Ruffo to Keynote 21st Annual Conference in Montreal

by Angie Gagliotti, BA, CCLS, Shriners Hospital for Children, Montreal, QC and Karen M. McCaffrey, CLC Program Director

Le contenu du Congrès annuel du Child Life Council qui aura lieu à Montréal promet d’être excitant et inspirant grâce à la participation de conférenciers d’envergure internationale.

Madame, la juge, Andrée Ruffo sera la conférencière d’ouverture du Congrès. Elle est reconnu à travers le monde pour ses nombreuses démarches afin de défendre les droits et la protection des enfants. En plus de nombreuses publications et conférences, elle a fondé en 1994, le Bureau international des droits des enfants. Dr Jean Yves Frappier, pédiatre et professeur à l’université de Montréal, présentera lors des sessions intensives sur le rôle que les éducateurs en milieu pédiatrique peuvent jouer pour prévenir, détecter et protéger notre jeunesse de l’abus sexuel.

Montréal est une ville multiculturelle ou le français et l’anglais cohabitent au quotidien. Elle est la deuxième plus grande ville francophone au monde.

Grâce au support de la fondation de l’hôpital de Montréal pour enfants, il sera possible de traduire le contenu du programme du Congrès et de traduire simultanément plusieurs conférences afin d’encourager la participation du Québec, de la France et de la Belgique et ainsi faire découvrir le Child Life Council aux professionnels francophones.

The Child Life Conference in Montreal promises to be exciting, innovative and inspiring because of the international representation.

Honorable Judge Andrée Ruffo is our keynote guest speaker. She is world renowned for her strong voice and is an advocate for the rights and protection of youth. She has numerous publications and has presented at several conferences. In 1994, she founded the International Office for Children’s Rights. Dr. Jean Yves Frappier, pediatrician and professor at the University of Montreal will present and explore the role of child life specialist’s with respect to the detection, protection and prevention of sexual violence of youth.

Montreal is a multicultural city marked by its bicultural heritage of French and English. It is the second largest French speaking city in the world.

Thanks to the support of the Montreal Children’s Hospital Foundation, simultaneous translation for several of the presentations will be provided. This will encourage the participation of Quebec, France and Belgium and promote the Child Life Council to francophone professionals.

This is just a preview of the simultaneous translation that will be available for one session during each time slot at the Child Life Council’s 21st Annual Conference on Professional Issues in Montreal, Quebec on May 23-25, 2003.

In response to your suggestions:
• We’ve added 13 sessions and with some scheduling adjustments have given you more opportunities to attend sessions.
• We’ve added a post-conference session on Monday, May 26. The Core Competencies Institute will begin with Back to the Basics. This day-long session will be limited to the first 40 registrants.
• Leora Kutner will present a half-day intensive and the closing general session.

(See MONTREAL, p. 12)
Defining Moments
by Melissa Hicks, MS, CCLS, LPC, NCC, RPT

About this time last year, I gave a brief speech at the University of Delaware, my undergraduate alma mater, and I reflected on the defining moments in my past that lead to the career path I had chosen. We all have them, don’t we? It seems as though life is made up of many of these moments. They can be a decision made, an encounter with another individual, or even certain projects or goals achieved. These moments look different for all of us. Think about some of the defining moments that led you to the child life profession.

Was it volunteer work as a teenager or a personal life experience that put you in contact with a child life specialist? For me one of those moments came when a professor actually put a name to the profession that encompassed specifically what I was interested in doing and pointed me in the right direction to achieve this goal. Additionally, what are those moments in your professional career that make you stop and think, “This is why I am a child life specialist.”? Reflecting on these moments can bring certain richness to your practice and possibly bring some support on those days when you need a little “self care.”

If you look at defining moments from a systems perspective, there are individual moments that led you to the path you are following; there are defining moments for the profession as a whole, and finally those moments for the Child Life Council as an organization. The profession has seen many of those defining moments, many of which we reflected on this past year, the Child Life Council’s 20th Anniversary year. There are many, ranging from the decision on the name “child life,” to the formulation of the standards of clinical practice, to the Vision to Action initiative that looked at professional practice issues and formulated the mission, vision, values and operating principals of the profession. These and many other moments have moved our profession forward and will continue to do so well into the future.

And finally, there are important moments for the Child Life Council as an organization. The fall Board meeting again validated all the important work that is taking place within our organization and the many plans and new initiatives for the future. The New Year will represent another “defining moment” in the history of the Child Life Council. The Board will enlist feedback from the entire membership to conduct an important strategic planning initiative. The CLC will be able to re-affirm or modify its priorities and reach agreement as to who we are as an organization, what we want to do and how we want to be perceived. The strategic planning process involves valuable time and resources, but a good plan is well worth the effort. A group will meet in April to begin the initial steps toward the development of the strategic plan. In addition, we are counting on you, as a CLC member, to play a part in this endeavor. A survey will be sent to you this spring. This will be your opportunity to influence the future of the Child Life Council and ultimately, the child life profession, so please take the time to complete the survey and return it to us. The target is to have the plan finalized for presentation and approval by the Board at the fall 2003 Board meeting.

So, as you think about the defining moments in your life related to your career path, I hope you will take the next step and help to define the goals and priorities of the Child Life Council. The strategic plan formulated is vital to the growth and success of our professional organization.
FROM THE EXECUTIVE DIRECTOR

Plans for 2003
by Susan Krug, CMP, CAE

It is an honor to work with you to continue the organization’s growth and promote this worthwhile profession. Having only been here short while, I am amazed at how much the leadership and staff of the Child Life Council is dedicated to serving the child life profession. Although an organization with a small budget and staff, the CLC is able to offer its members many benefits. The Council continues to develop and implement programs to improve the professionalism and stature of the child life profession. Membership hit a record high to more than 2,500 last year. Many of these members contribute to the CLC by serving in volunteer leadership roles and/or donating to CLC’s Annual Giving Campaign. Funds received from the Annual Giving Campaign help implement new programs, update publications and provide additional services.

The highlights of activities for 2003 include implementation of a new scholarship program, promotion of an improved program review service, updated classic publications, and a strategic planning initiative. The CLC staff has renewed its commitment to customer service this year. We will be taking a look at internal operations to determine ways to improve effectiveness and efficiency in delivering the programs and services you value. Please do not hesitate to contact us with any questions, concerns or comments.

I look forward to working with the CLC leadership and general membership to make 2003 a great year for the Child Life Council.

New/Revised Publications in 2003:
Pediatric Bill of Rights in Spanish
Program Review Guidelines
Guidelines for the Development of Child Life Programs
2003 Directory of Child Life Programs

Executive Board Nominees

The Child Life Council Nominating Committee is pleased to announce the candidates for the 2003 election. All are exceptionally qualified, and the committee thanks them for their willingness to serve the organization.

The election will occur at the 21st Annual Conference on Professional Issues, May 23-25, 2003. Absentee ballots may be requested from the CLC office, via letter, fax (301-881-9092) or email (jmota@childlife.org). Requests must be received by Tuesday, April 1, 2003. All active, lifetime and associate members of the Child Life Council may vote. Candidate profiles will be distributed as part of conference registration packets and will be sent to anyone requesting an absentee ballot.

Treasurer
Jane Jarboe, CCLS
Columbus, OH
Kelly Gleason, CCLS
Cincinnati, OH

Member-at-Large
AnnMarie DiFrancesca, CCLS
Mineola, NY
Linda Skinner, CCLS
Halifax, NS
Michael Towne
San Francisco, CA

CLCC Chair #1
Cynthia Huffman
New York, NY
Amanda Littlejohn English
Toronto, ON
The Child Life Certification Exam

by Cynthia Huffman, MS, CCLS

As I write this, the 300 candidates who sat for the child life certification exam in November are anxiously awaiting the results. The odds are in their favor. Approximately 70-75% pass.

Although everyone, I hope, understands the importance of not discussing specifics of the exam, I suspect there was a fair amount of grumbling after this sitting, just as there is each time the exam is given. I think it's the nature of the beasts — the beast of standardized tests and the beast of caring dedicated people who fear that an exam may keep them from pursuing their career as child life professionals.

I hate tests and, for me, the experience of preparing for them and sitting through them is exhausting and emotionally draining. I took the exam at the 2001 Conference in Salt Lake City. I studied hard for it even though I only missed 2 questions on the sample test in the study guide. When I finished I had no idea if I had passed and, boy, did I grumble! In hindsight I must admit that much of my frustration was based on my fear of not passing. I worked very hard both in school and in my clinical experience; furthermore I spent a lot of time studying and I knew in my heart that I am quite capable of being a caring competent CLS who can provide much-needed services to children and their families. I felt if I didn't pass the exam it had to be because it wasn't a good test!

After a good night's sleep I attended the Certification Roundtable discussion the next morning. Without discussing specific items it was clear that some people thought there were some “bad” questions on the exam. Some thought the test was based too much on “book” learning and others thought there was too much emphasis on things one would only learn through years of clinical practice. For every opinion expressed, there was another person with the opposite opinion. How could this happen? And more importantly, what should and could be done about it?

Without waiting to see if I had passed or not I set out to learn more about how the exam is created. I found out that it's a well-thought out process that has been thoroughly tested by professional testing companies. I asked Nadine McBride of CASTLE Worldwide, the testing company that the Child Life Council retained to develop, administer and score the exam, to help me explain to everyone how the exam is created. Whether you have taken the exam or not I hope you'll read her article on page 8 and perhaps reassess your views about our exam. Then I hope that at least some of you will consider becoming item writers because, as you will see, every question on the exam is written, validated, and revised as necessary by your colleagues.

I can tell you from experience that writing a good question is not as easy as it sounds. It's a challenging task but those who apply and are chosen to be item writers receive training and support from CASTLE Worldwide. You too, can learn to do it!

If you haven't taken the exam yet, you can't be an item writer now because you would have to wait until the next role delineation study is completed before you can take the exam. Once you have passed the exam, you may not have as much direct personal interest in it but I urge you — especially those of you who, like me, were vocal about what you perceived to be the inadequacies of the exam you took – to get involved in the process. If you think there is a problem, become part of the solution. Even if you don’t think there is a problem, it's an opportunity to make an extraordinary contribution to our field. This is important work for all of us — it is the heart of what measures the standards of our profession.
Examination Data for 2002

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<th>June</th>
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<tr>
<td>Number of candidates</td>
<td>250</td>
<td>301</td>
<td>551</td>
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<tr>
<td>Number passing</td>
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<tr>
<td>Reliability coefficient</td>
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</table>

Here are some interesting statistics from the November administration, comparing the group of “grandfathered” CCLSs with other candidates. This group of grandfathered candidates almost doubles the number from the old certification system who had taken the exam to date and provides the first useful data about this group of certified professionals. Hopefully these statistics will be an encouragement to the 751 who will be taking the exam in the next two years!

- **CCLSs**
  - Number of candidates: 49
  - Number passing: 46
  - Percent passing: 93.88%
  - Mean score: 124.71
  - Reliability coefficient: 0.81

- **Rest**
  - Number of candidates: 252
  - Number passing: 172
  - Percent passing: 68.25%
  - Mean score: 112.56
  - Reliability coefficient: 0.79

Group Performance by Subdomain for All 2002 Candidates:

**Direct Services**

- Assessment: 75.0%
- Intervention: 75.0%
- Evaluation: 74.8%
- Develop treatment plan: 78.0%

**Indirect Services**

- Administrative: 73.6%
- Planning: 76.6%
- Professional development: 75.8%
- Education: 86.4%
- Supervision: 84.2%

Caution should be exercised in interpreting these data. For example, though candidates answered correctly more of the education questions than the planning questions, this does NOT necessarily mean that the candidates were better prepared or more knowledgeable about education. It may merely indicate that the particular questions for planning were more challenging than the particular questions for education.

Future Exam Sites

Sites have been chosen for the Child Life Professional Certification Examination administrations through November 2005. Dates and locations are as follows:

- May 23, 2003 – Montreal, Quebec
- November 8, 2003 – Cincinnati, OH; Kansas City, MO; Los Angeles, CA; Nashville, TN; San Antonio, TX
- May 28, 2004 – Seattle, WA
- November 13, 2004 – Baltimore, MD; Denver, CO; Detroit, MI
- June 10, 2005 – Nashville, TN
- November 12, 2005 – Houston, TX; Las Vegas, NV; Toronto, ON

Spring exams are Friday morning prior to the annual Child Life Council conference. Fall exams are administered on Saturday morning. Additional sites may be added for the November exams.

Exam sites are chosen based on accessibility and previous and future exam sites. Every effort is made to locate the exam fairly.

Application Deadline for Additional Examination Sites

March 15, 2003 is the postmark deadline to submit an application to bring the certification examination to your city on November 8, 2003. Please call the CLC office or visit our website (www.childlife.org) to obtain an application.
“Distraction intervention for preschoolers undergoing intramuscular injections and subcutaneous port access.”


Dahlquist, L., Pendley, J., Landthrip, D., Jones, C., and Steuber, C.

The study by Dahlquist, Pendley, Landthrip, Jones and Steuber evaluated a distraction intervention and its ability to reduce distress in preschool aged children undergoing chemotherapy administration via intramuscular injection or subcutaneous port access. The goal of the study was to evaluate how a distraction toy, which stimulates a preschool-age child’s use of cognitive processing, gross motor skills, and sensory stimulation, affects the child’s emotional distress.

Twenty-nine pediatric oncology patients between the ages of two and five were individually video-taped during repeated visits to the outpatient clinic over an eight-week time period. Participants were randomly assigned to either of two groups. One group received distraction by a developmentally appropriate toy, prior to and during the procedure; the other group received no such distraction support. In order to determine each individual child’s behavioral baseline, the researchers began the observational study by video recording all participants before and after procedures in which no distraction or suggestions for distress management were given. Next, participants received distraction/no distraction based on their assigned group. Video recording began when each child entered the chemotherapy procedure.

(See RESEARCH, p. 10)
Simple Touch: A Tool for Providing Comfort and Relaxation

by Jenifer Hadley, CCLS, LMT, CHTP, Cincinnati Children’s Hospital Medical Center.

As child life specialists, we often search for non-pharmacological methods to enhance the prescribed medications used to alleviate pain and provide relaxation for our young patients. Because I am also employed as a holistic health specialist at Cincinnati Children’s Hospital Medical Center (licensed massage therapist and certified healing touch practitioner) I often turn to massage and energy-based studies pertaining to this subject.

As a child life specialist I have put into practice the results of a study involving 30 adult hospice patients. This study was conducted to investigate the effects of slow stroke back massage on systolic and diastolic blood pressure, heart rate and skin temperature (all of which are indirect indicators of relaxation). Three minutes of slow stroke back massage was shown to produce modest clinical but statistically significant changes in all of these vital signs.

Stroking is a Swedish massage technique used to quiet the sympathetic nervous system. Because it is a light touch applied to the skin without any pressure whatsoever it can be used with any patient. To provide slow stroke back massage, begin by gently placing both hands at the crown of the patient’s head. Without applying pressure, lightly and slowly move your hands downward until you reach the back, at which time you move one hand along each side of the spine as you continue downward until you reach the sacral area. Go back to the head and repeat this for several more minutes. This technique can be performed with the patient lying on their stomach or on their side. Contact with the skin can be accomplished by loosening the gown in the back or by placing the hands underneath the patient’s shirt. Guided imagery may be used in conjunction with this technique as well.

When providing touch to the body, always remember to ask the patient’s permission first and to receive feedback from the patient throughout the process. It is important to be fully present during the process, watching for the patient’s non-verbal cues. Creating a healing environment by removing as many distractions as possible, dimming the lights and playing soothing music enhances the effect.

I find slow stroke back massage not only to be effective in promoting relaxation but very cost effective as well. Because it is such a light touch it doesn’t require massage oil or cream, thus there is no cost for supplies. As demonstrated in the research study as little as three minutes is all that is required in order to produce a relaxation effect, therefore it takes very little staff time. Most importantly, because it does not require formal preparation in massage therapy in order to become proficient we can teach it to the patient’s family members empowering them in providing for the child’s care.

When charting the intervention if you are not a licensed massage therapist, use the phrase provided light touch to the back.

So, the next time you pass a patient’s room and hear crying, or your patient tells you they are experiencing pain but their next dose of pain medication isn’t due for another half hour give this technique a try. As I always tell my patients “can’t hurt, might help.”

1. IMAGE: Journal of Nursing Scholarship; Volume 23, Number 1, Spring 1993 p. 17-21

Annual Giving Campaign

Please consider making an investment in the Child Life Council by contributing this year to our Annual Giving Campaign. Your contribution will help the CLC maintain and develop programs as well as to conduct important research to ensure the growth and recognition for all child life professionals. Join the members of the executive board, who have already contributed, by making a generous donation.

Remember that this annual giving campaign is a wonderful time to make a contribution to the Child Life Council in honor or memory of someone you care about or admire. If you make such a thoughtful gift, we will send the person a card saying that you have honored them with a contribution to the Council, and we will list your gift this way in the Bulletin as well.

Please visit the website for more information www.childlife.org/donate.html or call 1-800-CLC-4515 to make a donation over the phone using a credit card.
Developing an Effective Certification Exam

by Nodine McBride, MS, CASTLE Worldwide, Inc.

The certification process is designed to be rigorous but fair and is intended to determine whether a candidate has sufficient knowledge in his or her field to serve the public safely and effectively. Because of the high-stakes nature of certification, and because of a certification board’s goal to provide protection to consumers, the examination process must be fair to all candidates. The Child Life Council, with the help of CASTLE Worldwide, Inc., a professional testing company, follows a development process to ensure that this goal is accomplished for the Child Life Professional Certification Examination. This article briefly outlines some of the major steps in that process.

Every step in the development of the Child Life Professional Certification Examination involves individuals who have expertise in child life. The first step in developing a fair and content-valid certification examination is to define the profession. This job definition is normally updated every five to seven years, depending on changes within the profession. In 2002 a group of certified child life specialists, selected by CLC for their dedication and contributions to the field of child life, developed a new comprehensive description of the work that child life specialists perform. They determined three domains—Assessment, Intervention, and Professional Responsibility—that are important for competent performance as a child life specialist. They then defined the tasks that are important within each domain, along with statements about the knowledge and skills that are needed to perform each task competently.

Next, certified child life specialists working in the field were surveyed in order to validate the responsibilities identified by the content experts by rating their importance, criticality, and frequency. As a result of these ratings, a test blueprint was developed. This draws questions from every important aspect of the profession, while specifying that the more important, critical, and relevant tasks of the profession should be represented by more questions on the examination.

Certified child life specialists write all questions for the examination. Prior to writing examination questions, they receive training in writing appropriate questions with features that are consistent with best practice. This training enables item writers to avoid unintended barriers to the performance of knowledgeable candidates for certification, as well as unintended clues.

Revamped Program Review Guidelines and Program Review Service

The Child Life Council’s Program Review Guidelines were developed to support the establishment of child life program standards and to facilitate program self evaluation and peer review evaluation activities. Both the child life profession and the Child Life Council have grown and developed significantly in the 20 years since the original guidelines were created. The range of services provided has grown, as have the recognition and expectations of various customers (e.g., patients, families, administrators, and external auditors). This growing recognition, along with a growing need to justify costs, has resulted in this much-expanded guideline document and an improved program review process. You can order the Guidelines online at www.childlife.org, or by calling 1-800-CLC-4515. The cost is $16 for members, $20 for nonmembers.

The Child Life Council has been involved with onsite Program Reviews for over 10 years, and each program involved has remarked that they found the process to be extremely educational and valuable. This program was designed to primarily provide a mechanism to evaluate standards for child life programs as outlined within the Child Life Council Standards of Clinical Practice and Child Life Competencies and to assist in program development. This service enables participating programs to work directly with experts in the child life field to identify program strengths and opportunities for improvement and establish priorities for program or staff development. In many cases the review process and report have resulted in the addition of staff, program restructuring, or the validation of program goals and strategies.

Please contact Susan Krug skrug@childlife.org for more information about the Program Review Service.
EXAM
(continued from p. 8)

to individuals who do not possess the knowledge being tested. The completed questions are submitted to CASTLE for review.

Multiple CCLSs then review and revise all potential examination questions to improve them. These revisions ensure that questions target relevant knowledge and skills effectively and eliminate any ambiguity or other potential problems with questions.

Each question is referenced to an appropriate publication in the field of child life. Appropriate publications include published textbooks, manuals, standards, and guidelines of various types. Referencing ensures that questions are current, valid, and correct as written.

Every question is then re-evaluated by three CCLSs for importance, criticality, and relevance to the field of child life. When there is consensus that the question assesses important, critical, and relevant knowledge and skill areas, it is then added to the item bank for possible use on the test.

After the examination is assembled and administered, CASTLE further evaluates the questions. CASTLE conducts an analysis to verify that the questions perform as intended. This analysis provides information on the item as well as overall exam quality. If CASTLE detects a potential problem at this point, CASTLE will notify CLC and discuss the issue with CCLSs. As a result of these discussions, some items may be keyed with more than one correct response or discarded from the scoring formula. Changes made at this point help ensure the fairness of the examination for all candidates.

Through this rigorous progress, Child Life Council is ensured a fair and content-valid examination for all candidates.

How to Evaluate a Website
by Jennifer M. Penn, MS, CCLS, Child Life Specialist, The Children’s Hospital of Philadelphia

You’ve got a question and need an answer quick! The Internet is the way to go, you decide, and in no time you’ve got a list of 25 websites in front of you—all of which could answer your question. But how do you know which site to pick, and, more importantly, if that site is reliable?

When trying to evaluate a website, there are several things to consider:

Content
One hallmark of a good site is how well and how often it’s maintained. As you browse through a site, look for signs that the content is current. More and more sites are listing at the bottom of each page “Date last revised ______”. Is the date reasonable (depending on the subject matter?)

Also look at the depth of information provided. How comprehensive is the site? Does it cover the topic in detail? Who is the content written for? Is the content appropriate for its intended audience? Can you understand the information, or is it written above your level of understanding?

What is the purpose of the site (to inform, convince, sell, persuade)? Does the purpose of the site present any bias on the material?

Accuracy/Credibility
Anyone and everyone can post information on the web. In order to determine if the information you’re viewing is accurate, try to determine the author. Who sponsors the site? Is it a well-known company or organization? What are the credentials of the person/people responsible for the information? A “Reviewed by __________ ” listing at the bottom of the page is a notation more and more websites are including. Is there a way to ask questions or make comments to the authors? Add into the equation some common sense as well—if you’re looking for medical information, a site sponsored by the AMA is going to be more reliable than “Joe Bob’s Medicine Closet”.

Another great way to judge credibility is to look at what kinds of sites link to the site you’re evaluating. Perform a link search on Google.com by typing into the search box “link:webaddress”. For example, to see what sites link to the AMA, type “link: www.ama-assn.org”.

Design/Usability
Another way to evaluate a website is to look at its overall design. As you move through the site, some obvious things to look for are correct spelling and grammar, appropriate and meaningful titles, and working links and buttons. Nothing is more frustrating than trying to move through a site and getting stuck because the buttons you clicked on don’t really work! Think about how user-friendly the site is as well. In a good website, you shouldn’t have to think about where to go next. It should be intuitive.

In the case of evaluating websites, practice really does make perfect. The more your comfort level with the Internet rises, so will your evaluation skills. The more you do it, the easier it gets. Once you’re comfortable evaluating sites on the web, this great resource really does become an invaluable asset.
RESEARCH
(continued from p. 6)

administration room and ended once the subcutaneous port had been accessed and taped or the intramuscular injection was complete. During the procedure, both nurses and parents rated child anxiety using a 7-point Likert scale. Following the procedures, the tapes were viewed and coded using the Observation Scale of Behavioral Distress (OSBD), which scores the frequency of particular distress behaviors exhibited by each child. Phases of the procedure were categorized as: 1) anticipatory phase (began the minute before the nurse touched the child), 2) procedural phase (began when the nurse touched the child or inserted the needle and ended when the needle was removed), and 3) recovery phase (the minute following the removal of the needle). An overall distress score was recorded for each phase.

The results showed that the group of preschoolers who received distraction (using the developmentally appropriate, multi-sensory stimulating toy, which required both active cognitive processing and use of gross motor skills) exhibited significantly lower distress cues than those who did not. Additionally, the researchers observed that these preschoolers attended to the distraction toy during 79% of the anticipatory phase, 60% of the procedural phase, and 55% of the recovery phase. Research also found that the preschoolers’ distress levels continued to decrease over the eight-week observational period. Approximately 31% of the preschoolers receiving distraction exhibited at least a 50% reduction in procedural phase distress and 63% of the preschoolers exhibited a 50% reduction in recovery phase distress levels.

Research that pinpoints and reinforces the coping needs of specific age groups is tremendously valuable for child life professionals as we seek to minimize the negative impact of hospitalization and treatment. Not only are we reminded that our interventions must be tailored to meet each patient’s individual developmental needs, but, additionally, research findings such as these should be conveyed to nursing staff who can facilitate positive coping when child life staff is not present. This study of distraction play for preschoolers by Dahlquist, Pendley, Landthrip, Jones, and Steuber validates the idea that all healthcare personnel can play a role in lessening child distress during healthcare procedures by engaging children in coping activities that are both positive and developmentally appropriate.

Mark This On Your Calendar!

Child Life Month! Yes, the inaugural Child Life Month 2003 will be here before you know it. By now you’ve received the planning materials sent by the Child Life Council; the Public Relations committee wanted to provide the membership with helpful ideas and resources. Please remember that the goal of creating “Child Life Month” was to choose a time of the year selected by the membership and be open-ended enough to allow creativity and individuality in celebrations. Not only is Child Life Month a time to celebrate our profession, but also a time to educate others about our profession and what we can offer to the healthcare team, patients and families. It’s not too late to contact the Child Life Council for the 2003 CLM packet. The terrific ideas from 2002 that were shared through the list-serve have been incorporated into the “25 great ways to celebrate Child Life Month.” Whether you choose one day in March or fill the month with events, we hope you truly enjoy the activities and the attention the child life profession will receive during Child Life Month.
Children’s Health Care Discounted for CLC Members

Child Life Council members are privileged to receive deep discounts on *Children’s Health Care*, the former journal of ACCH and a very valuable child life resource. Lawrence Erlbaum Associates sells individual subscriptions the 2003 calendar year for $40 US, but CLC members in the US and Canada pay just $20 and those in other countries, just $28 US, including shipping and handling.

*Children’s Health Care* publishes empirically-based articles addressing theoretical, clinical, programmatic, training and professional practice issues relevant to the family-centered, developmental, and psychosocial aspects of children’s healthcare. Its goal is to establish a strong justification for psychosocial care of children and provide an empirical base for professional applications with children and families interacting with healthcare settings and personnel.

To order a subscription, call 1-800-9-BOOKS-9, email your order to journals@erlbaum.com, or mail it to Lawrence Erlbaum Associates, Journal Subscription Dept., 10 Industrial Ave., Mahwah, NJ 07430. You must pay in US currency by credit card, personal check or money order. **Be sure to tell them you’re a Child Life Council member** when you order to get the discount! Offer is good on individual subscriptions only. Allow 4-6 weeks for delivery.
MONTREAL
(continued from p. 1)

Montreal is a city that combines the old and the new. So it is quite fitting that in addition to these new program aspects, we'll continue to offer networking opportunities, committee meetings, CLC publication sales, an Exhibit Hall, hospital tours on Sunday afternoon and a fun social event on Saturday night. The conference brochure will be arriving in the mail shortly, but it is available now as a PDF on the CLC website (www.childlife.org).

Montreal also has a strong child life presence, in part because of the efforts of Kathie Moffatt. In addition to her child life work at Montreal Children's over the years, Kathie was instrumental in bringing the conference to Montreal and after her death this past August the local planning committee has taken the lead in making this dream a reality. The Executive Board of the Child Life Council has announced that Kathie Moffat will be honored with the CLC's Distinguished Service Award at the All Member meeting on Saturday morning. The Board had discussed honoring Kathie last year, but decided that Montreal would be the most appropriate place to bestow this award and with great sadness will honor her posthumously.

It promises to be a great conference in an amazing city that boasts a unique combination of European laisser-faire and North American savior-faire. With French as the official language and Old World charm permeating its streets, Montreal is the Paris of North America, a cosmopolitan and multicultural city.

The Hotel Wyndham Montreal is located in downtown Montreal, and is adjacent to the restaurants and boutiques of the Complexe Desjardins, part of Montreal Underground. There is direct underground access to the Metro, and many trendy restaurants are just steps – or stops – away.

From the CLC board, staff, and the conference and local planning committees, as well as all those presenting and exhibiting; à bientôt (see you soon)!

DISTANCE LEARNING COURSES
in
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at
McMASTER UNIVERSITY

Our Child Life Studies on-line educational programme offers a variety of research based courses related to supporting the psychosocial needs of children, youth and families through health care experiences and life changing events.

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