



| AGE/<br>DEVELOPMENTAL ISSUES  | PERCEPTION OF ILLNESS  | IMPACT OF<br>ILLNESS/HOSPITALIZATIONS   | SUGGESTIONS  |
|---|--|---|--|
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|   |  | <ul style="list-style-type: none"> <li>• Likes to imitate adults</li> <br/> <li>• Fear of mutilation</li> <br/> <li>• Preoccupied with blame and guilt</li> <br/> <li>• Constantly asking questions as a means of learning about the outside world</li> </ul> | <ul style="list-style-type: none"> <li>• Have parents participate in child's care shows the child that the parent approves of the hospital routine</li> <br/> <li>• Explain to child and show pictures of body parts involved. Stress that no other part of his/her body will be involved. For example, "I will need to give you a blood test in your arm. The rest of you will be just like it is now."</li> <br/> <li>• Explain repeatedly that no one is to blame for his/her diagnosis or hospitalization</li> <br/> <li>• Explain procedures in age appropriate language. For example, "Doctors can learn a lot about a person's body and what is making him/her sick by testing the blood."</li> </ul> |
| <p><b>LATENCY AGE:<br/>6 – 8 YEARS</b></p> <ul style="list-style-type: none"> <li>• Mastery of skills &amp; tasks valued by teachers and society</li> </ul> | <p>May still see self as causing illness or death; increasingly starts to see illness as caused either by outside agency (germs) or through failure to follow health rules, either due to disobedience or imprudent behavior. Contagion theory is strong, i.e. illness is catching. May do victim blaming as</p> | <ul style="list-style-type: none"> <li>• Separation Anxiety</li> </ul>  | <p>Because of rule-bound beliefs, may tend to be more compliant with treatment regimen</p> <ul style="list-style-type: none"> <li>• Although school age children are better able to cope with</li> </ul>   |

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| <ul style="list-style-type: none"> <li>Increasingly aware of teacher and societal rules</li> </ul>  | <p>way of making self immune.</p>  | <ul style="list-style-type: none"> <li>Want to understand why things are happening. They are able to reason.</li> <li>Perception of time</li> </ul>  | <p>separation in general, the stress imposed by illness or hospitalization may increase their need for parental security and guidance.</p> <ul style="list-style-type: none"> <li>Give simple explanation of anatomy and physiology and what is wrong and how it will be treated. Use of pictures, dolls, and other visual aids help them to understand.</li> <li>When the child needs a test, tell him/her ahead of time.</li> </ul> |
| <p><b>PREADOLESCENT<br/>9-12 YEARS</b></p> <ul style="list-style-type: none"> <li>Peers become increasingly important</li> <li>Evaluation of self is in relationship to peers</li> <li>Growing need for precise explanation of events impacting them</li> </ul> | <p>Now understand bodily processes and functions as true cause of illness. Understand relationship of treatment to illness. Needs to have accurate explanation about illness and treatment as well as justification for choice of one treatment over another.</p>  | <ul style="list-style-type: none"> <li>Primary concern is interference of illness/treatment in social relationships and activities as well as being perceived as different.</li> <li>Lack of bodily control or “wholeness” may affect emerging sense of identity.</li> <li>May become demanding, rebellious and non-compliant with medical regimen as a way of reasserting control as well as “testing the hypothesis.”</li> </ul> | <ul style="list-style-type: none"> <li>Accurate information about illness and treatment can be useful tool in managing anxiety.</li> </ul>  |
| <p><b>ADOLESCENCE:<br/>13 – 18 YEARS</b></p> <ul style="list-style-type: none"> <li>Needs to separate from family and be seen as individual</li> <li>Wants to be like peers and avoids being different</li> <li>Preoccupation with physical changes</li> </ul>  | <p>More aware of complexities of health/illness; more sophisticated about the interaction of internal and external factors in illness. Able to intelligently question and deal with all information about illness. Early adolescence marked by focus on discrete symptoms rather than overall impact of illness; later adolescence marked by emergence of fuller appreciation of hypothetical future consequences. Denial is primary defense against thoughts of illness and consequences.</p> | <ul style="list-style-type: none"> <li>Loss of control and independence. High risk of non-compliance with treatment routine as way of asserting control or denying impact/severity of illness.</li> <li>Alteration in body image</li> <li>Interference of treatment or</li> </ul>  | <ul style="list-style-type: none"> <li>Involve adolescent in decision making and planning for procedures.</li> <li>Explanation of procedures</li> <li>Provide privacy</li> <li>Encourage visiting from peers</li> </ul>   |

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| <ul style="list-style-type: none"> <li>• Beginning to deal with stressors as an individual</li> <li>• Does not want to rely on family for support</li> </ul> |                       | hospitalization in school/social activities seen as threat to “normal” life |             |

Sources: J. Temple Eisele, Child Life Program, University of Massachusetts Medical Center  
 M. Bernadetter Reidy, 1999