

Guiding Hands

Deborah Padberg, a child life specialist, gently helps sick children confront the difficult task of getting well.

By Stephanie McKinnon McDade, Bee Staff Writer
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Deborah Padberg's day begins and ends in a tiny office she calls the fish tank. It's an office at Kaiser's Morse Avenue hospital at the end of a small hall of examining rooms where children undergo painful, outpatient procedures.

There are drawings from these children on her walls. Elmo and Tigger dolls sit on a shelf within easy reach of small hands. One shelf higher are books with titles like "What Makes You Ill" and "Teenagers Living With Cancer."

It's an office that parents hope they'll never have to visit. But if they do, they can rest assured that their child is going to cope with a biopsy, a spinal tap, or any procedure that's brought them to Kaiser's pediatric departments, a little easier.

Deborah Padberg will see to it.

Padberg, 28, is a child life specialist. Her background is a mix of child development, psychology, education and medicine. Her job is helping sick children relax, before, during and after a treatment. Her work may look like play -- dolls, shooting hoops, blowing bubbles -- but it's a particular kind of play that helps children prepare for the scary sights, sounds and smells of the hospital, as well as the pokes, pricks and bandaging to their bodies.

"We used to think, 'Don't tell a sick kid anything. Just get them in and get it over with,'" says Padberg. "Now we know that kids understand when something painful is going to be done to them. And we can help them develop the skills to cope with a disease or undergo a procedure."

To parents, Padberg is an advocate for children. To kids, she is a friend they quickly trust: There are no needles up her sleeve. She is not a doctor or a nurse. But to get her master's degree as a child life specialist from Mills College in Oakland, Padberg studied psychology, education, child development and medicine.

Child life specialists use all sorts of methods to help kids cope and divert their attention. Padberg encourages toddlers to color and asks teenagers to write in journals. She'll start a video of "The Lion King," put on a Britney Spears cassette or offer up a game of Nintendo. To warm a hospital stay, she brings a golden retriever to each child's room one day a week.

When a doctor or nurse performs a medical procedure, Padberg is by the child's side, explaining everything from the strong smell when cleaning alcohol is used to the poke of a needle. She has already done this with Antonnette, helping her as a nurse drew two vials of blood. Antonnette barely winced.

Now the two are at a child-size table where a faceless cloth doll lies. Antonnette calls the doll Samantha. She pulls out her bright doctor's instruments to give her a work-up: shots in the arms and legs, a sound check of the heart, swabs of alcohol and bandaging.

Padberg, squeezed into a child's chair, studies Antonnette, looking for signs of fear or anxiety. "Is that easy or hard for Samantha?" she asks of the different medical procedures.

Eventually, Padberg tests her on the most important part of the day. She pulls out a medical tray identical to the one Antonnette will soon see in the exam room, and says, "OK, let's do the spinal tap. What do we do first?" She turns the doll on to its belly.

Antonnette remembers the steps well. She smears numbing "magic cream" and "paints" iodine on Samantha's back. Then her memory falters, or the scary parts are too difficult to deal with. She stops.

Padberg says gently, "The syringe in back."

Antonnette is no longer smiling. Carefully, slowly, she picks up the hypodermic syringe, holds it to Samantha's back and counts, "1, 2, 3." She inserts the syringe, puckering the doll's soft cloth, and pulls it out. She's too quick.

"Remember," Padberg says patiently, "we keep it in here." She returns the syringe to Samantha's back. "How many drips do we collect?"

"Three," Antonnette says.

"10," Padberg says.

The two count to 10, and take the syringe out.

"Then we put the tape on, and then what happens?"

"She goes home," Antonnette replies quickly. She is 6 and she is antsy, ready for something fun.

But Padberg corrects her again. "She lies down for half an hour," she says, emphasizing the "half an hour." This is important: Half an hour horizontal allows the chemotherapy, which follows the spinal tap, to course through the body.

Antonnette has been through practice routines, and actual spinal taps, several times. But it's been about a month since her last, and the rehearsal is obviously needed -- she'll be going through a lot more in the coming weeks.

"Some of these kids are having so many procedures. We want to get it right the first time," Padberg says. "If it's a traumatic experience, it's going to be traumatic every time after that."

And Padberg is successful, says Dr. Vincent Kiley, a pediatric hematologist-oncologist who works in the specialty clinic at Kaiser.

"Deborah gets their mind off things. She becomes their friend. ... She's never going to do anything to restrain a child. And she's there to make sure we don't have to do that."

Though the profession isn't well known, child life specialists are in 400 children's hospitals and university hospitals in the United States, including several in this area.

The American Academy of Pediatrics recommends that hospitals staff one child life specialist for every 15 pediatric beds. (There are two child life specialists at the Kaiser on Morse Avenue.) It also has recognized the need for more in outpatient clinics where invasive procedures, like spinal taps, are performed.

Before child life specialists, children were on their own. Parents didn't spend the night, they dropped kids off and picked them up later. With illnesses like polio, hospital stays could stretch for

months, says Sharon McLeod, president of the Child Life Council, a national professional organization.

"We were seeing so much developmental regression with the children," McLeod says. "Play is child's work ... and if they miss out on that it's very detrimental to their overall development."

Voluntary child life specialists first appeared in the 1920s, but the profession didn't take off until the '60s and '70s, says McLeod, talking from her office at Cincinnati's Children's Hospital Medical Center.

Today kids typically aren't hospitalized for long, but their development is still affected by anxiety, says Deborah Brouse, executive director of the Child Life Council, based in Rockville, Md.

"When you're emotionally traumatized or frightened, you're not necessarily going to be at your best for anything else, including healing," Brouse says.

That's why Padberg devotes her entire morning to Antonnette. She's now in a darkened and hushed room, sitting on her mother's lap on an exam table. Padberg hops up beside them. An oncology nurse and nurse practitioner quietly arrange instruments and fill vials.

The oncology nurse gives Antonnette a "sleepy drug" that will help her sit still. But the girl who bounded into the office all smiles and chatter is already still ... and scared.

Antonnette, told to turn around, leans her head sideways into her mother's chest. She clutches her for dear life and faces Padberg. Padberg now will become Antonnette's eyes, her interpreter, her pacifier.

"I'll tell you what's going to happen," Padberg whispers. She jiggles a plastic toy filled with swirling colored liquid in front of Antonnette. She is trying to calm her.

They go through each of the steps they did with the doll, and Padberg prepares Antonnette for everything, but the needle is still a shock. Antonnette jerks forward as the needle moves into her spinal canal. She wails in pain.

A look of worry flashes across Padberg's face, but she remains calm. "Keep your forehead right on Mommy," she encourages.

"Mommy," Antonnette cries loudly.

"I'm so sorry, baby," Denise Ariza replies, stroking her head. But Antonnette can't rest yet. And it's Padberg's job to keep her still.

"OK," says Padberg, softly. "We're going to count the drips now."

From the syringe in Antonnette's back come drops of clear fluid the size of teardrops. Antonnette cries. Padberg is counting, "1, 2, 3 ... " At 10, she says, "You did really well, Antonnette. OK, now she's going to push the medicine in." Syringes are exchanged, and a dose of chemotherapy slowly flows into the same spot on the spine.

"Do you want a Barbie Band-Aid?" Padberg asks when it's all over.

"An Arthur one," Antonnette manages to sniffle.

Padberg delivers the Band-Aid and a big, purple container of small toys for Antonnette to choose from. She says, "You lie down for half an hour."

For the first time since Antonnette arrived 90 minutes ago, Padberg has a chance to take a break. Her office is just across the hall, and she could find a quiet moment there, before moving on to her next young patient.

She steps out the door -- and turns around immediately. She won't leave because Antonnette, cuddled and lying in her mother's arms, continues to whimper. It may take up to two years to beat Antonnette's cancer, and Padberg likely will be with her through it all.

That means a great deal to Antonnette's mother.

"When you tell a child you have to take this or you're going to die, they become very scared," Denise Ariza says. Padberg "helps them understand. I had a hard time telling my daughter she would lose her hair without crying. ... Deborah helps the children but the parents, too.

"When she helps the child be more at ease, she helps the parent be more at ease."

Antonnette will soon fall asleep, but Padberg's day is far from over. She will have lunch with Melissa Berryhill, Kaiser's other child life specialist, and the two will update each other on cases. Their jobs take their toll. "It can be very stressful," Padberg says.

Especially when she has to help children and families grieve. Those are the hardest days.

A few months ago Padberg helped a 17-year-old plan his own funeral.

"I went to that funeral, and his family followed through with his wishes to the T. 'Metallica' was playing out of the back of his Bronco, and Raisin Bran was served.

"To be able to work with a kid like that through his death ..." She stops.

"The kids who've died, they all leave a real impact on you. They all teach you a lesson." She stops again.

"Every child we work with, they have an incredible outlook, they're incredibly resilient." Her eyes water.

Padberg makes a point of never crying in front of children, but there are nights when she goes home and rents a sad movie and does just that, to gain the release.

At work, too, after hours of wearing a smile and wiping away the tears of others, she sometimes seeks a moment of reflection. That's when she returns to her fish tank, stands on her chair and reaches for a notebook high on a shelf.

"This is the memory book," she says, pulling it down. She opens the three-ring binder and flips through pages of photographs of infants, toddlers, adolescents: children who have died at Kaiser. Drawings, stickers and handwritten messages surround their images.

"It helps give closure to parents and staff," she says.

Her smile seems sad, but Padberg's focus is clear. She wants to help. She says, "It's an opportunity to celebrate the child."

www.sacbee.com/static/archive/family/features/padberg.html

Child Life Specialist information see: www.childlife.org