



*The names have been changed to protect patients' identities.

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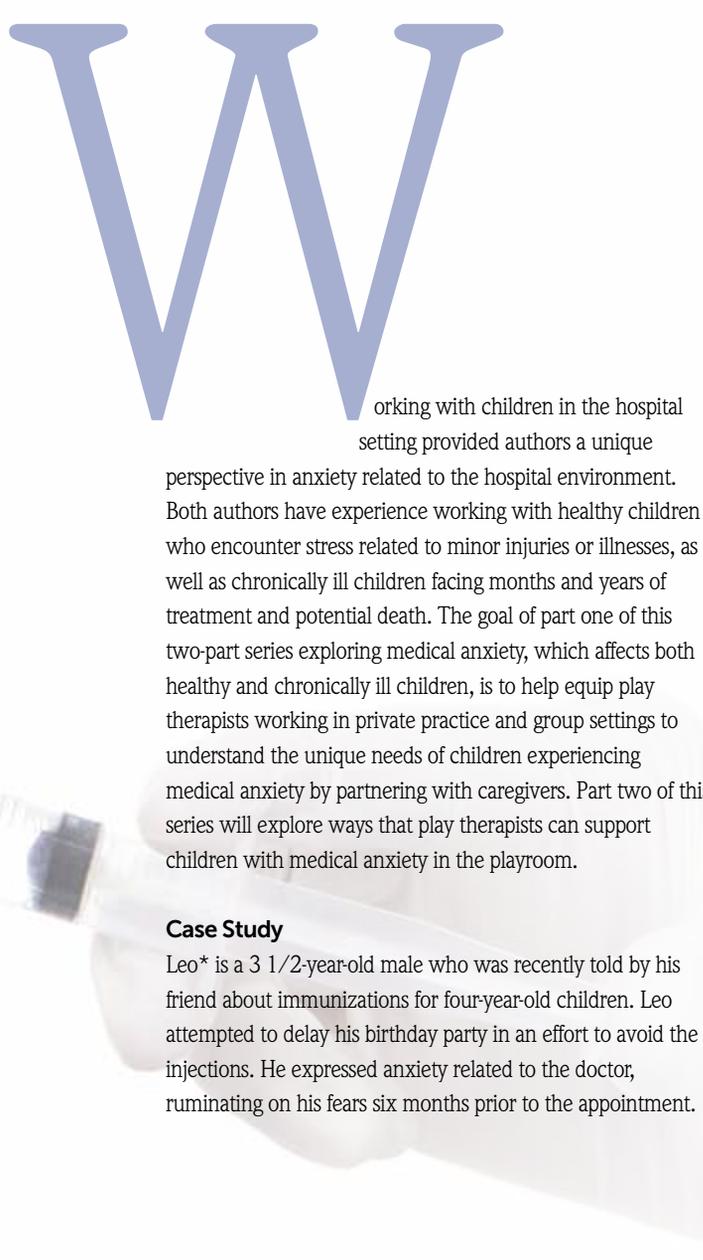
Play Therapy and Coping with Medical Anxiety

Part One: Partnering with Parents

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COMMENTS BY
CLINICAL EDITOR:

Authors Present
Considerations In
Helping Children
With Medical Anxiety.



Working with children in the hospital setting provided authors a unique perspective in anxiety related to the hospital environment. Both authors have experience working with healthy children who encounter stress related to minor injuries or illnesses, as well as chronically ill children facing months and years of treatment and potential death. The goal of part one of this two-part series exploring medical anxiety, which affects both healthy and chronically ill children, is to help equip play therapists working in private practice and group settings to understand the unique needs of children experiencing medical anxiety by partnering with caregivers. Part two of this series will explore ways that play therapists can support children with medical anxiety in the playroom.

Case Study

Leo* is a 3 1/2-year-old male who was recently told by his friend about immunizations for four-year-old children. Leo attempted to delay his birthday party in an effort to avoid the injections. He expressed anxiety related to the doctor, ruminating on his fears six months prior to the appointment.

Appointments and Anxiety

According to the Anxiety and Depression Association of America (ADAA, 2016), one in eight children is affected by an anxiety disorder. While some anxiety in childhood is seen as normative, as children progress developmentally, children with a diagnosable anxiety disorder experience fear, nervousness, and shyness and often avoid places and activities connected to their fears (ADAA, 2016). Per the Centers for Disease Control and Prevention (CDC, 2016), 92.4% of children in the United States have at least one physician contact within a year. Boyse, Boujaoude, and Laundry (2012) noted that approximately 15% to 18% of children in the United States have a chronic health condition. In the National Health Interview published in 1992, children who were deemed to have a chronic illness had an average of 16 physician contacts annually (Newacheck & Taylor, 1992).

Medical Anxiety

Definition

Due to the number of children with anxiety, as well as the frequency of children accessing medical care, many children are likely to encounter some type of medical anxiety. Blood-injection-injury phobia is identified as a Specific Anxiety Disorder, coded as 300.29 in the Diagnostic and Statistical Manual of Mental Disorders, fifth edition (DSM-5; American Psychiatric Association [APA], 2013). This diagnosis includes fear of blood, injections, transfusions, injury, or other medical care, which all have specific ICD-10-CM codes. Although these codes represent a portion of anxiety experienced in a medical setting, the authors prefer the term medical anxiety, which speaks to the all-encompassing needs with which patients often present, including a fear of medical

procedures, surgeries, shots, anesthesia, hospital admissions, emergency room, and medical professionals. Often, children may not be able to specify their anxiety and will generalize this fear to the hospital or doctor's office as a whole.

Presentation

Specific phobia diagnostic features listed in the DSM-5 include avoidance of the situation, intense fear or anxiety, and presence of immediate anxious symptoms after encountering the stimulus (APA, 2013). Further, the blood-injection-injury phobia in children may present as freezing, clingy behavior, tantrums, or tearfulness. The authors have observed medical anxiety manifest in numerous ways prior to, during, and post-interaction with the medical environment, professional, or procedure. In addition to the features listed above, children can show medical anxiety in a variety of other ways, including aggression, generalized lack of trust toward medical staff or parents, selective mutism, defiance, and nightmares. All of these presentations of medical anxiety can have significant implications. If anxiety persists, children may generalize fear and become anxious in other situations where they had previously demonstrated courage or mastery, which can have an effect on a child's relationships, personal beliefs, and long-term coping.

What Play Therapists Can Do: Partnering with Parents

Parents are by far the most influential people in their children's lives. Parents can provide a safe place to land when children experience stress, or they can unintentionally contribute to the child's stress level. Play therapists have a valuable opportunity to equip parents to affect their child's healthcare experience positively. The following paragraphs will outline vital tools for play therapists to share with parents to promote positive coping during doctors' visits.

Before Doctors' Visits

Preparation for medical procedures has been known to help support a child's developmental need for information and ability to cope with stressful events. According to Goldberger, Mohl, and Thompson (2009), the goal of psychological preparation is to increase children and family members' sense of predictability and control over potentially overwhelming life experiences, allowing them to proceed in these situations with a resulting sense of mastery and with the lowest possible level of distress (p. 161).

While professional Child Life Specialists often offer psychological preparation in the hospital setting, parents may need to navigate stepping into the role of advocate when considering their child's needs when doing routine medical exams and visits.

Common questions and fears parents may have concerning stepping into this role include when should I prepare them, how should I tell them, and what should I include? Research demonstrates mixed results when looking at the best timing for preparation. However, in general, younger children exhibit improved coping with preparation provided closer to the stressful event, whereas older children tend to benefit from initiating preparation earlier (Goldberger et al., 2009). In the case example of Leo, his mom knew at his core, he was an anxious child. From experiences, she

would not inform Leo of the need for shots until a day or two before to avoid the anxiety he experienced for six months.

Components of preparation should include providing children with information regarding the sequence of events as well as sensory information. What will they see, smell, feel, taste? Preparation should also include planned coping, or identification and practicing of skills that may enhance a child's sense of control and mastery during the actual event (Goldberger et al., 2009). Play therapists must individualize these general guidelines to include a child's coping style. They can help coach parents by asking thoughtful questions, reframing past experiences, and providing guidance for potential emotional needs or opportunities of which parents may not be aware.

Below are tips for success to share with parents to consider when engaging their children in preparation and in collaborating with their medical team.

- Build a relationship with your medical team.
- Know your child and continue learning your child's individual needs.
- Learn how to provide choices and limits.
- Be honest and do not make promises you cannot keep.
- Be willing to say, "I do not know."

Other creative ideas to support coping:

- **Medical Play** — Play with medical equipment allows children to explore potentially stressful experiences through the safe medium of play (Gaynard et al., 1998). Much can be learned by observing healthcare-related play in terms of perceptions, misconceptions, and fears. Utilizing a stuffed animal or doll as the child's "patient" is recommended versus the parent or sibling stepping into this role. By having an inanimate object be the patient, it allows a child more expressive opportunities for anger and aggression to be demonstrated that would require limits if reproducing events on a person (Gaynard et al., 1998).
- **Coping Cards** — Have a card with your coping plan detailed to share with nurses when you arrive at the doctor's office. This strategy will help communicate your child's specific needs to the nurses who will be your allies when administering procedures that may be stressful.
- **Coping Toolbox** — Pack a small bag with items that support your child's method of coping. Items that you could pack include a squeeze ball, bubbles to encourage deep breathing, iPad/book for visual distraction, or headphones/iPod for auditory distraction.
- **Bibliotherapy** — Bibliotherapy is the use of books to help children process and understand difficult situations. For children with medical anxiety, bibliotherapy is a valuable tool that can facilitate mastery prior to and after a medical appointment (Miller, 2016). Examples of books that help

prepare children for, as well as debrief after doctors' appointments, include *The Berenstain Bears Visit the Dentist* (Berenstain & Berenstain, 1981), *Dora Goes to the Doctor* (Roper, 2013) (available in English and Spanish), and *Corduroy Goes to the Doctor* (Freeman, 1987).

During Doctors' Visits

Parents commonly follow the lead of the physicians and nurses in medical situations. While the medical team's perspective is of great value, input from parents as collaborative team members will likely help them achieve their medical goals more smoothly. Play therapists can assist parents in developing confidence in asserting themselves on behalf of their child. Helping parents identify stressful triggers for their child with a corresponding written coping plan will likely result in improved communication with the medical team. In the case of Leo, his mom utilized medical play to help support his ability to communicate his primary stressor and to practice coping strategies in preparation for the event.

Parents will benefit from recognizing their children need time to learn to cope, and things often do not go as planned. While they have a coping plan, children may or may not be able to implement that plan without tears, yelling, or physically trying to retreat by hiding, hitting, or kicking. Progress, not perfection, is the goal.

After Doctors' Visits

After doctors' visits, debriefing either verbally or through creative arts and medical play is beneficial for children. Siegel and Bryson (2012) provided a rationale for storytelling, indicating that when children are able to name the stressor or stressful event, they often are able to tame the corresponding emotion or appraisal of the event. The process of storytelling supports a child's right brain and left-brain integration, which can help a child feel more successful long-term. Invitations by parents to debrief need to be gentle and allow for some resistance from the child. Incorporating creative ways for children to share their story may be helpful, such as drawing, medical play, and puppetry.

Conclusion

Equipping parents in supporting their child's emotional and developmental needs may be the most important role play therapists have in an effort towards lasting change. The medical environment creates anxiety for children and parents alike. Therefore, empowering parents in their relationships with their children is of significant value. Part one of this two-part series focused on partnering with parents, and part two will explore how play therapists can support children with medical anxiety in the playroom.

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