

I BELIEVE IN THE POWER OF

PLAY

KARL



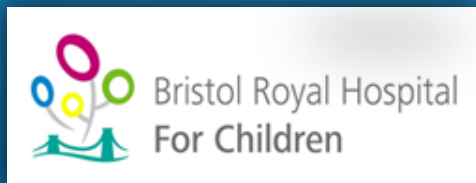
MARIUS



PRESENTATION BY

KARL HOWELL - HEALTH PLAY ASSISTANT

MARIUS KIELCZEWSKI - SENSORY PLAY PRACTITIONER



★ *What does play mean to you?*



★ *What do you already know about the Hospital Play Team?*



"Children need the
freedom and time to
play.
Play is not a luxury.
Play is a necessity"

Kay Redfield Jamison



▶ [Meet the Play Team – YouTube](#)

PLAY DEPARTMENT ROLES

WHAT IS THE ROLE OF THE PLAY SPECIALIST?

Play Specialists are available to work with children/families in order to alleviate anxiety and fear that may be associated with the medical environment. They can also provide distraction, support and preparation play for medical procedures children may need whilst in hospital. Contribute to clinical judgements through play - based observations as a part of the multidisciplinary team. They are advocates for children... and so much more



WHAT IS THE ROLE OF A PLAY ASSISTANT?

Play assistants are available to alleviate worries & fear using distraction play. They provide distraction for medical interventions. Play Assistants also help to normalise the hospital environment and use play to prevent regression and promote development whilst in hospital. They are advocates for children... and so much more




WHAT IS THE ROLE OF THE SENSORY PLAY PRACTITIONER?

Sensory Play Practitioner's job is to provide sensory therapeutic input for children and young people with additional needs, disabilities, brain injuries and global development delays. They support patients through sensory exploration. Sessions may involve lights, projectors, music, messy play and so much more. There is one Sensory Play Practitioner at BRHC and this role is funded by The Grand Appeal. Their main focus and priority is long term inpatients







Preparation Play



To help children and young adults understand their illness and/or any procedures, correcting any misconception they may have



An opportunity to express feelings (i.e. anxiety or fear) to increase the child's ability to cope with treatments



Distraction Play



Using various appropriate play techniques as a distraction tool for children and young adults during treatments and medical intervention.

Building trusting relationships so a patient feels they have someone to advocate for them



CHILD DEVELOPMENT & HOSPITALISATION



Normal Development	Children's Understanding of illness/Hospitalization	Possible Related Behaviours
<ul style="list-style-type: none"> • Closely attached to parents • Responds to/shows awareness of and interest in others • Calls for attention • Older infants (8-14m) can be very concerned with separation 	<ul style="list-style-type: none"> • Parent's anxiety can be transmitted to infant • Heightened anxiety 	<ul style="list-style-type: none"> • Distress/protest – crying • Clinging • Rejects new relationships • Rejects activities/objects • Withdrawal

INFANTS



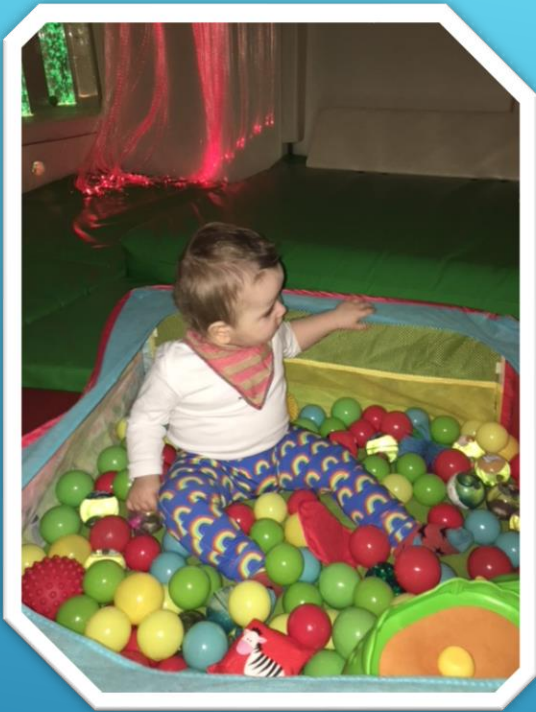
What You can Say/Do

- Parents must be adequately prepared to minimize transmission of anxiety
- Incorporate familiar play/toy/experiences
- Attend and respond to non-verbal language



Normal Development	Children's Understanding of illness/Hospitalization	Possible Related Behaviours
<ul style="list-style-type: none"> Establish new skills (eg. Verbal, physical-walking, feeding, toilet learning) Interacts for social purposes (eg. Makes eye contact, shows off) Can establish joint attention Asks for information Engages in all levels of play up to parallel dramatic 	<ul style="list-style-type: none"> Information interpreted through egocentric view (eg. The child may believe they are the cause of events such as separation or painful experiences) 	<ul style="list-style-type: none"> Abandoning newly acquired skills Withdrawal Sleep disturbances Tantrum Separation anxiety related to the environment

TODDLERS



What You can Say/Do

- Toddlers should be present for preparation
- Help the child name feelings
- Allow to self expression
- Acknowledge distress
- Provide firm and familiar limits



Normal Development	Children's Understanding of illness/Hospitalization	Possible Related Behaviours
<ul style="list-style-type: none"> • Continues to be egocentric and have concrete thoughts • Literal thinking predominates, imagination fills in the blanks • Learns indirectly by watching/listening. Interested in purpose and function of objects • Extremely sensitive and concerned about body integrity 	<ul style="list-style-type: none"> • Might view hospitalization as a form of punishment • Fear of their own fantasy • Sometimes watch other patients and believe they will receive the same treatment 	<ul style="list-style-type: none"> • Regression, decreased attention span • Distress/protest – crying • Crying while others are receiving treatment, chain reaction • Guarding and physically defensive

PRE-SCHOOL AGE



What You can Say/Do

- Encourage parents to participate as much as possible and support parent – child interaction
- Choose words carefully as they are interpreted literally. Use simple, honest, brief explanations
- Address the situation directly, explain that other patients need different treatments
- Provide adequate preparation. Be concrete and use props, dolls, pictures, equipment and sensory information
- Provide an opportunity to play with peer group

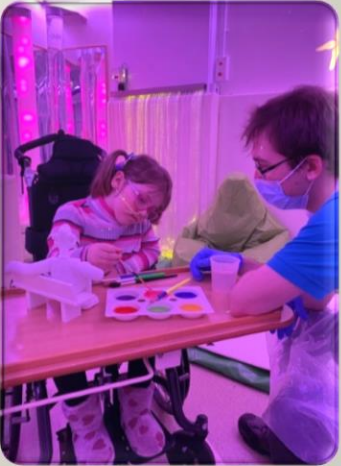


Normal Development	Children's Understanding of illness/Hospitalization	Possible Related Behaviours
<ul style="list-style-type: none"> • Begins to think logically and can comprehend a series of actions. Understands basic descriptions of internal functions and analogies • Used to being active and quite independent. Increasing sense of competitiveness • Parents still very important. Peers becoming increasingly important • Developing self esteem. Becoming aware of own capabilities and limitations 	<ul style="list-style-type: none"> • Expect things to make sense. Many things in the hospital do not seem logical (eg. Needles to stop pain) • Often have physical restrictions while in hospital. Many hospital rules • Hospital disrupts normal routine with family, friends and school • Major fears: <ol style="list-style-type: none"> 1. Loss of control 2. Fantasy of causing own illness due to own misbehaviour (younger school age group) 	<ul style="list-style-type: none"> • Confusion and anger, shown by crying, acting out or withdrawing • Can become passive or ignore restrictions. Bored or frustrated at not being able to do usual activities • May regress and may become dependent on parents, cry or angry outbursts. Loneliness and depression • Acting out or withdrawing

SCHOOL AGE

What You can Say/Do

- Explain disease process and/or procedures simply, fully and honestly. Then ask child to repeat and explain what will happen. Clarify any misconceptions
- Provide diversion. Adapt activities and play. Give as much responsibility to the child as possible
- Reassure the parents that a certain amount of regression is normal. Involve parents in the child's care as much as possible while establishing a routine that allows breaks from each other. Introduce child to peers and encourage group interaction
- Involve child in making decisions. Clarify child's understanding about the cause of their illness



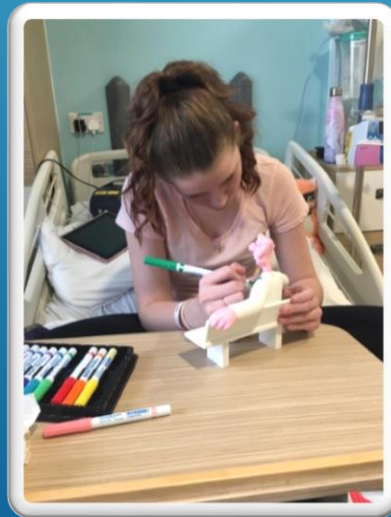
Normal Development	Children's Understanding of illness/Hospitalization	Possible Related Behaviours
<ul style="list-style-type: none"> • Increased independence (less time with the family and more with peers) • Increased need for privacy • Peer socialisation important • Concerned about appearance and sexuality • Goal and future oriented (older adolescence) 	<ul style="list-style-type: none"> • Unable to continue normal routine and activities. Reliance on parents and medical staff due to illness • Medical procedure often require that the adolescence expose themselves to unfamiliar people • Removal from social circle • Able to grasp magnitude of illness and how it will impact self esteem and body image • Illness may alter career and other future plans 	<ul style="list-style-type: none"> • Non – compliance. Dependency (regression) • Distrust. Non – compliant • Withdrawal – may happen as a result of being in hospital, away from peers • Anxiety, especially re: body image ("Will I look the same") Embarrassment re: altered physical appearance • Feelings of loss and sadness associated with unfulfilled goals

ADOLESCENCE



What You can Say/Do

- Give adolescents an active role – encourage decision making
- Respect views and beliefs
- Provide opportunities for normal development (eg. Through teen lounge activities)
- Respect privacy – procedures should be conducted in separate rooms or behind drawn curtains



SENSORY PLAY



Distraction Play

What is Distraction?

Distraction is a technique that attempts to draw a patients attention away from a procedure or situation by focusing on something else other than the procedure itself; allowing them to feel relaxed, secure and provides them with coping strategies, enabling them to take control of their feelings.



WHY DO WE USE DISTRACTION?

To relieve anxiety and worries.

To divert a child's attention away from a stressful situation.

To aid recovery

To help patients develop coping mechanisms for procedures and treatments.

Allowing the patient to have some control and choices during procedures.



USING POSITIVE AND CLEAR TERMINOLOGY WITH CHILDREN IN HOSPITAL

Commonly used...

- Why are you crying?
We're not doing anything yet!
- It's only little, it can't be that bad!
- Can I take your take your dressing off now?
- This won't hurt!
- You need to be brave!

Maybe instead, try these...

- I know you're scared, it's ok to cry.
- I'm sorry, I know you don't like this.
- I'm going to take your dressing off now.
- Tell me how this is feeling? Is it sensitive?
- It's ok to be worried, you can do this!

