PSYCHOLOGICAL INTERVENTIONS

Even with sedation, the success of a procedure is equally reliant upon careful consideration of psychosocial aspects as it is reliant on physical aspects. A sense of mastery and control experienced by parents and children is crucial to their confidence in managing any future procedures. Reducing both pain and anxiety will facilitate effective coping.

NOTE: If a child/youth has a history of previous emotional trauma from a medical procedure, it is very important to avoid further trauma. Unless procedure is necessary on an emergency basis, it will be helpful for the child/youth to be referred to Psychology well in advance of the procedure date.

Prior to Procedure

| Plan: | Develop rapport with the child and family and, together with them, develop a plan for the procedure that takes into account the child's age/developmental level, previous experience with painful procedures, and style of coping with stress (e.g. do they typically need detailed information, or prefer to be distracted?). See age/developmentally appropriate interventions table.

| Prepare: | Decide who needs to be present during the procedure (e.g. family, staff specialists) and specify each person's role. Consider the child's preference for coping coaches/comforters. Support parent presence, but also give permission to parents to leave if needed.

Prepare the child using an age-appropriate explanation of what they can expect (e.g. events, sensations) before, during, and after the procedure. Adapt timing of preparations to meet developmental and individual preference needs (e.g. closer to the time of the procedure for younger children).

Prepare the environment in the procedure room according to the child's preference (e.g. music, visual, distracting materials, speaking in low voices). NB: The patient's own room should be used only in exceptional circumstances.

During the Procedure

| Cope: | Implement coping/distraction plan, allowing the child as much control and mastery over the procedure and associated distress as possible.

Post-Procedure

| Comfort: | Assess the child's and family's emotional state and need for further follow-up, comforting.

| Debrief: | or debriefing to prevent trauma. For difficult cases, staff may also need time to discuss the process.

| Evaluate: | At an appropriate time, review with the child and family how the procedure went, and what helped or did not help. Emphasize examples of ways that the child showed mastery in the situation (even if minimal). Modify the plan over time to take into account changes (e.g. coping with fatigue or sensitization with repeated procedures).