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CFS 4053: Child Life Theory & Practice
Developmental Assessment Form

1. Patient age: **4 years old**
2. Diagnosis or reason for hospitalization: **Patient was admitted to the ICU after a car accident for multiple fractures that require surgery. Patient also has a Cystic Fibrosis diagnosis.**

3. Patient developmental level (choose one):

Infant (birth to 12 months) Toddler (12 months to 3 years) **Preschool (3 to 6 years)**
School age (6 to 12 years) Adolescent (12 years and older)

4. Assess the patient's social/emotional development. *Use at least one theory and cite at least one reference to support your assessment.*

Patient had an emotional reaction when her grandfather walked in. She stated that she "should've listened to her mommy because they wouldn't have gotten into a car accident if she would've eaten dinner". She showed guilt for her earlier actions (not eating dinner) and believed the car accident was the consequence of her actions. According to Erikson's theory of psychosocial development, 3-6 year olds are at a conflict stage of initiative vs guilt. In this case, the patient is showing signs of guilt for her earlier actions, even if it did not cause what she believes to be the effect. Younger children do not have the understanding of the relationship between their guilt and their situation (Lapan & Boseovski, 2017). The patient does not understand that not eating dinner does not mean she caused the accident. She believes these events are related, therefore causing her feeling of guilt. Preschoolers who are in sad moods are less likely to use beneficial coping strategies (Lapan & Boseovski, 2017). In this case, the patient is avoiding coping and sitting in her guilt, therefore she continues to believe her thought is true. The family and CCLS should help the child to understand that this is not her fault and teach her coping skills to assist in her feeling of guilt.

5. Discuss the patient's cognitive development. *Use at least one theory and cite at least one reference to support your assessment.*

When the nurse told the patient that she would be moved from the ICU to the floor, the patient started crying and wanting a bed. She thought the floor meant the floor of the room, therefore causing her to cry. According to Piaget's theory of cognitive development, the patient would be in the preoperational phase of development. The patient assimilated the information given to her (that she was moving to the floor) and took it literally. She did not understand the hospital jargon being used, so she used the definition that she knows. Younger patients can create a narrative using what they know to fit the story in their head (Barbieri et al., 2016). Egocentrism caused her to interpret this information as literal because of how it assimilated in her mind. She is not able to understand what the nurse meant, so she instead saw it from her own understanding. It would be important at this moment for a CCLS to help explain to the patient what is going to occur with more direct language. This means that any hospital jargon used can be explained in a way that fits the patient's prior knowledge and not startle her.

Additionally, her imaginative thinking led to the comment about using a magical wand to fix her bones, so she would not need surgery. Younger patients may project their fears and concerns during hospitalization through imagination (Barbieri et al., 2016). In her imaginative mind, the magical wand toy she has is actually magical, so it would be able to fix her bones. Fantasy thinking in the preoperational phase makes her think that this will work based on how she plays and the things she may have seen or read before. It was stated that she has been in and out of the hospital though due to Cystic Fibrosis, therefore it would seem less likely for her to assume that the magical wand would heal her. It would be important for a CCLS to explain to her the importance of the surgery through medical education or play.

6. Assess the patient's physical development. *Use and cite the [CDC Developmental Milestones](#) website to support your assessment.*

With her Cystic Fibrosis diagnosis and her broken bones, a physical development assessment may be more difficult. Her physical abilities may be limited by the injuries she has sustained in the car accident, especially if she was brought to the ICU and requires surgery. Some of the large motor skills developmental milestones for four year olds such as catching a large ball or pouring water with supervision may be more difficult with her injuries (Centers for Disease Control and Prevention, 2023). With her Cystic Fibrosis diagnosis, she may have more trouble with some of these milestones already because of the symptoms of her condition. This means the child will most likely need more assistance in other milestones that are important to the preschool age such as putting clothes on by herself or unbuttoning some buttons (Centers for Disease Control and Prevention, 2023). She may regress developmentally with these abilities, but with assistance from physical and/or occupational therapy, she can regain any skills that may have decreased.

7. Does this child seem to be developmentally appropriate for their age group? *Use at least two references to support your answer.*

The patient is cognitively and socially developmentally appropriate, but not as developmentally appropriate physically. Cognitively, her responses align with the conflicts discussed in Piaget's theory of cognitive development. The patient assimilated the information given to her, causing her to have a negative reaction. Additionally, her imaginative thinking led her to the conclusion that her wand would fix her broken bones. Children are more likely to create narratives that help explain their fears and help them process their thoughts (Barbieri et al., 2016). Additionally, children with Cystic Fibrosis are more likely to have exhibit extreme behavioral reactions to escape procedures (Ernst et al., 2010). When the patient discussed the magical wand healing her, she was presenting an extreme behavioral response to get out of the procedures. This use of play as narrative is normal, but with the help of a CCLS, they can learn healthier coping strategies from this imaginative thought. Socially, the patient also seems developmentally appropriate. She reacted with guilt because she believed not eating her dinner caused the accident that injured her. That is in line with Erikson's theory of psychosocial development and the conflict of initiative vs guilt. She did not understand that the incidents are not related, so she felt guilt. When a young patient deals with the unknown, their coping skills are challenged, therefore causing more negative emotions (Jepsen et al., 2019). Although the patient has been hospitalized multiple times, she instead experienced a trauma that was unfamiliar. Any coping skills that she may have had from previous experiences may have been challenged, therefore causing guilt for the relation once again.

Physically, the patient does not seem as developmentally appropriate. There was not much that can be assessed developmentally due to the patient's broken bones (although in this scenario,

the specific bones were not told). The patient's diagnosis of Cystic Fibrosis does affect their physical development though. Cystic Fibrosis affects nutrition and enzymes, which in return can affect growth and lung health (Ernst et al., 2010). If the patient is not on track developmentally (which is more likely because of their history of multiple hospitalizations), then recovery could possibly be more difficult.

References

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