

Let's talk about growth and develop



ment, baby!

Learn how to determine a child's psychosocial developmental stage and tailor your nursing care accordingly.

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The best way to approach nursing care for a child depends on his or her stage of growth and development. But growth and developmental theories can get complicated. One popular framework is Erik Erikson's Theory of Psychosocial Development. Understanding Erikson's stages of psychosocial development can help you communicate with a pediatric patient. When you can anticipate the child's reaction, it becomes easier to modify your response to improve communication.

In this article, I'll discuss Erikson's stages of psychosocial development and explain how they can help you assess a child's progress toward developmental milestones.

Understanding Erikson

According to Erikson, we experience a range of psychosocial challenges or conflicts based on eight stages of life. By facing the challenges or conflicts in each stage, we can successfully progress through that stage to the next. For pediatric patients, we'll focus on these five stages of childhood: infant, toddler, preschooler, school-age child, and adolescent.

Although these stages are distinct as described by Erikson, they're also fluid, with the potential for some overlap. They break down as follows:

- trust versus mistrust (infants, newborn to age 1)

- autonomy versus shame and doubt (toddlers, ages 2 to 3)
- initiative versus guilt (preschoolers, ages 3 to 6)
- industry versus inferiority (school-age children, ages 6 to 12)
- identity versus role confusion (adolescents, ages 13 to 18).

Erikson presents each stage as having a positive and negative psychosocial conflict. When we support the positive aspect of each stage, children successfully progress through that stage.

Growth and development can be different from one child to another, but the progression is ordered and predictable. Although children may not hit milestones at the same time, you can predict when a child should be ready to hit a milestone or identify when a milestone has been missed. Children can also demonstrate aspects of two stages at once, depending on their unique journey through the growth and developmental process.

The way you communicate with pediatric patients should be based on the child's level of growth and development rather than chronologic age. You'll be able to recognize differences in comprehension levels between two children who are of the same age if you're aware of the differences between their levels of growth and development.



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Now, let's take a look at the milestones identified with each developmental stage.

Infancy: Trust and mistrust

In newborns and infants up to age 1, the psychosocial conflict involves trust. When trust is fostered, the child learns to trust others in life (positive). When mistrust is fostered, the child may experience problems with trusting people later in life (negative).

How do we foster trust in infants? By giving them what they need: to be fed, warm, clean, safe, pain-free, and loved. Holding infants when they're crying or upset and providing for their basic needs develops a sense of trust. If these basic needs aren't met, infants move on to the next stage of growth and development, but they may continue to have issues with trust throughout their lives.

Keep one key consideration in mind: At no other time in a person's life will he or she grow and change as fast as in infancy. Babies can't even hold their heads up as a newborn, yet within a year they can walk. Because they grow so rapidly, infants and toddlers are the most at risk for delays in growth and development caused by prolonged illnesses



and hospitalizations. Nurses need to be aware of this so they can provide infants and toddlers with opportunities for growth and development.

Playing it safe

Safety is another major concern for infants. As they grow and acquire skills related to being ambulatory, such as crawling and walking, their "sphere of play" becomes wider. After they're mobile, threats to their safety and well-being increase astronomically.

Take a 6-month-old who can now crawl. Let's say she sees the family pet going to the kitchen. Naturally, children learn from their environment, so she's curious about what the pet may be looking for. The child no longer has to wait for the world to come to her—now, she can investigate on her own. But if she has to navigate a set of steps while doing so, her safety is considerably compromised. The nurse needs to provide parents with anticipatory guidance on developmental milestones and associated hazards their child might encounter along the way.

For example, when the infant can crawl, parents can minimize risks by using baby gates on stairs, covering electrical outlets, locking cabinets and doors, preventing family pets from being left alone with the child, stabilizing objects that are easy to turn over, and keeping cords to appliances well out of the child's reach.

Look for signs of abuse or neglect

Another aspect of maintaining a safe environment is assessing infants (and all children) for potential abuse or neglect. Assessing interactions with caregivers can provide vital information about the safety of the child's home environment.

When assessing for abuse, note any inconsistencies between the description of events and any injuries present. If the story doesn't add up, it may indicate an abusive or neglectful relationship. Nurses have an obligation

Erikson's stages of psychosocial development

cheat

sheet

Stage	Age	Milestone
Infant	Newborn to age 1	Establishing a sense of trust in those who care for us
Toddler	Ages 2 to 3	Asserting our independence from our parents
Preschooler	Ages 3 to 6	Initiating our own decisions regarding our environment of play and learning
School-age child	Ages 6 to 12	Mastering our environment and activities in that environment
Adolescent	Ages 13 to 18 (possibly up to age 20)	Asserting our independence with the outcome of being self-reliant

to report suspected abuse or neglect, so it's important to know your facility's protocols.

Toddlers: Autonomy, shame, and doubt

For the toddler stage (ages 2 to 3), Erikson describes the psychosocial conflict as autonomy versus shame and doubt. Autonomy simply means that we recognize ourselves as being separate individuals. In their progress through infancy, toddlers learned to rely on their parents or primary caregivers. Now they begin to realize that they're their own person, one who's separate from their parents or primary caregiver. Autonomy is about independence.

How can nurses and other caregivers help foster autonomy? The best approach is to allow toddlers to make decisions and carry out tasks on their own. Avoid shaming them for making a bad decision because this will cause them to doubt their abilities, fostering the negative aspects of this stage—shame and doubt.

Take a toddler who's learning how to potty train, a very stressful time for both the child and parents. Let's say the toddler decides she needs to use the potty and begins to undress in the wrong place at the wrong time. Praising her for recognizing the need to potty but reminding her of a more appropriate time and place to undress fosters a successful potty training experience. Scolding her for inappropriate undressing fosters shame and doubt. The bottom line? Toddlers need to feel safe and reassured about their decisions.

Tantrums and other over-the-top emotions

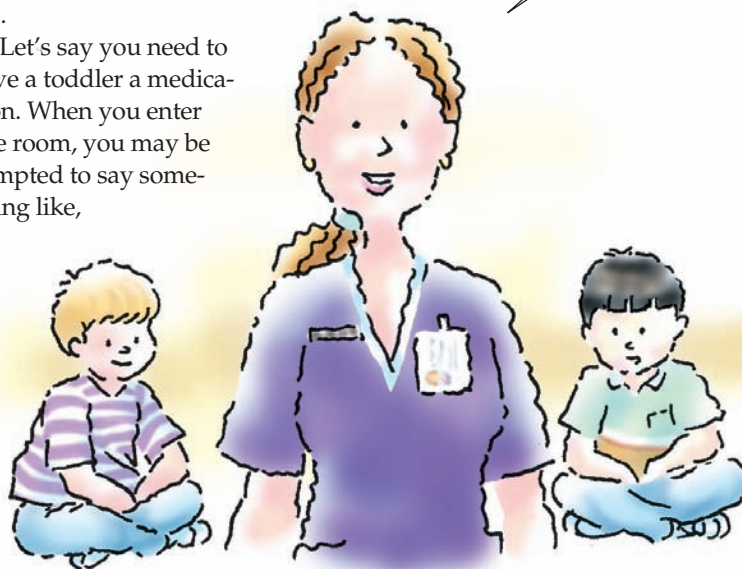
Children in this stage may experience volatile mood changes in which each emotion is presented in an extreme form. When toddlers are happy, they're HAPPY; when toddlers are sad, they're SAD; and when toddlers are angry, they're ANGRY! Everything they do emotionally is

over the top, due partly to their lack of vocabulary to express their feelings and partly to their lack of self-control.

So when you ask a toddler a yes-or-no question, the response is very likely to be "No!" because they're learning that they have a voice. This is related to establishing autonomy. When we communicate with toddlers, we have to be careful to offer reasonable options beyond yes or no.

Let's say you need to give a toddler a medication. When you enter the room, you may be tempted to say something like,

When talking with a toddler, be sure to offer options beyond "yes" and "no."



"Can you take this medicine for me?" The toddler will most likely respond with "No!" You need to rephrase the statement to give the toddler an option, which allows him or her to maintain a sense of control over the situation. A better way to approach the task would be to say, "I have your medication. Do you want to take it for me or for mommy?" This offers the toddler a sense of control by giving him or her a choice, which fosters autonomy.

Clinging to an earlier stage

One major issue affecting toddlers is a concept called *regression*. Children regress in their development when faced with stressful events such as hospitalization. When a child regresses, he or she falls back psychologically to an earlier stage

of growth and development where he or she felt safe. This defense mechanism helps protect the child's psychological well-being.

If you've ever been around a toddler, you know that when a stranger is present, the child has a tendency to cling to a parent. Because the child has successfully established the parent or primary caregiver as a safe haven, he'll return to that person for protection. After the child becomes comfortable, he'll slowly expand the area of play and become less clingy.

Regression is a normal part of the growth and developmental process. Nurses should encourage parents to be empathetic with children when regression occurs. Shaming a child because of regression, such as saying "Don't be a baby," is never the right approach. Instead, offer gentle encouragement to support the positive aspect of the child's developmental stage.

Regression is possible at any stage of growth and development. Although it's most common in toddlers and preschoolers, any child can demonstrate behaviors characteristic of regression when faced with a stressful event.



Safety first

Accidental injury was the fifth leading cause of death in the United States in

2011. As with infants, safety is a major concern for the growing toddler. These children will make decisions on what to play with, what to eat, and how to achieve a task, but their decisions aren't always based on the best information because of their lack of life experience. Toddlers recognize they have a voice and want to express that voice, but they also lack the ability to make wise choices in certain circumstances.

Increased mobility coupled with a toddler's inability to make sound decisions raises safety risks dramatically. Toddlers are particularly vulnerable to toxic ingestions, burn injuries, animal bites, and fractured bones. Remind parents that toddlers must be closely supervised at all times.

Preschoolers: Initiative and guilt

The preschool stage begins at about age 3 and ends around age 6. Erikson describes the major psychosocial conflicts at this stage to be initiative versus guilt. Children now know they can trust their parents or primary caregivers and that they're individuals who can make their own decisions. By age 6, they should also have a sense of initiative when it comes to tasks.

Giving preschoolers an opportunity to initiate their own care by performing a task such as brushing their teeth can encourage the positive aspect of this stage. Self-care is an important to encourage in any patient, but especially so for children at this stage of growth and development.

Do you believe in magic?

Preschoolers can experience real or imagined fears, which can manifest as a psychosocial issue. For example, preschoolers may believe that inanimate objects have thoughts and feelings. Have you ever seen a child bump her head on something and then get mad at the object? This is called *animism*—the belief that inanimate objects have a

key points

Trust versus mistrust (infants, newborn to age 1)

- Meet my needs, and I will trust you and others for a lifetime.

Autonomy versus shame and doubt (toddlers, ages 2 to 3)

- I'm my own person, but I know my parents are there when I need them.

Initiative versus guilt (preschoolers, ages 3 to 6)

- I can do it by myself!! Show me how, let me do it, and praise me for trying; then help me make sure I did it right.

Industry versus inferiority (school-age children, ages 6 to 12)

- I need successes in school, play, and family to support my development.

Identity versus role confusion (adolescents, ages 13 to 18)

- Let me be me! With appropriate parental supervision for safety, I can become an independent adult.

spirit or soul. The child believes this object hurt her, so she's angry with it.

When a child of this age plays dress-up, she believes she's really the person she's dressed up to be. I have a picture of my daughter dressed as a princess dancing in front of an amusement park castle. Who do you think she is? To you, she's my daughter; to her, she *is* that princess.

Body image issues

Because of their propensity toward magical thinking and their tendency to think in literal terms, preschool children need to have things explained very clearly. However, you must remember to use terms that are nonthreatening—a fear of body mutilation is another characteristic of this developmental stage.

If we place an I.V., for example, the child may think we've placed an object that will now be with him or her forever. We've changed the arm, and the I.V. is now an extension of the child. So take care to explain how the I.V. works in simple terms. I often tell preschoolers that their arm is thirsty and the I.V. is a drinking straw their arm will use to take a drink. I then make a slurping sound. In my experience, this explanation calms them while providing a reasonably accurate understanding of the I.V.'s purpose.

Or let's say you need to take a preschooler's BP. You have to be careful about how you explain this to the child. You might be inclined to say something like this: "I need to take your blood pressure. This cuff will squeeze your arm." Although this doesn't sound threatening to an adult, it's a scary statement for a preschooler. The child may think, "She's *taking* my blood pressure? What if I need it later? And what if the squeezing hurts my arm?"

It's better to say something like this: "I need to measure your blood pressure. This cuff will give your arm a tight hug." This statement is less threatening because you used neutral or friendly words: *measure*

and *hug*. The child may still be nervous, but you can minimize the threat by taking this approach.

Bandages are another issue related to the fear of body mutilation. When we remove a dressing or I.V., the child may think that everything inside his or her arm will fall out of the hole. Without a nurse's sensitive teaching, the child may imagine that the bandage acted like a plug that kept the contents of his or her arm from draining away. It's a good idea to reassure the child that this won't happen. However, because the child may exhibit magical thinking, you may have to add a little magic of your own to what you say to him or her. When you work with a preschooler, make sure you have a pocket full of bandages for any "boo-boos," real and imagined.

Because of their inability to truly understand cause and effect, preschoolers also have a tendency to view painful procedures as a punishment for bad behavior. Reassure them that they haven't done anything wrong, but that they're sick and need to have the procedure to make them better. I usually tell a child that it's okay to cry or yell and scream as loud as he wants but that he needs to hold very still so we can complete the procedure. Rewards like stickers are good to use for positive reinforcement and praising preschoolers helps, too.

School-age children: Industry and inferiority

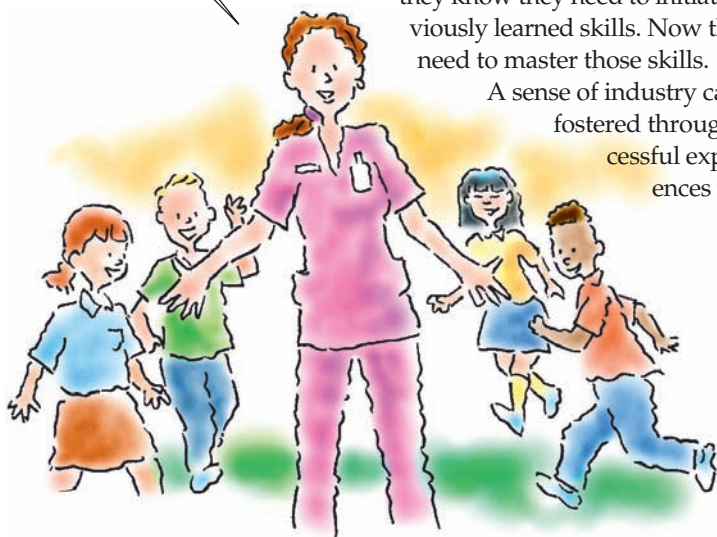
As we transition from preschoolers to school-age children, we again find an overlap of the age ranges in Erikson's stages due to the fluidity of growth and development in childhood. For children ages 6 to 12, the positive and negative developmental psychosocial tasks are industry (competence) versus inferiority. A sense of industry means that the child has confidence in his or her abilities to perform tasks, whereas a sense of inferiority means he or she doesn't have the confidence

Help school-age children participate in self-care.

needed to master skills. In general, this stage is considered to be the “calm before the storm” of adolescence.

At the school-age stage, children are faced with the task of industry or mastery of previously performed skills. These children know they can trust their parents, they know they’re separate from their parents and can function as autonomous individuals, and they know they need to initiate previously learned skills. Now they need to master those skills.

A sense of industry can be fostered through successful experiences with



schoolwork, sports, hobbies, and other constructive interests, and by developing friendships. Friendships teach children to co-operate and share. Their love for playing games can also foster industry.

Beginning to form relationships with peers starts in the school-age years, but these children maintain a strong focus on the family. Children at this stage still seek guidance and approval from their parents.

Give them hands-on experience

Another activity school-age children can participate in to foster industry is assisting with their own care. Children at this stage can perform many skills related to their healthcare.

School-age children often think in concrete terms, so when teaching them about self-care, communicate in a way that

encourages learning through a hands-on approach. Letting the child use medical equipment on a doll or manikin is a good adjunct to patient teaching about his or her care or disease process.

Two of the most common diseases in school-age children are diabetes and asthma; both of these require self-maintenance, and children at this stage need to participate in their own care. Let’s consider, for example, a school-age girl with asthma. She needs to know what triggers her asthma so she can avoid those triggers during her school day. She also needs to be able to recognize when she’s having an exacerbation of her asthma so she can ask for or self-administer her rescue inhaler. With proper education and support, she’ll play an important role in maintaining her level of wellness.

As school-age children mature, they’re better able to think in abstract terms. This begins later in the school-age period and becomes fully developed in adolescence.

Adolescence: Identity and role confusion

According to Erikson, the adolescent stage spans from ages 13 to 18, although it can encompass up to age 20. The major psychosocial tasks are identity versus role confusion. Developing a sense of identity focuses on the adolescent becoming his or her own person, whereas experiencing role confusion means that a true sense of self or independence from others in the adolescent’s life may be difficult to achieve.

In the adolescent stage, children want to be completely independent of their parents and start to seek out their role in the world. Because the desire to be independent of their parents is so strong, these children can make poor decisions and engage in risky behaviors that could result in injury, exacerbation of a chronic disease, or even death.

That’s why adolescents need guidance from their parents. Adolescents often make

decisions for the wrong reasons, such as a desire for attention or peer acceptance.

The need to fit in

Peer pressure can lead adolescents to participate in risky behaviors, such as taking drugs or driving recklessly. School nurses and schoolteachers can help keep these children safe by encouraging them to talk about fears or concerns that might be driving decisions to participate in risky behaviors.

Being accepted by the peer group is paramount for this age group. The desire for peer acceptance can complicate the self-care needed for chronic diseases. Adolescents want to be like their peers; if they have a chronic disease such as diabetes, for example, they may choose not to check their blood glucose or administer insulin because it makes them different from their peers.

The birds and the bees

Another major concern relates to seeking guidance on healthcare-related matters such as sexual activity. Many adolescents don't feel comfortable turning to their parents for guidance on sex, so they turn to their peers instead. Consequently, they may not get accurate information about preventing pregnancy and sexually transmitted diseases.

Nurses can provide adolescents with the opportunity to ask questions about these sensitive issues. Setting and timing are important aspects to consider when broaching difficult subjects. Providing adolescents with privacy from their parents can help foster an open discussion. However, parents may be reluctant to leave their child for this portion of the interview. Each case is different, so you should know your state's and facility's regulations for private interviews with adolescents.

Another aspect to consider is the adolescent being open to talking about a difficult topic, such as sexually transmitted diseases and birth control. If the adolescent approach-

es you, then he or she must have questions that need to be addressed. If you initiate the conversation, the adolescent may need time to think about whether he or she wants to talk about the topic. Care must be taken to address these health-related needs without violating any rights.

In addition, nurses can assist the adolescent who's at risk for disturbances in self-image by introducing him or her to other

Give adolescents the opportunity to ask questions about sensitive issues.



adolescents with similar health issues. This allows the child to see that he's not as different as he thought.

School nurses and schoolteachers play a vital role in maintaining the health and safety of adolescents. They should be used as resources when healthcare issues arise and included as part of the healthcare team.

It's all about communication

When considering any stage of growth and development, you must be able to recognize if the child is developing normally. Many learning disabilities, such as attention deficit disorder and attention deficit hyperactivity disorder, dyslexia, and other processing disorders can adversely affect successful progression through all stages of growth and

development. Understanding normal growth and development is the first step in working with children and promoting their health.

Growth and development is a vast concept, but taking a stepwise approach to understanding the theory behind the behavior can empower you to communicate successfully with children in various stages of growth and development. When you can anticipate a child's reaction, you can modify your approach to improve communication and offer the best possible nursing care to your pediatric patient. ■

Learn more about it

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