draw. One recommendation I have for your post is to implement three theories into your approach to get full credit. Great job!