**Objective**

Many young children lack the communication skills needed to explain why they are angry, fearful or frustrated when faced with a bleeding disorder. Without the opportunity to explore and express feelings, children may have a tendency to “act out.” Difficulties are magnified because treatment is lifelong and requires IV infusions that can be scary and painful.

Medical play therapy can be a useful tool in helping children with bleeding disorders cope with and accept their condition and treatment. Play therapy allows patients to develop coping mechanisms and a better understanding of their medical condition. It also helps alleviate fear, stress and anxiety during infusions. Research on play therapy has indicated that play is a natural medium for self-expression and provides children an opportunity to “play out” their feelings and problems.1 Talk therapy, which is commonly used with adults, may not be appropriate. Younger children may not be able to identify how they are feeling, much less discuss their feelings in detail.

A young bleeding disorders patient was having difficulty coping with prophylactic infusions and facing a lifelong condition. We introduced medical play as a way to help him adjust to his medical situation.

**Background**

The mother of a 10-year-old boy with type 1 von Willebrand disease (VWD) expressed concerns to the patient’s home infusion provider that the boy was becoming noncompliant with his prophylactic treatments. He was becoming increasingly angry, anxious and uncooperative with the infusions, and this was leading to combative behavior toward his mother. He had started to complain about the infusions, and this was leading to combative behavior toward his mother.

The mother had to start to communicate the problems and was asking why he had a bleeding disorder.

He had received three treatments a week but was reduced to two times a week to lessen the number of venipunctures and the anxiety they caused him.

The patient’s healthcare team from his home infusion provider, which included a consumer advocate, nurse and social worker, discussed different strategies to help the patient cope with his feelings and increase his treatment compliance.

The nurse and social worker conducted a home visit to assess the situation, and they observed that the boy retreated into himself, refused to make eye contact, and was unable to communicate effectively with the two healthcare workers.

- The boy’s behavior did not coincide with expected developmental milestones appropriate for his age, such as being able to communicate his needs, fears and experience of pain.2 He had a poor understanding of his medical condition and what was expected of him. Due to his lack of knowledge of VWD, he did not understand that this was a lifelong condition that would require infusions throughout his life.

- Coping techniques were also noted as being poor. According to Heather Huszti, PhD, a pediatric psychologist at Children’s Hospital of Orange County Hemophilia Treatment Center, one in ten children nationwide are afraid of needles to the point that it is debilitating. While not all children with bleeding disorders are overwhelmed by their fear, many are anxious about needles or the infusion process.3

The healthcare team determined that play therapy could be the most effective approach in exploring the patient’s feelings and helping him to become self-expressive. Needle sticks can become less scary when children are allowed to “turn the tables” by performing venipuncture on someone else.4 With medical play, that can be done with the use of dolls.

Method

During the patient’s first play therapy session, he was introduced to a puppet called Bob.

- The healthcare team showed the boy and his parents medical details on Bob such as a port-a-cath (which was being considered for the boy).

- The boy was shown where Bob’s veins were, given a syringe without the needle and directed to give Bob an infusion — to find a vein, clean the site and do a play infusion.

- While “infusing” Bob, the boy was told to have Bob take slow breaths and tell him it is ok to cry, but that it was important that Bob keep his arm still.

- After the play therapy, the boy put an adhesive bandage on Bob. The nurse and social worker commented on how brave Bob was.

When the mother requested another play therapy session, the social worker brought a medical play kit and a small muslin doll, which the patient named Bobby. Muslin dolls are commonly used in a clinical setting when children are experiencing fear, anxiety and unwillingness to cooperate during a venipuncture or other medical procedure.

- The social worker asked the patient to color the muslin doll. The boy colored the doll with a shirt, a pair of pants and a face, and under one eye, he drew a teardrop.

- When the boy was asked about the teardrop, he said that Bobby was sad because he had to get infusions.

- This presented an opportunity for the nurse and social worker to express empathy and to educate the boy that VWD is a lifelong medical condition that requires treatments throughout his life.

The patient was then shown the medical play kit and helped to prepare for the play infusion.

- The boy donned a surgical cap, gloves and a mask, and the nurse helped him find a “vein” and directed him to clean the site with an alcohol pad and to infuse Bobby.

- The boy was told to tell Bobby it was ok to cry but to hold still. After the infusion, the boy placed a bandage over Bobby’s infusion site and was told to tell Bobby how strong and courageous he was.

- The social worker discussed the boy’s feelings with him and provided more education. By the end of the session, the boy understood that it was okay to feel sad, angry and anxious about having a bleeding disorder.

Results

Because of the two play therapy sessions, the patient made an amazing transformation. He began to smile and was able to communicate more easily with his healthcare team. During infusions, he began to communicate his feelings by referring to Bobby’s responses.

During several follow-up calls to the mother, she indicated that the play therapy had been a success in terms of both the patient’s behavior and his compliance with infusions. She reported that he continues to do well with infusions and does not complain or question his medical condition. She said that the boy slept with Bobby, which indicates that the doll may act as a “security blanket” for him. Perhaps also, Bobby reminds him that he is empowered. The mother was surprised and delighted by how effective the play therapy had been.

Summary

Medical play, which can include infusing a doll, allows pediatric bleeding disorder patients to express their feelings and helps them better understand their disease and treatment. Medical play can help these children become calmer, help alleviate their fears, increase their sense of empowerment — and help them face the reality of having a chronic medical condition.

This patient moved from enduring fear and anxiety to being interactive in play therapy. Thanks to the use of medical play dolls, he has been able to work out some of his feelings about his condition and his therapy. Medical play has allowed this patient to regain some of the control he needed. He has accepted that he has a lifelong condition, and he continues to be cooperative with his treatment plan.

**References**