

Age/ Developmental Issues	Perception of Illness	Impact of Illness/hospitalizations	suggestions
<ul style="list-style-type: none"> Increasingly aware of teacher and societal rules 	<p>Contagion theory is strong, i.e. illness is catching. May do victim blaming as way of making self immune.</p>	<ul style="list-style-type: none"> Separation Anxiety Want to understand why things are happening. They are able to reason. Perception of time 	<ul style="list-style-type: none"> Although school age children are better able to cope with separation in general, the stress imposed by illness or hospitalization may increase their need for parental security and guidance. 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. When the child needs a test, tell him/her ahead of time.
<p>Preadolescent 9-12 years</p> <ul style="list-style-type: none"> Peers become increasingly important Evaluation of self is in relationship to peers Growing need for precise explanation of events impacting them 	<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"> Primary concern is interference of illness/treatment in social relationships and activities as well as being perceived as different. Lack of bodily control or “wholeness” may affect emerging sense of identity. May become demanding, rebellious and non-compliant with medical regimen as a way of reasserting control as well as “testing the hypothesis.” 	<ul style="list-style-type: none"> Accurate information about illness and treatment can be useful tool in managing anxiety.
<p>Adolescence: 13 – 18 years</p> <ul style="list-style-type: none"> Needs to be an individual, separate from family 	<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.</p>	<ul style="list-style-type: none"> Loss of control and independence. High risk of non-compliance with treatment routine as way of asserting control or denying impact/severity of illness. 	<ul style="list-style-type: none"> Involve adolescent in decision making and planning for procedures. Explanation of procedures

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<ul style="list-style-type: none"> • Wants to be like peers and avoids being different • Preoccupation with physical changes • Beginning to deal with stressors as an individual • Does not want to rely on family for support 	<p>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"> • Alteration in body image • Interference of treatment or hospitalization in school/social activities seen as threat to “normal” life 	<ul style="list-style-type: none"> • Provide privacy • Encourage visiting from peers

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