"The best someone who takes your worries away and makes you happy"

Child Life: A support that is around you when you need it.

Practical, emotional, and social support can transform the experience of illness and injury, and have a positive impact on a child’s recovery and overall health. Children who experience illness or injury often feel anxious and overwhelmed. A supportive environment, understanding, and a positive attitude can help children feel more comfortable and secure. This can have a significant impact on their overall recovery

**Child Life Tools**
- **Emotional support**: Understanding and empathy from medical staff, family, and friends.
- **Practical support**: Assistance with activities of daily living, emotional support, and socialization.
- **Social support**: Opportunities for play, communication, and interaction with others.
- **Physical support**: Pain management, physical therapy, and rehabilitation.

Child Life are partners with children, families, and caregivers to provide support, guidance, and education. They work to create a positive environment that promotes healing and resilience.

Child Life is a team of professionals from different disciplines, including nurses, psychologists, social workers, and recreational therapists. They work together to create a comprehensive plan of care for each child, focusing on meeting the child’s physical, emotional, and social needs.

Supporting the child throughout their journey can help them feel more secure and less anxious. Child Life are there to help children and families navigate the challenges of illness and injury, offering hope and a sense of normalcy in their time of need.
are very presents are not lost.”
**Medical**
- Non-accidental trauma committed by a family member
- Burns to lower extremities and feet
  - Daily baths
  - Daily wound care
  - Daily scar massage

**Social**
- Removal from home and lives with placement
- Mother struggles with and has limited assistance
- Must build relationships with new caregivers

**Medical**
- 4 year old boy
- Victim of ongoing childhood abuse and neglect suspected
- Orthopedic breaks, internal trauma to digestive tract

**Social**
- Lack of parental or known caregiver present
- Removed from mother’s custody
- Lack of trust in healthcare staff
- Fear of bathing and sleeping
- Regressed development

**Medical Assessment**
- Recurring trauma
- Inability to comply with bathing and care
- Appears to have limited experiences and exposure as a child isolated
- Length of hospitalization and uncertain future discharge plan
Goal of providing intensive services to children who had experienced abuse and/or neglect.

Searching for the right fit.

Who are the Peony Project patients?
**Reasons for ACS/CPS involvement**

- A. Present with non-accidental brain and/or other injuries
- B. Accidental brain and/or other injuries that occurred as a result of neglect
- C. ACS/CPS - Open Investigation due to reasons for admission
- D. Realized violation due to ACS/CPS cases
- E. Referred by Bythedral staff to ACS/CPS, during admission, as cases of suspected abuse or neglect
- F. ACS/CPS involvement due to family circumstances
- G. Other: Followed by ACS/CPS/preventative service, enrolled to admission

---

**Outcomes**

1. Demonstrate positive/healthy coping behaviors
2. Demonstrate emotional preparedness to transition out of the hospital setting
3. Caregivers report that psychosocial support services necessary to aid in their recovery were received

---

**2 Peony Project Specialists**

- 7 day/week coverage
- Committed focus with care delivery

---

- Able to purchase additional supplies for direct patient care as the patient population often has decreased resources
- Providing formal, hospital-wide education
Child Life Interventions

A. Integration: participation in educational, therapeutic, and social activities, family events, holidays
B. Procedural Support
C. Activity: treats, package
D. Pain Management
E. Caring strategies
F. Sensory support: music, sensory equipment, use of calming techniques, individualized strategies
G. Activities that accommodate the patient's needs: therapeutic play, art, educational support, relaxation

All About Me

Meme Break!

ME LEAVING WORK

THE DAY BEFORE VACATION

Social

- Absent Mother
- Father unable to be hands-on often
- No other family around to visit
- Dual track planning:
  - Skilled nursing facility vs. Medical Foster Home

Reasons for ACS/CPS Involvement

A. Present with non-accidental trauma and/or other injuries
B. Medical abuse medical abuse after abuse that appeared to be a result of neglect
C. ACS/CPS - Open investigation due to testing for maltreatment
D. Red flag indicator due to type ACS/CPS
E. Red flag indicator due to type ACS/CPS
F. Red flag indicator due to type ACS/CPS
G. Positive family history
H. Child Protection Services involvement
I. Other - follow-up for ACS/CPS investigation

Dual track planning:
- Skilled nursing facility vs. Medical Foster Home

Medical

- 2 month old boy
- Born addicted
- Hypoxic Ischemic Encephalopathy
- Chronic Lung Disease
- Inpatient for 2 months until 1 year 7 months

Child Life Assessment

- Minimal family support
- Minimal opportunities for play and interaction
- At times, on droplet precaution = cannot leave room/residence
- Hospitalization altering normal childhood experiences
Physical and social isolation due to loss of mobility -
- Nurturing child’s individuality and providing a safe environment

Child Life Assessment
- Many traumatic experiences - very heightened stress response, emotional deregulation
- Beginning to process loss of ability to walk and progress
- Limited social experiences - holding social roles, first friendships
- First time attending school in two years
- Length of hospitalization and unclear future

Child Life Interventions
1. Reposition
2. Sensory feedback
3. Play
4. Social support
5. Cognitive strategies
6. Early support: parent, child, and immediate family
7. Therapeutic activities: art, music, movement, play
8. Developmental support: education, physical activity
9. Activities that enhance self-esteem and support

Nurturing Hidden Trauma: Enhanced Language and Communication
- Behavior is communication
- Consistency

Hospital Move In-service
- In-service for hospital staff: Communicating with children

Building Resilience in Children Who Have Experienced Trauma

Protective Factors
- Good relationships with family
- Academic success
- Resilience
- Coping skills
- Social support

Coping Skills
- Child-centered play
- Emotional expression: identifying and validating feelings
- Coping strategies: "The Coping Cap" metaphor
**Creating a Supportive Relationship**

- Be patient
- Give choices
- Be available
  - Respond, don’t react
  - Be consistent and predictable
- Don’t take behavior personally

**Build Self-Regulation Skills**

**Factors to be Mindful Of**

- Therapeutic activities
  - Drawing/writing
  - Mirror
  - Therapeutic play
- Loopy strategies
  - Deep breathing
  - Taking a break
  - Turning off lights/altering the environment

**Building Resilience in Children Who Have Experienced Trauma**

**The Peony Project:**
When Childhood Trauma and Institutional Care Come Face to Face

- Lack of control
- Transitions and disruptions in routine
- Feelings of vulnerability and rejection
  - Loud noises
  - Being ignored
  - Lack of privacy
  - Being touched
  - Being told what to do

- Continue to meet the needs of our Peony population!
- Create a trauma-informed work environment
- Education
  - Staff, ourselves, community
  - Learn more about ACS, CPS, foster care and others