

National Association of Hospital Play Staff Guidelines for Professional Practice

Number 7 Distraction Therapy

Distraction therapy can be defined as a non-pharmalogical method used to enable a child to reduce anxiety and pain, by focusing on something other than the procedure.

Method

1. Gather information about the procedure to be performed.

This should include:

- duration of the procedure
- where it will take place
- which members of the multi-disciplinary team will be involved
- the aspects of the procedure in which a degree of choice can be given to the child.

2. Where possible, establish a relationship with the child/adolescent and family. If this is not possible, explain your role and the use of distraction techniques using age appropriate language and examples.

3. Obtain information about the child through observation during play interventions and/or through discussion with the child/adolescent and their parent(s). Where possible refer to 'shared care' or 'patient held' records.

Use the above methods to ascertain:

- the child's interests/hobbies
- previous experiences
- attention span
- whether a family member will accompany the child (at times, parental anxiety is such that it may be advisable to suggest, in a sensitive tone, that a parent join the child after the procedure)
- in the case of venepuncture, does the child/adolescent prefer to look? If so, distraction therapy may not be necessary, however preparation and support should still be offered.

4. Where appropriate, prepare the child for the procedure. Give the child a choice of distraction techniques. Provide time to discuss and, if appropriate, practise the method chosen.

5. Liaise with the multi-disciplinary team to discuss the result of any play preparation undertaken, and inform them of the distraction technique to be used.

6. During the procedure, ensure that all others involved with the child are aware that YOU are providing the distraction therapy. Others trying to distract simultaneously will only serve as a distraction from the therapy and will therefore have a negative effect.

7. The positioning of the child and/or distraction 'toy' must be carefully planned in order

for the distraction to be successful.

8. Body language and eye contact help in the engagement and distraction process.

9. Introduce the distraction toy/book at the correct moment. Timing is crucial.

10. In order for the distraction therapy to be a success, the child (and parent) must be receptive to it. If the child becomes distressed in the extreme, it is advisable to withdraw the distraction, staying in the room. If he/she requests it, let the child play with the toy when the procedure is over.

11. Discuss the effectiveness of the distraction with the child. Praise/reward appropriate behaviour using specific achievements, for example, 'You kept very still. Well done'. Stickers or certificates of achievement can be offered to reinforce this.

12. It is often useful, where time permits, to debrief with colleagues afterwards.

13. Document the work you have undertaken and the outcome in the child's notes, for future reference.

Suggested Distraction Tools

Infants

- Dummy
- Tactile soothing
- Cuddling
- Music tapes

Toddlers

- Blowing bubbles/feathers
- Pop-up toys and books
- Kaleidoscope
- Songs or rhymes

Preschool Children

- 'Where's Wally?' books/posters
- Songs or rhymes
- Mechanical toy with sound (i.e. 'Rolling penguins')
- Puppets

School Age Children

- Joke books
- Counting games
- Songs or rhymes
- Puppets
- Kaleidoscopes (with/without glitter wand)
- Guided imagery
- Videos

- Games consoles

NB: The above list is by no means conclusive.

Reference

Painful Procedures: Helping Children to Cope. Produced by the Paediatric Renal Unit, Nottingham.

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