Psychosocial Aspects of Pediatric Apheresis

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Objectives

• Develop an understanding of basic child development

• Define stress, stressor, and coping

• Identify strategies for communication with patients and family

• Develop a basic understanding of cultural spiritual factors
Understanding Child Development

- Essential to caring for patients
- Provides a framework to assist in developing an approach to patients and their families
- Identifies potential issues that may arise as treatment progresses
Piaget’s Theory of Cognitive Development

Erickson’s Theory of Psychosocial Development

Knowing Cognitive Development Theory is instrumental for apheresis nurses in understanding how children conceptualize events and how best to explain the disease and treatment.
<table>
<thead>
<tr>
<th>Stage</th>
<th>Age (yr)</th>
<th>Characteristics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sensorimotor</td>
<td>0-2</td>
<td>Interacts with environment, Separates self from others, Reflex activity changes to purposeful actions</td>
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<tr>
<td>Preconceptual</td>
<td>2-7</td>
<td>Uses language, Uses self as a standard for others, Subjective judgment</td>
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<tr>
<td>Intuitive</td>
<td>2-7</td>
<td></td>
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<tr>
<td>Concrete Operational</td>
<td>7-12</td>
<td>Solves concrete problems, Organizes objects and events, Expanded conversation</td>
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<tr>
<td>Formal Operational</td>
<td>12-15</td>
<td>Hypothetical-deductive situations, Scientific approach to problem solving</td>
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Erikson’s Theory of Psychosocial Development

- Infancy: Trust vs. Mistrust
  - Learns basic trust or mistrust from person who meets basic needs of food, comfort, shelter

- Toddler: Autonomy vs. Shame and Doubt
  - Learns independent actions are acceptable or not
  - Explores skills, believes tasks, questions, actions are inappropriate

- Preschool: Initiative vs. Guilt
Erikson’s Theory of Psychosocial Development

- School-age: Industry vs. Inferiority
- Adolescent: Identity vs. Role Confusion
- Young Adult: Intimacy vs. Isolation

- Seeks to master and refine skills learned if unable may quit
- Perception of self is consistent or inconsistent may agree with other perceptions or not
  Uses peer group for reality testing
- Shares self with others in friendship, and love relationships or keeps self uninvolved with others
Stress

• Psychological Stress is defined as: a particular relationship between the person and the environment that is appraised by the person as taxing or exceeding his or her resources and endangering his or her well being.
Stressor

• A stressor may be social, cultural, psychological, physiological, or a combination of stimuli impinging on the individual.

• For the stressor to cause stress, the individual must perceive the stressor as a source of threat, harm, loss, or challenge.

• Nurses must be acuity aware of their own value system and culture, which can influence their approach to stressful situations.
Coping

- The process of coping does not imply success, but effort
- Young developmental age or limited life experiences are often constraints on the child’s coping effort or ability
- Number of external stressors impact how the parents cope with a situation
Age Specific Competency

- Required training by JCAHO for all clinical personnel
- Important to ensure appropriate approach to caring for patient across the continuum of care.
- Education and communication at a level that the patient and family can understand there by reducing stress
Infants and Toddlers

- INFANTS/TODDLERS: 0-3 YEARS
- Infants and toddlers are in a period of rapid growth and learning.
- They explore the world through direct sensory contact; by tasting, touching, looking, listening and smelling.
- They progress in their efforts to communicate, moving from crying, through babbling to using simple words. They are very dependent, but are beginning to develop a separate self.
- This group requires distraction and monitoring closely because they cannot verbalize feelings.
Preschool Age

- Preschool children 4 to 6 years of age.

- This is a period where growth slows a little but motor skills increase, and children learn many new skills including things like dressing and toilet training.

- Their minds begin to use symbols and they play with imagination and fears and stories. They identify with their parents but grow more independent and begin to become sensitive to others' feelings.
Approach to School Age Children

- The healthcare worker should work to involve both parents and children in healthcare choices.
- Always explain what you are going to do in a firm and direct way before you start.
- Don't lie to the child about whether something will hurt, but reassure them that it won't hurt for long.
- Play therapy is very effective with this group of patients.
Older School Age Child

- OLDER CHILDREN: 7-12 YEARS
- This is a period where growth continues slowly until there is a spurt at puberty.
- Children this age become mentally active, eager learners and love to share their knowledge.
- They learn about cause-and-effect, and they perfect their reading and writing and learn math skills.
- While they are developing a greater sense of self, there is also a great need to fit in with their peers.
- School activities become very important and they may start negotiation with their parents for greater independence.
Approach to Older School Age Children

- Explain procedures and treatments in simple 6th grade level terms so the patient can understand
- Be realistic and set expectations
- Be honest even if it hurts
- Involve the patient in choices and decisions when possible
Care of Adolescents

• ADOLESCENTS: 13-20 YEARS
• At this age adolescents are able to entertain complex moral thinking, and they begin to make up their own minds and choose their own values
• Adolescents need to balance developing their own identity with the need for very close relationships.
• Peer groups can come into conflict with family demands, and it can become a time of challenging authority.
Approach to Adolescent Patients

- This is a stress-filled age
- Reassure adolescents that you are aware of their need to maintain normal life activities (if possible)
- Remember their self-consciousness about their bodies and provide for privacy
- The healthcare worker should begin treating as an adult and avoid authoritarian approaches
- Talk directly to the adolescent, not through the parents
- Always explain why something is being done
- Encourage questions about their fears. And respect any expressed or implied religious or cultural beliefs
Cultural/ Spiritual Diversity

- Birth rituals and beliefs
- Family participation in care delivery
- Dietary preferences, beliefs and practices
- Alternative healthcare practices
- Death and dying beliefs and practices
Cultural Spiritual Assessment

- Required training by JCAHO for all clinical personnel
- Important to ensure appropriate approach to caring for patient across the continuum of care.
- Frequently influence decisions about healthcare and response to stress
DEFINITIONS

Diversity – The unique set of qualities that separate people as individuals, such as race, gender, religion, physical and mental abilities, geographic locations, economic status, and many others.
**Culture** – The sum total of values, attitudes, behaviors and symbols that are transmitted within groups and communicated to successive generations, to provide a cognitive map for actions and interpreting reality. Culture is a significant lens that influences the way people think, perceive and act.
Cultural Competence – means that the worker has systematically learned and tested awareness of the prescribed and proscribed values and behavior of a specific community, and an ability to carry out professional activities consistent with that awareness.
Cultural Diversity – A set of shared ideas about the way we live and behave toward others. An agreed upon set of rules about style, tradition, behavior, etiquette, etc.; combined with the unique set of qualities that separate us as individuals (age, gender, religion, and physical and mental abilities and many others.
LAYERS OF DIVERSITY

Personality

Physical Ability

Mental Process

Ethnicity

Gender

Race

Age

Sexual Orientation

Personal Dimension
LAYERS OF DIVERSITY

External Dimension

- Marital/Parental Status
- Education
- Family Status
- Personal Style
- Work/Life Experience
- Religion
- Hobbies/Interests
- Geographic Location
- Income
- Friends/Peers
- Personality
Child Life Programs

- Non-clinical members of the healthcare team
- Help to arrange and organize age appropriate activities for patients during treatment
- Work with the healthcare team, patient, and family to design an activity plan
Play Therapy

- Technique that uses a child’s natural means of expression, namely play, as a therapeutic method to assist in coping with emotional stress or trauma
- Allows the child to manipulate the situation on a smaller scale
- Coordinate therapy with Psychosocial members of the care team
Case Studies

• Child needs an explanation grounded in their own experiences
Patient/ Family Perspective

- Each patient/family will respond differently to bad news
- We all learn at a different pace and in different way (concrete, abstract, visual, audio, etc...)
- The apheresis operator must assess the best way to approach a patient or family
- Take time to communicate and allow for the patient or family member to ask questions and receive answers
The Other Side of the Bed

What can caregivers learn from listening to patients and their families?
Plan Your Approach

• Communicate with other members of the patients care team...Do your homework
• Develop Trust: care plan with other members of the care team to ensure consistent information between the clinical staff and the patient/family
• Make use of the Child Life Specialist or volunteers
Communication Style

• Plan your approach
• Do you need written materials, a model, or picture to help you communicate? Show and tell can really help to explain procedure
• Take a tour
Conclusion

- Communication is key to the short and long term outcome of any procedure.
- The emotional care of the patient and family is equally as important as the procedure you need to perform.
- Failure to address this aspect of the patient/family experience can have long lasting and far reaching consequences on the outcome for both the patient and you.