

Developmental Considerations Chart

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Age Group	Theory 1: Erikson's Psychosocial Theory	Theory 2: Kohlberg's Moral Development Theory	Theory 3: Play Theory & Stages of Play	Hospitalization-rela ted issues	Possible Troublesome Responses	Interventions
Infant (0-1 years)	Trust v. mistrust Needs must be met for sense of bonding and trust	Preconventional: Stage 1 Focus on avoiding punishment	Onlooker Play - Watch other children play but do not join in themselves Solitary Play - Play by themselves without any social interaction	- Separated from caretaker - Noisy and unfamiliar hospital environment - Overstimulation or under stimulation - Pain	- Heightened anxiety - Mistrust - Failure to thrive - Hospitalism	"Family-centered" approach - Increased opportunities for skin-to-skin contact - Consistent caregivers - Quiet environment that minimizes harsh lighting and noises
Toddler (1-3 years)	Autonomy v. shame and doubt Develop a sense	Preconventional: Stage 1 Focus on avoiding	Parallel Play Plays next to a child but does not interact	Hospital may be seen as a punishment	- Express frustration; act out - Physical resistance	Developmentally appropriate play

	of independence • Harsh criticism leads them to doubt their own abilities	punishment	with the child • Enjoys toys that stimulate the senses, such as body movement or noise	• May not understand why parents cannot protect them from pain • Changes in routine • Restriction of movement • Separation anxiety	• Uncooperative • Unable to express self with words • Frustrated when sensorimotor operation is limited	• Give the child choices to establish a sense of autonomy • Minimize differences between hospital and home environment by providing child's favorite toys, pictures, etc. • Encourage parental involvement and participation
Preschooler (3-6 years)	Initiative v. guilt • Initiate activities with	Preconventional: Stage 2 • Behaving well	Associative Play • Engage in play with other children	• Physical restriction • Loss of control	• Inability to separate self from outside world	• Use real equipment and concrete explanation

	others and become more curious about the world around them • When this is met with restriction, feelings of guilt may emerge	leads to rewards	• Fantasy play is often important to this age group	• May feel guilty and think that isolation from family/pain from treatments is a punishment • Separation • Fear of pain	• Sense of blame and responsibility • Frustration, protest, and acting out	ns of treatment and procedures • Need for safety-establish places where procedures will not occur/the child does not need to fear pain such as a playroom • Developmentally appropriate play helps with coping and to address child's misconceptions
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School-age (6-12 years)	Industry v. Inferiority • Become confident in their abilities if their efforts are encouraged	Conventional: Stage 3 • Approval from others • Emphasis on being “nice” and “good behavior” • Preservation of rules	Cooperative Play: • Children work together towards common goals and create meaning together • Especially takes the form of establishing games with rules such as formal board games and sports	• Missing out on normal routines- school, activities, seeing friends, etc. • Intrusive events • Physical symptoms • Restricted activity • Separation from family • Unusual environment	• Frustration • Uncooperativeness • Withdrawal from friends and family • Depression • Anxiety	• Normalize feelings of homesickness- ask the child how they have been feeling • Involve the child in the hospital environment- have them help plan activities or decorate • Incorporate peer support • Maximize parental involvement
Adolescent (12-18 years)	Identity v. role confusion	Conventional: Stage 4	Cooperative Play: • Children work	• Less interaction	• Feelings of anger and frustration	• Peer-group support

	● Explore their own identity and how they fit into society	● Expectations of society guide behavior Postconventional : Stage 5 (can start as early as age 12 but most do not reach this stage until adulthood) ● Social contract with the people around them	together towards common goals and create meaning together ● Especially takes the form of establishing games with rules ● The goal of play becomes social contact, such as organized sports	with peer groups ● Privacy and body image concerns ● Fear of pain ● Loss of sense of control and independence	● Withdrawal ● Depression ● Anxiety ● Uncooperativeness	● Age-appropriate activities, such as a specific area for teens and adolescents ● Visiting policies that allow for peer socialization ● Incorporate technology into explanations ● Respect their privacy
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Challenges at Specific Developmental Stages

Infants face particular challenges at this stage when faced with hospitalization or chronic illness. One main challenge for infants is being separated from their caregiver. This decreases the amount of skin-to-skin contact infants can have with their caregiver, which influences their ability to bond. An additional challenge is the pain that comes with procedures in the hospital, as the infant is unable to understand the purpose of these treatments which contributes to a sense of fear and mistrust. Lastly, the stimulations of the environment including loud noises, harsh lighting, and an overall unfamiliar setting is very difficult for an infant and their family.

In the toddler stage, separation is a main concern for hospitalized children. These children often develop separation anxiety and are distressed when their caregiver is not in their presence. Moreover, loss of routine is a difficult challenge to navigate for toddlers and their families. Another main challenge toddlers face is restriction of movement and a decreased ability to explore their environment.

In the preschooler stage, children suffer the most from physical restriction and loss of control. This is because they have acquired more independence and autonomy. Additionally, having their movements limited can be stressful and anxiety inducing. At this stage, misunderstanding presents another important challenge. Preschoolers may see painful treatments as punishments, so it is important for medical staff to communicate the purpose of procedures and treatments to the child and resolve feelings of guilt, shame, or confusion.

In the school age stage, homesickness is a main struggle face by children. This can be due to heightened anxiety in the child, an unfamiliar environment, and painful tests and procedures. These children also fear experiencing pain and illness, as well as disability or even death. Lastly, loss of control is a particular challenge for these children, as they often have a difficult time not having any say

about what is happening to them. Giving these children choices whenever possible can help contribute to a greater sense of independence and industry.

In adolescence, the greatest challenge hospitalization presents are separation from friends and peers. Peer relations are extremely influential during this stage and this lack of interaction is difficult for adolescents to manage. Moreover, adolescents may be concerned about events and activities they may have to miss out on due to their hospitalization or chronic illness. Adolescents also experience great concerns about their body image and any physical changes that may be a result of illness or injury.

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