Psychosocial Aspect of Chronically ill and Disable Children

Siriwan Piyawattanametha, MD
Department of Psychiatry, Faculty of Medicine
Khon Kaen University

ภาควิชาจิตเวชศาสตร์ คณะแพทยศาสตร์ มหาวิทยาลัยขอนแก่น

บทเรียนและเอกสารชุดนี้ เป็นลิขสิทธิ์ของภาควิชาจิตเวชศาสตร์ คณะแพทยศาสตร์ มหาวิทยาลัยขอนแก่น จัดทำขึ้นเพื่อการเรียนการสอน หลักสูตรวิทยาศาสตรบัณฑิต สาขาวิชากายภาพบำบัด รหัสวิชา 370419 Psychiatry for Physical Therapy สำหรับนักศึกษากายภาพบำบัดชั้นปีที่ 3 คณะเทคนิคการแพทย์ มหาวิทยาลัยขอนแก่นเท่านั้น ภาควิชาฯ ขอสงวนสิทธิ์ในการใช้ข้อมูลใด ๆ ในบทเรียนหรือเอกสาร ไม่ว่าบางส่วนหรือทั้งหมด โดยมิให้ผู้ใดเผยแพร่ อ้างอิง ลอกเลียน ทำซ้ำหรือแก้ไขด้วยวิธีใด ๆ เว้นแต่ได้รับอนุญาตจากภาควิชาฯ หากฝ่าฝืน จะถูกดำเนินการลงโทษทางวิชาการและทางวินัย รวมถึงดำเนินคดีทางกฎหมาย

Outline

- Type of illness
- Reaction to Illness
- Cognitive development
- Consequences of illness and hospitalization
  - Children
  - Family
  - Social
- Psychiatric Sequelae
- Management

Hospitalization

- Major stressor for both children and family
- Illness and physical changes
- New and untried environment
- Restricted coping mechanism

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Physical Illness

Onset

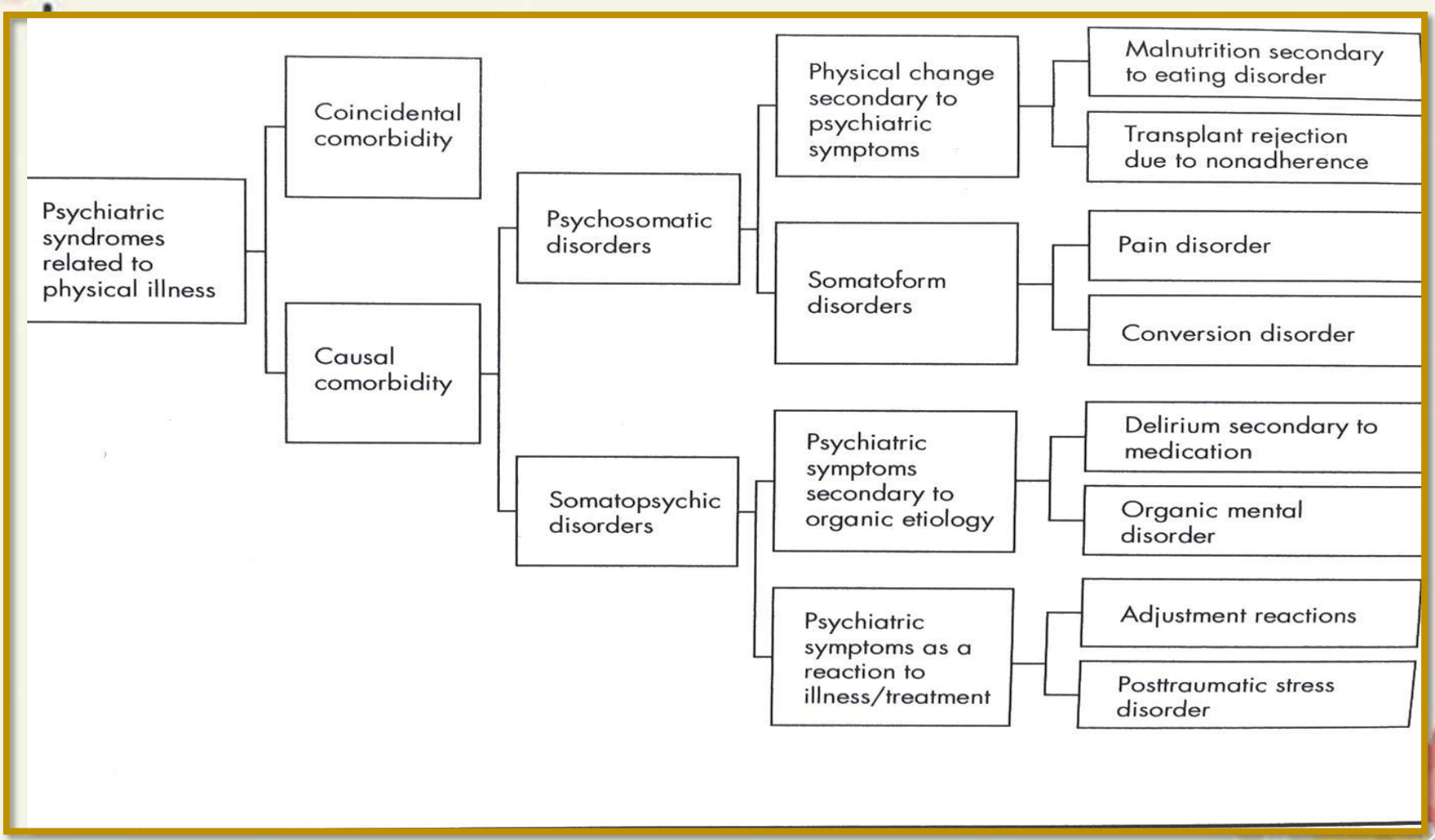
- Acute illness
- Prolonged or chronic illness

Severity

- Mild
- Moderate
- Severe or life-threatening

https://www.bmhsc.org/assets/images/blog/2019-08-posts/sick-kid-feature.jpg

Comorbidity of psychiatric syndrome related to physical illness



Shaw RJ & DeMaso DR (2006): Clinical Manual of Pediatric Psychosomatic Medicine

Reaction to Illness

- Age and development
- Type and severity of illness
- Child rearing
- Past experience of illness and hospitalization
- Relationship in family
- Family faith about illness and treatment

Developmental variants/ deviates → Problem → Disorders

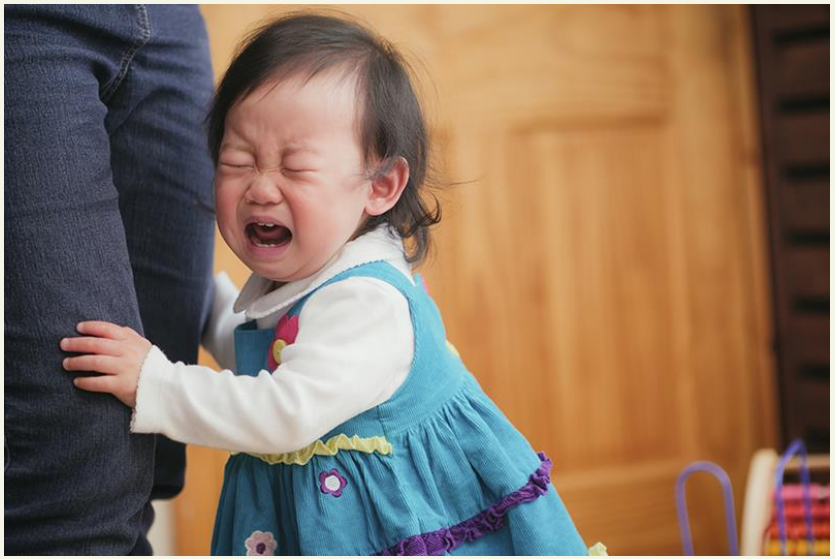
Bio- Psycho- Social Formulation

	Biological	Psychological	Socio- cultural
Predisposing	Temperament Genetic: neurotransmitter	Poor Self control Low self esteem Attachment problems	Parenting style family function Lack of supervision Neighborhood
Precipitate	Puberty	Identity seeking	Peer group
Perpetuate		Poor Self control Low self esteem Attachment problems	Ongoing trauma Socioeconomic Family function
Strength/protective	Intellectual function		supporting system

Barker (2004)

Cognitive development

- 0-2 yr.: Have not achieved object permanence →separation anxiety



https://www.babybonus.msf.gov.sg/wp-content/parentingresources/images/678218648_Separation_anxiety_in_children.jpg

Cognitive development

- 2-7 yr.: Unable to deal with concepts and abstractions
  - May interpret physical illness as punishment for bad thoughts or deeds
  - No conservation and concept of reversibility →cannot understand that a broken bone mends or that blood lost in an accident is replaced

https://o.quizlet.com/jQEys19BkSV6lO3so.RWMQ.png

Cognitive development (con.)

- 7-11 yrs.: Worried about friends and school performance
- > 11yr.: Adolescents' thinking may appear overly abstract when it is a normal developmental stage
  - Adolescent turmoil

Consequences of illness and hospitalization

- Children
- Family
- Social

Children's Consequences

- Physical distress
- Developmental regression
- Psychological
  - Fear
  - Anxiety
  - Regression
  - Aggression
  - Misinterpretation
  - Conversion
- Social

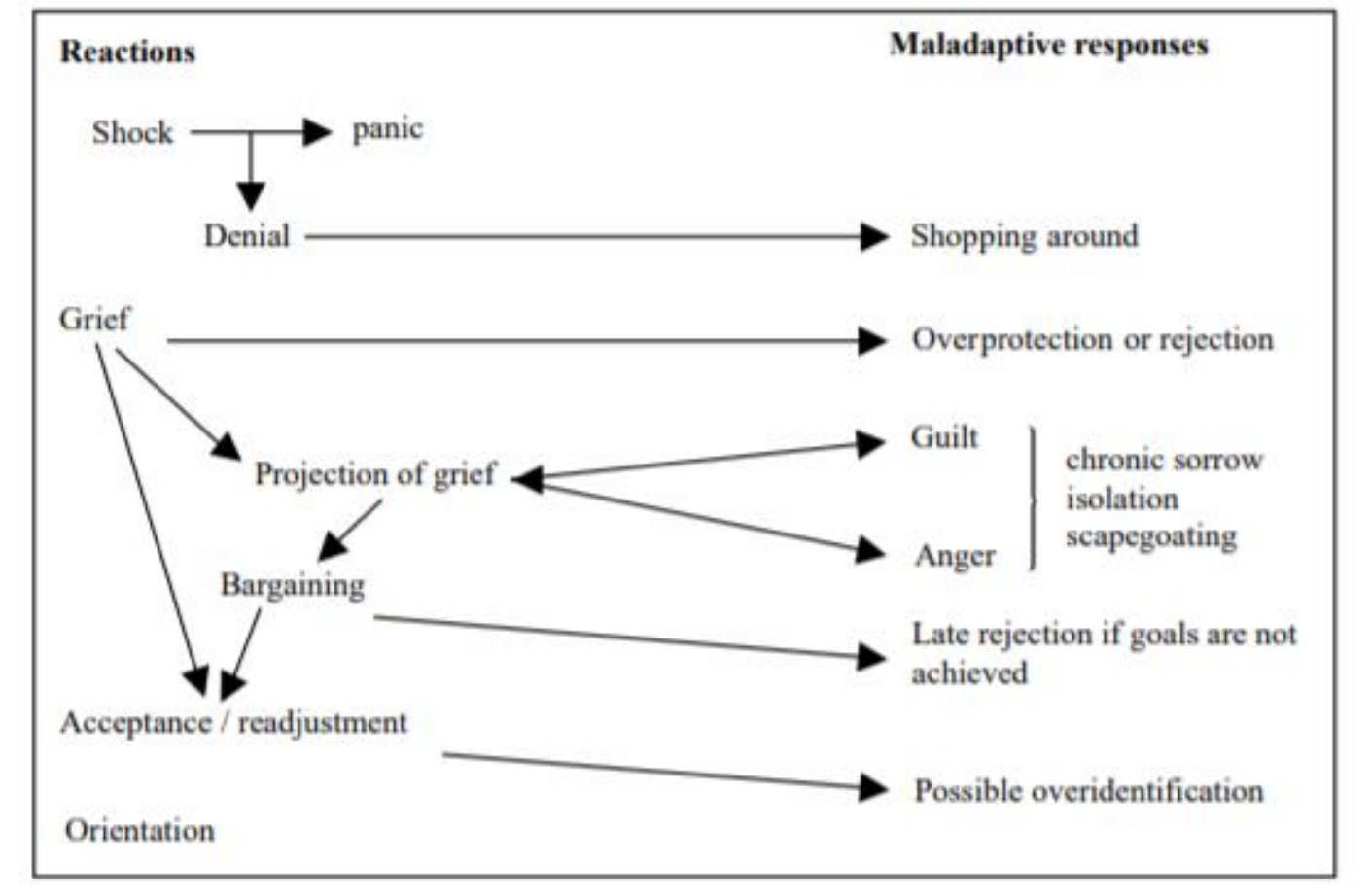
Anaclitic Depression

- Common in children 2-3 yrs
- 3 stages
  - Protest
  - Despair
  - Denial or Detachment

Family Consequences

- Physical
- Psychological
- Relationship
- Siblings
- Socioeconomic

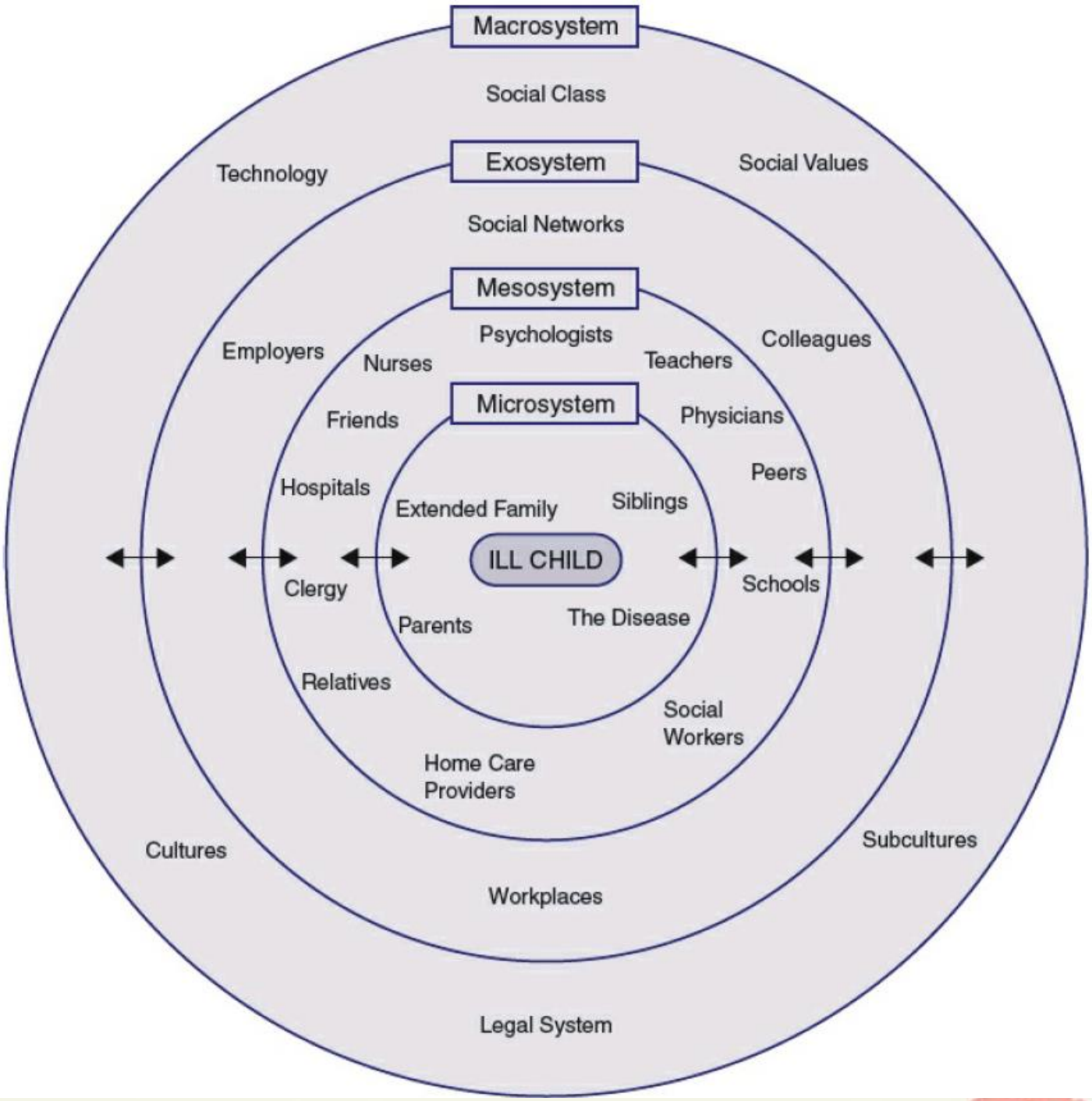
Parental Reaction to Disability



Parental reaction to disability- Tammy Hedderly,* Gillian Bairdw and Helen McConachiez, Current Paediatrics(2003) 13, 30-35

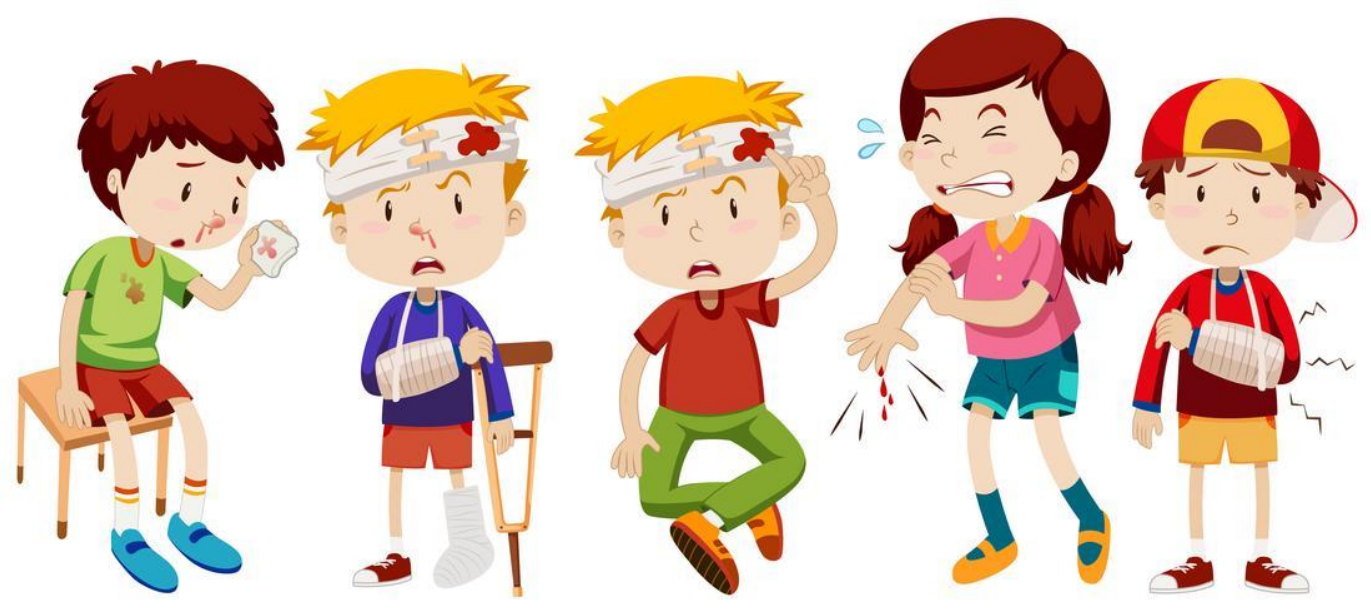
Social Consequences

- Disrupted connection
- Contact transmission disease


Macrosystem
Social Class
Technology
Exosystem
Social Values
Social Networks
Mesosystem
Psychologists
Employers
Nurses
Teachers
Colleagues
Microsystem
Friends
Physicians
Peers
Hospitals
Extended Family
Siblings
ILL CHILD
Clergy
Schools
Parents
The Disease
Relatives
Social Workers
Home Care Providers
Cultures
Subcultures
Workplaces
Legal System

Psychiatric Sequelae to multiple trauma

- Unconcious
- Loss of independent
- Emotional distress



https://static.vecteezy.com/system/resources/previews/000/298/269/non_2x/children-with-wounds-from-accident-vector.jpg

Intensive Care Unit: ICU

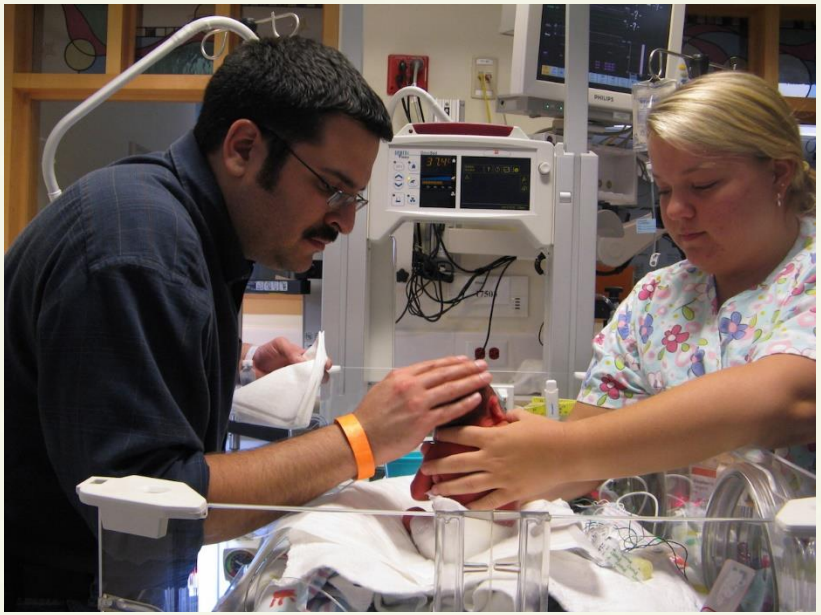
- Delirium
- Limited activity
- Environment
- Life support equipment
- Poor self-image
- Physical condition

Medical PTSD in PICU

- Acuity and urgency of child's health condition
- Multiple medical procedures and complex technologies
- Potentially frightening sights and sounds
- Patient's (and other's) pain or suffering
- Death, bereavement, and end of life care decisions

The most stressful aspects of the PICU experience include:

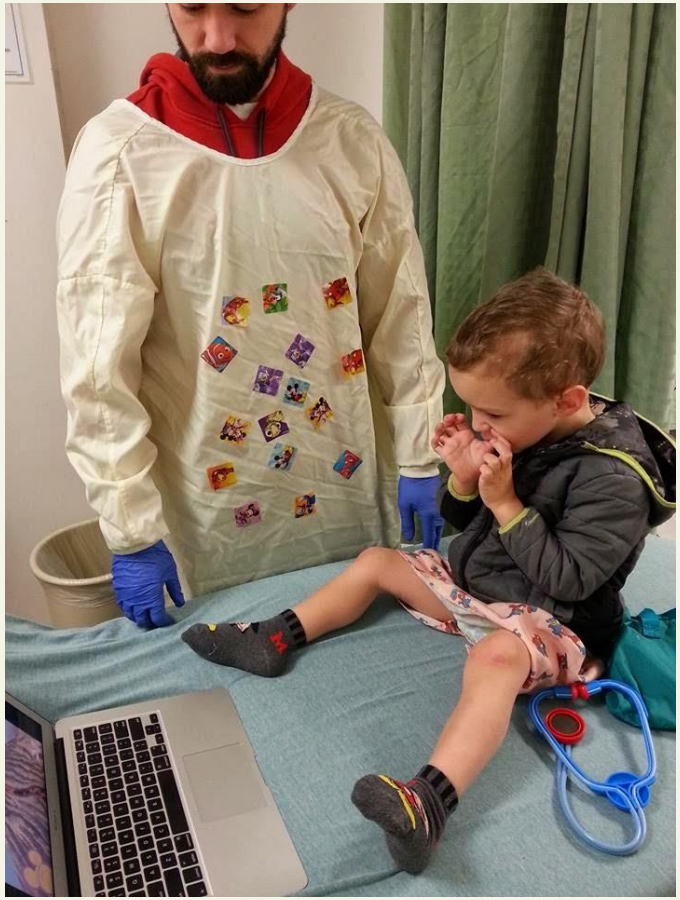
- Alteration in the parental role
- Factors related to the child's behavior and emotions
- Not knowing how to help their child
- Seeing their child frightened or in pain
- Being separated from their child



Ularntinon et **al**. *Current Psychiatry Reviews*, **2010**, *6*, **261-268**

Surgery

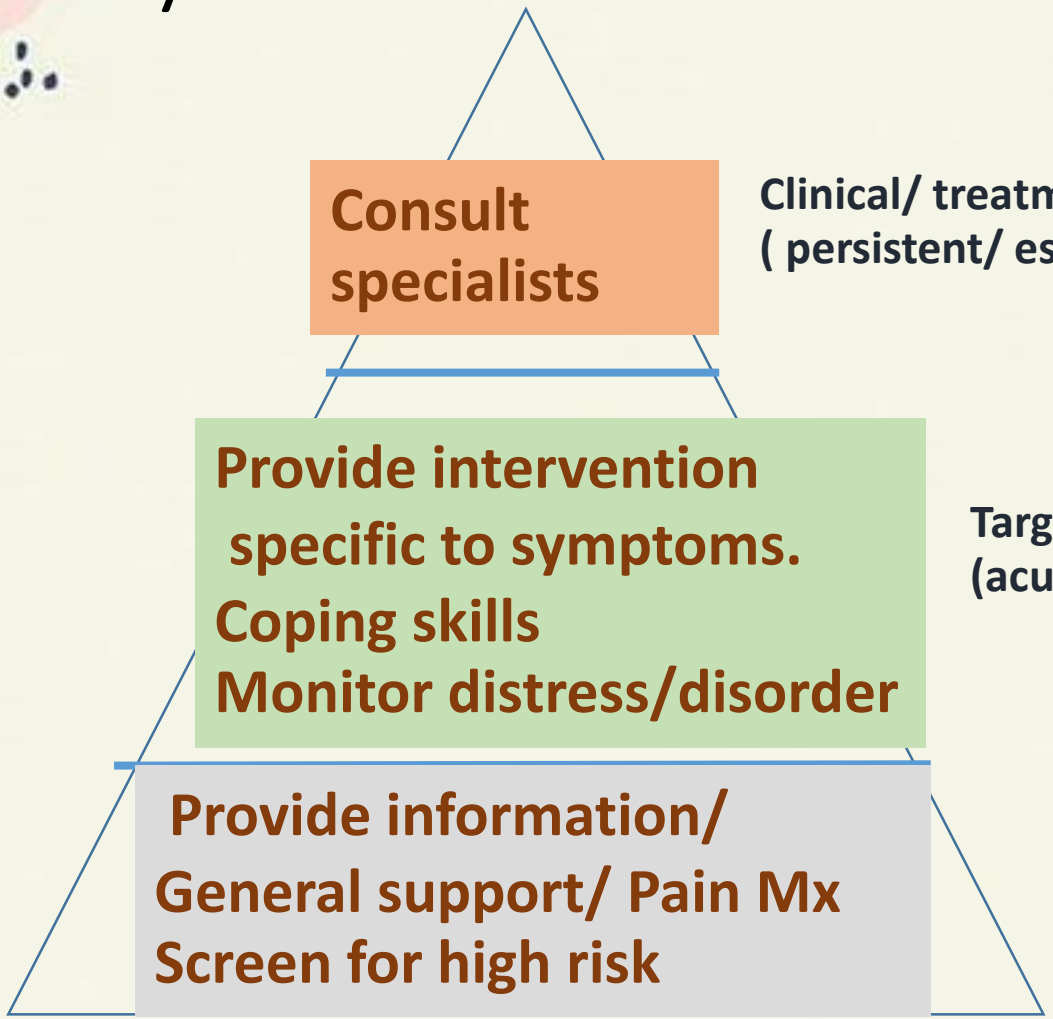
- Emotional distress
  - Fear and anxiety
  - Anger
  - Isolation
  - Denial
- Depend on severity and type of surgery
- Phantom limb pain



Management

- 0-2 yrs.: Mothers are allowed to stay with them overnight
- 2-7 yrs.: Benefit more from role-playing proposed medical procedures and situations
- 7-11 yrs.: Educational support
- >11 yrs.: Privacy setting, Participation in treatment decision

Psychosocial Intervention



Clinical/ treatment
(persistent/ escalating high risk factors)

Targeted prevention
(acute distress, risk factors present)

Universal prevention
(distress but resilient)

Pediatric Psychosocial Preventive Health Model (PPPHM), Center for Pediatric traumatic stress (Kazak,2005)

PRACTICE POINTS

- Restoring self-esteem
- Providing information
- Offering emotional support
- Looking at whole-family needs
- Being proactive but recognizing that disability is only one factor in the complex life of the family
- Being available
- Ensuring services are transparent, equitable and as conveniently organized as possible to allow parents time for other life needs
- Helping families to consolidate their own resources and seek others
- Helping child-parent interaction and relationships

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PRACTICE POINTS

- Evaluating the service through:
  - An equal parent/professional partnership
  - Mutual respect for views
  - Professional communication or a key worker
  - Giving or sharing knowledge that gives control back to the parents
  - Recognizing the importance of diagnosis in accessing information and understanding
  - A multidisciplinary assessment of needs
  - Multi-agency co-ordination or a care manager for the most complex cases
  - Services that meet needs locally

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Question?

- Contact siriwwa@kku.ac.th

Thank you