

Relating Developmental Stages to Assessment and Teaching Approaches

WEXNER MEDICAL CENTER

	Infant (Birth – 12 months)	Toddler (12 months - 36 months)	Preschool (3 - 6 years)
Stages of Development	Trust vs. Mistrust Needs maximum comfort with minimal uncertainty in order to trust him/herself, others, and the environment.	Autonomy vs. Shame and Doubt Toddler works to master physical environment while maintaining self-esteem.	<i>Initiative vs. Guilt</i> Begins to initiate, not imitate, activities; develops conscience and sexual identity.
Developmental Tasks	 Develops attachment to primary caregiver Develops awareness of self as separate person Begins developing communication skills 	 Develops sense of autonomy Further develops sense of self Begins developing socialization skills 	 Develops sense of purpose Masters self-care skills Develops sense of self, gender, identity, and family relationship
What To Ask	 Does the infant respond to the physical presence of his/her parents? How does he/she communicate his/her needs and desires? 	 Does the toddler prefer certain foods or activities? How does he/she acknowledge parental distress or approval? Does he/she play with other children or adults? 	 Which self-care skills does the child perform at home? How does he/she keep busy at home? What is his/her reaction to schedules and routines? What would the child like to be when he/she grows up? What is his/her favorite activity? Can he/she state his/her name and identify family members?
What To Look For	 Shows distress when family leaves. Uses motor and verbal skills to communicate needs and feelings. 	 Willing to follow whims Plays alongside others or interacts with them Approaches others with show-and-tell items 	 Occupies free time independently Participates in self-care activities Evaluates disapproval of others Initiates activities rather than just imitating others' actions
Behavior In Hospital	 Under 7 months: Responds well to nurse Allows parents to leave Over 7 months: Anxious and unhappy Clings to parents and cries when they leave 	 Commonly experiences separation anxiety May show anger by crying, shaking crib Rejects attention May become apathetic, crying intermittently or continuously May reject parents and respond to health professional 	 Experiences separation anxiety; may panic or throw tantrums, especially when parents leave Often regresses (enuresis) Commonly shows eating and sleeping disturbances
Teaching Approaches	 Teach the parents to participate in their infant's care. Handle the infant gently and speak in a soft, friendly tone of voice. Use a security toy or pacifier to reduce the infant's anxiety and elicit cooperation. 	 Teach the parents to participate in their child's care Give the child simple, direct, and honest explanations just before treatment or surgery Use puppets or coloring books to explain procedures Let the child play with equipment to reduce anxiety Let the child make 	 Teach the parents to participate in their child's care Use simple, neutral words to describe procedures and surgery to the child Encourage the child to fantasize to help plan his/her responses to possible situations Use body outlines or dolls to show anatomic sites and procedures Let the child handle equipment before a procedure Use play therapy as an

appropriate choices, such as choosing the side of the	emotional outlet and a way to test the child's sense of reality
body for an injection	

	School-Age Child (6 – 12 years)	Adolescent (12 - 18 years)	
Stages of Development	Industry vs. Inferiority Tries to develop a sense of self-worth by refining skills.	Identity vs. Role Confusion Tries integrating many roles (child, sibling, student, athlete, worker) into a self image; under role model and peer pressure.	
Developmental Tasks	 Further develops sense of self through achievement Develops sense of right and wrong Shows more interaction with peers 	 Establish self-identity Prepares for independent role in society Continues to develop relationships with peers of both sexes 	
What To Ask	 What does the child do best? What is her / her favorite subject in school? Who is his/her best friend? What kinds of things do they do together? What would he/she do if he/she found a lost item on the playground? 	 Is he/she in school? Does he/she want to attend college? Who are his/her friends? Will they be visiting or calling while he/she is hospitalized? 	
What To Look For	 Talks about friends, family, and activities Interacts with others and initiates conversation Participates in self-care activities Attempts to improve his/her skills 	 Expresses individuality through appearance or activities Interacts with significant peers and staff Willing, if able, to continue school work 	
Behavior In Hospital	 May have insomnia, nightmares, enuresis from anxiety about the unknown Alternately conforms to adult standards and rebels against them 	 Fluctuates in willingness to participate in care because of need for independence and approval Shows concerns about how procedure or surgery may affect appearance 	
Teaching Approaches	 Use body outlines and models to explain body mechanisms and procedures Explain logically why a procedure is necessary Describe the sensations to anticipate during a procedure Encourage the child's active participation in learning Praise the child for cooperating with a procedure 	 Ask the patient if he/she wants his/her parents present during teaching sessions and procedures Give scientific explanations, using body diagrams, models, or videotapes Encourage the patient to verbalize his/her feelings or express them through artwork or writing Offer praise appropriately 	

	Young Adult (18 – 30 years)	Middle-Aged Adult (30 – 60 years)
Stages of Development	Intimacy vs. Isolation Learns to make personal commitment to another as spouse, parent	Generativity vs. Stagnation Seeks satisfaction through productivity in career, family, civic interests.
Developmental Tasks	 Establishes independence from parental figures Initiates a permanent lifestyle Adjusts to companionship style Integrates values into career and socioeconomic constraints 	 Establishes socioeconomic status Helps younger and older persons Finds satisfaction through his/her work, as a citizen and family member, or as a care provider
What To Ask	 Does he/she live at home with his/her parents? Does he/she live alone? Or does he/she have a roommate or his/her own family? Is he/she employed or in school? 	 What is the most satisfying thing in his/her life? Who are the important people in his/her life? Is he/she active in community affairs?
What To Look For	 Forms role-appropriate relationships with staff and others Copes with regulations Helps with and directs care Forms intimate relationship with another person 	 Participates in job-related or community projects Forms social relationships
Behavior In Hospital	 Directs and participates in his/her own care Complies with hospital regulations Freely asks questions hen he/she has concerns or uncertainties Demonstrates continued interest in personal role Show concerns about family and economic results of hospitalization 	 Copes with hospital regulations Directs and participates in care
Teaching Approaches	 Negotiate learning outcomes with the patient Include family members in teaching Use problem-centered teaching Provide for immediate application of learning Let the patient test own ideas, take risks, and be creative. Allow him/her to evaluate actions and change behavior Use the patient's past experience as a learning resource 	 Address concerns before teaching Help in prioritization Involve in decision-making Listen to what patient says Keep patient and family informed Use adult teaching principles

	Older Adult (over 60 years)			
	Late Adult Stage	Older Adult Stage		
Stages of	Integrity vs. Despair: Review life accomplishments, c			
Development				
Developmental	 Forms mutually supportive relationships with grown children 			
Tasks	 Adjusts to change in or loss of friends and relatives 			
	 Prepares for retirement 			
	 Uses leisure time in satisfying way Adapts to aging 			
What To Ask	 Adapts to aging Does he/she have any financial concerns? 	Adapts to aging		
What TO ASK	 Does ne/she have any infancial concerns? What are the retirement plans? 			
	 What are the retirement plans? What does he/she do in his/her leisure time? 			
	 Does he/she have friends his/her own age? 			
	 How does he/she feel about getting older? 			
What To Look	Shows concern for children and grandchildren			
For	 Keeps current on world events 			
	 Forms adult relationships with staff 			
	 Participates in care and decision making 			
Behavior In	 Demonstrates anxiety over new procedures or a 			
Hospital	 Often forgets new material or ideas or takes a lot Maintains interest in personal matters 	ng time to make decisions		
	 Maintains interest in personal matters Asks for instructions to be repeated 			
	 Requires frequent rest periods 			
Teaching	The gradual decline in attention span	Continued decline in sensory-perceptual		
Approaches	continues, as does a continued decrease in	abilities may affect ability to learn		
	sensory perceptual skills. Assess learning	(limited visual and hearing skills, diminished		
	ability, reading, hearing abilities, and teach	ability to perform skills). Present one idea at a		
	within those limits.	time with clear, concrete demonstrations.		
	 Negotiate learning outcomes with the patient. 	 Schedule frequent, short teaching sessions at times of peak energy (10 minutes maximum) 		
	Determine the patient's priorities and resources and how they affect the patient's	times of peak energy (10 minutes maximum). Avoid holding sessions after the patient has		
	ability to learn.	bathed, ambulated, or taken medications that		
	 Include family members in the teaching. The 	affect learning ability, or if the patient has		
	patient's support system may be more	pain.		
	important to assist the patient in adapting to	 Determine if activities, treatments, or 		
	health related changes, as the adult grows	medications affect learning.		
	older.	 Determine necessary resources to make 		
	 Use problem-centered teaching with 	lifestyle changes before setting mutual and		
	immediate application and reinforcement of	realistic learning outcomes with the patient.		
	learning.Determine if there are misconceptions or	 Involve the family / support system in teaching. 		
	denial that will interfere with learning.	 Determine if social isolation will be a barrier to 		
	 Let the patient test his or her own ideas, take 	learning.		
	risks, and be creative.	 Repeat / reinforce teaching with feedback 		
	 Encourage the patient to evaluate his / her 	continuously.		
	actions and change his / her behaviors.	 Encourage independence within ability. 		
	 Relate health care decisions to current life 	Check for memory deficit by asking for verbal		
	priorities.	feedback		
		 Use simple sentences, concrete examples, and reminders, such as calendars or nillboxes 		
		and reminders, such as calendars or pillboxesSpeak slowly and distinctly in a conversational		
		tone		
		 Use large-print materials and equipment with 		
		oversized numbers.		
		 Avoid using teaching materials printed on 		
		glossy paper.		