Agenda for 2004 CLC Conference in Seattle Set

The Conference Planning committee met at the Child Life Council office in September to plan the program for the 22nd Annual Conference on Professional Issues, to be held May 28-30, 2004 at The Westin Seattle Hotel. Ninety-four abstracts were reviewed for inclusion in the conference; many thanks to all those who submitted.

We’re thrilled to be able to share some of the highlights below; including a replay of the popular Core Competencies intensive (post conference last year, pre-conference in 2004). Please note that prices for the intensives and social event have not been set, but these do carry a charge beyond the conference registration fee.

PRE-CONFERENCE
Thursday May 27, 2004, 9:00 a.m. – 5:00 p.m.

Core Competencies: Back to the Basics

This one-day, pre-conference institute will focus on several of the core competencies, as outlined in *The Official Documents of the Child Life Council*, practiced by child life specialists in their daily work. Medical Play, Preparation, Growth and Development and Assessment will all be covered. Whether you have worked in the field for many years, or are new to the profession, you will benefit from this interactive program!

Christina Brown, MS, CCLS, Director, Child Life & Education Department, Children’s Hospital of Philadelphia, Philadelphia, PA

Christine Puder, MEd, CCLS, Faculty of Early Childhood/Child and Youth Care, University College of the Fraser Valley, Abbotsford, BC

NEW EVENT!
Thursday, May 27, 2004, 5:30 p.m. – 7:00 p.m.

The First Timers/New Members Orientation is open to all conference attendees who want the opportunity to meet other members, familiarize themselves with the conference and learn to maximize the time and money they have invested to join CLC. Attendees will learn how to get the most out of workshops and why it is important to participate in the social functions and the Exhibit Hall. In addition to learning about the Annual Conference, participants will also leave this session knowing more about member services and CLC’s Strategic Plan.

For those of you who have been a member for years, this is a chance for you to meet new people and become acquainted with new CLC activities. The interactive session gives everyone the opportunity to network and learn. We strongly encourage you to take advantage of this orientation and equip

(See SEATTLE, p. 6)
It certainly has been a busy time for the Child Life Council. We are deep into the strategic planning process with the goal of final approval of the plan at the May 2004 Board meeting. I wanted to take this opportunity to update you.

Currently, we are synthesizing the initial work of the Strategic Planning Group that met last April, the input from the Executive Board and the information obtained from the membership survey. As you can imagine, it is quite a process. The Child Life Council staff has been extremely helpful in this endeavor.

From the initial information, six major objectives have unfolded. Each of these areas will then have specific tasks associated with it to meet the goal. All the objectives and associated tasks will be integrated into the final strategic plan and a business plan. Priorities will be established and we will move forward working from the plan over the next three years. The strategic plan will not be implemented until it meets final board approval.

The objectives that will be addressed by the strategic plan are:

OBJECTIVE 1: Promoting child life professionals, the services they provide and the CLC through public relations, marketing and advocacy programs.

Increased visibility for both the child life profession and the Child Life Council has been a consistent request by the membership.

OBJECTIVE 2: Continuing programs to maintain the professionalism of child life specialists and ensure quality of child life services.

This will include programs such as certification, annual conferences and the endorsement program for academic and clinical preparation programs.

OBJECTIVE 3: Providing an information clearinghouse of resources for members, child life professionals and other stakeholders.

Child life specialists provide a wealth of information for each other. Providing and maintaining a formalized mechanism to exchange resources and information between members should prove to be invaluable. The Web site will be redesigned and its content expanded.

OBJECTIVE 4: Creating a definitive catalog of research.

Another area that the membership consistently requests action on is research. This may take many forms ranging from small-scale research projects, to maintaining the research bibliography related to child life practice, to a large-scale research initiative.

OBJECTIVE 5: Ensuring the viability of the Child Life Council through member care, fiscal responsibility and leadership development.

Customer service is a priority for CLC leadership and staff. The Child Life Council is addressing the needs of the diverse members we serve, such as student members, international members and those at various stages in their careers. Additionally, the long-term success and growth of an organization depends on both fiscal responsibility and strong leadership. A plan for the mentorship and development of leaders is key to ensuring our future.

OBJECTIVE 6: Collaborating with other organizations with similar missions to leverage our power and resources.

It will be imperative as we move into the future to form alliances with groups that have similar interests, including relationships with regional groups or international organizations similar to the Child Life Council.

As you can see, there are many exciting days ahead. These objectives are just the beginning. The programs and actions associated with them will help drive the Child Life Council forward to a successful future.

CLC Research Competition 2004

- Feeling empty inside?
- Avoiding friends and family after work?
- Unable to gain back the passion you once had in using your glitter wand?

Be honest, you haven’t done research in a while. In fact, you can’t remember the last time you stayed up late deciding between using a two sample t test and a Wilcoxon Rank-Sum test. Admitting it is the first step. The second step is to go to childlife.org under the “Information for Members” section to learn more about how to get involved in the Research Competition. Your friends will thank you.
FROM THE EXECUTIVE DIRECTOR

Member Programs and Services Expanded

by Susan Krug, CMP, CAE

The CLC leadership and staff are committed to building a stronger association that is more responsive to its members. We have begun to expand and enhance member programs and services, and hopefully you have already experienced our recent improvements and updates. Here are the highlights of current initiatives:

Membership renewal

You probably noticed a difference in our membership renewal packet this year — we revamped the membership renewal package and promoted new member pricing for CLC publications and merchandise. In September, membership hit an all time high of 2,647.

Publications/Merchandise

We have lowered member prices on almost all of our publications and merchandise and created additional savings by offering “packs.” The new packs feature bundling of multiple products at incredibly low prices. We will run the publications and merchandise promotions through the first quarter of 2004.

Web site

The Child Life Council Web site is being completely redesigned and expanded to become the “information clearinghouse” for child life. Please respond to the online member survey requesting your input on child life resources that should be featured on the new site.

Conference

The Child Life Council’s 22nd Annual Conference on Professional Issues will be held in Seattle, Washington May 28-30, 2004 at the Seattle Westin. To reserve your hotel room call 888-627-8513 and reference “Child Life.” Full conference information will appear on the Web site by the year’s end. All members of the Council will receive a full program and conference proceedings in early 2004.

Certification

Applications for the November examination totaled over 600. This is the highest number in the history of the program beating the November 1999 record of 336. About a third of those registered are part of the “grandfathered” group of certified child life specialists who must take and pass the certification exam by the end of 2004.

On behalf of the Child Life Council Executive Board and staff, I’d like to take this opportunity to recognize the important contributions of CLC staff member Karen McCaffrey. For more than four years she has managed the certification program, annual conference and Bulletin. Each program has grown significantly due in part to her project management, editing and organizational skills and commitment to the organization. Karen will be leaving the Child Life Council this fall for a job at the American Society of Clinical Oncology. Thanks for everything, Karen. We will miss you!

Thank you again for your membership in the Child Life Council. Your support helps CLC continue to expand its programs and services and keep the child life profession strong. Please feel free to share your ideas and suggestions for a better CLC, email us at CLCstaff@childlife.org.
Stress, emotional skill, and illness in children: The importance of distinguishing between children’s and parents’ reports of illness.


Reviewed by: Jo Ellen Vespo, Ph.D., Professor of Psychology & Psychology-Child Life, Utica College, Utica, NY

Introduction

Many studies have revealed a relationship between stress and health, with more negative life experiences being associated with greater health problems. This relationship holds true for both children and adults. However, parents, not children, typically provide reports regarding children’s stress and illness. The few studies that involve interviewing children directly indicate that there is a very small correlation between children’s and parents’ reports. The purpose of this study was to further explore the relationship between stress and health, as well as between children’s and parents’ reports of illness and emotions associated with illness, while attempting to shed light on the discrepancy between children’s and parents’ reports.

Method

Children (N = 92) were recruited from 5th and 6th grade (10 to 13 years of age) in urban and suburban elementary schools in the northern US. There were 49 boys and 43 girls, with the majority of the children being Caucasian (77.2%). After obtaining consent from the parents and children, each child and one parent were interviewed independently using the following measures.

Children completed: the Life Events Checklist (indicating “yes” or “no” to each of 46 specific stressful events as occurring in the past year); a children’s adaptation of the Toronto Alexithymia Scale-20 (to assess ability to identify one’s feelings); the Children’s Somatization Index (to assess children’s health-related symptoms); the Short Form of the Child Depression Inventory (to assess a child’s general negative affect style); and the Expressive One-Word Picture Vocabulary Test (to assess vocabulary level and general verbal intelligence).

Parents provided three reports of children’s illnesses, which were later combined into one index: completion of the Children’s Somatization Index, the total number of physician contacts, and the total number of days absent from school due to illness over the past three months. Parents’ negative affect was assessed using the 10-item Negative Affect subscale of the Positive and Negative Affect Schedule. Information on demographic variables, including the child’s age, gender and race, the parent’s educational and marital status, and the family’s income was also collected. The demographic variables, negative affect measures, and measure of verbal ability were used as control variables in order to examine the direct relationships among life events, reports of illness and ability to identify and describe emotions.

Results

The authors used a series of correlation and regression analyses to examine the relationships among the variables. As with past studies, the authors found that children’s reports of their health were not significantly correlated with their parents’ reports. Thus, the perceptions of children and parents regarding illness do not match. Second, a significant relationship was found between negative life events and health, and this relationship held for both children’s and parent’s reports. Thus, whether you ask children or parents, it is found that more negative life experiences are associated with greater illness. Thus, this finding is a robust find-

(See RESEARCH, p. 8)
What's in a Name?

by Laura Gaynard, PhD, CCLS and the child life staff at Primary Children's Medical Center, Salt Lake City, UT

“What is in a name? That which we call a rose by any other name would smell as sweet…”

Such were the thoughts of Juliet regarding Romeo as she pondered the subject of her love in the midst of Shakespeare’s most memorable balcony scene. According to Juliet, a name, or a title, is of little consequence; it is “not hand, nor foot, nor arm, nor face, nor any other part belonging to a man…. ”

Following the fifth screening of my favorite Shakespearean tragedy I wondered, along with Juliet, what is in a name? What is in the title of child life? Is Juliet correct? Is it of little consequence? Does it matter if we are referred to by our professional title or by one of the many other names that we all hear day after day?

To first explore this subject I consulted the Internet’s version of Merriam-Webster. I found “child” defined as a recently born or young person; a person not yet of age; a youth of noble birth; a son or daughter of human parents; one strongly influenced by another; a person between infancy and youth. The noun “life” is defined as the quality that distinguishes a vital and functional being from a dead body; an organismic state characterized by a capacity for metabolism, growth, reaction to stimuli and reproduction; a spiritual existence transcending physical death; the period from birth to death.

To further my investigation into the meaning of our title I explored the synonyms and other related words for child life. This truly became entertaining. Some of the more interesting words listed as synonyms, antonyms and idioms for “child” include bud, chick, chit, moppet, nipper, youngling, runabout, sweetling, small fry, hopeful, teener and chickabiddy. I found the related words listed for “life” to be just as fun. They included creature, mortal, elan, esprit, being, soul, personage, individual, oomph, verve, vim, and zing.

If you take some of the synonyms, antonyms and idioms for child and life and put them together you can end up with some pretty interesting titles such as: chickabiddy soul specialist, moppet vim professional, nipper mortal specialist, small fry oomph professional, runabout esprit specialist, or my favorite, sweetling zing professional.

My final exploration into the importance of a name or title was to explore the actual alternative names by which child life specialists are referred. To get a sufficient sample I polled the staff here at Primary Children’s in Salt Lake City where we have 22 child life specialists and a wide range of experience. I also received some input from a few child life colleagues who reside in other areas of the country.

I’m sure most of you are familiar with the more common alternative child life titles such as: “Mom,” “Dad,” “volunteer,” “nurse,” “social worker,” “toy lady” “activity specialist,” “entertainer,” “fun lady,” “life lady” (or would that now be the “elan lady” “or the “oomph lady”?), “fun therapist,” “play coordinator,” “play therapist,” “child development coordinator,” “recreation therapist/consultant,” “play coordinator,” “decorator” and of course, “wild life.” Some of the less common names that were emailed to me include: “paint lady,” “BINGO guy,” ‘bubble lady,” “boredom specialist,” “child life saver,” “the nice one,” “life care person,” “craft queen,” “craft coordinator,” “child social worker,” “stuffed animal display consultant”; and the title that reportedly cut to the core of one of our staff, “grandma.”

A five year-old patient, who was admitted to the hospital every six weeks for chemotherapy, gave me my most memorable alternative title. He was a child who knew just what he needed to cope. The first thing he would do on each admission was to tell his nurse to go get that “child-like person!”

Unfortunately, most child life specialists have probably been referred to as babysitters at one time or another during their career. In Utah babysitting is often referred to as “tending.” Not long ago I was working with a patient in the PICU and a nurse stopped and complimented me on doing such a nice job of “tending” the children. I guess that makes me a “tender”? How would that read on a job description?

Probably the most common name by which we are mistakenly referred is “play lady” (“play man” just doesn’t have the same ring to it). I want to close with a slightly differ-

(See NAME, p. 6)
ent slant on this title that was shared with me by a child life friend and colleague. She emailed me about a nurse who deeply understood and appreciated the child life role yet referred to my colleague as a “play lady.” My friend wasn’t offended by this confusion of titles but wondered if it meant that she wasn’t a “real lady” but only pretend…like the difference between play dough and real dough.

Hmm…now that will really make you think, “What is in a name?”

SEATTLE
(continued from p. 1)

yourself with the tools to make your CLC journey successful.

OPENING PLENARY
Friday, May 28, 2004, 1:45 p.m. – 3:15 p.m.

Loving What You Do – Doing What You Love
John Yokoyama, Owner, World Famous Pike Place Fish Market

Explore the importance of having a powerful vision and what it takes to create a work environment that empowers people to be great at what they do — and love doing it!

Employees at the Pike Place Fish Market created a vision of the future that inspired them; the prospect of being “World Famous – in a way that makes a profound difference for people.” Along the way they have discovered how to communicate effectively and how to coach in a way that leaves their team members empowered. They’ve discovered what it really means to make a difference for the people they serve. The Market’s fish-throwing staff has been featured in People, Fast Company, Free Willy (the movie), ESPN, “Good Morning America,” “Sunday Morning,” and many more. They’ve been captured on film and written about by filmmakers and journalists from all over the world. Their Fish Market has been named by CNN as the #1 most fun place to work in the U.S. Their company’s work culture has become a favorite subject for case studies in business schools. They have become a legend in the corporate training industry. This has spawned an entire industry of training videos, books, business retreats, “Fish Trainings,” and workshops. The videos that document their exciting work culture have become the best selling corporate training videos of all time. John Yokoyama and his staff of fishmongers are now sought-after the world over as public speakers.

EMMA PLANK KEYNOTE ADDRESS
Sunday, May 30, 2004, 10:30 a.m. – 12:00 p.m.

The keynote address features a presentation on building and improving relationships by Drs. Les and Leslie Parrott, co-directors of the Center for Relationship Development on the campus of Seattle Pacific University, a groundbreaking program dedicated to teaching the basics of good relationships. Les is a professor of psychology at SPU and Leslie is a marriage and family therapist at SPU. The Parrotts’ charisma, humor and practical advice have placed them in high demand as conference and seminar speakers. Dr. Les Parrott has been a guest on many radio shows and featured on national television including “CBS This Morning,” “Good Morning America,” “Nightly News with Tom Brokaw,” “The Oprah Winfrey Show,” “The View,” and CNN. Their work has been written about in newspapers such as USA Today and the New York Times and many magazines including Men’s Health, Family Circle, Redbook and Women’s Day.

HALF-DAY INTENSIVES
Friday, May 28, 2004, 8:00 a.m. – 11:30 a.m.

A. Understanding and Helping Grieving Children & Teens
What children and teens experience after a death and what the adults in their lives can do to help.

Donna Schuurman, Executive Director of The Dougy Center (www.dougy.org) will conduct this special training session.

B. Providing Unique Opportunities for Siblings of Children with Special Needs
This presentation will highlight the unique concerns and opportunities that siblings face and what child life programs can do to provide support and resources to them.

Kari Marti, CCLS, Medical Unit Child Life Specialist, Children’s Hospital and Regional Medical Center, Seattle, WA
Ann Miller, CCLS, Adolescent Child Life Specialist, Children’s Hospital and Regional Medical Center, Seattle, WA

C. Polishing Your Presentation Skills
Child life specialists are often called upon to provide formal education to hospital staff on topics ranging from child development to bereavement. This intensive will equip specialists with tools to assist in public speaking.
BOOK REVIEW

When Children Die: Improving Palliative and End-of-Life Care for Children and Their Families

Institute of Medicine
National Academies Press
Washington, D.C.

Reviewed by: Sara Alderfer, CCLS, AFLAC Cancer Center and Blood Disorders Service, Children’s Healthcare of Atlanta at Egleston, Atlanta, GA.

In 1993 a small group from the Institute of Medicine (IOM) met regarding end-of-life care. From that small group the IOM began a study in 1995 looking at end-of-life issues that culminated in a report published in 1997. The report titled “Approaching Death: Improving Care at the End of Life” (IOM 1997) addressed important topics related to palliative care. The 1995 study and resulting report focused on the issues of adults, especially of seniors as their age group comprises the largest percentage of deaths per year. Also in that original study, it was recognized that, although the death of children twenty years of age and younger represent only 2% of deaths each year, the death of children has its own unique issues that were not addressed.

As such, the IOM began a second study in 2000 that looked specifically at children and end-of-life issues. The resulting publications – both a manuscript and a summary – provide a wealth of information for both pediatric institutions and pediatric health care providers.

The report focuses on a wide-range of topics related to palliative care including, but not limited to, definitions, statistics related to mortality rates in children, ideas related to improving care, ethical and legal issues, and education. Overall the report makes twelve recommendations for improvements in care for both dying children and their families.

The report speaks to many issues related to the work of child life specialists. It repeatedly emphasizes the importance of open, honest communication not only with parents, but with children as well. It advocates for the sharing of information with children and their involvement in the decision making process as appropriate. Also discussed are issues related specifically to adolescents and stress points for siblings. In this comprehensive report, financial issues are also identified. These issues include that services – such as child life, art therapy, etc – are rarely reimbursable. The report refers to child life specialists throughout the text.

As child life specialists, we have so many precious opportunities to affect both children and families facing end-of-life issues. As the IOM’s report serves as a call to action – urging changes in every aspect of end-of-life care – child life specialists can find the information contained within it very valuable. The report is a comprehensive collection of information to this point on pediatric end-of-life issues, as well as a source of future research topics and ideas. As individuals committed to the care of children, we can use this report to arm ourselves with information and research. Within our institutions, we can utilize this report to help seek opportunities to be a part of an on-going and essential effort to improve end-of-life care for the children and families we serve.

This book can be purchased through the National Academies Press Web site (www.nap.edu).

Jenni Davis, BA, CTRS, CCLS, Recreational Therapist, UNC Hospitals, Chapel Hill, NC
Kimberly Arnold, BA, CCLS, Child Life Educator, UC Irvine Medical Center, Orange, CA.

SOCIAL EVENT

Saturday, May 29, 2004, 6:30 p.m. – 10:30 p.m.

Tillicum Village offers a unique opportunity for local guests and visitors alike to capture the essence of the beautiful northwest and the Native American culture in just four hours. The journey to Tillicum Village begins at Pier 55 on Seattle’s Central Waterfront, where you board a charter vessel to Blake Island. During the cruise to the island, enjoy a narrated harbor tour of Elliott Bay and perhaps spot some porpoises, sea lions, or orca and other marine life, which inhabit Puget Sound.

When you arrive at Tillicum Village, experience the myths and legends of the Northwest Coast Native Americans: savor the award winning Northwest Coast salmon (chicken dinner also available) and visit Tillicum Village’s Gift Gallery, which features many Northwest artisans.

It promises to be an amazing conference; so mark your calendars, grab your coffee mug and join us in Seattle.
Name or Address Changes Requested

Please send name or address changes to CLC (see address at right) to make sure you receive future mailings of certification and/or membership materials. Certified individuals: Please send changes for both work and home addresses. Include the following information: Account number (1st number on your mailing label), full name, title, institution, complete preferred address (note if home or work), day & evening phone numbers, email address.

RESEARCH
(continued from p. 4)

This study suggests that children’s ability to communicate their emotions to their parents, creates awareness in their parents, who then act on this awareness, resulting in the child feeling less stressed and more healthy. When a child does not or cannot communicate feelings to the parents, the parents remain ignorant of the child’s needs. While observation of a child’s behavior can create awareness in the parents, the child’s ability and willingness to share his/her perceptions seems to have a significant effect on the parents’ reactions. A child life specialist, through the use of therapeutic play, helps the child to develop the ability to identify, express and communicate emotions. The specialist also plays a key role in facilitating communication between the child and the parents. It is important that the specialist be aware that parents often do not fully comprehend the extent and intensity of the child’s worries (see also Georgia Witkin’s book KidStress, 1999). By bridging this gap, the specialist helps to maximize the support parents can provide to their child.

Midwest Child Life Conference
November 8–9

9th Annual Midwest Child Life Networking Conference will be held at Children’s Mercy Hospitals and Clinics, Kansas City, Missouri, November 8th and 9th. Keynote speaker, four workshop sessions, networking breakfast and hospital tours. 7 PDHs available at conference. CLC Endorsed! Contact Melissa Pulis mtoering@cmh.edu or 816-234-3757.