

“Teddy has a Trachy”: A partnership between Psychology, Nursing, Play Specialists and Parents to promote the emotional well-being of children with tracheostomies during daily trache-related procedures

Carroll, L.¹, Bobby, H.², Lauder, E.³, O'Reilly, A.⁴ & Costello, G.⁵



lcarroll@thechildrenstrust.org.uk
gcostello@thechildrenstrust.org.uk



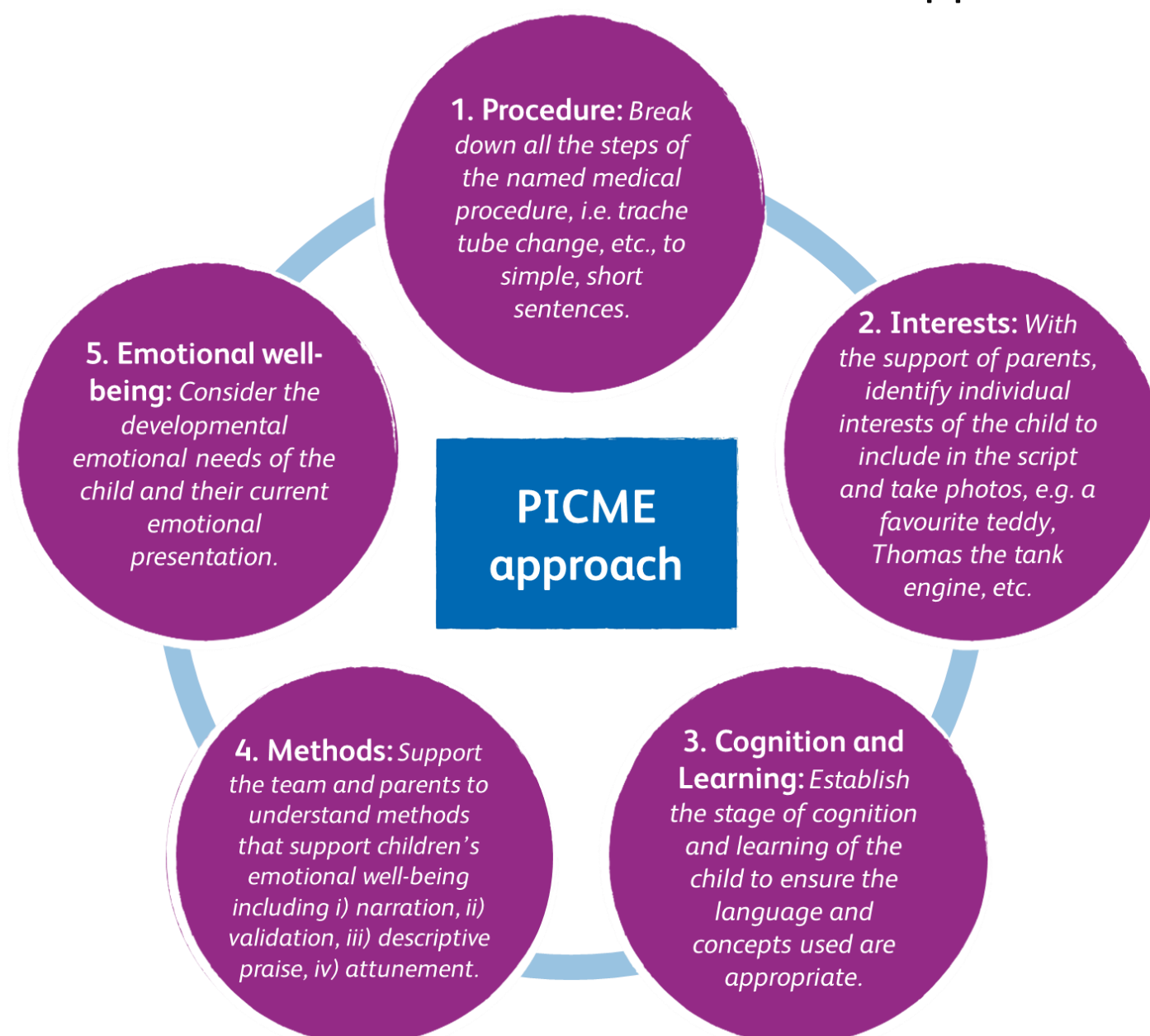
@CostelloGem

Introduction

- This partnership initially emerged as a result of working with the nursing staff and the families of two pre-school aged children who were ventilator dependent via tracheostomy as a result of transverse myelitis.
- The children initially presented with both overt anxiety symptoms such as fast breathing, quickened heart rate, resisting and turning away followed by passive behaviours which suggested dissociative coping strategies. Such presentations were alarming to see in young children on a daily basis.
- Through this work, we developed the 5-stage PICME approach that offers structured guidance to professionals in how to promote long-term emotional well-being in young children undergoing trache-related procedures.
- This approach supports the development of individualised child-centred ‘books’ that provide information, scripts and photos that can be used with the child to familiarise them with necessary procedures, desensitise them to the experience and, ultimately, reach a point where the experience is not traumatising and is one during which the child feels engaged and empowered.

Method

- Together, while working alongside the play specialist, nursing staff and families, the psychologist devised a 5-step approach to developing appropriate intervention. We call this the PICME approach:



- Using the 5-step PICME approach, we established a protocol to develop individualised child-centred books on each trache-related procedure which detail:
 - Simple, clear and consistent scripts for adults that outline each step of the procedure;
 - Photographs of the procedure using items of interest, e.g. a teddy;
 - Explanations of the procedure as daily and necessary, e.g. in the same way that brushing your teeth daily is important.
- Through play sessions, we developed the child's understanding and participation in the procedures.

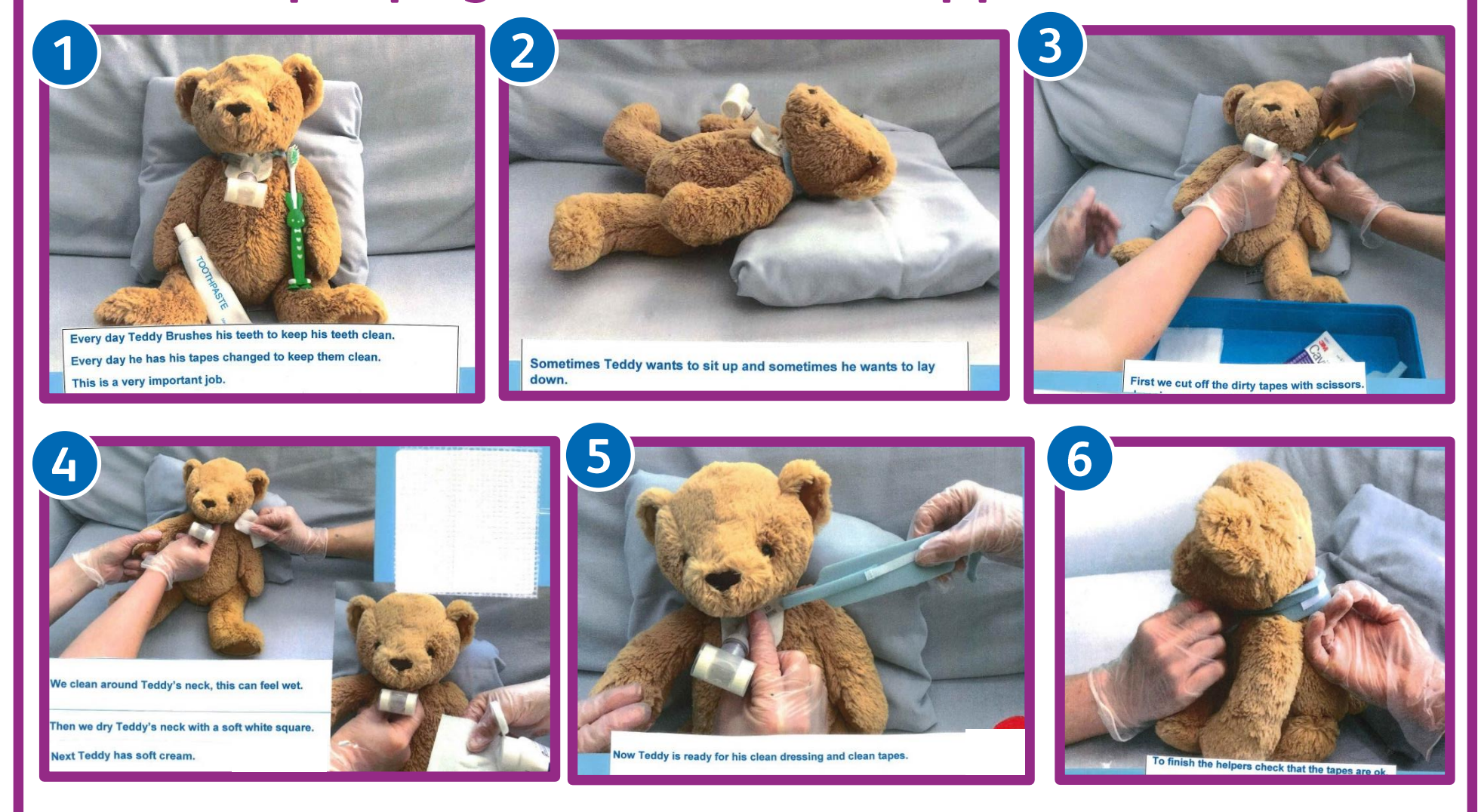
Conclusion

With the support of the psychologist and play specialist, the multi-disciplinary team and parents were supported both to implement intervention, reflect on their approach to procedures and how to optimally support the child's emotional needs, and in this way, manage their own anxiety. Through the creation of the ‘books’, a consistent structure to the procedure emerged and play opportunities were utilised to alter the narrative and experience around trache-related procedures. The change in the children's presentation occurred quickly and it surprised everyone how interested the children were in learning about procedures, despite their young age, and how much they enjoyed acting out the procedures with their chosen toys. The children even began to pre-empt steps during the procedures and displayed confidence and significant mood changes. The 5-stage PICME approach can now be applied to all suitable children by the multi-disciplinary team and has established a role for psychology and play within the respiratory support team.

Literature review

- Key to the typical social and emotional development of pre-school children is learning to express feelings, adopt coping strategies and develop social relationships. Social and emotional skills learnt during this time begin to form foundation ‘templates’ for how social and emotional skills develop in the future. These ‘templates’ can form the basis of resilience or trauma.
- Young children who have tracheostomies need to undergo necessary daily procedures which could potentially trigger a trauma response during a critical period of emotional development. Health-induced distress can lead to anxiety and more long-term psychological trauma for children (see Lerwick, 2016, on how to minimise health-induced distress). There is evidence that multi-disciplinary working can influence the quality of care in tracheostomy patients (Bonvento et al., 2017) and that targeting parents’ preprocedural anxiety might be beneficial to the parents as well as children undergoing distressing medical procedures (Bearden et al., 2012). Research suggests that information alone needs to be accompanied by strategies to reduce anxiety (Warzak et al., 1991) and that using toys for play can be beneficial (e.g. De Rowe et al. 2003, Campbell & Brown, 2008).

Example pages of a PICME approach ‘book’



Results

- Anxiety levels reduced for the children during trache-related procedures.
- Increased participation and confidence from parents during trache-procedures.
- Increased confidence in the team in managing child anxiety and promoting emotional well-being during trache-related procedures.
- Increased engagement from children in their own procedures and the process.
- Greater multi-disciplinary team working and partnership with parents.
- Parents and local professionals felt more prepared for discharge and caring in the home setting.



Please scan the QR code to access a PDF of this poster in the Research section of our website: www.thechildrenstrust.org.uk

