

Developmental Differences in Pediatric Traumatic Stress

Younger Children



- Do not recognize or anticipate a traumatic danger until it happens.
- Can experience the sights, sounds, or smells of the medical environment as traumatic.
- Can get angry or frustrated with providers administering painful procedures.
- Can experience separation from parents, siblings, and/or pets as traumatic.
- Brains do not have ability to calm down fears; may have strong startle responses, night terrors, or aggressive outbursts as a result.
- Think in images and are more likely to process trauma through play, drawing, and storytelling, rather than talking.
- Can regress behaviorally (bed-wetting, thumb-sucking, etc.) in response to distress.
- May not understand that some losses are permanent.

TIP: Younger children's responses are behavioral and somatic; they will SHOW you that they are upset, rather than tell you.

School-Age Children

- Will take cues from adults' non-verbal behavior regarding how serious the illness or injury is and how to respond; discounting verbal explanations.
- Can overestimate life-threat or seriousness of condition, based on sights, sounds, or past experiences.
- In the absence of realistic information or explanations (esp. about diagnosis, prognosis, etc.), they will use their imagination to "fill in the blanks" (e.g. magical thinking).
- Often react out of frustration and helplessness; as a result, responses can be impulsive, but are not necessarily intentional.
- Can experience significant grief and loss reactions, even if the loss was expected.
- Need routine, predictability, and behavioral limits to reestablish feelings of safety and security.



TIP: School-age children will sometimes imagine that illness, injury, or pain is punishment for something they did wrong.

Adolescents



- Are sensitive to parents' or others' failure to prevent the injury or illness, and can be unrealistic in their expectations of medical providers or beliefs about prognosis, recovery, etc.
- Will sometimes act "grown up" and try to protect others from distressing thoughts and feelings.
- Are sensitive to being excluded from discussions of their condition, treatment, etc.
- Are self-conscious regarding looking different or being isolated from friends.
- Can experience significant pain, anger, or frustration when challenged to do something that was once routine.
- Responses can include either withdrawing or acting out (intense anger, emotional outbursts, increased aggression, etc.) in response to stressors.

TIP: Adolescents can be more concerned about "here and now" issues than about the future.

Adapted by the Center for Pediatric Traumatic Stress (CPTS) at The Children's Hospital of Philadelphia for the Health Care Toolbox

Developmental Interventions for Pediatric Traumatic Stress

Younger Children



- In the absence of parents, remember that you are the main source of comfort for the child.
- Provide concrete explanations for what is happening, what will happen next, and for potentially traumatic sights and sounds in the medical environment.
- Help identify and label what they may be thinking and remind them that other children often feel the same way.
- Provide the child with a "safe zone" in the medical environment where no painful procedures or treatment will occur.
- Encourage expression of thoughts and feelings through play, drawing, or storytelling.
- Provide and support consistent caretaking and reassurance.
- Tolerate regressive symptoms in a time-limited manner.

TIP: Rely on OBSERVED behavior, not just verbal report, to understand how a child is feeling.

School-Age Children

- Address distortions and magical thinking about the illness, injury, or prognosis, and help them "fill in the blanks" with realistic information.
- Help them create a coherent story to tell others about what happened or will happen.
- Explain and talk about procedures before doing them; tell them what to expect.
- Tell them that it is normal and expected for kids to feel afraid, angry, or sad.
- Help them acknowledge the bad things that have happened, and balance it with the good.
- Reassure the child that s/he has done nothing wrong to cause the illness, injury, or pain.
- Support activities that offer predictability, routine, and behavioral limits.



TIP: Ask open-ended questions to school-age children to learn what they know and especially, what they are IMAGINING.

Adolescents



- Address their expectations regarding the illness or injury, and what could have been done.
- Help them understand that it's common to react to their anger by feeling numb or acting out.
- Be open to their expression of strong emotions.
- Discuss the expected strain the injury or illness might have on their relationships with family and friends, as well as potential feelings of isolation.
- Actively involve them in discussions and decisions that will impact them, and in their daily care, whenever possible.
- Help them anticipate the challenges the illness or injury will cause to their academic and social lives and problem-solve ways to overcome these challenges.
- Allow them time to acknowledge and to grieve the loss of things they can no longer do, while helping them explore and discover things they can do.

TIP: Encourage adolescents to anticipate and plan for future consequences, but don't dismiss their "here and now" concerns.

CPTS Website: www.chop.edu/cpts

Training site: www.healthcaretoolbox.org