

Developmental Assessment 2

Developmentally Delayed

Patient Medical History

Patient is 11-12 years old with physical and developmental delays. He uses a walker and wears leg braces. He came into the clinic on Tuesday for HIV treatment. Other medical history unknown.

Developmental Assessment

Social-Emotional

Patient played well with the other kids in the circle on the floor of the clinic. He had very little verbal interaction with the other children, but enjoyed copying the drawing of another patient who was there. The patient asked the child how old he was and what his name was. He was excited when I pulled superhero stickers and action figures out. He enjoyed playing with blocks, and built a tower for his action figures to go on. Since the patient is developmentally delayed, he is in Erikson's autonomy vs. shame and doubt stage of development. He was able to make simple decisions when given choices about what he prefers, helping him feel a sense of autonomy. His mother and brother were both very good about doing this as well when interacting with him. He also wanted to be able to do things himself when drawing and playing with blocks, both of which were things he struggled to do on his own. All of which align with the autonomy vs. shame stage.

Cognitive:

Patient appears to be between Piaget's sensorimotor stage and preoperational stage of development. When playing with action figures, instead of turning his whole body to look and find things, he used his sense of touch to find the toy he was looking for. He engaged in symbolic play by playing Avengers with the action figures, and would make them fall down and have another superhero save the ones on the ground, engaging in symbolic play. In the preoperational stage of development symbolic thinking flourishes, and children engage in imaginative play and use objects symbolically. The patient demonstrated this when playing with action figures and action figures, and used limited vocabulary to narrate what was happening.

Motor:

During the sensorimotor stage, children begin to develop basic motor skills. The patient lacked fine motor skills, especially with his right hand and arm, and had to be reminded by his mom to use it when building with blocks. However, he still noticeably struggled when trying to grasp objects using his dominant left hand, and needed assistance holding the paper still when drawing and tracing a block. He also needed some

assistance building with the blocks. Additionally, the patient was unable to walk on his own and used a walker due to his physical disability. When joining the circle to play he crawled to where we were seated and needed help sitting up with his legs crossed.

Language:

Skinner's theory of language development explains that children learn to associate words and names of objects through reinforcement and imitating the speech by the others around them. The patient's speech is severely delayed for his age, and he only could speak in short sentences. He knew how to ask for help, and how to ask someone's name and age, both of which can be attributed partly to operant conditioning. He also enjoyed saying, "Avengers assemble!" and naming the names of the different superheroes. This can also be attributed to operant conditioning because his mom said he watches superhero movies at home.

Coping Assessment

Patient was comfortable in the clinic, and hugged the doctor when she came to say hi and sit next to him. He has previous experience being at the clinic, so he feels comfortable in the environment and jumped right into playing. I did not get to observe how he would react if his caregivers walked away. Per Bowlby and Ainsworth, one could assume he is securely attached because of how quick he was to engage with someone who is a stranger, and he was not constantly checking to make sure his mom was around. He also felt comfortable enough to hug the doctor.

Considerations for Healthcare Experience

Since the patient is severely behind both cognitively and physically, separation from caregiver, fear of injury or pain, and immobility and restriction are significant hospital stressors they might encounter. This could potentially lead to regression, uncooperativeness, and resistance. However, one consideration is that he seems to have a great relationship with his doctor and is noticeably comfortable in a healthcare environment. One way to familiarize him more with the setting would be engaging in medical play with a doll or stuffed animal, and offering stickers as a reward after stressful procedures or situations. Also advocating to allow him choices is very important since he is mostly nonverbal in order to give him a sense of autonomy.

Interventions

1. A blood draw prep with pictures and medical play would be beneficial to help him know what is going to happen.
2. Engaging in drawing, building with blocks, and making things with large beads can help with fine motor skill development. Peeling stickers is good for this as well.

3. Given that the patient lacks significant motor development in his right arm and hand, building with blocks and encouraging him to knock the blocks over with his non-dominant arm could help improve motor skills.
4. Always give choices whenever it is possible. Asking what color band-aid, sticker, or having different options for what to play with helps build rapport with the patient, making them feel more comfortable advocating for themselves and asking questions.