“But I Don’t Want to Get a Shot!”
De-Stressing Doctor’s Visits for Children through Parent Education

Tag words: Parent, Education, Doctors Visits, Children, Vaccinations

Authors: Aliyah Mohammed and Julie Fagan, Ph.D.

Summary: For both children and their parents, going to the doctor can be a stressful experience. Parents are unsure of what to tell their children and may not adequately prepare the child prior to a doctor’s visit. Doctors could educate parents on what information should be provided to the child based on their age making future visits less stressful and a more pleasant experience. Fostering a good doctor/patient relationship early on will promote healthy lifelong habits.

Video Link: https://youtu.be/lpksZIHDTw8

The Issue: Visits to the Doctor Are Traumatizing for Children
Between doctors and their patients, there has been an increasing disconnect and lack of a relationship. This is especially seen with parents and adult patients. From a parent’s perspective, there is nothing worse than seeing your child cry as they are given 4 vaccinations and then having blood drawn. For parents, knowing what to expect at the doctor’s office is crucial so that they can educate their children on why it is important to see the doctor even when it is not always an enjoyable experience. As the child grows older, they can develop an understanding that although trips to the doctor may end up with a needle or hearing some news that they don’t want to hear, it is necessary in keeping themselves healthy.

Shots Can Lead to Anxiety and Phobia if Left Unaddressed
Regarding children, there are a few, and slightly irrational reasons as to why they don’t like to go to the doctor. The main one being that the child simply does not want shots; this may seem trivial to adults, but to children, that pain is more than they can bear. In addition, many children are simply dragged into the doctor’s office without any warning. Most children do not like having playtime at one minute and then being dragged to get shots the next. Without proper education of children by parents, they grow up afraid and unwilling to see the doctor. All of these reasons can lead to anxiety when the idea of doctors or needles is mentioned. Anxiety is defined as feeling tension, having worrisome thoughts and physical changes such as heart rate or blood pressure (1). Other symptoms of anxiety include becoming clingy, sweaty hands, nausea and accelerated breathing rate (2). When a child is going to the doctor and has learned to associate the doctor with pain or shots, the level of anxiety a child can experience as they grow older when seeing the doctor can increase. If left unchecked and we continue to let the child experience one negative experience after the other, this anxiety can turn into a phobia that is lifelong (2). A phobia is defined as an extreme, irrational fear of a specific object or situation (3). As seen in the figure below, about 18% of American adults are afraid of needles/blood which likely stems from these negative experiences as children (4).
Unfortunately, parents are not educating children on what to expect at the doctor’s office beforehand. While fear may still take over when the doctor is in the room, the child can still understand why the doctor is looking in their ears or listening to them breathe. Educating children at a young age will help them develop an understanding of the doctor’s office and why going is a necessity. That understanding takes time for children to develop so starting at a young age will be best. Even offering to bring the child to a special place or to get a special reward after the office would be helpful. Offering rewards such as a lollipop or sticker at the end of the visit, rather than when they first get there, is a good solution.

**Focus on Rewarding Good Behavior**

Children tend to associate the doctor’s office with getting a lollipop or sticker, but giving them the reward at the beginning eliminates the idea that they are getting a reward for their behavior. If the lollipop or other treat of that office’s choosing is given at the child’s arrival, then the child will start to believe that regardless of their behavior while seeing the doctor, he/she will still get their reward. We should be educating parents that offering a reward for good behavior at the end of the visit is effective and essential for the development of healthy habits.
of the visit would have better outcomes than receiving a lollipop upon the child’s arrival to the
goal or clinic.

As Dr. Wolfe Nadoolman points out in his blog, a “child can often feel that you're not noticing
them being good, but their misbehavior really gets your attention” (5). We often angrily point out
when children are not doing what they are told and do not reward good behavior. More often
than naught, bad behavior is more often noticed by parents than good behavior. But by offering
lollipops or some type of treat at the end of the visit, a child can have something to look forward
to and have an incentive to be cooperative while with the doctor.

Positive Reinforcement and Negative Reinforcement
When a parent wants their child to behave a certain way, i.e. behaving at the doctor’s office,
there are a few ways that the parent can act to achieve this. Using the idea of reinforcement,
which is the strengthening or increasing the probability of a specific response, parents can get the
response that they want from their child (6). There are two types of reinforcement: positive and
negative. Positive reinforcement is rewarding a certain behavior to strengthen it and increase the
likelihood of it happening again. For example, if a child does not scream or thrash when the
doctor is examining the child, a parent can give praise or offer some type of reward for behaving
the way the parent wanted. Because there was a positive experience associated with the behavior,
the behavior is positively reinforced. If the parent rewards the child’s good behavior, he/she will
begin to learn that behaving well will lead to some type of treat or positive experience. A parent
can alternate between simple praise and a physical reward such as ice cream. Using praise will
lead to an intrinsic motivation, or coming from the self, to behave well (7). If a parent constantly
provides a toy or external object as a reward, the child will grow up learning that they should
only do something if they get something in return. This leads to extrinsic motivation, which is
behavior driven by some external factor (7).

Negative reinforcement can also be a factor when the child is seeing the doctor and does not
necessarily have to deal with a negative experience. If positive reinforcement is giving
something in response to a certain behavior, which can be good or bad behavior, negative
reinforcement is removing or taking something away due to a certain behavior (8). Parents tend
to use this type of reinforcement the most; if the child does not do what the parent wants, and
then the parent takes away something such as TV privileges or a toy. While this works in some
scenarios, taking away the perceived harmful stimulus (the doctor) might be exactly what the
child wants. Parents should be wary of this and know when to be stern with their children as well
as knowing when to be sympathetic. It is difficult when it your own child getting the shots but
children learn that if they scream and shout, they may not have to get shots and can get away
with this behavior since it is given the most attention. By doing this the unwanted behavior of
screaming and shouting is negatively reinforced because the stimulus (that is unwanted by the
child) is taken away and actually benefits the child (8).

Not Being Honest with Children
Being honest is also one of the best things that a parent could do in this situation. Many times in
a day, a doctor hears a child cry, “You lied! You told me I wasn’t getting any shots!” Explaining
why the shots are necessary early in life would reduce this reaction, but then by being honest and
saying, “you have to get a shot but it will only hurt for a second,” will allow the child to know
what to expect. However, one shouldn’t tell the child that they are getting shots 5 days prior as they would end up worrying about it until the day comes; one day’s notice would be sufficient (9). So when would be the best time to start educating children on the doctor? According to licensed pediatrician, Dr. Nauman Basit, around age 2 is the best time to start explaining to children why they are going to the doctor with more detail. This is the age that children can start to comprehend what tools the doctor uses and that they would be playing with doctor’s play sets at home. Dividing children into age groups will allow parents to best understand on what to tell their children at each age. The five groups would be as defined by Stanford’s Children Health: Infants (birth to 1 year), Toddlers (1-3 years old), Preschoolers (3-5 years old), School age (6-12 years old) and Adolescents (13 years and above) (10).

**Guidelines for Parents by Age Group**

From birth to 1 year, there isn’t much that can be told to children so that they can understand who the doctor is besides pointing them out in books or pictures as they near 12 months of age. However, the use of SweetEase® can be used up to 6 months of age as an analgesic for certain procedures including giving immunizations (11). Breastfeeding, a bottle or a pacifier can also be used before and after an injection to provide comfort to the infant. This will at the very least will help the infant forget about the pain of the injection and will not associate the doctor with pain but rather getting a bottle.

Toddlers, ages 1 to 3, can understand more topics as they approach 2-3 years old and can be told why they must get shots or that the doctor needs to look in their ears. There by no means needs to be extreme detail, but the child can understand that shots are meant to help them not get sick or that the doctor is looking to see if there’s anything wrong with your ears. Bringing a favorite toy or snack can also help the child feel more comfortable (12). There are also several books available that geared towards children and explain going to the doctor. Reading books that have a child’s favorite character may help them feel more at ease. At this age, the toddler can be told when he/she is going to the doctor, but should only be told 1-2 days beforehand so that they are not anxious for the visit but know that he/she is going (10). If the child is told much sooner than this, he/she may feel nervous and afraid until the end of the visit, which would cause unnecessary stress on the child.

For preschoolers ages 3-5, more information can be explained to the child and they can be told about the visit 3-4 days before the trip (10). At this age, children tend to fear the doctor more because they expect only shots and pain, but parents should explain, without scaring the child, what exactly is going to happen. A sample conversation would be, “the doctor is going to look in your ears, then listen to your heart and then you’re going to get a little medicine that will only hurt for a second. If you do well then we’ll go out for ice cream after!” Using words that may frighten the child should be avoided; ‘medicine under the skin’ could be used rather than ‘shot’ (10). Using these methods will give children that incentive to behave appropriately when the doctor is seeing them and will relieve some of the fear of getting a shot.

For school age children, ages 6 to 12, parents can be more honest with their children about what to expect at the doctor’s office. At this age, there are few shots to be given since most of the shots are given from birth to age 5 and then again at 11 years of age. However, children still need to see the doctor for yearly check-ups and should be told about a week before the visit (10). Here
the doctor may need to do procedures such as checking reflexes, drawing blood or checking for scoliosis. At this age, children can comprehend these reasons and therefore the parent should be honest with what will happen at the visit. Books that are geared towards this age group such as *Going to the Doctor* by Dr. T. Berry Brazelton can be offered to children of this age as it focuses more on the tools used and explains, in detail, the procedures a doctor performs.

As for adolescents age 13 and above, they should feel comfortable seeing the doctor and should be encouraged to ask questions about themselves. At this age, parents should begin to understand that their child may not feel comfortable sharing some information with them that they would disclose to the doctor (10). So parents should consider stepping out of the room to give him/her time to talk to the medical staff (10). This encourages a bond between the young adult and the staff; this trust can be built upon so that in later years, the young adult will feel comfortable going to and talking to their doctor.

Following these guidelines can help children of all ages feel more comfortable when seeing the doctor and will help both parents and healthcare professionals in having a more efficient visit. It is also important to remember that each child is different; what works for one child may not work for another. So parents should also be instructed to try various methods for each age group to see what works best for their child.

**Consequences over Punishment**

Sometimes children act in ways that make parents frustrated and mad, especially at the doctor’s office. Kicking, screaming, running away and even yelling inappropriate things are among the behaviors seen with children at the doctor’s office. Discipline is defined as preventing behavioral outcomes and is one of the hardest things to do in children. If a child behaves in a way that angers the parent, most will turn to punishment as the first form of discipline where a negative, painful or unpleasant experience is used to stop it (13). Physical punishment is never something that should be encouraged to any parent; rather using consequences and following through with them will help the child learn better. Establishing consequences over the years and enforcing them helps the child learn and understand responsibility.

There are different types of consequences and can be used in different scenarios and ages to help children learn. Natural consequences are simply letting the child learn things on his/her own such as if they don’t eat they will become hungry or if they do not do their homework they will get a low grade. There are also logical consequences where the event is planned out by the parent so that they child experiences an outcome that teaches them a lesson.

This can even be broken down into age groups which are similar to the guidelines on how to educate your children. For infants up until age 2, the preferable way to stop a child from performing a behavior through discipline by calmly and sternly saying “no”, and then proceeding to distract the infant or remove him/her from the stimulus (14). For example, if the infant is hitting or kicking at the doctor’s office in a manner that is violent, then the parent should proceed to say no and attempt to soothe the infant by the methods mentioned above.
Children ages 3 to 8 are very similar in methods of discipline. Here, using short timeouts after explaining what he/she did wrong are the most effective (14). Using timeouts that are longer than 3-4 minutes tend to be ineffective for children or if the timeout is given without the child knowing what he/she did wrong (14). Other consequences such as mentioning to call the other parent or turning around to go home should be followed through. Making large consequences such as saying the child will never watch TV again tend to not work since it is not realistic and difficult to follow through with. These consequences are easy to say but following through with them is what will allow the child to respect the parent and know that if they behave a certain way, there are real consequences (14). If the child is whining and hitting in the doctor’s office because he/she is getting shots and the parent threatens to call mom or to call dad, then the parent should follow through with that promise.

For children ages 9-12, they can be given more responsibilities and therefore will experience more natural consequences (14). By letting the child figure out that if he/she does not do something then there will be an outcome that he/she may not like. For example, if a child does not want to do his/her homework, letting him/her not do it and deal with the failing grade will be the consequence. However, natural consequences should not be used when the safety or welfare of a children is in question, regardless of age. As children approach and go through the teen years, the base rules have already been set and your child will understand that the parent is the one in control. There are more responsibilities that will befall the teen which may include a part-time job, college applications, and more intense schoolwork. There are also things such as hanging out with friends, curfews, alcohol/drugs and dating that the teen will have to deal with. Talking with him/her about these new responsibilities and what to expect from each will allow the parent and the teen to know what is expected from each party (14). Giving the teen control over some things, such as the style of their room or their hairstyle, will reduce the amount of arguments between the parent and teen and allow the teen to respect the parent when more difficult choices must be made (14).

Community Action: Reaching Out to the Parent Community
Doctor’s offices can also contribute to making the visit an educational one for both parents and children. When a new parent comes in for their first visit with their newborn, a flyer or brochure can be given to him/her so that the parent has a few guidelines that can be used throughout the child’s life. Most of these visits do not end with the parent receiving information that can contribute to the well-being of the child throughout their life; most of the information given has to do with the child in that stage of life. As part of contributing to this idea, a flyer and video containing this information was developed and reviewed by two licensed pediatricians, Dr. Muhammad Siddique and Dr. Nauman Basit.

A flyer was created that contains brief information on what parents can do when bringing their child to the doctor at the different stages of childhood. It also contains a link to a video that parents can go to in order to learn more information. It was then distributed at a local pediatrician’s practice and was deemed very helpful and informational by new parents. Since pediatricians are the primary source of information to parents on a child’s development, physically, socially and mentally, this type office is the best place for parents to find this resource. Children, adolescents and young adults are usually treated by a pediatrician up until age 21; the age groups mentioned above (15). Pediatricians do not only focus on physical well-
being, but they focus on the management and prevention of other problems that affect children and adolescents such as depression, anxiety, behavioral difficulties and developmental disorders (15).

Both pediatricians, Dr. Muhammad Siddique and Dr. Nauman Basit, agreed that the flyer was very useful and could be used in multiple practices. Dr. Siddique focused on the individual age groups and what his experience has told him will work for each group. They noted that grouping the guidelines by age would make it much easier for parents to understand when and how they should go about teaching their children. A full description as written by Dr. Muhammad Siddique and Dr. Nauman Basit are as follows:

Dr. Muhammad Siddique:
- Toddlers- “The focus should be on the parents and whether they are present in the room. One of the biggest things that can make a difference is having both parents in the room since the child might find more comfort in one parent than the other at that moment. Grandparents even can help the child too if they are in the room.”
- Preschoolers- “These children are very similar to toddlers and they will still be scared. But like the toddlers, having the parents there will help. Distracting them with toys or having fun stickers on the walls of the examination rooms will help too.”
- School age- “These kids are older so they can understand what it means to be brave. They always want to be brave like a superhero or princess that they see on TV so parents can focus on having them be brave while seeing the doctor.”
- Adolescents- “There is always that 1% of this group that will always be scared of needles and the doctor no matter what, but there is only a small amount of them. Now, the focus is on understanding why shots are necessary to prevent disease. There are Sexually Transmitted Diseases (STD’s) and illnesses like the Flu that they need to be educated on and why they should get the vaccine to stay safe.”

Dr. Nauman Basit:
“This is a really great and new idea. I have not heard about this idea before and I think that it would really benefit the children that come into the office. This definitely has to potential to researched more and developed further. If the parent knows how to tell the child that the doctor is not someone to fear then most of them will learn that. There will always be a child or adolescent somewhere that will still be scared of something like needles but with this early education, the young child won’t fear the doctor as a person.”

By creating these guidelines, it can be compiled in an easy to access flyer or brochure that can be distributed at pediatrician’s offices. This way, parents of children at various ages can learn when to educate their children on the trip to the doctor so that the visit is less stressful on the parent, the child and on the medical staff. These flyers include all of the age groups mentioned above and what parents can do in order to help their child adjust to seeing the doctor. A sample of this flyer is located at the end of this paper.

All of these methods and guidelines, if implemented, can help a child feel more at ease when seeing the doctor. A level of trust can begin to form between the growing child and the doctor which can be fostered throughout the child’s life. As a child becomes a young adult and has to
make more decisions on his/her own, it is the hope of parents and healthcare professionals alike that some of these decisions protect the young adult’s health. If more parents adopt some of these practices, more children will be willing to see the doctor, be proactive towards maintaining their health and live healthy, prosperous lives.

References
Letter to the Editor
Cover letter:
Dear Editor,
Please consider publishing my letter to the editor- see submission below and attached. As parents become more informed on how to help their children, trips to the doctor can be more educational and beneficial to both children and their parents.

Thank you for your time and consideration.

Sincerely,
Aliyah Mohammed
Student at Rutgers University - School of Environmental and Biological Sciences

Trips to the doctor's office for children are often traumatizing and leave lasting negative impressions of a doctor. Children are more often than naught, dragged to the office without being told and are poked, prodded and injected without having any idea what is happening to them. As children grow, their cognitive abilities increase and so they are able to understand larger concepts. Parents can take advantage of this from an early age by progressively educating them on who the doctor is, what tools the doctor uses, and why the doctor must do the things that he/she does.

Educating children on these matters as early as two years of age would make visits for them, their parents and the healthcare team more efficient and much more enjoyable. With children understanding at an early age why it is important to have a checkup every year and to go to the doctor when they are sick, we are developing habits that will follow them as they become adults. Preventing disease and taking charge of one's health is one of the best tools that we can teach our children so that they have long, healthy and prosperous lives.
CHILDREN AND DOCTORS
EDUCATING YOUR CHILDREN ON VISITS TO THE DOCTOR

As a parent, there is nothing worse than seeing your child cry as they are given 4 vaccinations and then having blood drawn. As adults, there is nothing worse than being told that you have a certain disease that you will have to live with for the rest of your life. For parents, knowing what to expect at the doctor’s office is crucial so that they can educate their children on why it is important to see the doctor even when it is not always an enjoyable experience. As your child grows older, they can develop the understanding as to why seeing a doctor will help them lead healthy and happy lives.

For more information please visit:
https://www.youtube.com/watch?v=lpksZlHDTw8&feature=youtu.be

Infants
Bring a bottle to comfort your child

Toddlers
Bring their favorite toy and offer a reward for good behavior

Preschoolers
Start reading books on trips to the doctor
Explain what the doctor is going to do in simple terms

School Age
Explain what the doctor is going to do and why in more complex terms

Adolescents
Encourage questions and consider stepping out of the room

Many children associate the doctor with pain and are terrified upon entering the doctor’s office. Following these guidelines can help make the visit a happier and more educational one for both you and your child.
Through parent education we can be proactive in teaching our children to value their health. Seeing the doctor periodically is an important part of living a healthy life. As your children grow older, we can teach them to make better and healthier choices that will last throughout their lives.

For further information, please visit: https://www.youtube.be/lpksZrHDTw8
Trips to the Doctor can be Difficult for Children

For both children and their parents, going to the doctor can be a stressful experience. Children are scared of getting shots and the parents just wants to get in and get out. But educating children on who the doctor is and that he/she is there to help throughout their lives can help.

A lifelong understanding that seeing the doctor is necessary can help foster a good doctor/patient relationship early on and promote healthy lifelong habits.

Children can be Taught by Age Group

Dividing children into age groups will allow parents to best understand on what to tell their children at each age.

Age groups would be as defined by Stanford’s Children Health:
- Infants (birth to 1 year)
- Toddlers (1-3 years old)
- Preschoolers (3-5 years old)
- School age (6-12 years old)
- Adolescents (13 years and above)

Guidelines for Parents

Infants: the use of SweetEase® can be used up to 6 months of age as an analgesic for certain procedures including giving immunizations (11). Breastfeeding, a bottle or a pacifier can also be used before and after an injection to provide comfort to the infant.

Toddlers: Toddlers can be told why they must get shots or that the doctor needs to look in their ears. There by no means needs to be extreme detail, but the child can understand that shots are meant to help them not get sick or that the doctor is looking to see if there’s anything wrong with your ears. Bringing a favorite toy or snack can also help the child feel more comfortable. There are also several books available that are geared towards children and explain going to the doctor. Reading books that have a child’s favorite character may help them feel more at ease.

Preschoolers: At this age, children tend to fear the doctor more because they expect only shots and pain, but parents should explain, without scaring the child, what exactly is going to happen. A sample conversation would be, “the doctor is going to look in your ears, then listen to your heart and then you’re going to get a little medicine that will only hurt for a second. If you do well then we’ll go out for ice cream after!” Using words that may frighten the child should be avoided; ‘medicine under the skin’ could be used rather than ‘shot’.

School Age: Parents can be more honest with their children about what to expect at the doctor’s office. At this age, there are few shots to be given since most of the shots are given from birth to age 5 and then again at 11 years of age. However, children still need to see the doctor for yearly check-ups and should be told about a week before the visit. Here is the doctor may need to do procedures such as checking reflexes, drawing blood or checking for scoliosis. At this age, children can comprehend these reasons and therefore the parent should be honest with what will happen at the visit.

Adolescents: should feel comfortable seeing the doctor and should be encouraged to ask questions about themselves. Parents should consider stepping out of the room to give him/her time to talk to the medical staff. This encourages a bond between the young adult and the medical staff.