Neonate (0-30days)

**Developmental Tasks**
- startle reflex
- sucking and rooting reflex
- hearing is matured
- can only focus on objects fairly close (8-12 inches away)

**Hospital Stressors**
- startles to loud noises and sudden movement
- blinks in response to bright lights
- impaired basic needs
- pain

**Coping Behaviours**
- crying, sucking
- quiets to soft music, singing and talking
- soothed when swaddled or rocked.

**Interventions/Comfort Techniques**
- encourage parental presence and participation
- maximize parental information
- de-stimulation (decrease noise and lights)
- avoid quick movements

**Infant (birth-1yr)**

**Developmental Tasks**
- attachment to primary caregivers
- learn through senses
- develop trust
- meet basic physical needs

**Hospital Stressors**
- separation from primary caregivers
- lack of stimulation
- stranger anxiety
- pain
- inconsistency/lack of routine

**Coping Behaviours**
- crying, fussiness
- hand-mouth activity (sucking on a soother)

**Intervention/Comfort techniques**
- encourage parental presence and participation
- maximize parental information
- decrease the number of caregivers
- use “comfort positions” for procedures (parents act as comforter not restrainer)
- provide stimulation (visual, auditory, tactile, kinesthetic)

**Toddlers (1-3yrs)**

**Developmental Tasks**
- seek independence
- can hold and recall images
- develop language skills
- routine oriented
- learn new skills (walking, toilet training etc.)

**Hospital Stressors**
- separation from parents / caregiver
- fear of injury and pain
- loss of routine
- lying in a reclined back position for procedures is frightening
**Coping Behaviours**
-regression and loss of recently learned skills
-clinging
-temper tantrums

**Intervention/Comfort Techniques**
-maximize parental presence and involvement
-promote **Therapeutic and Medical Play** (allow for exploration, self expression and motor activity)
-maintain routine
-offer choices when possible and simple explanations
-“Comfort Positions” and distraction for procedures (bubbles, light up toys etc.)

**Preschoolers (3-5 yrs)**

**Developmental Tasks**
-egocentric
-fantasy and magical thinking
-increasing yet limited language skills
-learn best by doing
-doesn’t understand death as a permanent state

**Hospital Stressors**
-separation from parent / caregiver
-view illness and hospitalization as a punishment
-unable to distinguish between fantasy and reality
-loss of competence in developmental tasks
-inconsistent routine and expectations

**Coping Behaviours**
-regression
-temper tantrums, protest, and aggression
-withdrawal and detachment

**Intervention/Comfort Techniques**
-parental presence
-offer choices when possible
-promote ** therapeutic play** (exploration, self expression of feelings through play, movement activities)

**School Age (6-12 yrs)**

**Developmental Tasks**
-heavily involved with peers
-concrete thinking
-well developed language skills
-concerns about body image

**Hospital Stressors**
-loss of control
-separation from parent / caregiver
-loss of competence
-fears of pain and bodily mutilation
-fear of death, illness and disability

**Coping Behaviours**
-anger, acting out
-regression
-depression, withdrawal
-uncooperativeness

**Intervention/Comfort Techniques**
-offer choices when possible
-teach coping strategies that encourage mastery (help the child recognize aspects of their effective coping.)
-maximize parental participation and information
-facilitate medical play and information about the body part(s) affected. Identify and correct any misconceptions.
-promote ** therapeutic play** (that fosters a sense of accomplishment, self expression and group/peer activities)
-“Comfort Positions” and distraction

**Adolescents (12-18 yrs)**

**Developmental Tasks**
-peers and socialization are very important
-body image relates to self esteem
- need for privacy
- abstract thinking and deductive reasoning
- struggle to develop self identity

**Hospital Stressors**
- loss of independence and control
- threat of change in body image
- fear of peer rejection
- threat to future competence
- fear of death

**Coping Behaviours**
- defense mechanisms (withdrawal)
- uncooperative behaviours
- anxiety
intellectualization, conformity

**Intervention/Comfort Techniques**
- respect and maintain privacy
- involve in care and decisions
- encourage socialization with peer group
- provide opportunity for follow up discussion and guidance
- encourage self expression
- facilitate medical preparation

**Components Of Play**
- Play as enjoyment to assist with relaxation and anxiety reduction
- play as a developmental process
- play as therapy; medium of self expression (communication of feelings naturally and possibly aggressively without fear of reprisal).
- play to allow adults to enter the child’s world, with mutual recognition, acceptance, and temporary power sharing.
- play to develop social skills and development/trial of new roles in a safe environment using a number of problem solving approaches.
- play as comfort and development of relationships.

**References**
