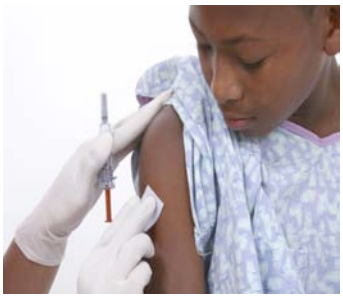
Developmental Differences in Pediatric Traumatic Stress

Younger Children

- Do not recognize or anticipate a traumatic danger until it happens.
- Can experience the sights, sounds, or smells of the medical environment as traumatic.
- Can get angry or frustrated with providers administering painful procedures.
- Can experience separation from parents, siblings, and/or pets as traumatic.
- Brains do not have ability to calm down fears; may have strong startle responses, night terrors, or aggressive outbursts as a result.
- Think in images and are more likely to process trauma through play, drawing, and storytelling, rather than talking.
- Can regress behaviorally (bed-wetting, thumb-sucking, etc.) in response to distress.
- May not understand that some losses are permanent.

TIP: Younger children's responses are behavioral and somatic; they will SHOW you that they are upset, rather than tell you.

School-Age Children



- Will take cues from adults' non-verbal behavior regarding how serious the illness or injury is and how to respond; discounting verbal explanations.
- Can overestimate life-threat or seriousness of condition, based on sights, sounds, or past experiences.
- In the absence of realistic information or explanations (esp. about diagnosis, prognosis, etc.), they will use their imagination to "fill in the blanks" (e.g. magical thinking).
- Often react out of frustration and helplessness; as a result, responses can be impulsive, but are not necessarily intentional.
- Can experience significant grief and loss reactions, even if the loss was expected.
- Need routine, predictability, and behavioral limits to reestablish feelings of safety and security.

TIP: School-age children will sometimes imagine that illness, injury, or pain is punishment for something they did wrong.

Adolescents

- Are sensitive to parents' or others' failure to prevent the injury or illness, and can be unrealistic in their expectations of medical providers or beliefs about prognosis, recovery, etc.
- Will sometimes act "grown up" and try to protect others from distressing thoughts and feelings.
- Are sensitive to being excluded from discussions of their condition, treatment, etc.
- Are self-conscious regarding looking different or being isolated from friends.
- Can experience significant pain, anger, or frustration when challenged to do something that was once routine.
- Responses can include either withdrawing or acting out (intense anger, emotional outbursts, increased aggression, etc.) in response to stressors.

TIP: Adolescents can be more concerned about "here and now" issues than about the future.

Adapted by the Center for Pediatric Traumatic Stress (CPTS) at The Children's Hospital *of* Philadelphia for the Health Care Toolbox

CPTS Center for Pediatric Traumatic Stress The Children's Hospital of Philadelphia

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Developmental Interventions for Pediatric Traumatic Stress

Younger Children

- In the absence of parents, remember that you are the main source of comfort for the child.
- Provide concrete explanations for what is happening, what will happen next, and for potentially traumatic sights and sounds in the medical environment.
- Help identify and label what they may be thinking and remind them that other children often feel the same way.
- Provide the child with a "safe zone" in the medical environment where no painful procedures or treatment will occur.
- Encourage expression of thoughts and feelings through play, drawing, or storytelling.
- Provide and support consistent caretaking and reassurance.
- Tolerate regressive symptoms in a time-limited manner.

TIP: Rely on OBSERVED behavior, not just verbal report, to understand how a child is feeling.

School-Age Children

- Address distortions and magical thinking about the illness, injury, or prognosis, and help them "fill in the blanks" with realistic information.
- Help them create a coherent story to tell others about what happened or will happen.
- Explain and talk about procedures before doing them; tell them what to expect.
- Tell them that it is normal and expected for kids to feel afraid, angry, or sad.
- Help them acknowledge the bad things that have happed, and balance it with the good.
- Reassure the child that s/he has done nothing wrong to cause the illness, injury, or pain.
- Support activities that offer predictability, routine, and behavioral limits.

TIP: Ask open-ended questions to school-age children to learn what they know and especially, what they are IMAGINING.

Adolescents

- Address their expectations regarding the illness or injury, and what could have been done.
- Help them understand that it's common to react to their anger by feeling numb or acting out.
- Be open to their expression of strong emotions.
- Discuss the expected strain the injury or illness might have on their relationships with family and friends, as well as potential feelings of isolation.
- Actively involve them in discussions and decisions that will impact them, and in their daily care, whenever possible.
- Help them anticipate the challenges the illness or injury will cause to their academic and social lives and problem-solve ways to overcome these challenges.
- Allow them time to acknowledge and to grieve the loss of things they can no longer do, while helping them explore and discover things they can do.

TIP: Encourage adolescents to anticipate and plan for future consequences, but don't dismiss their "here and now" concerns.

CPTS Website: www.chop.edu/cpts **Training site: www.healthcaretoolbox.org**

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