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Evaluation of an individualised storybook intervention for PICU patients

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The emotional burden associated with a child’s admission to PICU is well documented, but there is little research on interventions to reduce distress in this situation.  Evidence from adult ICU settings has shown that the provision of individualized ICU diaries is associated with a reduction in later symptoms of anxiety, depression and post-traumatic stress.

The primary aim of this study was to investigate the acceptability and feasibility of a PICU storybook intervention using bespoke, illustrated booklets that aimed to provide a coherent and developmentally appropriate narrative of  the key events and experiences of each child’s PICU admission. The storybooks were prepared using a semi-standardized, manualized format developed by clinical psychologists working in this setting at the base hospital, and incorporated professional, cartoon-style illustrations of medical equipment and customizable components relevant to the child’s general interests and family composition, as well as to their PICU stay.

A sample of 8 parent-child dyads (child age 3-15y) were provided with an individualized storybook after PICU discharge and interviewed about its use and acceptability at two timepoints, 2 wks and 3m later. Interview responses were transcribed and subjected to thematic analysis.

All families reported finding the book intervention useful. Main themes found were that the book facilitated communication about the admission within the family and at school;  that the content enhanced the child’s understanding of what had happened, particularly when they had little memory for key events and that reading the story helped children to appreciate what they had overcome.   Families particularly valued the use of pictures and the references to the child’s favourite cartoon characters and pastimes and stressed the importance of factual accuracy, albeit in developmentally appropriate language.

The provision of individualized storybooks for children in relation to their intensive care treatment was feasible, acceptable and felt by families to be valuable, in terms of promoting the child’s subsequent psychological adjustment.  A larger controlled trial could establish whether use of this intervention is associated with reduced rates of distress in children and their caregivers.