The All Access Pass is back!

EXCLUSIVE OPPORTUNITY

Full-Conference registrants for the 2018 Child Life Annual Conference have the opportunity to purchase the **All Access Pass** for only **$49**

**The All Access Pass is back!**

WITH THE ALL ACCESS PASS, YOU WILL BE ABLE TO:

- View authorized recorded content of the ACLP 2018 Child Life Annual Conference workshops at your convenience
- Earn PDUs by taking a quiz after viewing each recorded workshop
- Access conference content for one year
- Download speaker handout materials/slides (when available)

Don’t miss this exclusive limited-time opportunity!

Offer only available to **FULL-CONFERENCE ATTENDEES** until May 6, 2018!
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“The opportunities to learn from and to network with other professionals in and outside of conference sessions are invaluable.”
— 2017 CONFERENCE ATTENDEE

CONFERENCE SESSION SCHEDULE

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  ▪ Pre-Conference Intensives
  ▪ Committee Chairs Orientation Session (invitation only)
  ▪ Hospital Tour
  ▪ First-Timer/New Member Orientation
  ▪ Student Event
  ▪ Academic Professionals Meeting
  ▪ Welcome Reception in the Exhibit Hall
Schedule of Events, Friday, May 4 .........................15
  ▪ Breakfast in Exhibit Hall
  ▪ Opening General Session & Award Presentation
  ▪ Professional Development Workshops – 1 Hour
  ▪ Lunch in Exhibit Hall
  ▪ Professional Development Workshops – 1.5 Hour
  ▪ Professional Development Workshops – 1.5 Hour
  ▪ Town Hall
  ▪ Leadership Reception (invitation only)
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  ▪ Breakfast in Exhibit Hall
  ▪ Staffed Poster Presentations
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  ▪ Professional Development Workshops – 1 Hour
  ▪ Lunch in Exhibit Hall
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  ▪ Professional Development Workshops – 1.5 Hour
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“Child Life Annual Conference • Gaylord National Harbor Resort, MD • May 3–6, 2018
AS OF DECEMBER 21, 2017
Program information is subject to change.”
REGISTER HERE
Each year ACLP brings together more than 1,000 child life professionals at the Child Life Annual Conference—the world’s largest gathering of child life professionals. It is an unsurpassed opportunity for attendees to enhance their professional development, gain fresh perspectives, meet with colleagues, and form new and lasting relationships within the child life community.

The Child Life Annual Conference advances the field by presenting the latest research, innovations, and techniques for Certified Child Life Specialists (CCLTs), educators, students, and other child life professionals at all professional levels. There are ample opportunities for both formal and informal networking with peers. The conference also features an exhibit hall offering products and services that are of interest to the child life community.

Conference attendees earn Professional Development Units (PDUs) necessary for recertification for the Certified Child Life Specialist (CCLS) credential.

Register to join us at the Gaylord National Harbor Resort May 3–6, 2018 and get ready to expand your professional horizons and contribute to the ongoing growth of child life!

Plan now to be at this must-attend event!

NEW THIS YEAR!

- **Welcome Reception in the Exhibit Hall**
  - Kick off the conference with this event
  - Extended hours include “Throwback Thursday” Dance Party
  - Open to all attendees
- **Leadership Reception in the Exhibit Hall**
  - Invitation-Only for current and former Board members, committee Chairs, and active committee members
- **New Schedule with 5 Additional Exhibit Hall Hours**
  - Take advantage of extended meal and reception hours to network with exhibitors

93% of attendees said the quality and variety of exhibitors was Good or Very Good*

86% of attendees said the overall conference experience met or exceeded expectations*

85% of attendees said the overall networking opportunities were Good or Very Good*

*Source: 2017 Conference Attendee Survey
DEMOGRAPHICS

ATTENDEE PROFILE*

- 79% Certified Child Life Specialist (CCLS)
- 9% Administrator/Formal Lead/Director
- 1% Child Life Specialist (CLS)
- 1% Child Life Assistant/Worker
- 4% Educator
- 3% Student
- 3% Other [Oncology Nurse, Family Support Specialist, Certified Therapeutic Recreation Specialist]

ATTENDEES’ YEARS OF EXPERIENCE IN CHILD LIFE*

- 27% More than 15 years
- 30% Less than 5 years
- 14% 10 years to less than 15 years
- 3% New to the field
- 26% 5 years to less than 10 years

ATTENDEES REPRESENT NUMEROUS COUNTRIES*

- Canada
- China
- Israel
- Japan
- Kuwait
- Mexico
- Malaysia
- Qatar
- Taiwan
- Tanzania
- United Kingdom
- United States

*Source: 2017 Conference Attendee Survey
2018 Conference Program Committee Members

2018 COMMITTEE CHAIR
Susan Gorry, MA, CCLS
CHILD LIFE SPECIALIST LEAD
Children’s Hospital Los Angeles
Los Angeles, CA

CHAIR ELECT
Catherine Leung, CCLS
CHILD LIFE SPECIALIST
BC Children’s Hospital
Vancouver, BC Canada

ACLP BOARD LIAISON
Sara Barnett, MBA, CCLS
MANAGER, CHILD LIFE AND CREATIVE ARTS THERAPIES
Riley Hospital for Children
Indianapolis, IN

Committee Members
Brittany Blake, CCLS
CHILD LIFE SPECIALIST
Medical City Children’s Hospital
Dallas, TX

Megan Fisher, CCLS
CHILD LIFE SPECIALIST
Children’s Hospital Colorado
Denver, CO

Amanda Ammons, MS, CCLS
CHILD LIFE SPECIALIST
Children’s Health Dallas
Dallas, TX

Alli Reilly, MS, CCLS
SENIOR CHILD LIFE SPECIALIST
The Johns Hopkins Children’s Center
Baltimore, MD

Lucy Raab, CCLS
ASSISTANT DIRECTOR, CHILD LIFE
Children’s Mercy Kansas City
Kansas City, MO

Adjunct Reviewers
Gyllian Garvey, MEd, CCLS
CHILD LIFE SPECIALIST
Dell Children’s Medical Center of Central Texas
Austin, TX

Dara Jackson, CCLS
CHILD LIFE SPECIALIST
All Children’s Hospital
St Petersburg, FL

Shannon Meland, CCLS
Brooklyn, NY

Anne Mohl, PhD, CCLS
Woodbine, MD

Erin Barnett, MEd, CCLS
CHILD LIFE SPECIALIST II
Children’s Memorial Hermann Hospital
Houston, TX

Jaime Bruce-Holliman, PhD, CCLS
CHILD LIFE SPECIALIST, ADJUNCT PROFESSOR
Monroe Carell Jr. Children’s Hospital at Vanderbilt
Middle Tennessee State University
Nashville, TN

Ellen Earl, MS, CCLS
CHILD LIFE SPECIALIST
Arnold Palmer Hospital for Children
Orlando, FL

Kathryn Kauffman, CCLS
CHILD LIFE SPECIALIST
Nationwide Children’s Hospital
Columbus, OH

Elizabeth McCarroll, PhD, CCLS
ASSOCIATE PROFESSOR
Texas Women’s University
Denton, TX

Erin Munn, MS, CCLS
CHILD LIFE SPECIALIST 3
Monroe Carell Jr. Children’s Hospital at Vanderbilt
Brentwood, TN

Megan O’Connell, MS, CCLS
CHILD LIFE SPECIALIST
Lurie Children’s Hospital of Chicago
Chicago, IL

Nicole Perry, CCLS
YOUTH AND FAMILY SERVICES PROGRAM MANAGER
Phoenix Society for Burn Survivors
Folsom, CA

Erin Reid, CCLS
CHILD LIFE SPECIALIST
Cook Children’s Medical Center
Fort Worth, TX

Jordan Richardson, CCLS
CHILD LIFE SPECIALIST
Tucson Medical Center
Tucson, AZ

Melissa Sexton, CCLS
CHILD LIFE SPECIALIST EVENTS COORDINATOR
Riley Hospital for Children at IU Health
Indianapolis, IN

Amanda Suhrke, MA, CCLS
CHILD LIFE SPECIALIST
Marin General Hospital
Greenbrae, CA

Professional Development Chairs
Shawna Grissom, MS, CCLS
DIRECTOR OF CHILD LIFE
St. Jude Children’s Research Hospital
Memphis, TN

Elena Brewer, CCLS
SENIOR DIRECTOR
The Children’s Hospital of Philadelphia
Garnet Valley, PA
Dear Child Life Colleagues:

The Child Life Annual Conference is a vitally important event for child life professionals and others involved in pediatric healthcare. With a variety of speakers, professional development workshops, pre-conference intensives, and exhibitors, attendees of all levels have numerous opportunities to expand their child life knowledge and skills and network with more than a thousand of their peers.

I’d like to recognize all of the highly engaged volunteers who have lent their tremendous talents and expertise in crafting this year’s conference programming. Your staunch efforts are helping to drive the organization to new heights. Thank you for your continued support and dedication.

I’d also like to extend my heartfelt thanks to our partners and sponsors for joining us in our mission to improve the pediatric patient experience and to create greater awareness of the value of child life. We realize that other healthcare professionals, academics, parents, guardians, and other family members play a vital role in the experience. The ultimate goal is to improve the healthcare encounter for all involved.

I anticipate the next strategic planning meeting of 2018 will develop a greater picture of the path before us. The success of the organization relies on our ability to serve our members effectively. This requires listening to and valuing your feedback, which is a shared responsibility among all of ACLP’s stakeholders. The Town Hall meeting on Friday is the perfect opportunity to share your thoughts with ACLP leadership and have your voice heard.

The future of child life is vast, presenting numerous possibilities for child life specialists to demonstrate their agility through research, community development or non-traditional roles. To quote former ACLP President Kristin Maier, “Child life has GRIT.”

Let’s not forget to have fun. I invite all of you to join in the “Throwback Thursday” dance party beginning at 7:00 PM during the Welcome Reception.

We look forward to seeing you in May!

Eileen Clark, MSM, CCLS
ACLP President, 2017–2018
GENERAL INFORMATION

Registration Pricing
Register for the conference online by the early registration deadline of February 18, 2018 for the best rates.

<table>
<thead>
<tr>
<th>CONFERENCE ATTENDEE</th>
<th>Full-Conference Early Registration Nov. 1–Feb. 18</th>
<th>Full-Conference Standard Registration Feb. 19–April 16</th>
<th>Intensives Full-Day Early/Standard (includes lunch)</th>
<th>Intensives Half-Day Early/Standard (includes snack)</th>
<th>One-Day Registration Friday or Sat.</th>
<th>All-Access Pass (Recorded Sessions Package)</th>
<th>Guest Pass for Welcome Reception (includes dance party)</th>
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</thead>
<tbody>
<tr>
<td>Non-member*</td>
<td>$575</td>
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<td>$125/$150</td>
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<tr>
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<td>$110/$135</td>
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<td>$49</td>
<td>$100</td>
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<td>ACLP Student or Retiree Member</td>
<td>$380</td>
<td>$580</td>
<td>$150/$175</td>
<td>$100/$125</td>
<td>$250</td>
<td>$49</td>
<td>$100</td>
</tr>
</tbody>
</table>

*When you join the Association of Child Life Professionals, you receive the benefit of paying member prices for conference registration, intensives, and discounts on books and merchandise in the ACLP store. Join ACLP and register at member rates.

ACLP Membership
Professional $125
Associate $96
Student $72
Special–Retired $72

Poster Presentations
Always a popular feature at the conference, the posters will be presented on Saturday, May 5, from 7:30 a.m. to 8:30 a.m. If you wish to earn 1 PDU for participating in the poster presentations, you must successfully complete the Poster Quiz.

Professional Development Units (PDUs)
Conference attendees receive Professional Development Units (PDUs) necessary for recertification for the Certified Child Life Specialist (CCLS) designation. Basic registration for the 36th Child Life Annual Conference includes opportunities for up to 16.5 PDUs. Up to 6 additional PDUs are available to those attending conference intensives. For more information on how PDUs are calculated, visit the Certification section of the ACLP website.

Conference Registration Desk (Badge & Tote Bag Pick-up)
Upon arrival at the conference, please check in at the ACLP Registration Desk to collect your conference materials. If you missed the pre-registration deadline and need to register on-site for the conference, ACLP staff will be available to assist you at the Conference Registration Desk.

Conference Registration Desk Hours:
Thursday, May 3 . . . 7:00 a.m.–6:00 p.m.
Friday, May 4 . . . . 7:00 a.m.–6:00 p.m.
Saturday, May 5 . . . . 7:00 a.m.–7:00 p.m.

Registration Cancellation/Refund Policy
Refund requests for the Association of Child Life Professionals (ACLP) basic conference registration, minus a $50 service fee, will be honored if received in writing by ACLP no later than Friday, April 20, 2018. No refunds will be given after that date. All cancellations must be requested in writing and sent via email to conference@childlife.org.

Refunds will be given for basic registration only. Refunds are not available for the intensives, All Access Pass, special events, exhibit hall, or guest passes. Refunds may take up to 21 days to process.

IMPORTANT! Conference Registration and Receipt
When you register online, you will receive an automatic registration confirmation and receipt via email. Please bring this with you to the conference. On-site registrants may request a receipt at the time of registration.

Media Disclaimer
By registering for the conference, you understand and agree that any photograph, video/audio recording or written feedback of/from you may be used to further promote the Child Life Annual Conference, educational opportunities or the Association of Child Life Professionals itself as the Association of Child Life Professionals sees fit.

Content Disclaimer
The 36th Child Life Annual Conference is sponsored by the Association of Child Life Professionals (ACLP) for educational purposes only. This professional education program provides a forum for presentation authors to present their experiences and opinions, which may be helpful to other professionals. The material presented is not intended to represent the only or best approaches to the topics being discussed. Attendees participating in the Child Life Annual Conference do so with full knowledge that they waive any claim they may have against ACLP for reliance on information presented during these educational activities. ACLP does not guarantee, warrant or endorse any commercial products or services.
## SCHEDULE AT A GLANCE

### THURSDAY, MAY 3, 2018

**PRE-CONFERENCE EVENTS**

- 7:00 a.m. – 6:00 p.m.: ACLP Registration Desk Open (BADGE AND TOTE BAG PICK-UP)
- 8:00 a.m. – 2:00 p.m.: Pre-Conference Full-Day Intensives (6 PDUs)
- 8:00 a.m. – 11:00 a.m.: Pre-Conference Half-Day Intensives (3 PDUs)
- 8:30 a.m. – 11:30 a.m.: Board of Directors Meeting (CLOSED MEETING)
- 11:30 a.m. – 2:30 p.m.: Pre-Conference Half-Day Intensives (3 PDUs)
- 1:00 p.m. – 2:30 p.m.: Committee Chairs Orientation & Leadership Development Session (INVITATION ONLY)
- 2:30 p.m. – 5:30 p.m.: Hospital Tour – Inova Children’s Hospital
- 3:00 p.m. – 4:00 p.m.: First Timer/New Member Orientation
- 3:00 p.m. – 4:30 p.m.: Student Event
- 3:00 p.m. – 5:30 p.m.: Academic Professionals Meeting
- 5:00 p.m. – 9:00 p.m.: Welcome to Reception and Dance Party in the Exhibit Hall

### FRIDAY, MAY 4, 2018

**CONFERENCE EVENTS**

- 7:00 a.m. – 7:00 p.m.: ACLP Registration Desk Open
- 7:30 a.m. – 9:30 a.m.: Breakfast in the Exhibit Hall
- 9:00 a.m. – 11:00 a.m.: Opening General Session with Emma Plank Keynote Address and Distinguished Service Award Presentation (2 PDUs)
- 11:30 a.m. – 12:30 p.m.: One-Hour Professional Development Workshops (1 PDU)
- 12:30 p.m. – 2:30 p.m.: Exhibit Hall Open with Lunch
- 2:15 p.m. – 3:45 p.m.: Professional Development Workshops (1.5 PDUs)
- 4:00 p.m. – 5:30 p.m.: Professional Development Workshops (1.5 PDUs)
- 5:45 p.m. – 6:45 p.m.: Town Hall
- 6:00 p.m. – 9:00 p.m.: Leadership Reception (invitation only)

### SATURDAY, MAY 5, 2018

- 7:00 a.m. – 7:00 p.m.: ACLP Registration Desk Open
- 7:30 a.m. – 9:30 a.m.: Breakfast in the Exhibit Hall
- 7:30 a.m. – 8:30 a.m.: Staffed Poster Presentations (1 PDU)
- 9:00 a.m. – 10:30 a.m.: Plenaries (1.5 PDUs)
- 10:45 a.m. – 11:45 a.m.: One-Hour Professional Development Workshops (1 PDU)
- 11:45 a.m. – 2:00 p.m.: Exhibit Hall Open with Lunch
- 2:00 p.m. – 3:00 p.m.: One-Hour Professional Development Workshops (1 PDU)
- 3:15 p.m. – 4:45 p.m.: Professional Development Workshops (1.5 PDUs)
- 5:00 p.m. – 6:00 p.m.: Research Discussion and Awards Presentation
- 6:00 p.m. – 8:00 p.m.: Community-Based Networking

### SUNDAY, MAY 6, 2018

- 8:00 a.m. – 9:30 a.m.: Professional Development Workshops (1.5 PDUs)
- 9:45 a.m. – 11:15 a.m.: Professional Development Workshops (1.5 PDUs)
- 11:30 a.m. – 1:00 p.m.: Closing General Session and Mary Barkey Award Presentation (1.5 PDUs)
# Professional Development Workshops

**Friday, May 4**

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
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</thead>
<tbody>
<tr>
<td>11:30 A.M.–12:30 P.M.</td>
<td>Professional Development—One-Hour Workshops (1 PDU)</td>
</tr>
<tr>
<td>2:15 P.M.–3:45 P.M.</td>
<td>Professional Development Workshops (1.5 PDUs)</td>
</tr>
<tr>
<td>4:00 P.M.–5:30 P.M.</td>
<td>Professional Development Workshops (1.5 PDUs)</td>
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</tbody>
</table>

**Saturday, May 5**

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
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<tbody>
<tr>
<td>10:45 A.M.–11:45 A.M.</td>
<td>Professional Development—One-Hour Workshops (1 PDU)</td>
</tr>
<tr>
<td>2:00 P.M.–3:00 P.M.</td>
<td>Professional Development—One-Hour Workshops (1 PDU)</td>
</tr>
</tbody>
</table>

**Program Information is Subject to Change**

AS OF DECEMBER 21, 2017
AT A GLANCE

Child Life Annual Conference  n Gaylord National Harbor Resort, MD  n May 3–6, 2018

AS OF DECEMBER 21, 2017

Program information is subject to change.

REGISTER HERE

PROFESSIONAL DEVELOPMENT WORKSHOPS (1.5 PDUs)

- Child Life in Action: Building Community Together with Hospital and Museum Partnerships
- Developing Engaging Activities to Educate New Nurses on Child Life Services
- Helping Children of Adult Patients: A Proactive Interdisciplinary Team Approach
- Simulation in Child Life Practice: The Next Generation of Preparation, Education, and Interprofessional Collaboration
- A Multihospital Perspective on Integrating Facility Dogs and Animal Assisted Therapy into Clinical Practice
- It’s a Small World After All: How Two Child Life Specialists are Working to Expand the World of Child Life
- A Visual Journey: The Therapeutic Nature of Photography

SATURDAY, MAY 5

Continued

3:15 P.M.–4:45 P.M.

SUNDAY, MAY 6

8:00 A.M.–9:30 A.M.

PROFESSIONAL DEVELOPMENT WORKSHOPS (1.5 PDUs)

- Collaboration between Child Life Specialists at Separate Institutions to Enhance Patient Care
- Training and Retaining Reliable College Student Volunteers
- There’s an App for That: Psychological Preoperative Preparation Through Virtual Reality
- Cultivating the Supervisor Identity: Connecting a Developmental Approach with Child Life Students
- Making a Good Impression: How to Confidently Create Meaningful Memories
- Creating a Journal Club to Bridge the Gap Between Research and Practice
- Bridging the Gap Between Generations in the Healthcare Setting to Build Synergy and Strong Teams
- Integrating Child Life Services in Clinical Research

9:45 A.M.–11:15 A.M.

PROFESSIONAL DEVELOPMENT WORKSHOPS (1.5 PDUs)

- Social Media and Self-exploration: Perspectives From Adolescent Oncology Patients on Navigating Illness and Identity in a Digital Era
- All Teach, All Learn: The Ins and Outs of Psychosocial Simulation Training
- Stepping It Up: The Development of a Clinical Ladder Program
- Are We There Yet?’ Finding Joy in YOUR journey
- Beyond the Prep Book: Creating a Social Narrative Collection for Patient Preparation

“[The ACLP] Conference is the best. It is a time when you are surrounded by people who speak your language so you feel at home. It is a time to celebrate our profession and continue to learn. What I love about conference is it is a time to grow as a professional but also sit back and make memories with child life colleagues, some who you see every day and others who you see once a year. It is a celebration and learning opportunity for our profession and you leave more in love with the field than ever.”

—2017 CONFERENCE ATTENDEE
PRE-CONFERENCE INTENSIVES — Thursday

Earn additional PDUs and enhance your conference experience by attending a Conference Intensive. Explore a single topic in depth for a full day or half day. Please note there are additional fees for intensives. Lunch is included in full day intensives. Refreshments are included in half-day intensives. See pricing on page 6.

THURSDAY, MAY 3, 2018

7:00 A.M. – 6:00 P.M.
ACLP Registration Desk Open

8:00 A.M. – 2:00 P.M.
Pre-Conference Full-Day Intensives (6 PDUs)
Registration information available on page 6

Child Life Specialists as Advocates for Social Justice, Equality and Equity in Health Care

- Deborah Vilas, MS, CCLS, LMSW Bank Street College of Education, New York, NY
- Genevieve Lowry, Bank Street College of Education, New York, NY
- Troy Pinkney-Ragsdale, CCLS, Bank Street College of Education, New York, NY

How we treat one another, and how institutions treat us, affects how long and how well we live. In a supportive and safe environment, this intensive, open to all levels and positions, examines intersectionality using “race” as the lens to understand health equality and equity. Participants will examine their own biases, privilege, and potential systemic “isms,” as a tool for transformation and action within healthcare environments and our personal lives.

LEARNING OBJECTIVES:
★ Understand the concept of intersectionality and rationale for why this topic is important
★ Understand the historical perspective of healthcare for people of color in the United States and its continued impact on health disparities today
★ Gain insight into minority and majority development, racial identity development, and the tools to understand bias, privilege, and marginalization
★ Examine the CLCC of Professional Practice and Cross-Cultural Competencies, to reflect upon their own practice as it relates to child life standards
★ Develop tools that address, educate and support diverse families within the healthcare setting

DOMAIN: Professional Responsibility (Task 2–5)

Mindful Leadership

- Sharon Granville, MS, CCLS, CTRS, NCC, NewYork-Presbyterian Hospital Komansky Children’s Hospital Weill Cornell Medical Center, New York, NY
- Rachel Gorman, MA, CCLS, Rachel Gorman Consulting, New York, NY

Are you looking to stay focused, enhance your energy and collaborate even better? Mindful leaders have awareness of themselves and others, and they manage their energy and stress better. This intensive will improve your communication skills, self-awareness, well-being and ability to coach others.

LEARNING OBJECTIVES:
★ Increase their self-awareness
★ Improve their awareness of others
★ Practice mindfully (with purpose), managing their own behavior to positively impact their relationship
★ Master tactics to support others’ growth and development, giving others what they want and need

DOMAIN: Professional Responsibility (Task 2–5)

A Live Clinical Supervision Group and Facilitation Intensive for Child Life Professionals

- Diane Rode, MPS, CCLS, LCAT, ATR-BC, The Mount Sinai Kravis Children’s Hospital, New York, NY
- Gloria Mattera, M.Ed., CCLS, LMHC, Bellevue Hospital Center, New York, NY

This live-supervision opportunity provides an in-depth exploration of the importance and value of clinical supervision in child life practice. Participants will gain skills to begin developing their own supervision groups through the information and experience gathered from this session. Case material from participants will be used in the groups. Strategic planning in relation to the initiation and maintenance of clinical supervision processes in individual departments will be explored.

LEARNING OBJECTIVES:
★ Gain knowledge about the practice of group and individual supervision and its value to the child life profession
★ Gain skills in self-expression and analysis of their critical work with children and families by directly participating in model clinical supervision groups
★ Gain the skills of clinical supervision group facilitation through an innovative coaching method while conducting a model clinical supervision group
★ Develop a strategic plan to initiates or further develop a clinical supervision program in their department

DOMAIN: Professional Responsibility (Task 2–5)

8:00 A.M. – 11:00 A.M.
Pre-Conference Half-Day Intensives (3 PDUs)
Registration information available on page 6

Bridging the Cultural Gap: A Model for Supporting Patients and Families with Diverse Cultural and Linguistic Backgrounds

- Carrie Card, MS, CCLS, Boston Children’s Hospital, Boston, MA
- Rachel Santiago, MS, CCC-SLP, Boston Children’s Hospital, Boston, MA
- Theresa Rankin, MS, CCLS, Boston Children’s Hospital, Boston, MA

Healthcare environments have increased numbers of domestic and international patients and families with culturally and linguistically diverse backgrounds. Child life specialists collaborated with a speech-language pathologist to develop the “Comprehensive Cultural Care Model,” which highlights key concepts for integration of cultural experiences and language differences into daily service delivery. This presentation will define the conceptual model and ways to enhance child life practice across the care continuum.

LEARNING OBJECTIVES:
★ Define the “Comprehensive Cultural Care Model” and key concepts for supporting the care of culturally and linguistically diverse patients and families
★ Identify disciplines and resources available in health care settings to assist in provision of collaborative care for patients and families of diverse backgrounds
Define augmentative and alternative communication and describe three ways to enhance bedside communication for non-English speakers.

Describe child life interventions that establish an environment of cultural respect.

**Domain:** Intervention (Task 1-7)

**Road to Resiliency: Teaching Children and Families Practical Tools in the Healthcare Setting with Brain Science that Works**

- Julian Cate, CCLS, Mission Children’s Hospital, Asheville, NC
- Susanne Walker Wilson, MSW, LCSW, ITFS, Community Care of Western North Carolina, Asheville, NC

Participants will learn how the brain and nervous system is affected by stress and trauma. Participants will learn how to teach children and families to regain a sense of calm in the moment of upset using simple evidence-informed tools. These speakers will offer theory rooted in neuroscience, examples from the field, opportunities to practice, and tangible strategies to enhance child life practice.

**Learning Objectives:**

- Teach the brain in three simple parts with non-clinical language
- Explain common biological symptoms and physical manifestations of stress and trauma in a way that normalizes and validates the reactions
- Describe the autonomic nervous system using the analogy of the gas pedal, break pedal, and owner’s manual
- Explain and practice resiliency tools that help individuals shift their nervous systems back into balance
- Discuss ways in which resiliency tools and concepts are utilized in child life practice.

**Domain:** Intervention (Task 1-7)

**The Magic of Child Life**

- Kevin Spencer, Founder of the Healing of Magic and Hocus Pocus programs

A world-renowned illusionist as well as a teaching artist, speaker and researcher, Kevin Spencer is widely considered the leading authority on the therapeutic use of magic tricks. Kevin believes the arts have the power to impact every sphere of our lives—whether it be where we work, learn, or heal. Kevin advocates for art across the lifespan because he believes it plays a vital role in both the development and quality of life.

**Learning Objectives:**

- Demonstrate an understanding of the therapeutic benefits of magic tricks in client treatment.
- Distinguish which clients are appropriate for this type of treatment modality.
- Create an individualized client-centered treatment program by analyzing and assessing the movements required to perform particular magic tricks.

**Domain:** Intervention (Task 1-7)
We find innovative ways to help children cope with the hospital experience — and we’re looking forward to sharing our breakthroughs with you at the 2018 Child Life Annual Conference.

Visit us at booth 600.

All CHOP alumni and former employees are invited to join us for a reunion on May 4.

For more information, visit chop.edu/childlife.

PRE-CONFERENCE INTENSIVES — Thursday (CONTINUED)

11:30 A.M. – 2:30 P.M.
Pre-Conference Half-Day Intensives (3 PDUs)
Registration information available on page 6

A Call for Culture Change and Re-prioritization of Our Most Vulnerable Patient: Establishing Neurodevelopmental Protection for the Neonate

Katrena Froh, CCLS, CEIM, CPST, Helen DeVos Children’s Hospital, Grand Rapids, MI
Robert Froh, RN, MSN, CPNP-AC, Helen DeVos Children’s Hospital, Grand Rapids, MI

At this institution, prioritization is often given to patients who are school aged. This has led to a disparity in providing appropriate care for the neonatal population. New research on the short and long-term consequences of common procedures and interventions performed on hospitalized neonates led this hospital to implement evidence-based guidelines for neonatal pain management and promotion of healthy neurodevelopment.

LEARNING OBJECTIVES:
★ Integrate evidence-based practices to support the neurodevelopment of the hospitalized infant
★ Identify pharmacological and nonpharmacological ways to decrease pain in infants and articulate a strategic plan for rolling out new guidelines for treating stress and pain in infants
★ Consider ethical implications and implement methods to protect infants from the morbidities associated with long-term hospitalization, trauma and stress.
★ Assess and identify signs/symptoms of pain, stress, under-, and over-stimulation
★ Utilize methods for implementing culture change in terms of neurodevelopmental protection strategies

DOMAIN: Professional Ethics (Task 1)

Whatsapp? What’s That?
Using your Emotional Guidance System to Navigate Multigenerational Work Groups

Jeanine Clapsaddle, MA, LP, CCLS, Arnold Palmer Hospital for Children, Winnie Palmer Hospital for Women and Babies, Orlando, FL
Kristi Rodgers, Mayo Clinic Children’s Center, Rochester, MN

Baby Boomer, Gen-X, Millennial? Where is your emotional guidance system taking you? Generational diversity and emotional intelligence are hot topics across business and health care industries, and have significant implications for child life practice, supervision and leadership. Using a developmental framework, attendees will increase their awareness of emotional intelligence and gain insights into how it concept impacts a multi-generational work force.

LEARNING OBJECTIVES:
★ Define emotional intelligence and its relevance to pediatric psychosocial care
★ Identify how child development and generational diversity are reflected in emotional intelligence theories
★ Identify one technique to enhance emotional intelligence when working with students or peers to promote optimal service delivery and minimize burnout

DOMAIN: Professional Responsibility (Task 2–5)

The Strength of Gratitude, Joy and Play: Discovering and Growing Your Resilience

Riley Hammond, MS, CCLS, Texas Children’s Hospital, Houston, TX
Nicole Rosburg, MS, CCLS, MD Anderson Children’s Cancer Center, Houston, TX

Little study has been made of how child life specialists cope with their challenging daily work. This presentation will allow the participant to explore resilience through the lenses of gratitude, validation, mindfulness, playfulness and optimism. After a series of active and engaging activities, participants will leave with a greater awareness and creative tools to promote resilience for themselves and others.

LEARNING OBJECTIVES:
★ Review resilience research, define resilience and explore personal beliefs about resilience
★ Engage in hands-on learning activities to develop a resilience toolbox
★ Develop a joyfulness plan to use during stressful times

DOMAIN: Professional Responsibility (Task 2–5)
CONFERENCE SCHEDULE OF EVENTS
THURSDAY, MAY 3, 2018

8:00 A.M. – 2:00 P.M.

Pre-Conference
Full-Day Intensives (6 PDUs)
Additional Registration fee required, includes lunch

8:00 A.M. – 11:00 A.M.

Pre-Conference
Half-Day Intensives (3 PDUs)
Additional Registration fee required, includes refreshments

11:30 A.M. – 2:30 P.M.

Pre-Conference
Half-Day Intensives (3 PDUs)
Additional Registration fee required, includes refreshments

1:00 P.M. – 2:30 P.M.

Committee Chairs Orientation & Leadership Development Session
INVITATION ONLY

2:30 P.M. – 5:30 P.M.

HOSPITAL TOUR:
Inova Children’s Hospital

Inova Children’s Hospital is a nationally-recognized 226-bed children’s hospital within the expansive Inova Health System. Inova Children’s Hospital has experts from over 40 pediatric subspecialties to treat a wide range of pediatric health conditions. The child life department is made up of over 20 staff members including Child Life Specialists, contracted Art Therapists, and Child Life Assistants. The Child Life Staff covers all pediatric inpatient and outpatient units. Inova also has 4 Child Life Specialists at our Inova Fair Oaks and Inova Loudoun locations. Across the system, the child life staff are highly integrated into the clinical care that each patient receives.

3:00 P.M. – 4:00 P.M.

First Timer/ New Member Orientation
The First Timer/ New Member Orientation is a great opportunity to join veteran ACLP members for an informative overview of ACLP and the Child Life Annual Conference. Whether you are a new member, a first-time conference attendee or potential member, this interactive experience is a great way to learn how to make the most out of networking opportunities and professional development through the Association of Child Life Professionals. This event is led by the Leadership Education & Cultivation Subcommittee and will help set the stage for a successful conference.

3:00 P.M. – 4:30 P.M.

Student Event
This interactive, hands-on event will provide students at varying levels of education with a forum to engage with and learn from a variety of experienced child life professionals. During the event, students will rotate through several stations designed to address topics relevant to students. All students are encouraged to attend.

3:00 P.M. – 5:30 P.M.

Academic Professionals Meeting
This informal meeting is an opportunity for academic professionals to gather and discuss current issues in the academic community. All educators are encouraged to attend.

5:00 P.M. – 9:00 P.M.

Welcome Reception and Dance Party
Join ACLP for its first ever Dance Party! The festivities begin on Thursday, May 3, from 5 p.m. – 9 p.m. in the Exhibit Hall. The theme is Throwback Thursday, so plan to come in your best 80’s attire. Like…it’s going to be totally rad!
Earn Your M.S. in Child Life

A need exists for qualified, compassionate child healthcare professionals to serve families coping with stressful situations. Prepare to meet this need and impact lives with Azusa Pacific’s Master of Science in Child Life.

- Practicum and Internship Experience
- Focus on Research and Therapeutic Skills
- CCLS Certification Preparation

Learn More
apu.edu/childlife
FRIDAY, MAY 4, 2018

7:00 A.M. – 7:00 P.M.
ACLP Registration Desk Open

7:30 A.M. – 9:30 A.M.
Breakfast in the Exhibit Hall

9:00 A.M. – 11:00 A.M.

OPENING GENERAL SESSION

SPONSORED BY
The Walt Disney Company

Child Life Distinguished Service Award Presentation

The Distinguished Service Award is the highest award presented by the Association of Child Life Professionals Board of Directors, recognizing exceptional members for outstanding contributions to the field of child life. The 2018 Distinguished Service Award will be presented at the Opening General Session to Joan Turner, PhD, CCLS, Associate Professor, Department of Child and Youth Study, Mount Saint Vincent University, Halifax, Nova Scotia, Canada. A full feature article detailing Joan’s inspiring career will appear in the Spring 2018 edition of the ACLP Bulletin.

Dr. Eytan Young, MD, FACS

Dr. Eytan Young, MD, FACS is a specialist in Pediatric Otolaryngology. He currently works at Iowa ENT Center in West Des Moines. Dr. Young obtained his B.A. degree from Columbia University and his Doctor of Medicine from Cornell University Medical College. Prior to his position at Iowa ENT Center, Dr. Young was a Clinical Assistant Professor at Yale University School of Medicine, Department of Surgery and Director of Pediatric Cochlear Implant Program at Yale-New Haven Children’s Hospital. He serves on the Advisory Board of ACLP. Dr. Young also serves on the Advisory Team “Reimagining Care for Hospitalized Kids” for the Hope for Henry Foundation. Dr. Young has presented at the American Rhinologic Society, the American Academy of Otolaryngology, and the American Society of Pediatric Otolaryngology. Additionally, he is fluent in French and Hebrew.

11:30 A.M. – 12:30 P.M.
One-Hour Professional Development Workshops (1 PDU)

Do the Right Thing: Teaching Ethics in the Academic and Clinical Setting

• Michelle Barksdale, MS, CCLS, Huntsville Hospital for Women and Children, Huntsville, AL
• Sherwood Burns-Nader, PhD, CCLS, University of Alabama, Tuscaloosa, AL

In this presentation, an academic instructor and a clinical student coordinator will discuss how to implement approaches to cultivating healthcare ethics in students, colleagues, and oneself. The use of scenarios, instructional tools, and creative tools, such as games, will be introduced. This presentation connects academics and clinical experiences in the responsibility of cultivating ethics in students and provides others with tools to promote ideal ethical child life behaviors and practices.

LEARNING OBJECTIVES:
★ Verbalize the basics of ethics and how ethics is applied in a health care setting
★ Describe the importance of continued development of ethical fluency in child life students and professionals
★ Apply academic approaches for teaching ethics when working with students and colleagues
★ Recognize and utilize different approaches for teaching ethics in the clinical setting

DOMAIN: Professional Ethics (Task 1)

Relationships to Retention: Methods for Onboarding New Staff

• Katherine Bennett, M.Ed., CCLS, Monroe Carell, Jr. Children’s Hospital at Vanderbilt, Brentwood, TN

Onboarding staff of all experience levels is a part of the professional world. Showing newcomers that an organization and team are ready for them to utilize their expertise and strengths is a valuable opportunity to establish supportive professional relationships, possibly leading to increased retention. Relevant evidence and tangible, applicable methods will be shared for consideration and use in a variety of programs.

LEARNING OBJECTIVES:
★ Identify key elements of a thorough onboarding plan for new employees
★ Understand tools used to plan meaningful time and tasks for new employees.
★ Complete a mock orientation plan for a new employee.

DOMAIN: Professional Responsibility (Task 2–5)
Stressing the Importance of Child Life: A Neurobiological Perspective of Child Life and Implications for Practice

- Rachel Schmelzer, MA, CCLS, St. Jude Children’s Research Hospital, Memphis, TN

It is understood that child life intervention yields positive outcomes in patients’ coping and development; however, the mechanism by which these occur is seldom a focus of child life professionals. Neuroscience and biology fill an often-overlooked gap in child life theory, providing compelling insight into the efficacy of child life interventions. This presentation aims to explore connections between child life practice and neuroscientific concepts including developmental plasticity, stress, and healing.

LEARNING OBJECTIVES:
- Understand ties between observed behavior and neurological function
- Identify the impact of chronic stress and pain on the developing brain and body via concepts in neuroscience
- Apply neuroscientific evidence to child life interventions

DOMAIN: Assessment (Task 1–3)

Building Child Life Programming in Previously Unserved Populations

- Analise Lotz, CCLS, Primary Children’s Hospital, Salt Lake City, UT
- Danielle Blackburn, CCLS, Primary Children’s Hospital, Salt Lake City, UT

In hospital settings where child life specialists work on a specific unit, there can be unserved populations that get overlooked. A child life specialist can assess the needs, find their place within a new team, and adopt interventions in order to provide crucial services and positively affect children and families whose needs were previously unmet.

LEARNING OBJECTIVES:
- Define the process of assessing the needs of a previously unserved population and determining appropriate Child Life interventions
- Advocate for adding Child Life programming within a new hospital team
- Learn how to develop new programming for a previously unserved population
- Assess the benefits of new programming

DOMAIN: Professional Responsibility (Task 2–5)

Assessing Children with Special Health Care Needs Perceptions of Health Care

- Cara Sisk, PLD, CCLS, Tennessee Technological University, Cookeville, TN

Children with special health care needs (CSHCN) are a vulnerable population with complex medical needs requiring many different services. The purpose of this research was to assess children with special health care needs perceptions of their health care experiences. Center-centered data collection methods enhanced the participants’ expression of health care perceptions. This research offers child life specialists evidence based yet practical assessment strategies for this vulnerable population.

LEARNING OBJECTIVES:
- Identify the children with special health care needs population
- Understand the importance of qualitative research in the CSHCN research literature
- Explain knowledge of assessment strategies (interviews, drawings, body maps, medical play)
- Summarize the major findings of this research with CSHCN
- Apply assessment with CSHCN and disabilities to clinical practice

DOMAIN: Intervention (Task 1–7)

12:30 P.M. – 2:30 P.M.
Lunch in Exhibit Hall

Join your fellow conference attendees and exhibitors for a casual meal and great conversation. Take time to stop by each booth to show your appreciation to our exhibitors, both new and more established, who have taken time to share their products and services with the child life community.

“"I would definitely recommend to anyone on the fence about attending conference to just GO and see why it is the highlight of my professional career.”
—2017 CONFERENCE ATTENDEE

2:15 P.M. – 3:45 P.M.
Professional Development Workshops (1.5 PDUs)

Making the Most of Medical Play

- Amanda Ammons, MS, CCLS, Children’s Health: Children’s Medical Center Dallas, Dallas, TX
- Christine Knoll, MS, CCLS, Children’s Health: Children’s Medical Center Dallas, Dallas, TX

Medical play is considered to be a core component of child life programming and is frequently utilized to aid in providing preparation for medical experiences. Medical play also incorporates a variety of additional modalities such as medical art, role rehearsal/role reversal and needle play. This presentation will explore all aspects of medical play with an emphasis on the lesser implemented types of medical play.

LEARNING OBJECTIVES:
- Verbalize a comprehensive understanding of the full scope of medical play
- Incorporate new medical play techniques into their clinical practice
- Gain confidence in utilizing effective strategies for communicating the value of medical play
- Identify various barriers to providing medical play and problem-solve strategies to overcome them

DOMAIN: Intervention (Task 1–7)

Collaboration for Better Care: Integrating Art and Music Therapy in an Inpatient Child Life Program

- Clare Arezina, MME, MT-BC, CCLS, Upstate Golisano Children’s Hospital at SUNY Upstate Medical Center, Syracuse, NY
- Margaret Zick, MS, CCLS, Upstate Golisano Children’s Hospital, Syracuse, NY
- Maria Fazzini, MS, L-CAT, ATR-BC, Upstate Golisano Children’s Hospital, Syracuse, NY

Art and Music Therapists often work alongside child life in children’s hospitals. How can child life specialists collaborate with these professionals to provide the best care for patients and families? Presenters will share their experiences working together as part of an inpatient child life program, provide examples of successful efforts, share information from interprofessional education research, and include suggestions for fostering strong connections.

LEARNING OBJECTIVES:
- Define Art Therapy and Music Therapy, and identify areas of overlap with Child Life scope of practice.

For more information and to register, please visit [REGISTER HERE](#).
Current Research Findings on Child and Parent Communication Preferences for Cancer Diagnosis and Prognosis Disclosure

- Katie Beard, CCLS, Monroe Carell Jr. Children's Hospital at Vanderbilt, Nashville, TN
- Lauren Smith, Vanderbilt University, TN

Child life specialists foster trust by communicating with children in a developmentally appropriate way throughout the treatment trajectory. Developmental theory underscores the necessity of trust for communication, yet limited research supports the facilitation of intentional conversations related to diagnosis and prognosis. This presentation will report research findings on child and parent communication preferences, which will empower child life specialists to advocate for honest developmentally appropriate information throughout a patient’s treatment.

**LEARNING OBJECTIVES:**
- Summarize current research related to communication with children with life-threatening diseases
- Describe focus group methodology as a tool for exploring the perceptions of children and families with chronic illness
- Utilize findings to advocate for conversations with children and parents based on preferences reported
- Explore techniques for facilitating communication with children and parents about diagnosis and treatment

**DOMAIN:** Professional Ethics (Task 1)

**A Labor of Love: Achievements in Program Development**

- Catherine Ney, MS, CCLS, University of Chicago Medicine, Chicago, IL
- Aimee Karas, MS, CCLS, CEIM, University of Chicago Medicine, Chicago, IL
- Jennie Ott, MS, CCLS, University of Chicago Medicine, Chicago, IL

Based on three years of program expansion in the NICU and family birth center, this workshop will equip participants with tools to enhance patient experience and implement innovative clinical interventions. The presentation will address acquisition of funds for program development, staff education, and implementation of strategies to improve patient experience and staff engagement. Participants will engage in a hands-on activity to explore an intervention for application within their program.

**LEARNING OBJECTIVES:**
- Identify at least 3 potential barriers to successful interprofessional collaboration.
- Identify opportunities to integrate the Creative Arts into their own programs.
- Engage in discussion about successful interprofessional collaboration, taking from their own experiences

**DOMAIN:** Professional Responsibility (Task 2–5)

**Surrounded by Guilt: Unpacking and Unloading the Guilt Carried by Professional Caregivers**

- Rachel Calvert, MS, CCLS, University of Minnesota Masonic Children’s Hospital, Blaine, MN

Child life professionals experience situations in both their professional and personal worlds that can lead to feelings of guilt. As part of self-care, it is important to channel appropriate guilt into positive attitudinal and behavioral changes while letting go of unnecessary guilt that can become exhausting to carry. This presentation reviews types and purposes of guilt, leadership implications for guilt-prone individuals, and strategies for coping with guilt.

**LEARNING OBJECTIVES:**
- Reflect on their daily experiences with guilt as an emotion.
- Understand and recognize types and purposes of guilt, some appropriate and some unnecessary.
- Gain understanding of guilt-proneness as a leadership quality as evidenced in research.
- Identify and name strategies for coping with guilt in positive ways.

**DOMAIN:** Professional Responsibility (Task 2–5)

**Change Can Be Good: Making The Switch To A Pod-Based Staffing Model**

- Sarah Davis, MS, CCLS, The Children's Hospital of San Antonio, San Antonio, TX
- Tracy Hogue, MS, CCLS, The Children's Hospital of San Antonio, San Antonio, TX
- Allison Sharawi, MS, CCLS, The Children's Hospital of San Antonio, San Antonio, TX
- Aleida Guerra, CCLS, CPST, The Children's Hospital of San Antonio, San Antonio, TX

A team-based approach to child life practice can lead to increased efficiency, communication, and staff satisfaction. Participants will learn how a pod-based staffing model was implemented in a medium size child life department in a free standing children’s hospital. Presenters will share benefits of the new staffing model, as well as challenges faced during implementation. Participants will also have the opportunity to engage in a panel discussion.

**LEARNING OBJECTIVES:**
- Compare and contrast coverage partner and pod-based staffing models.
- State techniques to assist child life specialists in delivering services to multiple hospital units confidently.
- Apply aspects of the pod-based staffing model to participant’s own department
- Engage in conversation with the panelists regarding personal experiences with a pod-based staffing model

**DOMAIN:** Professional Responsibility (Task 2–5)
FRIDAY, MAY 4, 2018

Child Life: Moving into New Settings and New Roles

- Lisa Ciarrocca, CCLS, The Next Step Partners In Psychosocial Care LLC, Scotch Plains, New Jersey
- Missi Hicks LPC, RPT-S, CCLS, Raleigh, NC
- Kathleen McCue CCLS, LPC, Llano, TX
- Emily Synnott BASe, CLST. Dipl., CCLS, Sheldon Kennedy Child Advocacy Centre, Calgary, Canada
- Denise Matsuyama MA, CCLS, CIMI, Mattel Children’s Hospital UCLA, Los Angeles, CA
- Kirsten Black MS, CCLS, CPMT, Chapters Health System, Temple Terrace, FL

Child life practice settings outside of the hospital have grown exponentially in recent years. Child life skills and competencies are easily transferred to other settings supporting children and families impacted by crisis, challenge or change. This facilitated panel will share examples of non-traditional settings in which child life skills have successfully been utilized and highlight the pathway to delivery of such services.

LEARNING OBJECTIVES:
★ Discuss the depth and range of possible positions for certified child life specialists working with various “non traditional” populations in community settings, and in Private Practice
★ Define the child life skills and competencies which apply most frequently when working with children and families in various community settings.
★ Identify the current issues facing certified child life specialists practicing in the community, and the creative solutions that have been employed, to build successful child life practice in a variety of settings where these practitioners are
★ Describe ways to educate colleagues on how to incorporate child life practice into settings who serve children and families.

DOMAIN: Professional Responsibility (Task 2-5)

The ACLP Annual Conference facilitates a renewal of professional energy for me and re-energizes me and my commitment in the field.”

— 2017 CONFERENCE ATTENDEE

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DOMAIN: Professional Responsibility (Task 2-5)
4:00 P.M. – 5:30 P.M.
Professional Development Workshops (1.5 PDUs)

BITE SIZE TALK
Wake Me Up When My Wound Vac Ends: A Case Study of Ongoing Assessments and Collaboration

- Katrina Hall, MA, CCLS, Nationwide Children’s Hospital, Columbus, OH

This case study explores ongoing assessments and collaboration between child life and music therapy while promoting positive coping and psychosocial outcomes for an adolescent patient with a complex condition. The presentation will include information about the types of assessments, the interdisciplinary plan of care, interventions to address the patient’s psychosocial and developmental issues, and specific patient outcomes.

LEARNING OBJECTIVES:
- Describe specific assessments related to complex pediatric cases.
- Discuss successful elements of interdisciplinary collaboration in planning patient care.
- Identify how the coordination of developmentally appropriate care led to successful patient outcomes and opportunities for future programming.

DOMAIN: Assessment (Task 1–3)

BITE SIZE TALK
A Therapeutic Camp Experience for Adolescent Cancer Survivors

- Katie Riley, MA, Iowa State University, Ames, IA

The present study utilizes a phenomenological approach to explore the meaning of the lived social experience for adolescent cancer survivors (ACS) attending a week-long summer oncology camp. This presentation will discuss the experiences of 16 ACS campers, who were interviewed about their social experiences and reasons why they attend an oncology camp, as well as the presenter’s experience as a researcher and observatory participant at camp.

LEARNING OBJECTIVES:
- Recognize therapeutic camps as an intervention and resource for children with cancer and survivors.
- Describe psychosocial benefits of camp, during the week-long camp experience and during the 12 months following camp.
- Gain ideas for how to assess therapeutic camps and similar activities.

DOMAIN: Intervention (Task 1–7)

BITE SIZE TALK
Developing a Path to a Non-Intubated Scoliosis Cast Change

- Geri Sehnert, MS, CCLS, Golisano Children’s Hospital, Fairport, NY

Cast correction for progressive infantile scoliosis is a non-surgical procedure that requires repeated intubation, spinal manipulation and cast application. This writer will discuss an initiative to eliminate frequent general anesthesia by assessing and preparing a patient to remain awake during this procedure, including facilitating parental support in the operating room. Video commentary from the surgeon, anesthesiologist and families will give insight into this complicated process and challenges will be discussed.

LEARNING OBJECTIVES:
- Describe progressive infantile scoliosis and the non-surgical casting method used to manage curvature.
- Learn the justification behind performing derotational casting for infantile scoliosis without general anesthesia along with the inherent challenges of implementing a new procedure in the operating room environment.
- Describe developmental variables that would affect the inclusion in this procedure or another similar procedure in their own child life practice.
- Understand the role of child life during pre-op teaching and in the operating room during the procedure.
- Identify key elements of cultivating relationships with a multi-disciplinary staff.

DOMAIN: Intervention (Task 1–7)

BITE SIZE TALK
Exploring the Known: A Child Life Professional Exchange Program

- Kathryn Shamszad, MS, MPH, CCLS, Cincinnati Children’s Hospital Medical Center, Cincinnati, OH
- Carla Oliver, MSW, CCLS, Children’s Hospital Colorado, Aurora, CO
- Elana Brewer, MS, CCLS, Children’s Hospital of Philadelphia, Philadelphia, PA

The Child Life Professional Exchange Program gives experienced specialists the opportunity to spend a week embedded in another child life program in an effort to enhance personal and professional practice, learn new and innovative approaches to care and bring information back to their own hospital and clinical area. This unique model initially began with two hospitals and has since expanded over the last four years to include six hospitals as part of the annual professional exchange.

LEARNING OBJECTIVES:
- Describe the program history and structure specifics

BITE SIZE TALK
Supporting Patients at Risk for Emotional and Behavioral Escalation in a Primary Care Setting

- Melanie Hynoski, CCLS, CTRS, The Children’s Hospital of Philadelphia, Philadelphia, PA
- Julie Ginsberg, MSN, CPNP AE-C, The Children’s Hospital of Philadelphia, Philadelphia, PA
- Vicky Scheid, MD, FAAP, Children’s Hospital of Philadelphia, Philadelphia, PA

A quality improvement initiative in a large primary care network was created to help improve the safety and outcomes for identified patients and their families. This presentation will describe how a child life specialist was integrated into the initiative, resource development and program impact.

LEARNING OBJECTIVES:
- Learn metrics used to identify and assess the scope of the issue in a primary care network
- Understand a child life specialist’s role in this quality improvement initiative and within the primary care network as a whole
- Review a web-based tool created by a child life specialist to provide preventative resources for patients, families and staff, prior to and during a primary care visit
- Understand the components and implementation of a multi-phased training program for a pilot site
- Identify metrics used to assess the initiative’s effectiveness and overall impact of the program in order to replicate the quality improvement process throughout the entire network

DOMAIN: Professional Responsibility (Task 2–5)
FRIDAY, MAY 4, 2018

Early Childhood Clinic: An Opportunity to Collaborate and Improve Early Intervention Services for Young Patients
• Jennifer Harman, PhD, St. Jude Children’s Research Hospital, Memphis, TN
• Amy Love, MA, MT-BC, St. Jude Children’s Research Hospital, Memphis, TN
• Amy Scott, CCLS, St. Jude Children’s Research Hospital, Memphis, TN

This presentation will explore one hospital’s initiative of a multidisciplinary clinic developed to help promote early intervention services during a child’s treatment for chronic illness. During the development and implementation of this clinic, interdisciplinary relationships were strengthened, coordination of care for patients and families was improved, and optimal services during this critical stage in a child’s development were provided.

LEARNING OBJECTIVES:
★ Review factors known to impact infant and toddler development and early intervention best practices
★ Identify the steps taken to create and promote a new interdisciplinary family-centered program, challenges encountered, and strategies used to overcome obstacles.
★ Explore the impact of incorporating services such as music therapy in the development of the clinic
★ Gain insight regarding the impact on child life services following the implementation of this clinic
★ Identify resources within the hospital or community to promote services for the infant and toddler population.

DOMAIN: Professional Responsibility (Task 2–5)

Let’s Play with Art: Using the Creative Process as an Assessment and Intervention Tool in Child Life Practice
• Joan Alpers, MPS, ATR-BC, LCAT, CCLS, Stony Brook Children’s Hospital, Stony Brook, NY

This workshop is designed to encourage a playful attitude toward viewing and using art that is backed by theory and technique. Assessing development and coping, how stress manifests in artwork, and a neurobiological perspective in the event of trauma will be explored. The relationship between symbolic process, early attachment, and spiritual and somatic aspects of illness in artwork will be discussed. Simple art interventions for the child life tool kit will be shared.

Child Life in a Politically Charged Environment: A Public Policy Panel Discussion
• Nicole Rosburg, MS, CCLS, The University of Texas MD Anderson Cancer Center, Houston, TX
• Morgan Livingstone, MA, CCLS, CIIT, The Daisy Fund, Toronto, Canada
• Gloria Mattera, M. Ed., CCLS, LMHC, Bellevue Hospital Center, New York, NY
• Maria Halverson, MS, CCLS, White Salmon, WA

This presentation will provide ground level information to help participants learn the lingo of public policy and will explore macro- and micro-level examples of how policy issues directly impact patients, hospitals and child life specialists. Additionally, participants will gain an understand of how they might become personally involved in policy work and presenters will speak to their own experience in the public policy arena.

LEARNING OBJECTIVES:
★ Understand basic concepts and definitions as related to public policy, legislative advocacy, and grassroots engagement.
★ Understand how public policy affects the individual child life specialist, hospitals and families, as well as the field of child life.
★ Recognize opportunities for political engagement and understand the steps for becoming involved in public policy activities as a child life specialist.
★ Engage with child life professionals who have experience in the public policy arena.

DOMAIN: Professional Responsibility (Task 2–5)

5:45 P.M. – 6:45 P.M.

Town Hall
Representatives from the ACLP headquarters and ACLP Board of Directors will be on hand to give updates on activities and strategic plan initiatives.

6:00 P.M. – 9:00 P.M.
Leadership Reception
INVITATION ONLY
Greater than the sum of its parts…

…the Child Life Professional Data Center (CLPDC)

Enter the data for your programs and build this powerful resource for the child life profession worldwide. The more programs that participate, the more robust the data set, and the conclusions that can be drawn from it.

Go to www.childlife.org/resources/datacenter
Join us for the Child Life Annual Conference 2018, May 3-6, Gaylord National Harbor Resort, MD, where you can explore innovative ideas and strategies to enhance the care of children and families.

**SATURDAY, MAY 5, 2018**

7:00 A.M. – 7:00 P.M.  
ACLP Registration Desk Open

7:30 A.M. – 9:30 A.M.  
Breakfast in the Exhibit Hall

7:30 A.M. – 8:30 A.M.  
Staffed Poster Presentations  
(1 PDU)

**Grow Release Identify Empower and Fulfill (G.R.I.E.F.) Program: An Educational Program about Grief and Loss**

- Michelle Cumber, Bristol-Myers Squibb  
Children’s Hospital at Robert Wood Johnson University Hospital, New Brunswick, NJ

Helping pediatric patients and families during end-of-life can be challenging for the healthcare team. The PICU and ED often experience loss, so it is imperative that the staff have the tools and support to continue to meet patient, family, and staff needs. This poster will describe the G.R.I.E.F. program, developed to increase knowledge and comfort levels to support families during end-of-life.

**LEARNING OBJECTIVES:**
- Understand grief, what constitutes a loss, and common myths associated with grieving individuals
- Discover new techniques to help patients and families cope
- Identify steps to implement an educational program for staff within their current hospital
- Discover ways to avoid burnout, promote healing, and promote self-care

**DOMAIN:** Professional Responsibility (Task 2–5)

**Integrating Animal-assisted Therapy into Self-care Support for Medical Professionals Who Care for Critically Ill Children and Their Families**

- Toshiko Nonaka, MS, CCLS, Kravis Children’s Hospital at Mt Sinai, New York, NY
- Ali Spike, Kravis Children’s Hospital at Mt Sinai, New York, NY

This poster will present an innovative self-care program for medical professionals in a critical care unit in which child life specialists facilitate animal-assisted therapy interventions utilizing a facility dog. Health care professionals who experienced this program commented positively, recognizing the importance of self-care and verbalizing the immense value that this unique opportunity had on their ability to cope with their emotionally taxing work. The results of survey and future topics for study will be addressed.

**LEARNING OBJECTIVES:**
- Understand the current needs of self-care professionals who are working in critical care units and the reasoning behind instituting this animal assisted therapy (AAT) program in the Pediatric Intensive Care Unit (PICU) and Pediatric Cardiac Intensive Care Unit (PCICU)
- Conceptualize this hospital’s implementation of AAT sessions for PICU/PCICU staff as a form of self-care and staff support.
- Identify outcomes of this program including successes, challenges, and future areas of this topic to explore

**DOMAIN:** Professional Responsibility (Task 2–5)

**Getting to the Heart of the Matter: Meeting the Unique Needs of Cardiac Patients Through Participation in a Multidisciplinary Wellness Team**

- Megan Fisher, CCLS, Children’s Hospital Colorado, Aurora, CO
- Sarah Scott, Children’s Hospital Colorado, Aurora, CO
- Alii Helgeson, Children’s Hospital Colorado, Aurora, CO

Diagnosis and treatment of a chronic heart condition presents unique challenges for children and families, as well as difficulties for the team members involved in their care. Attendees will learn how the dedicated efforts of a multidisciplinary wellness team have led to creative programming, increased child life presence and utilization, and dedicated space to address professional support and self-care.

**LEARNING OBJECTIVES:**
- Learn the structure and development of the wellness program and ideas implemented to identify unique needs of a chronic population and increase support for patients and families.
- Gather ideas implemented through the multidisciplinary care team to increase child life presence and effectiveness.
- Identify the reality of burnout and stressors working with a chronic population, and hear examples of support to create a more positive work environment.

**DOMAIN:** Intervention (Task 1–7)

**Don’t Just Survive, Thrive This Holiday Season**

- Elizabeth Phillips, MS, CCLS, Johns Hopkins All Children’s Hospital, Saint Petersburg, FL
- Rayna Tanis, MS, CCLS, Johns Hopkins All Children’s Hospital, Saint Petersburg, FL

Discover the strategies developed to enhance, honor and promote the holiday season without sacrificing patient care or your sanity! An integrative approach that includes everything from volunteers and donations to Santa and gifts. This poster provides a comprehensive look at our approach to owning the holidays.

**LEARNING OBJECTIVES:**
- Identify the components to the success of this hospital’s “Wonderland” event and which of those components could be transferred/ utilized by the viewer.
- Enhance volunteer capacity to support the holiday events and additional holiday time responsibilities.

**DOMAIN:** Intervention (Task 1–7)
LEARNING OBJECTIVES:

- Understand the collaborative process in developing a new system in Radiology working with multidisciplinary team
- Understand how to quickly assess basic requirements for a patient to complete an MRI without sedation, via phone
- Gain knowledge of the success rate for non-sedated MRIs by providing preparation to parents prior to scheduled appointment

DOMAIN: Assessment (Task 1-3)

Introducing a Humanoid Robot to Reduce Pain and Distress During Medical Procedures

- Jacqueline Pearson, MA, CCLS, AHS Alberta Children's Hospital, Calgary, Alberta, Canada

A tertiary care hospital in a major urban center purchased four humanoid robots as tools to improve pain and distress management during medical procedures. A quality improvement study was designed to explore the most appropriate use of the humanoid robots, and to work out some of the practical issues related to their use. This poster will present the background research, procedures, results and lessons learned.

LEARNING OBJECTIVES:

- Identify background research on the value of integrating robots into pain and distress management
- Identify ways of assessing pain and fear
- Identify quality improvement study outcomes
- Identify practical aspects of integrating humanoid robots into health care

DOMAIN: Professional Responsibility (Task 2-5)

Child Life Phone Assessment for Awake MRI Scans

- Katherine Schenkl, MA, CCLS, Children's Hospital Los Angeles, Los Angeles, CA
- Brittany Albert, Children's Hospital Los Angeles, Los Angeles, CA

Although not invasive, magnetic resonance imaging (MRI) scans can cause much stress to patients. The loud sounds, confined space, and length of scans can become burdensome and potentially trigger sensory overload to some individuals. Providing preparation for patients and families can aid in creating a less stressful experience and greater understanding.

LEARNING OBJECTIVES:

- Gain information about obtaining sponsorship, working with the hospital foundation and the costs and benefits related to this collaboration.
- Visualize methods for sorting and organizing donations to best serve the goals of the holiday programs and the patients and families throughout the year.
- Identify how to best organize, utilize and communicate with the child life team to support the goals of the holiday programs and provide the little “extras” that make holiday times exceptional.

DOMAIN: Intervention (Task 1-7)

Increasing Effective Use of Child Life Services Using Continuous Improvement Strategies

- Jennifer Sciolla, MS, CTRS, CCLS, Nemours Alfred I. duPont Hospital for Children, Wilmington, DE

The use of continuous improvement methodology is growing across child life programs. Often child life teams are left wondering how to increase their knowledge and utilization of the tools related to continuous improvement. This poster will display various data tracking methods, an example format of a daily management system and examples of two projects.

LEARNING OBJECTIVES:

- Identify sample data collection tools in CI methodology
- Identify components of the A3 Problem Solving method
- Describe the procedure for using a huddle daily management system

DOMAIN: Professional Responsibility (Task 2-5)

Did You POP-IT?: A Program Designed to Help Patients and Families Have a More Positive Healthcare Experience

- Dana Burnett, MS, CCLS, CIMI, CPST, Golisano Children’s Hospital of Southwest Florida, Fort Myers, FL
- Meredith Church, MS, CCLS, CIMI, CPST, Golisano Children’s Hospital of Southwest Florida, Fort Myers, FL
- Nicole Lawrence, BSN, RN, CMSRN, Golisano Children's Hospital of Southwest Florida, Fort Myers, FL

Research shows how using pain management, One Voice™, and positioning for comfort helps alleviate pain, lessen anxiety, and increase coping in children during painful procedures. The “POP IT” project (Pain management, One Voice™, Position for comfort, Involve family, Telephone child life) was created to standardize care in the Pediatric emergency department by utilizing these practices during invasive procedures. Using “POP IT” has improved patient and family experiences, provided consistency, and promoted a culture of caring.

LEARNING OBJECTIVES:

- Recognize the importance of pain management, comfort positioning, and One Voice™ during procedures and how these practices can impact patient and family experiences
- Describe the “POP IT” project
- Understand the rationale and importance of “POP IT” from a nursing perspective
- Discuss how to implement a similar program in other hospitals

DOMAIN: Professional Responsibility (Task 2-5)

Capacity Building to Improve Psychosocial Care Services in Kenyan Children’s Hospitals

- Katie McGinnis, CCLS, MPH, Family Legacy Missions International, Irving, TX

This project details strategies and methods of capacity-building to improve culturally sensitive and sustainable psychosocial care in low-resource pediatric healthcare settings in developing countries. The project specifically details one child life specialist’s work assessing, training, equipping, and modeling child life-based-care for local healthcare workers in three Kenyan children’s hospitals.

LEARNING OBJECTIVES:

- Discuss different methods of assessment to improve child life-based psychosocial care services in pediatric healthcare settings in developing countries
- Discuss strategies for providing culturally-sensitive training and education on relevant psychosocial care topics
- Discuss ways to equip local hospital staff with tangible and sustainable resources
- Discuss different methods of modeling culturally sensitive psychosocial care practices and techniques

DOMAIN: Professional Responsibility (Task 2-5)
Psychosocial Care on International Short-term Medical Missions: Exploring Roles and Experiences of Child Life Specialists.

- Emily Backes Brock, MS, CCLS, Monroe Carell Jr. Children’s Hospital at Vanderbilt, Nashville, TN
- Priti Desai, CCLS, East Carolina University, Greenville, NC

This study examined roles and experiences of CCLSS serving on international short-term medical missions (STMM). Play, psychological preparation, and emotional support were most consistently provided, while provision of non-pharmacological pain management support was inconsistent. Sustainability efforts for child life capacity-building in the host country were variable. Nearly three-fourths of respondents reported increases in cultural competency and professional development as a result of this experience. Training and research implications are provided.

LEARNING OBJECTIVES:
★ List the typical roles of CCLSS serving on international STMMs, and CCLSS’ perceptions regarding immediate and sustainable impacts of child life services on patients, families, and healthcare providers in the host country(s).
★ Articulate the preparation and training that CCLSS receive to volunteer on a STMM.
★ Identify facilitators as well as barriers for CCLSS to volunteering on an international STMM.
★ Describe CCLSS’ perceptions of role clarity, integration, and visibility within the STMM interdisciplinary team.
★ Identify the impact of volunteering as a CCLS on a STMM through the lenses of the cultural competency theory (Campinha-Bacote, 2002) and adult learning theory (Knowles, 1973)

DOMAIN: Professional Responsibility (Task 2–5)

The Relationship Between Social Support and Self-Esteem for Adolescent Cancer Survivors

- Katie Riley, MA, Iowa State University, Ames, IA

Research shows that the relationship between social support and domain-specific self-esteem may vary for adolescent cancer survivors (ACS). A research study was conducted to examine this relationship. Finding revealed that parent support is significantly related to social and appearance esteem, while friend and school support is related to social, appearance, and performance esteem. Findings suggest that ACS would benefit from interventions addressing building and maintaining family and friend supports.

LEARNING OBJECTIVES:
★ Identify the relationship between specific sources of support and their influence on domain-specific self-esteem for ACS.
★ Discuss possible intervention ideas based off of the results from this study.

DOMAIN: Intervention (Task 1–7)

Integrating Research Into Child Life Academic Programs: Graduate Program Promising Practices

- Elizabeth Kurtz, MS, CCLS, Austin, Texas

The child life profession is in need of research to both validate the profession and provide academic growth. A qualitative study exploring attitudes surrounding research in child life graduate programs identified strengths and challenges that contribute to successfully increasing student interest and engagement with research activities. The data suggests that research is informally supported, yet additional formal support is needed to increase student engagement.

LEARNING OBJECTIVES:
★ Identify the purpose of the study.
★ Identify the design and methods of the study.
★ Identify the results of the study.
★ Discuss the practical implications of the study’s findings.

DOMAIN: Professional Responsibility (Task 2–5)

Mentorship: Encouraging, Building, and Investing

- Jennifer Fieten, MA, CCLS, Nova Southeastern University, Ann Arbor, MI
- Hilary Woodward, MS, CCLS, NewYork-Presbyterian/Morgan Stanley Children’s Hospital, New York, NY

Through membership, professionals develop and enhance skills, gain confidence, increase resilience, develop professional goals. The purpose of the Association of Child Life Professionals (ACLP) Mentor Program is to help mentees perform well in their current positions, to identify career goals and actions to move toward these goals. This poster will discuss the key terms and concepts related to mentorship, will describe why professionals participate in mentorship, and the key components of the mentorship relationship.

LEARNING OBJECTIVES:
★ Understand youth with chronic conditions’ utilization of online social support programs/websites
★ Learn the perceptions of the benefits and challenges of existing online support and what an ideal online resource would look like. This poster will highlight the findings of the study, implications for child life practitioners and the development of online social support programs/websites.

The Internet as a Source of Social Support for Youth with Chronic Conditions: Study Findings

- Chantal LeBlanc, MHS, CCLS, IWK Health Centre, Halifax, Nova Scotia, Canada
- Kimberly O’Leary, Med, CCLS, The Hospital for Sick Children, Toronto, Canada

The purpose of this study was to increase our understanding of the online support needs of adolescents living with chronic conditions. The participants shared information about their current online activities, the benefits and challenges of seeking similar support and what an ideal online resource would look like. This poster will highlight the findings of the study, implications for child life practitioners and the development of online social support programs/websites.

LEARNING OBJECTIVES:
★ Assess and recommend the characteristics of their ideal online social support resources
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DOMAIN: Professional Responsibility (Task 2–5)
ICU Liberation: Child Life Specialists as Essential Collaborators for Success

Presented by:
- Caroline Potter, MS, CCLS, Johns Hopkins Hospital, Baltimore, MD
- Emily Carolton, CCLS, Johns Hopkins Hospital, Baltimore, MD
- Sapna Kudchadkar, MD, Johns Hopkins Hospital, Baltimore, MD
- Emily Warren, MSN, APRN, ACCNS/P, Johns Hopkins Hospital, Baltimore, MD
- Yun Kim, MS, OTR/L, Johns Hopkins Hospital, Baltimore, MD

Liberating critically ill infants, children and adolescents from unintended consequences and adverse effects of hospitalization may be as easy as “ABCDEF”. This session will describe one PICU’s journey into the culture change of ICU liberation and the vital role of child life in this process. Supporting research on ICU liberation will be presented and the essential component of multidisciplinary collaboration in the development of this “ICU liberation bundle” will be explored.

Learning Objectives:
- Participants will be able to describe components of ICU liberation including supporting research.
- Participants will be able to describe how to make assessments of patients using components of the ICU Liberation bundle.
- Participants will be able to describe several methods of enhancing communication for patients in the ICU who are unable to communicate verbally.
- Participants will be able to describe ways to enhance collaboration with nursing, patients, and families in regards to ICU Liberation.
- Participants will be able to describe the importance of multidisciplinary collaboration and the leadership role a CCLS can take in leading unit wide initiatives and culture change.

Domain: Assessment

Being Heard: Empathetic Artistic Interpretations of the Personal Journeys of Young People with Serious Illness

Presented by:
- Judy Rollins, PhD, RN, Rollins & Associates and Adjunct Assistant Professor, Georgetown University School of Medicine

We know that empathy in healthcare settings influences the quality of care and thus patient outcomes and satisfaction with care (Ward, Cody, Schaal, & Hojat, 2012). Healthcare professionals have the opportunity to be empathetic with every clinical encounter (Carmel-Gillifen & Portillo, 2016). Is there a role for artists in creating a more compassionate and empathetic environment, an environment that helps patients feel understood and cared for? To help answer this question, two professional artists were asked to create abstract paintings and accompanying narratives based on young people’s stories of their journeys. This study explored the impact of expressing empathy through art.

Learning Objectives:
- Define empathetic art.
- List the components of an empathetic artistic intervention for young people with serious illness.
- Describe young people’s responses to an artistic interpretation of their personal journeys.

Domain: Professional Responsibility

Caring for Children: An Imperative in Clinical and Social Ethics

Presented by:
- F. Daniel (Dan) Davis, PhD, Chief Bioethics Officer, Professor, Bioethics, Geisinger Health System, PA

Dan Davis earned his PhD in the philosophy and ethics of medicine from Georgetown University. He has over 30 years of experience in teaching and researching Bioethics. In addition to his current work in bioethics at Geisinger, he chairs a standing working group on patient engagement in research, discovery, and innovation. His research interests include clinical ethics consultation; shared decision making, especially in the context of advanced illness; patient engagement in research and care; professional formation in the health professions; and, organizational culture and ethics in healthcare.

Learning Objectives:
- Identify important milestones in the evolution of social and medical attitudes toward children and their special needs.
- Describe the obligations of parents, clinicians, and society toward children.
- Enumerate the critical elements of child-friendly environments in clinical as well as social contexts.

Domain: Ethics

“The opportunity to see the Board and learn about accomplished professionals in the field was great. I felt honored to be among these individuals and to learn from them.”

— 2017 Conference Attendee
10:45 A.M. – 11:45 A.M.
Professional Development Workshops (1 PDU)

Connecting Clinical and Academic Worlds: Cultivating Future Child Life Specialists
- Amanda Lockett, CCLS, MeD, Children’s Healthcare of Atlanta, Atlanta, GA
- Sherwood Burns-Nader, PhD, CCLS, University of Alabama, Tuscaloosa, AL

Certified Child Life Specialists are preparing for the certification eligibility transitions that lie ahead. Some clinicians are thinking of shifting to an academic role, others are preparing to mentor master’s level students, and academics are striving to add clinical skills to their teaching. This session is designed to offer knowledge, guidance, and connections to prepare for such transitions.

LEARNING OBJECTIVES:
- Describe the roles of Certified Child Life Specialists in the academic world, as well as paths to becoming an academic professional.
- Recognize the knowledge and skill sets Certified Child Life Specialists have that are transferable across academic and clinical settings.
- Discuss the importance of a partnership between the academic and clinical settings of child life.
- Recognize and utilize different approaches for mentoring graduate level students in the clinical setting.

DOMAIN: Professional Responsibility (Task 2–5)

Neonatal Abstinence Syndrome: Providing Interventions to Decrease Length of Treatment
- Sasha Annis, MA, CCLS, Thomas Jefferson University Hospital, Philadelphia, PA

Neonatal Abstinence Syndrome (NAS) is a drug withdrawal syndrome that occurs when an infant has prenatal exposure to certain drugs or medications. This presentation offers insight into an NAS support program at an urban hospital, and discusses symptoms and treatments of NAS, as well as interventions that promote positive coping for patients and families that have been shown to decrease the length of treatment.

LEARNING OBJECTIVES:
- Describe the causes, symptoms, and medical treatments of NAS.
- Recognize and assess environmental and psychosocial/family variables that commonly have a negative impact on infants with NAS.
- Identify and implement environmental, developmental, and psychosocial interventions that positively impact the coping of infants with NAS.

DOMAIN: Intervention (Task 1–7)

BITE SIZE TALK
Designed to Heal: Collaborating with Facilities to Enhance Hospital Environments and Create Custom Play Equipment
- Melissa Stover, CCLS, Children’s Mercy Hospital, Kansas City, MO
- Donald “scribe” Ross, Children’s Mercy Hospital, Kansas City, MO
- Rodney Suydam, Children’s Mercy Hospital, Kansas City, MO

A child’s first impression of a healthcare setting sets the stage for how the rest of their experience will unfold. A health care environment that promotes positivity and playfulness through use of color, art, murals and play equipment, provides a sense of familiarity and can promote the healing process. Attendees will gain insight into a collaborative and innovative approach to creating custom environments designed just for children.

LEARNING OBJECTIVES:
- Demonstrate an understanding of how child life professionals can impact healthcare environments by contributing their developmental expertise as it relates to content and design.
- Identify and describe environmental enhancements that can be applied to waiting areas, playrooms and other health care settings.
- Explain how custom play equipment can be acquired through utilization of talented in-house painters, carpenters, and artists.
- Identify how to utilize gained insight to advocate for similar collaboration between Child Life and Facilities Departments in attendee’s respective settings.

DOMAIN: Intervention (Task 1–7)

BITE SIZE TALK
Creating Calm in the Chaos: A Journey to 24/7 Child Life Coverage
- Lauren Goroff, CCLS, Michigan Medicine, Ann Arbor, MI
- Kathryn Ovem, CCLS, Michigan Medicine, Ann Arbor, MI

As child life programs continue to evolve within health care systems, there is an increased demand for services to better meet the needs of patients and families by providing care around the clock. This presentation explores the process, progression, and outcome of 24/7 coverage in a 30 bed pediatric emergency department along with related overnight coverage benefits to inpatient units.

LEARNING OBJECTIVES:
- Summarize the evolution of services, process, and expansion to accomplishing 24/7 emergency department and overnight inpatient coverage at one pediatric hospital.
- Discover ways in which staff can advocate for an increase in positions and support expanded coverage.
- Identify potential barriers and strategies to create cohesion within a growing team.

DOMAIN: Professional Responsibility (Task 2–5)

Supporting the Mental Health Population on an Inpatient Pediatric Medical Unit
- Emily Freeborn, CCLS, MPH, Inova Children’s Hospital, Falls Church, VA
- Cynthia DeFrancisco, CCLS, MS, Inova Children’s Hospital, Falls Church, VA

This presentation will analyze the obstacles a medical unit met when working with the mental health population, including patient interventions and staff self-care. The presenters will discuss multidisciplinary collaboration and adapting services to better support this patient population as well as the medical team.

LEARNING OBJECTIVES:
- Identify and discuss components of child and adolescent mental health.
- Identify considerations when working with the mental health population on a pediatric medical inpatient unit.
- Discuss appropriate interventions to utilize with the mental health population on a pediatric medical unit.
- Deliberate the emotional effect that working with the mental health population can have on a medical multidisciplinary team.

DOMAIN: Intervention (Task 1–7)

“It was a wonderful experience and a great opportunity as a new CCLLS to expand my knowledge.”
—2017 CONFERENCE ATTENDEE
A Psychosocially Inclusive Resident Education Model

- Sandra Ganey, MA, CCLS, Children’s Mercy Hospital Kansas City, Kansas City, MO
- Caroline McIntire, MA, CCLS, Children’s Mercy Hospital Kansas City, Kansas City, MO

Psychosocial education for medical residents is identified as an ongoing need. Increased awareness in practice early in physicians’ careers has the potential to significantly impact psychosocially inclusive pediatric health care. Attendees will gain insight into the development of an existing child life/medical resident education collaboration and explore how such a program can be implemented.

LEARNING OBJECTIVES:

- Identify the framework of a successful resident education program
- Describe the implementation process and outcomes related to psychosocially inclusive resident education
- Utilize “Educational Model” to advocate for similar psychosocially collaborative programs with medical staff

DOMAIN: Professional Responsibility (Task 2–5)

Giving Voice to the Front Line: Creating a Child Life and Creative Arts Therapies Shared Governance Model

- Margaret Zick, MS, CCLS, Upstate Golisano Children’s Hospital, Syracuse, NY
- Maria Fazzini, MS, LCAT, ATR-BC, Upstate Golisano Children’s Hospital, Syracuse, NY

The concept of shared governance and its role in a healthcare setting will be introduced. The theories supporting the need for and information to enable a child life team member to start shared governance will be presented. All aspects of creating and maintaining shared governance model will be discussed, including utilizing current shared governance trends within an institution, creating relevant documents, planning for and structuring meetings.

LEARNING OBJECTIVES:

- Recognize supporting theory and justify the need for shared governance in a healthcare setting and within child life.
- Identify appropriate areas of work for shared governance within a child life team.
- Conceptualize and create documents and leadership structures necessary to implement shared governance
- Structure a format for and carry out a shared governance program.

DOMAIN: Professional Responsibility (Task 2–5)

11:45 A.M. – 2:00 P.M.
Lunch in the Exhibit Hall

2:00 P.M. – 3:00 P.M.
Professional Development Workshops (1 PDU)

Prevalence of ‘Not Applicable’ Scores in The Evaluation Tool for Child Life Interns: A Research Study to Enhance Clinical Assessment Methods

- Allison Sohanal, MS, CCLS, McMaster University, Toronto, Ontario, Canada

This research study examines the use of “Not Applicable” scores in The Evaluation Tool for Child Life Interns. This study is valuable in providing an initial analysis of the tool across the three domains of assessment, intervention and professional responsibility. Sharing the results of the study will provide attendees with recommendations for the optimal use of the tool and suggestions for improving assessment methods and programs.

LEARNING OBJECTIVES:

- Gain knowledge of current research in health science education that identifies criteria for assessment of clinical competence
- Understand mixed methods research methodology
- Consider results of current research on The Evaluation Tool for Child Life Interns to benefit attendees’ own programs of assessment for child life interns.

DOMAIN: Professional Responsibility (Task 2–5)

Clinical Ethics: Truth Telling in the Pediatric Hospice Population

- Jennifer Fieten, MA, CCLS, Concordia University, Ann Arbor, MI

Pediatric patients receiving hospice services benefit from extensive child life support in processing prognosis. This presentation will discuss clinical ethics in relation to disclosing prognosis to the pediatric and adolescent hospice patient.

LEARNING OBJECTIVES:

- Define clinical ethics.
- Identify ethical obligations of the clinician.
- Identify and discuss key legislation and legal terms related to clinical ethics and the pediatric population.

DOMAIN: Professional Ethics (Task 1)

So Many Variables, So Little Experience: Learning to Assess the Patient with Psychiatric Concerns

- Brittany Ellisor, MA, CCLS, Huntsville Hospital for Women & Children, Huntsville, AL
- Stefani Williams, MA, CCLS, Huntsville Hospital for Women & Children, Huntsville, AL

As the number of patients with psychiatric concerns continues to rise, child life specialists are urgently asking, “Where do I start?” This session will prepare professionals who have little experience with this population to form assessments to guide them in caring for these patients. Attendees will learn what variables to include in their assessment and how to work alongside the interdisciplinary team to form a plan of care.

LEARNING OBJECTIVES:

- Describe basic biocultural variables to consider when assessing patients with psychiatric concerns.
- Verbalize the importance of coordinating with the interdisciplinary team to develop a well-rounded care plan of patients with mental health concerns.
- Differentiate the variations in assessing patients with psychiatric concerns in outpatient and inpatient units.
- Identify and utilize the need for reassessment throughout interventions when working with patients with mental health concerns.

DOMAIN: Assessment (Task 1–3)
One Size Does Not Fit All:
Creative Solutions to Annual
Competency Assessment

- Jill Koss, MS, CCLS, Cook Children’s Medical Center, Fort Worth, TX
- Cara Bozarth, MA, CCLS, Cook Children’s Medical Center, Fort Worth, TX

Competency assessment is mandatory for employees in the healthcare setting. While first year competencies for a new hire should be essential core competencies, the competencies identified for subsequent years should be more reflective of the crucial knowledge and skills needed for experienced child life professionals. Making those competencies relevant, and the validation method creative, is important for continued professional development.

LEARNING OBJECTIVES:
★ Understand the role of competency assessment as defined by mandatory standards within the healthcare setting
★ Define potential requirements for orientation-based competencies for the assessment of essential core skills of child life professionals as new employees
★ Identify competencies that are crucial for more experienced and/or advanced staff
★ Describe a variety of competency validation methods which stimulate creative thought process and enhance performance
★ Develop an advanced competency for use within their own department

DOMAIN: Assessment

Child Life and Telemedicine: Using Technology to Promote Family-Centered Care and Increased Family Involvement at Bedside

- Anna Epstein, CCLS, Le Bonheur Children’s Hospital, Memphis, TN
- Meredith Hilderbrand, MA, CCLS, Le Bonheur Children’s Hospital, Memphis, TN

Child life specialists are champions for family-centered care and advocate for family involvement throughout admissions. Due to advancements in technology, advocating for family presence and engagement at bedside is made possible even if families are not able to be physically present. Attendees will gain insight into the use of telemedicine and its ability to increase family presence during extended hospitalization.

LEARNING OBJECTIVES:
★ Define family-centered care and identify importance of parental involvement in care
★ Understand cultural and financial barriers to family presence at bedside
★ Define telemedicine and articulate rationale and benefits of its use to promote family-centered care
★ Gain tools to implement use of telemedicine in any facility

DOMAIN: Intervention (Task 1–7)
3:15 P.M. – 4:45 P.M.
Professional Development Workshops (1.5 PDUs)

Child Life in Action: Building Community Together with Hospital and Museum Partnerships
- Julie Piazza, MS, CCLS, Michigan Medicine—Office of Patient Experience and Child & Family Life, Ann Arbor, MI
- Andrea Reynolds, Ann Arbor Hands On Museum, Ann Arbor, MI
- Jennifer Gretzema, MA, CCLS, C.S. Mott Children’s Hospital, Ann Arbor, MI
- Catherine Mwai, C.S. Mott Children’s Hospital/ Patient Family Centered Care, Ann Arbor, MI

This session will provide the audience with insights about child life partnership opportunities with nearby community resources while building strategic community throughout their institutions. Basics of starting and sustaining collaborations between science centers, museums and children’s hospitals will be shared. This will include how to identify partners, adapt education programs for diverse populations and recruit and train community/hospital volunteers. Participants will be provided with examples of public programs that can be delivered at museums to foster family preparedness and coping.

LEARNING OBJECTIVES:
- Demonstrate insight in a framework design for successful community partnerships which support family centered outreach and preparation for healthcare experiences.
- Describe benefits for building community through multidisciplinary teams to achieve increased teambuilding, creativity and educational opportunities for all.
- Utilize evidence based design and hands-on experiences to advocate for similar patient and family centered innovative programming in their respective community and healthcare settings.
- Share collective experiences to synthesize similarities and opportunities for application in participants’ communities and varied institutional settings.

DOMAIN: Professional Responsibility (Task 2–5)

Developing Engaging Activities to Educate New Nurses on Child Life Services
- Emily Bradley, MA, CCLS, Nemours Children’s Hospital, Orlando, FL

In the hospital setting most education is provided via formal presentations. Activity based education such as simulation, in which medical scenarios are acted out, has been shown to increase knowledge and skill retention. In this session, attendees will learn about an activity based education session created to help new graduate nurses gain an understanding of and see the value in child life interventions.

LEARNING OBJECTIVES:
- Summarize the differences between four main styles of teaching
- Apply the facilitator style of teaching to current education of new nurses
- Articulate the benefits of using teaching styles other than expert, lecture based teaching to educate the multidisciplinary team on child life services

DOMAIN: Professional Responsibility (Task 2–5)

Helping Children of Adult Patients: A Proactive Interdisciplinary Team Approach
- Heather Rossi, CCLS, CPST, Children’s Hospital of Richmond at VCU, Richmond, VA
- Siri Garrett, MS, CCLS, CPST, CEIM, Children’s Hospital of Richmond at VCU, Richmond, VA
- Patricia Roberts, MSW, LCSW, Children’s Hospital of Richmond at VCU, Richmond, VA
- Joshua Andrezewski, MDIV, MS, BCC, Children's Hospital of Richmond at VCU, Richmond, VA

In this session, participants will gain knowledge about an interdisciplinary team that provides consultation and guidance to families facing a new diagnosis, trauma, or the anticipated death of a child’s adult family member. This team equips families with the tools needed to provide honest, age-appropriate communication and support in order to help children understand the medical situation.

LEARNING OBJECTIVES:
- Articulate the value of honest, developmentally appropriate communication with children regarding their adult family member’s medical situation.
- Describe the benefits of a proactive grief support program for children.

DOMAIN: Intervention (Task 1–7)

Simulation in Child Life Practice: The Next Generation of Preparation, Education, and Interprofessional Collaboration
- Hilary Woodward, MS, CCLS, NewYork-Presbyterian/Morgan Stanley Children’s Hospital, New York, NY
- Jessica Kirsch, RN, BSN, CPEN, NYSAFE, NewYork-Presbyterian/Morgan Stanley Children’s Hospital, New York, NY
- Brianna O’Connell, MS, CCLS, Boston Children’s Hospital, Boston, MA
- Kristin Diezel, MS, CCLS, Boston Children’s Hospital, Boston, MA

This panel presentation will explore pathways through which child life specialists have engaged in the rapidly growing practice of simulation. Panelists will describe frameworks for developing simulation-based programs for both patient preparation and interprofessional team training. Through discussion and small group work, participants will apply these frameworks to their own practice and plan simulation programming for implementation in clinical and educational environments.

LEARNING OBJECTIVES:
- Describe the utilization of simulation methodology and technology to prepare pediatric patients for medical encounters.
- Describe the utilization of a framework for interprofessional simulation that incorporates patient- and family-centered objectives.
- Explain the role of child life in optimizing the efficacy of simulation-based education for patients, families, caregivers, and multidisciplinary teams.
- Apply simulation frameworks for patient preparation and interprofessional education to one’s own practice.

DOMAIN: Intervention (Task 1–7)
A Multihospital Perspective on Integrating Facility Dogs and Animal Assisted Therapy into Clinical Practice

- Ali Spike, MS, CCLS, Kravis Children’s Hospital at Mount Sinai, New York, NY
- Kizzy Marco, CCLS, Cook Children’s Medical Center, Fort Worth, TX
- Jana Stockwell, MD, FCCM, FAAP, Children’s Healthcare of Atlanta, Atlanta, GA
- Sarah Herbek, CCLS, Texas Children’s Hospital, Houston, TX

This panel will examine differing facility dog program structures among hospitals. Presenters will share the unique values, individual challenges, and noteworthy successes in their respective programs. Presenters will demonstrate the myriad of ways that facility dog programming has cultivated multidisciplinary collaboration, improved measurable outcomes, and provided quality psychosocial support for patients, families, and staff. Presenters will demonstrate examples of how facility dogs are utilized using live demonstrations and videos.

LEARNING OBJECTIVES:
- Examine the background and value of Animal Assisted Therapy in a hospital setting through evidence-based research.
- Understand the value of resident dog programs when paired with a clinician.
- Examine facility dog programs from four different hospitals and identify key aspects of programming, implementation, and structure for each.
- Understand outcomes and challenges of facility dog programming and intervention at each hospital.
- Envision the possible enhancement of their current work in child life with the addition of a facility dog.

DOMAIN: Intervention (Task 1–7)

It’s a Small World After All: How Two Child Life Specialists Are Working to Expand the World of Child Life

- Rachel Werner, MS, CCLS, Save a Child’s Heart, Hauppauge, NY
- Courtney Moreland, MPH, CCLS, Child Life United, Palo Alto, CA

This interactive workshop tells the story of how two child life specialists developed their individual programs and why they connected to bring students the unique experience of working with children through an international practicum program. Each program will be explored from inception to current achievements. Goals for future expansion will be discussed.

LEARNING OBJECTIVES:
- Review child life program development of two different organizations.
- Conceptualize development of the field in non-traditional/international settings.
- Adapt skills utilized in traditional work settings to non-traditional/international setting.
- Advocate for child life training and education in non-traditional/international settings.
- Cultivate a practice model of education in an alternative setting.

DOMAIN: Professional Responsibility (Task 2–5)

A Visual Journey: The Therapeutic Nature of Photography

- Aimee Nelson, CCLS, University of Minnesota Masonic Children’s Hospital, Minneapolis, MN
- Ashley Wunderlich, CCLS, University of Minnesota Masonic Children’s Hospital, Minneapolis, MN
- James Bovin, University of Minnesota Masonic Children’s Hospital, Minneapolis, MN

Photography is often a key part of celebrating milestones, documenting and celebrating various aspects in the journey of life. As child life specialists, we employ various strategies, techniques, and modalities in our work with patients and families. This presentation outlines an integrative health photography program facilitated by Certified Child Life Specialists that incorporates photography into the daily life of a hospitalized child.

LEARNING OBJECTIVES:
- Demonstrate insight into the importance of photography as a coping modality.
- Describe the steps needed to launch a successful photography program at their hospital within the Child Life department.
- Discuss the importance of a multidisciplinary approach when implementing a therapeutic program.
- Understand the limitations of a donor funded project and considerations for securing additional funding to continue the program.

DOMAIN: Intervention (Task 1–7)

5:00 P.M. – 6:00 P.M.

Research Discussion and Awards Presentation

Interested in research, but not sure where to start or who to ask?

This discussion is for researchers of all levels of experiences. From those who have completed a study and published their findings to those just starting to think about what they want to investigate, this is an opportunity for all child life specialists interested in research to network and share resources.

Please also join us for the Research Awards presentation. We will be presenting the Professional Research Recognition Award and the Student Research Recognition Award, which honor significant work and research initiatives that contribute to child life theory and practice.

6:00 P.M. – 8:00 P.M.

Community-Based Networking

As the number of child life specialists in community-based and/or non-traditional hospital-based roles has increased, so has the need to network with other child life specialists working in similar settings. Members from the Community-Based Committee will host a networking roundtable for those interested in this area.

“I came away feeling more knowledgeable and recharged.”

— 2017 CONFERENCE ATTENDEE
HOPE IS OUR DRIVING FORCE

GameChanger's 4 pillars:

- Character Based Scholarships
- The Gamers Give Back Tour
- The VR Tour
- GameChanger Play Days

We leverage technology and innovation to ease the pain and suffering of children facing life-threatening illnesses and partner with the Child Life professionals who work with them on a daily basis.

GAME CHANGER

Tag us using #ChildLifeHope with a picture of the Children's Hospital where you work to get the chance to win new gaming equipment for the kids you care for!
8:00 A.M. – 9:30 A.M.

**Professional Development Workshops** (1.5 PDUs)

**BITE SIZE TALK**

**Training and Retaining Reliable College Student Volunteers**
- Erica Sokol, M.S., CCLS, StudentsCare, Philadelphia, PA
- Tami Robinson, StudentsCare, Phoenix, AZ

This presentation describes a hospital program that creates an opportunity for pediatric patients and their families to receive consistent emotional support during extended or recurring hospitalization. The program introduces a qualified, trained, and committed college student volunteer base to provide fun, friendship, and support to children and their families.

**LEARNING OBJECTIVES:**
- Learn how to implement a program that provides consistent emotional support to long-term pediatric patients.
- Understand the psychosocial impacts of frequent or long-term hospitalizations for children and their families.
- Learn how to engage and retain high quality volunteers

**DOMAIN:** Intervention (Task 1–7)

**BITE SIZE TALK**

**Collaboration Between Child Life Specialists at Separate Institutions to Enhance Patient Care**
- Jaime McCaffrey, CCLS, The Barbara Bush Children’s Hospital at Maine Medical Center, Portland, ME
- Brittany Metcalf, CCLS, Boston Children’s Hospital, Boston, MA

In order to receive specialized care, many pediatric patients must travel to other institutions. Collaboration between child life specialists at different institutions enhances the patient experience. This presentation will describe how two specialists identified a need for a transition tool and regular communication. Case examples, the transition tool and implications for practice will be shared.

**LEARNING OBJECTIVES:**
- Identify potential gaps in communication regarding the transfer of patient care
- Discuss the implementation of a transfer form
- List strategies for enhancing patient coping, continuity of care and patient and family satisfaction

**DOMAIN:** Intervention (Task 1–7)

**BITE SIZE TALK**

**There’s an App for That: Psychological Preoperative Preparation Through Virtual Reality**
- Katie Brazel, CCLS, CLST, Dipl, B.F.A., The Hospital for Sick Children, Mississauga, Ontario, Canada

The Child Life and Anesthesia departments at this hospital collaborated to develop and evaluate a new mobile application, that offers preoperative psychological preparation through virtual reality (VR). The authors demonstrated that VR is an acceptable form of preparing children for the operating room experience. Participants are invited to download the app for use in their clinical tool kit.

**LEARNING OBJECTIVES:**
- Analyze current literature around the negative impact of pediatric preoperative anxiety and the current audio/visual techniques being employed to reduce anxiety.
- Describe the findings from this co-author’s study.
- View the VR preoperative preparation video and the accompanying app.
- Acquire the app on personal devices to utilize in clinical practice.

**DOMAIN:** Intervention (Task 1–7)

**BITE SIZE TALK**

**Cultivating the Supervisor Identity: Connecting a Developmental Approach with Child Life Students**
- Jacob Wheatley, MS, CCLS, NCC, MT-BC, Children’s Hospital of Pittsburgh of UPMC, Pittsburgh, PA

Becoming a supervisor is a shift in identity. We meet the required hours and we are eligible to take interns, but we may not feel completely confident or qualified to take on this new role. This presentation explores the use of a developmental theory approach to guide child life specialists in developing their supervisor identity and provide purposeful and productive supervision to child life students.

**LEARNING OBJECTIVES:**
- Describe the foundational elements of a developmental approach to supervision.
- Understand supervisees’ experiences from the three core areas of assessment and eight-domains.
- Identify tasks associated with each student’s developmental stage.

**DOMAIN:** Professional Responsibility (Task 2-5)

**BITE SIZE TALK**

**Making a Good Impression: How to Confidently Create Meaningful Memories**
- Rebecca Hibma, CCLS, CPST, Helen DeVos Children’s Hospital, Grand Rapids, MI
- Cassie Patel, CCLS, CPST, Helen DeVos Children’s Hospital, Grand Rapids, MI
- Spencer Slaghuis, CCLS, CPST, Helen DeVos Children’s Hospital, Grand Rapids, MI

In this presentation five different memory making techniques will be discussed, including pros and cons to each and ways they have been improved. Participants will leave feeling more confident in their ability to utilize memory making techniques with grieving families.

**LEARNING OBJECTIVES:**
- Describe the different memory making techniques utilized at this institution.
- Identify challenges encountered in memory making
- Demonstrate the best process for different memory making activities.
- Engage in a hands-on learning opportunity with different memory making tools

**DOMAIN:** Intervention (Task 1–7)

**BITE SIZE TALK**

**Creating a Journal Club to Bridge the Gap Between Research and Practice**
- Maryse Deslauriers, CCLS, Children’s Hospital of Eastern Ontario (CHEO) Ottawa, Ontario, Canada
- Manon Rollin, CCLS, Children’s Hospital of Eastern Ontario (CHEO), Ottawa, Ontario, Canada

Studies have proven that journal clubs are an effective means to promote evidence based practice (EBP). Through the lens of adult learning theory, this workshop will provide valuable hands-on information and tools for the establishment, process, and evaluation of effective journal clubs. The clinical impact and possibilities for the growth of journal clubs will also be discussed.

**LEARNING OBJECTIVES:**
- Identify the pre-requisites for developing and conducting a journal club
- Utilize adult learning principles
- Recognize the elements of sustainable journal clubs
- Promote evidence-based practice

**DOMAIN:** Professional Responsibility (Task 2-5)
Bridging the Gap Between Generations in the Healthcare Setting to Build Synergy and Strong Teams

- Joan McGearry, MS, CCLS, Penn State Children's Hospital, Hershey, PA
- Julia O’Neill, MEd, CCLS, Penn State Children's Hospital, Hershey, PA
- Rebecca Combs, MEd, CCLS, Penn State Children's Hospital, Hershey, PA
- Bethany Aney, CCLS, Penn State Children's Hospital, Hershey, PA

This workshop will explore five generations currently in the workplace and implications for interaction. Misunderstandings can occur from different mindsets and styles of communication of people born in different eras. Characteristics of each generation and their impact on staff and patient interactions will be explored. This presentation will focus on how employees learn from each other to build collaborative relationships as well as provide strategies to build stronger teams.

LEARNING OBJECTIVES:
- Analyze the unique characteristics and generational stereotypes of each of the five generations.
- Describe ways that employees from different generations can learn from and support one another.
- Identify ways to strengthen the multigenerational work team through communication awareness, managerial styles and initiatives to develop future practitioners.

DOMAIN: Professional Responsibility (Task 2-5)

Integrating Child Life Services in Clinical Research

- Melissa Haun, MS, CCLS, Children's Minnesota, Minneapolis, MN
- Christi Dady, CCLS, Children's Minnesota, Minneapolis, MN
- Elizabeth Franck Thomas, MPH, CPH, CCRP, Children's Minnesota, Minneapolis, MN

This hospital developed a program for the first sponsored Cystic Fibrosis (CF) oral drug trial with 2-5 year old patients with an extensive research protocol. In response to the challenging protocol and young age group, the CF research team integrated child life services for study visits. This multi-disciplinary team developed materials to support learning and reduce anxiety for children. This relationship was integral to successfully enroll and retain subjects in a complicated trial.

LEARNING OBJECTIVES:
- Recognize resources and barriers vital to working with preschool patients and families in clinical research.
- Identify strategies and site setup for successfully integrating child life services in clinical research protocols and materials.
- Learn key components of program development and designing materials specific to research procedures.
- Identify ways child life involvement in clinical research enhances the patient, family experience and improves research outcomes.

DOMAIN: Intervention (Task 1-7)

9:45 A.M. – 11:15 A.M.
Professional Development Workshops (1.5 PDUs)

Social Media and Self-exploration: Perspectives From Adolescent Oncology Patients on Navigating Illness and Identity in a Digital Era

- Sarah Daniels, CCLS, St. Jude Children's Research Hospital, Memphis, TN
- Samantha Toohey, CCLS, St. Jude Children's Research Hospital, Memphis, TN

While social interaction facilitates identity formation, today’s teens are embedded in a digital landscape that expands the foundation for social exploration and reflection. Trends in adolescent social media use suggest that selfies and status updates offer valuable information about self-concept and coping. In this presentation, adolescent oncology patients describe their experiences with social media and identity throughout chronic illness, which has implications for both child life assessment and intervention.

LEARNING OBJECTIVES:
- Consider literature on psychosocial outcomes of adolescent online self-presentation and self-disclosure behaviors and integrate with theory of patient identity development.
- Interpret adolescent perspectives and discuss the ways in which patients explore identity within the interrelated contexts of social media and illness.
- Improve child life assessment and intervention practices based on implications of patient social media behavior and identity exploration.

DOMAIN: Assessment (Task 1-3)

All Teach, All Learn: The Ins and Outs of Psychosocial Simulation Training

- Barbra Rudder, MA, CCLS, Children’s Mercy Kansas City, Kansas City, MO
- Stephanie Easley, CCLS, Children’s Mercy Kansas City, Kansas City, MO

This presentation will describe how one pediatric hospital implemented psychosocial simulations with staff from the Child Life, Chaplaincy, and Social Work Departments. Research findings will be presented in regards to the simulations impact on staff understanding, confidence and competence in collaborating and communicating within the psychosocial team.

LEARNING OBJECTIVES:
- Understand the justification for and potential benefits of psychosocial simulation training.
- Describe the development and key components of psychosocial simulations.
- Learn how research can be conducted regarding psychosocial simulation learning.

DOMAIN: Professional Responsibility (Task 2-5)

Stepping It Up: The Development of a Clinical Ladder Program

- Cathleen Johnson, CCLS, CEIM, Monroe, Carell Jr. Children's Hospital at Vanderbilt, Nashville, TN
- Sarah Beth Gray, CCLS, Monroe, Carell Jr. Children's Hospital at Vanderbilt, Nashville, TN

A clinical ladder is a structure of salary progressions and professional levels that provide advancement from novice to expert (Wall, 2007). The goal of this session is to inspire, educate, and provide tools to guide participants to creating or enhancing their own child life clinical ladder program. Presenters will examine evidence and give a comprehensive depiction of the evolution of this hospital’s clinical ladder program.

LEARNING OBJECTIVES:
- Define the term clinical ladder and articulate its benefits as evidenced in research.
- Understand the steps taken to create a child life clinical ladder program at this hospital.
- Gain an intricate knowledge of this hospital’s child life clinical ladder model; and the expectation of an advanced practice CLS.
- Attain knowledge of the challenges and evolution of this program.

DOMAIN: Professional Responsibility (Task 2-5)
“Are We There Yet?”
Finding Joy in YOUR Journey.

- Ashley Kane, MS, CCLS, Penn State Children’s Hospital, Hershey, PA

“Are we there yet?!”...the dreaded words heard during a long journey, when the destination seems out of reach. How often do child life professionals lose sight of their journey? The career path of each child life professional is unique, but at times, may seem stagnant. Inspiration and a renewed sense of the journey will be shared through this interactive presentation.

LEARNING OBJECTIVES:
★ Understand the concept of the growth mindset in career development opportunities.
★ Discover the connection between career development opportunities, workplace happiness, and employee engagement as evidenced through research and practical application.
★ Acquire transferable skills to facilitate an interactive career narrative technique.

DOMAIN: Professional Responsibility (Task 2-5)

Beyond the Prep Book: Creating a Social Narrative Collection for Patient Preparation

- Kristin Diezel, MS, CCLS, Boston Children’s Hospital, Boston, MA
- Andrea Lerude, MS, CCLS, Boston Children’s Hospital, Boston, MA
- Carrie Mauras, PhD, Boston Children’s Hospital, Boston, MA

Meeting the preparatory needs of children with diverse developmental profiles poses challenges for child life specialists. Limits of language, comprehension, and sensory-focused needs may limit the appropriateness of using traditional prep books to prepare patients for a procedure or admission. After learning how one hospital uses social narratives, participants will design and create their own narrative, and leave with tools to launch a library for their institution.

LEARNING OBJECTIVES:
★ Identify characteristics of hospital environment that present challenges for children and families.
★ Address the unique characteristics of social narratives versus traditional preparation books as well as populations most likely to benefit from social narratives.
★ Describe the application of social narratives in preparation and learn steps required for creating social narrative.
★ Design/create their own social narrative.
★ Develop an action plan for using social narratives in child life practice.

DOMAIN: Intervention (Task 1–7)

11:30 A.M. – 1:00 P.M.

CLOSING GENERAL SESSION
Mary Barkey Clinical Excellence Award Presentation

Each year, the ACLP Board of Directors selects from a group of candidates nominated by their peers to honor a single child life specialist who has demonstrated exemplary child life care and a high level of clinical skill. The 2018 Mary Barkey Clinical Excellence Award will be presented at the Closing Session to Renee Savic, CCLS, Johns Hopkins All Children's Hospital, Saint Petersburg, Florida. Renee’s contributions and accomplishments will be highlighted in a feature article scheduled to appear in the Summer 2018 edition of the ACLP Bulletin.

CLOSING KEYNOTE SPEAKER
Laurie Strongin
CEO & Founder, Hope for Henry Foundation

In 1996, Laurie became heavily invested with finding a medical breakthrough procedure with hopes of saving her son and other children. She worked alongside a number of political figures including—former House Democratic leader Nancy Pelosi, Newt Gingrich, and Congresswoman Diana DeGette (D-CO). Additionally, she secured features in media outlets such as—ABC, Washington Post, and New York Times. Laurie’s valiant efforts led to President Obama lifting the ban on federal funding for stem cell research in 2009.

In 2010, Laurie published a memoir, “Saving Henry” garnering widespread coverage on major network television programs — Good Morning America, The Diane Rehm Show, The Bob Edwards Show, The Dr. Oz Show, and BBC. Her memoir led to over 60 speaking engagements across the country.
LOCATION: GAYLORD NATIONAL HARBOR, MD

The 2018 Child Life Annual Conference will take place at the Gaylord National Harbor Resort in Oxon Hill, Maryland—just minutes outside of Washington, DC. Enjoy stunning views of the waterfront along with luxury shopping, exquisite dining, and entertainment.

Attractions
- The Capital Wheel: thecapitalwheel.com
- The Carousel: thecapitalwheel.com/carousel
- MGM National Harbor Casino: www.mgmnationalharbor.com
- Water Taxi to Old Town Alexandria and the National Mall. For a fun alternate transportation option, take the Water Taxi from Gaylord National Harbor Resort to Old Town, Alexandria, or to the National Mall in Washington, DC. For more details, visit: www.potomacriverboatco.com/water-taxi/national-mall
- Tanger Outlets at National Harbor: www.nationalharbor.com/shop/
- Explore more things to do at the Gaylord National Harbor Resort, visit: www.nationalharbor.com/play

Hotel Information
Gaylord National Harbor Resort is within easy access to shops, restaurants, and other attractions. Special hotel rates for Child Life Annual Conference attendees are $179 per night plus tax (currently at 18%). The rate quoted is for single/double occupancy—each additional person is an extra $20 per night.

To make your reservation online, go to the Child Life Annual Conference section of the ACLP website and click on Gaylord National Harbor Resort. If you prefer to book your reservation by phone, call 1-877-491-0468. Be sure to identify yourself as an Association of Child Life Professionals conference attendee to ensure you receive the discounted group rate. A complete list of room assignments for each of the conference sessions will be provided on-site, at the Conference Registration Desk.

Hotel Parking
The hotel offers on-site and valet parking.

Getting There
There are several options outlined below for getting to and from the Gaylord National Harbor Resort. It is best to first determine your travel budget and arriving airport location before you decide your best available option. The hotel does not have a complimentary shuttle.

Airports
There are three major airports accessible to the Washington DC area. The Ronald Reagan Washington National Airport (DCA) is approximately 10 miles from the hotel. Washington Dulles International Airport (IAD) is located about 35 miles from the hotel, and Baltimore Washington International Thurgood Marshall Airport (BWI) is about 40 miles from the hotel.

Taxi
At all airports, taxicabs are available from the lower level curbfront of all terminals. There are no flat rates because they all run on meters.
- The approximate fare from Ronald Reagan Washington National Airport is $35–$45.
- The approximate fare from Washington Dulles International Airport or Baltimore Washington International Thurgood Marshall Airport to Washington, DC will range from $75–$95.

Shuttle
Shuttle service will cost a little less (starting at approximately $45) but the trip may take longer, depending upon how many stops the shuttle makes. Reservations for a shuttle must be made in advance. For more information, contact Super Shuttle at 1-800-258-3826, or visit www.supershuttle.com.

Driving Directions
Download printer-friendly driving directions from the Annual Conference/Location & Hotel Information section of the ACLP website at www.childlife.org.

Weather
May weather in the Washington, DC area, typically ranges from average high temperatures in the 70’s to low temperatures in the 50’s. We recommend bringing a sweater, as the temperature inside the meeting space can be quite cool.
EXHIBIT HALL INFORMATION

The Exhibit Hall is consistently rated as one of the most popular features of the conference, and each year attendees look forward to viewing the latest innovative products and services available to support their efforts in helping children and families.

EXHIBIT HALL HOURS
(14 hours with attendees)

THURSDAY, MAY 3
1:00 P.M. – 4:00 P.M.
Exhibitor Set-up

5:00 – 9:00 P.M.
Welcome Reception in Exhibit Hall
‘Throwback Thursday Dance Party’ begins at 7:00 PM

FRIDAY, MAY 4
7:30 – 9:30 A.M.
Breakfast in Exhibit Hall

12:30 – 2:30 P.M.
Lunch in Exhibit Hall

6:00 – 9:00 P.M.
Leadership Reception (Invitation Only)

SATURDAY, MAY 5
7:30 – 9:30 A.M.
Breakfast in Exhibit Hall

11:45 A.M. – 2:00 P.M.
Lunch in Exhibit Hall

Exhibit Hall Guest Passes
If you are interested in bringing a guest to visit the Exhibit Hall, guest passes are available for $50 for Thursday (includes evening reception) and for $100 for Friday (includes lunch and reception).

All attendees entering the Exhibit Hall area will be required to wear their conference or guest badge in order to be permitted entry. No exceptions.

IMPORTANT! Name Badges
Name badges are required for admission to all conference sessions and events. Children (including infants) and nonregistered guests are not allowed into the educational presentations.

PARTICIPATING EXHIBITORS
The following is a list of exhibitors as of December 21, 2017. Please refer to the ACLP website for the most current information. For more information on exhibiting, please contact Bea Wikander at bwikander@childlife.org or 571-483-4493.

- Amazing Interactives
- Azusa Pacific University
- Beads of Courage
- Child’s Play
- Children’s Hospital of Philadelphia
- Dream Think Imagine
- Eastern Washington University
- Erikson Institute
- Fully Loaded Electronics
- Game Changer Charity
- KEYS Program
- Kidzpace Interactive
- KindVR
- Legacy Products
- Make-A-Wish
- Melodic Caring Project
- Memories Unlimited Inc.
- Nova Southeastern University
- PAB’s PACKS
- PlayAbility Toys
- PlayopolisToys Inc.
- Sara’s Smiles
- SpellBound
- Swank Patient Entertainment
- UnitedHealthcare Children’s Foundation
- Walli-Kids
- Youth Rally Committee Inc.

EXHIBIT HALL FLOOR PLAN
ACLP would like to thank our 2018 Conference Sponsors
(as of December 21, 2017)

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