CHILD LIFE COUNCIL Bulletin

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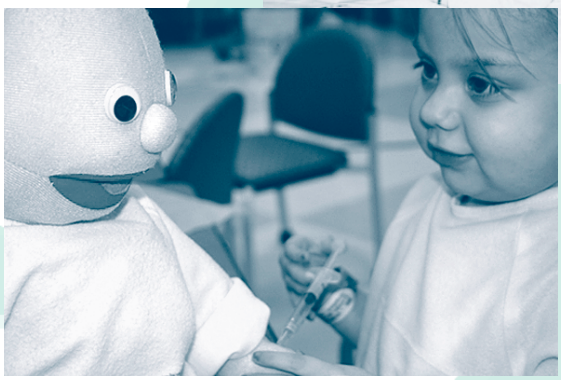
Child Life at 25 — A Remarkable History, an Extraordinary Future

President's 25th Anniversary Message

Erin Munn, MS, CCLS, Johns Hopkins Children's Center, Baltimore, MD
Child Life Council President

Our 25th anniversary offers us the opportunity to celebrate and thank those whose vision and determination contributed to the development of the child life profession, the creation of our own professional organization in 1982, and the continued growth of our profession throughout the past 25 years. The editorial panel and authors have done a wonderful job of creating this special expanded issue, with content that highlights the legacy of the pioneers of the profession and the development of Child Life Council, from its beginning as a study group within the Association for the Care of Children's Health through today.



I hope that you find this opportunity to reflect on our shared history as inspiring as I do. Just as Emma Plank, B.J. Seabury, Ruth Kettner and many others influenced the improvement of psychosocial care in pediatrics and the development of child life, each of us in our own setting has the opportunity to influence the awareness of families, healthcare providers and others who care for children experiencing stressful events. While much has been accomplished in the past 25 years and before, we are not simply recipients or beneficiaries of this legacy. Rather, our history is still in the making, and it continues to be shaped by all who engage in the work and contribute to the advancement of the profession.

One aspect of our history that is still being written is the expansion of child life into a greater variety of settings – from international to non-traditional settings. In this issue, Kathleen McCue and Melissa Hicks take an in-depth look at the transition of child life beyond pediatrics, in a *Focus* article entitled, "From Vision to Reality: The Expansion of the Child Life Role." The article incorporates the perspectives of child life specialists JoHannah Bergstrom, Cindy Clark and Amy Clark, each of whom reflects on her own journey from a traditional pediatric setting to a distinctly non-traditional one. The authors and contributors to this article, as well as the many who have contributed to the soon-to-be-released book *Child Life Beyond the Hospital* (edited by Melissa Hicks) are pioneers in new frontiers for child life, actively engaged in shaping our future as a profession.

New frontiers will also develop for child life specialists who continue to work in healthcare. As we all know, there are global changes in healthcare systems, policy and legislation that will have an impact on child life services. How we respond to these changing demands will determine the continued viability of our profession. We must develop the arguments needed to be part of this healthcare reform discussion, in which quality and access to care drive the case for service. We need to continue to educate ourselves about trends in healthcare so that we are not only proactive in identifying opportunities for providing our services, but also confident and prepared to participate in decision- and policy-making in our own settings and beyond.

In reflecting on future fron-

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INSIDE

Redesign Gives CLC Web Site Fresh Look and Improved Utility

As the public "face" of the child life profession, the CLC Web site is one of Child Life Council's most important communication vehicles. The CLC Executive Board identified it as an area of high priority for the organization in 2007, and consequently, childlife.org has been the subject of a dramatic makeover during our 25th Anniversary year. While we have refined the design with our members in mind, we have also made an investment in developing a Web site that is more accessible to non-child life audiences. Our ambition is to provide visitors – members and nonmembers alike – with quick and easy access to needed information, to give them an immediate and straightforward introduction to child life, and to advance the vision for the child life profession. If you are not already among the CLC members and friends exploring the latest features of CLC Online, we invite you to join in the excitement by visiting us at www.childlife.org.

While the information on the Web site will continue to be updated and expanded on a regular basis, here are some of the new features that you can explore right away:

Brand New Look and Feel: Visitors will immediately notice the cosmetic changes to the layout, which give the Web site a current and professional look that retains a warm, vibrant feel in keeping with the culture of the organization. One of the priorities in the new design was to show *child life in action* by incorporating a greater number and variety of images, supplied by child life programs from around the world. Look closely, and you might see a familiar face or two! For the home page, the design team selected the image of a little girl blowing bubbles to evoke a distraction and breathing technique very commonly used in child life practice. For more information about how to contribute additional images for potential inclusion on the Web site, please contact the CLC office at communications@childlife.org.

Improved Navigation: We streamlined the navigation of the CLC Web site to provide you with easier access to our extensive collection of information and resources. In the adjusted navigation, any links to information specifically about CLC as an organization (such as *About CLC*, *Membership*, and *Press Room*) can be located in the navigation bar at the top of the page. Any links to information about the child life profession, and the CLC programs and services designed for the child life profession (such as the *Book Store*, *Career Center*, and *Certification*), are located on the left navigation bar.

Search Function: A new search function will allow you to search for needed information based on keywords and phrases.

Log in to CLC Online: A CLC Login box is now available from the home page. Log in once, and you will be signed in for the duration of your visit!

Once logged in, current CLC members will have immediate access to members-only resources, located in updated sections such as the *Bulletin* and *Resource Library*. As we continue to add members-only resources to the site, watch the value of your membership continue to grow!

New Online Services Debut on CLC Web

In addition to the major changes in the appearance and structure of the CLC Web site, we are delighted to announce some of the newest arrivals in a growing series of customized tools designed to enhance your interactive online experience with CLC.

Member Directory: The CLC Member

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But Is It a Field?

Paul Thayer, MA, MDiv, Wheelock College, Boston, MA

Recently I was talking with a child development professor from another college when he asked about the field of child life. I launched into my standard speech to educate him about the profession when he politely stopped me. "I know about the profession; but I was asking if child life is a field? How does it develop a new body of knowledge? Is it a field of inquiry in addition to being a profession?"

His distinction is helpful as we set an agenda for the next quarter century. Having spent the first 25 years establishing a new profession, setting standards for professional best practice, and establishing academic and internship standards for certification, we have made great progress in becoming a recognized profession in pediatric care. Can we make equally impressive progress in the next 25 years toward becoming a leader in pediatric psychosocial research? In other words, how can we continue to develop as a field as well as a profession?

What would it take to become a leader in research about psychosocial care in children's health? Five goals might be helpful to set an agenda for the next quarter century:

1. **Emphasis on research at all levels of education.** Research leads to inquiry about best practice and helps to convince others of the importance of our work. In addition, research can help set a future agenda for exploration of emerging issues.
2. **Graduate education that fosters leadership and academic skills.** Graduate education in child life allows students a chance to learn advanced research skills and apply research skills specifically to advance child life as a field of academic inquiry.
3. **Preparation of child life academic teachers.** There is a shortage of doctoral level professionals trained specifically in the field of child life. Colleges and universities must begin more programs to train academic leaders who are prepared to teach the next generation of child life specialists.
4. **Continued emphasis on evidence-based practice.** Evidence-based practice makes use of research to promote professional development. Presenting research findings at the annual national conference and local conferences stimulates critical analysis and best practice. Additionally, evidence-based practice is often our best advocacy tool to convince others of the need to improve care and fund additional positions.
5. **Build in time for research and professional development.** Job descriptions and department goals that specifically build in individual and department research promote and legitimize ongoing academic inquiry. Professional development activities stimulate critical thought and creative project planning.

We often use the term "field" interchangeably with the term "profession". As we set goals for continued development of our profession, we would be wise to remember that the establishment of our profession is especially indebted to the research findings of our early leaders. Establishing a clear vision of being both a profession and a field of inquiry assures that we will continue to lead the way to provide the best care for children and families coping with illness.

President's Message

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tiers, I was particularly struck by Paul Thayer's commentary, above, in "But Is It a Field?" In his essay, he makes the distinction between a profession and a field, and sets forth a vision for the future in which child life is not only a profession, but also a field of inquiry. As the author notes, an emphasis on research and evidence-based practice can best serve our advocacy efforts, building our case for continued improvements in care and access to services. It is a bold, long-range vision that certainly presents a worthy challenge for the future.

As we celebrate and reflect on our 25th anniversary, Child Life Council is well-positioned to continue to support the growth of the profession and the development of child life professionals in the next quarter century. The revision of the strategic plan provides a vision and a road map for CLC to pursue many important goals, including the development of leadership initiatives, forming collaborative relationships between academic and clinical training professionals, building awareness of the profession, and promoting best practice and evidence-based research. In addition, the dialogue that is generated from articles in this issue of the *Bulletin*, from educational and networking sessions at the Annual Conference, and even from list serve discussions, such as the response to the *Wall Street Journal* article published last September, serve to move us forward as a profession and as an organization. Through your day-to-day work, through your advocacy, through your leadership, I encourage you to participate in continuing to improve the psychosocial care of children under stress and creating the child life history of the next 25 years!

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For information on how to place an ad in the *Bulletin*, please refer to the *Marketing Opportunities* section of the CLC Web site: http://www.childlife.org/Marketing_Opportunities

Creating A Legacy: The Child Life Council Historical Archives

Civita A. Brown, M.S.Ed., CCLS, Utica College, Utica, NY

As I reviewed *The History of Child Life* on the Child Life Council Web site, read minutes from meetings of the CLC Archive Management Group (formerly known as the History Committee), and walked through the Utica College Library, the home of the CLC Historical Archives, I wondered what I could say that would encourage each of you to go through your drawers, cabinets, and closets in search of something to donate to the Child Life Council Historical Archives. Over the years, I have received many phone calls and emails from colleagues who were relocating, retiring, or simply streamlining and who wanted to know if the Archives would be interested in their materials. "Of course," I reply, "We want everything!" The child life materials you touched yesterday, touched today, and will touch tomorrow are all part of the rich legacy that we are seeking to preserve. Even when the Archives cannot take possession of the materials, we want to be able to identify where they are located and how interested Child Life Council members can access them.

When I teach the history of child life in the classroom, my first thoughts are of the pioneers, both academic and clinical, who have given us so much. Many years ago, the CLC History Committee began a collection of interviews of the pioneers in child life. The interviews began as audiotapes, progressed to video, and are now available on DVDs. One assignment that I give to my students is to view *Following the Dream*, the film made from clips of interviews for the Child Life Council 20th anniversary celebration, and to then view one of the full-length interviews and personally e-mail or call the selected subject with additional questions. You can imagine the looks I receive for this assignment! In spite of those initial glances, the most wonderful thing happens – my students come back so very excited! Each one believes that she had the best tape to view and, of course, that her interviewee was the best child life specialist with whom to talk, and had the richest knowledge to share.

These videos are such a rich sampling of our history, a history which inspires the child life specialists of tomorrow. After watching an interview with Ruth Kettner of Winnipeg Children's Hospital, students commented, "She is amazing… she accomplished so much and was such a leader in making a difference in children's lives. She's great at advocating for children." Each of you is touching lives too, and making a difference, not only for children and families you work with, but with young women and men pursuing careers in child life.

Utica College Library, Utica, New York — Home of the Child Life Council Historical Archives

The Archives are a resource we hope to make available to everyone in the Child Life Council membership in the future. In the Spring 2005 issue of the Child Life Council *Bulletin*, Randall McKeeman observed, "We have created an organization that is well positioned to grow and flourish in the near term, and if we do a good job of reaching and nurturing successive generations of child life professionals, there is no reason why we cannot continue to achieve our greatest aspirations." In that same spirit, the Archive Management Group aspires to build a collection that will provide the foundations of our shared history and knowledge for child life professional students today, tomorrow and beyond.

Celebrating Our History: A Glimpse of the CLC Historical Archives

Child life is still in its toddler years compared to psychology, which can claim historical roots dating back to the 17th century. We have a unique and wonderful opportunity to document the evolution of child life from its inception. Many child life specialists practicing today can call pioneers like Emma Plank, Mary Brooks, B.J. Seabury, Gene Stanford, Muriel Hirt, and Evelyn Oremland their mentors. Others were involved in early research into the emotional stress of hospitalization on children.

As I looked through documents in the Archives, I found a letter Mary Brooks had written to the Publication Committee in 1988, in response to a request for information on how her career had begun. The handwritten letter describes how she entered the field through a friend, Elizabeth (Sally) Staub, who was involved in research at Boston Children's Hospital with physician Dane Prugh. Dr. Prugh was studying the emotional reactions of children and families to illness and hospitalization in the early 1950's. The results of this study were published in *The American Journal of Orthopsychiatry* in January 1953, and a copy has been donated to the Archives by Doris Klein. Mary talks about how she and Sally spent their evenings dreaming about their ideal job, working with children on a pedi-

atric hospital unit. Sally ultimately returned to teaching at a nursery school in Rochester, New York, and Mary explains, "With Dr. Prugh I found myself as director of a program of therapeutic play at The Children's Hospital of Philadelphia." She also discusses her mentors, Emma Plank, whom she refers to as the "godmother of child life," and B.J. Seabury. She goes on to name the formation of the Child Life Council and the establishment of Child Life Certification as two of the key milestones in the history of child life.

Other items in the Archives illustrate key events in the ongoing development of CLC. In an interview videotaped in Seattle after she received the Child Life Council Distinguished Service Award, Sally Francis talks about the formation of the Council with pride, excitement and enthusiasm. In a 1980 letter from Gene Stanford to Ms. Francis, Dr. Stanford writes about how impressed he is with Ms. Francis' knowledge of child life and inquires, "Do you think child life can best prosper if it has its own professional organization separate from the study section?" This question prompted their work as co-chairs of the Ad Hoc Committee on Independent Professional Organizations of the Association for the Care of Children's Health (ACCH), in spite of initial reluctance on the part of the ACCH to support the germinal organization.

During the 1981 Task Force Meeting on Child Life Professional Issues at the ACCH Conference in Toronto, a committee was formed to explore the establishment of a Child Life Study Section that would give permanent structure to the Ad Hoc Task Force. Two members, John Schowalter from the Yale Child Center and Sally Francis of Children's Medical Center Dallas, were appointed by the ACCH board, and two others, B.J. Seabury from Rhode Island Hospital and Ruth Snider from Chedoke-McMaster Hospital, were elected. The committee met "in a snow storm in January 1982 at Yale Child Center" but was quickly forced to relocate to John Showalter's home due to the storm. While his beautiful young children ran around the house, the committee discussed the formation of the Child Life Council. In late May of 1982, the Task Force Meeting on Child Life Professional Issues was held at the ACCH Conference in Seattle. The ACCH Board and child life members granted their approval to proceed. A pro tempore slate of officers was elected to serve until the first official election of the Council leadership in 1983. These early and geographically diverse representatives included Jerriann Wilson, Ruth Snider, Evelyn Hausslein, Susan Kleinberg, Ruth Kettner, Leigh Parish, and Evelyn Oremland.

"History never looks like history when you are living through it."

— John W. Gardner, US Administrator (1912-2002)

Sharing Our History: The Origins of the Archives

Until 2001, the Child Life Council was storing boxes of historical materials that had been collected by the History Committee and were subsequently moved from home to home, with some remaining at the Child Life Council office. In an effort to provide for better care of these materials, the Child Life Council entered into an agreement with Utica College to provide a home for them in the Frank E. Gannett Library. The youth of child life as a profession is a tremendous advantage in historical preservation: therefore, there is an immediate and pressing need to preserve both informal and formal records that document the growth and development of the profession and of the Child Life Council. Through a rich archival collection, child life specialists will benefit by being able to identify best practices in the past and present (as well as creative but ultimately unsuccessful ones!) and develop a better understanding of the history of child life and children's health care.

Four years later, the Child Life Council Archives received its first grant from the New York State Documentary Heritage Program for Phase One of a project intended to survey, collect, and document child life in New York State and the role of the child life specialist in the events of September 11 in particular. In Phase One, we created a project advisory committee, hired a consultant, and drafted the survey tool. Lois Pearson and I serve as committee co-chairs, and I also act as project director. Other committee members include Randall McKeeman, Susan

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CERTIFICATION CORNER

FALL 2007 EXAM ADMINISTRATION

The Fall 2007 administration of the Child Life Professional Certification Exam is scheduled for Saturday, November 10, 2007. Applications are due to CLC by June 30, 2007 for those educated outside the US and Canada, and by August 31, 2007 for anyone educated within the US or Canada.

The following cities have been designated as sites for the Fall 2007 Child Life Professional Certification Exam:

Boston, MA
Dallas, TX
Indianapolis, IN
Los Angeles, CA
New York, NY
Salt Lake City, UT

RECERTIFICATION BY PDH

Applications to recertify by PDHs are due on June 30, 2007. If your five-year certification cycle is set to expire on December 31, 2007 and you do not submit an application to recertify by PDH, you can still recertify by taking and passing the November 10, 2007 administration of the Certification Exam. Please contact Danea Williamson at dwilliamson@childlife.org with any questions regarding certification.

CERTIFICATION COMMUNICATIONS

If you have not already done so, please log in to your CLC User Profile through the CLC Web site to ensure that your contact information is accurate. Please verify that the contact email we have on file is an active account that you check regularly, as we will continue shifting many important certification reminders exclusively to email. If you do not have your Username and Password please visit the following link: http://ams.childlife.org/members_online/members/password.asp

Northern Lights — Celebrating Child Life in Canada

Cathy Humphreys, CCLS, McMaster University Child Life Studies Programme, Hamilton, ON, Canada
Chantal LeBlanc, CCLS, The South-East Regional Health Authority, Moncton, NB, Canada
Nora Ullyot, CCLS, Children's Hospital of Eastern Ontario, Ottawa, ON, Canada
Morgan Livingstone, CCLS, Consulting and Therapeutic Services, Toronto, ON, Canada

While the Child Life Council has its offices not far from Washington DC, it is a North American organization with members from around the world. As child life has grown and flourished, Canadians have been integrally involved in charting the course of the profession. The purpose of this article is to familiarize child life specialists with the distinct history, circumstances and contributions of child life professionals in Canada to the growth of our field.

Canada's publicly funded health care system is best described as an interlocking set of ten provincial and three territorial health insurance plans known as medicare (Health Canada, 2007). This system provides access to universal, comprehensive coverage for medically necessary hospital and physician services on the basis of need, rather than the ability to pay. This is a fundamental part of Canadian social values. Health care in Canada is funded at both the provincial and federal levels. While this system ensures access to health care for all, there are some issues with regard to wait times, inequity from province to province and lack of community health services.

Government priorities determine the amount of dollars allocated to health care in each province or territory. Cutbacks are therefore inevitable at times. In most large Canadian health centers, child life services are considered essential. This provides some program and job security, although we are all expected to do more with less, particularly because our service does not generate revenue. Program sizes vary from single person programs to those with up to 16 full time positions.

Child Life Professional Practice

Montreal Children's Hospital started one of the first child life programs in North America in 1936. There are now approximately 40 child life programs included in 12 children's hospitals in Canada, and a number of pediatric units within Health Science Centers and community hospitals as well.

Although many child life specialists continue to work in traditional hospital-based programs in Canada, there has been an increase in the number who have established positions within alternative settings such as dentistry, mental health, private practice, Family and Children's Services, Canadian National Institute for the Blind, Settlement and Immigration Services, and so on. Families are having fewer children and many health care services are shifting to ambulatory care. Despite this, our profession continues to grow in Canada, through advocacy and community recognition of the value of child life skills.

Intercultural competence is an important part of our clinical practice. Canada is a cultural mosaic that embraces diversity, and as such, the individual cultures within our country preserve their distinct identity and contribute to the fabric of the nation as a whole. Sensitive and respectful support of such diversity is therefore an important element in meeting the needs of our children, youth and families. We are officially a bilingual country, and in many provinces services, including written material, must be provided in French and English.

Our population is considerably smaller than that of the US, with an estimated 32,848,041 people (Statistics Canada, 2007). We are, however, the second largest country by geographic area in the world, and the largest in North America (wikitravel.org). This means that children and families must sometimes travel great distances for health care services.

Our geographical distance also poses challenges for child life collegial collaboration and support. In 1978, a meeting of child life directors was held, with yearly meetings thereafter, to discuss challenges and issues faced within the profession of child life in Canada. Standards for child life programming, educational preparation, varying program sizes, budget constraints and solution-oriented support were part of those early meetings and led to the establishment of the Canadian Association of Child Life Directors in 1987. In 1997, the name officially changed to the Canadian Association of Child Life Leaders (CACLL) to reflect the change of most Child Life Director position titles to Professional Practice Leader, and to recognize the role of leadership in child life practitioners who work in the community (for more information see www.cacll.org). We continue to support one another and convene yearly to network, plan advocacy strategies within Canada, and share common issues about the child life profession. A recent partnership has developed between the CACLL and the Canadian Association of Paediatric Health Centres (CAPHC). This is an exciting partnership expected to create a stronger voice on behalf of Canadian children and youth receiving health care.

Child Life Education Opportunities

McMaster University in Ontario began the first and only post-graduate child life specialist training programme in Canada within the Faculty of Health Sciences in 1988. There are several universities that offer child life or related courses and placements within their undergraduate Child and Youth or Child Studies degree programs; University College of the Fraser Valley and the University of Victoria are among these. Through recognition of the needs of the culturally diverse and rural northern and First Nations population, a new child life concentration was recently developed at Cambrian College. Several Canadian hospitals have also developed their own internship programs for eligible university graduates who are not associated with a university that meets certification eligibility requirements.

In recognition of the need for distance education opportunities, the first child life online professional development courses were developed at McMaster University in 1999. These courses meet Child Life Council criteria for child life professional re-certification by professional development hours. (For more information see www.fhs.mcmaster.ca/childlife). These courses have met the ongoing learning needs of individuals from 10 countries to date. There is now an initiative underway to begin creating online child life university credit courses as a result of increasing demand.

Canadian Involvement in the Growth and Development of the Child Life Profession

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The Evolution of a Child Life Program: Stages of Development at Winnipeg Children's Hospital

Renée Ethans, CCLS, Winnipeg Children's Hospital, Winnipeg, MB, Canada

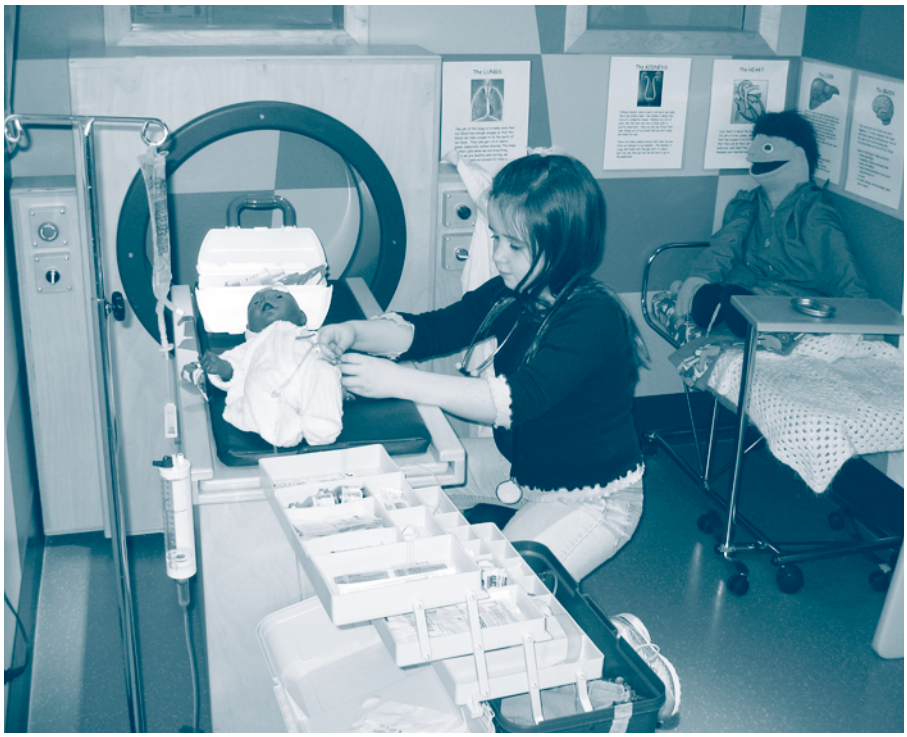
The evolution of psychosocial services for children, youth, and families within pediatric facilities has occurred due to the combined efforts of individuals and the momentum of dynamic programs over time. An abundance of promising innovations for the care of children and families has coincided with the establishment of the Child Life Council as the supporting body for child life specialists in North America, now numbering in the thousands. The Child Life Department of Winnipeg Children's Hospital is one example of the energy that like-minded individuals can apply in response to the needs of families as they interact with health care systems.

Getting Started

Originally set up as an activity program in 1948, the program at Winnipeg Children's Hospital began in the late 1960s to develop into what we now call Child Life. During the 1970s, under the direction of Ruth Kettner (1970-1987), program expansion included the use of patient puppets for preparation, a playroom in the hematology/oncology clinic, and staff teaching and awareness related to caring for hospitalized children and their families. Concurrently, a significant move toward the recognition of child life as a unique discipline within health services occurred with the first meeting of the Canadian Child Life Directors in 1978.

Moving Beyond the Inpatient Unit

Major developments emerged during the 1980s as an awareness and appreciation for the services and support provided by child life workers increased. Staff numbers grew as child life services were introduced in a range of areas. Coverage in traditional units such as medicine, oncology, surgery, orthopedic, and adolescent wards quickly expanded into specialized services such as burns, intensive care, step-down, outpatient clinics, and the child protection program. With the construction of a new pediatric facility came an overt recognition of the value of play in the daily activities of children; play spaces were included in the design of every ward and clinic in the new facility.



Community support has helped Winnipeg Children's Hospital take its child life playroom into the 21st century.

Innovative Approaches to Supporting Children and Families

A number of pioneering program developments were also advanced by the child life department in Winnipeg during the 1980's. First, collaborative studies describing the in-hospital television viewing of pediatrics patients (Guttentag, 1986; Guttentag, Albritton & Kettner, 1981, 1983; Guttentag & Kettner, 1983) illustrated the benefits of an in-house closed-circuit television station, known as CHTV. In addition to the broadcast of child-friendly television programming, a daily interactive live broadcast, the Good Day Show, hosted by mascot puppet Noname has been active since 1981. Second, a Clown Child Life Therapy program, created by Karen Ridd (known as Robo the clown) in 1986 is still thriving today as the humour program featuring *Hubert* and *Onri* clown characters (Lips-Dumas, F. & Peltier, S., 2005). Third, a number of camp and family conference programs were developed through collaborative efforts of child life, nursing and other allied disciplines: hematology/oncology camp, burn camp, and the CF Children's Seminar. Finally, the Book Corner Library opened its doors in 1988 to provide patients with a wide variety of books, tapes, magazines and materials in English and French.

Although facing budget cutbacks, the child life department continued to thrive during the 1990s under director Ellen Good (1988-1996). Program expansion and educational developments are highlights from this decade. Examples of program expansion include the funding of a part-time child life specialist in the Bone Marrow Transplant Unit, as well as the introduction of a pre-admission program that extended beyond pre-op tours to include

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Winnipeg

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individual preparation time with children and their families within the pre-op clinic or day surgery areas. Educational initiatives included: the development of a grief package to provide families with resource materials to help cope with the loss of a child; the establishment of a Family Advisory Committee; and an extension of the library program with the introduction of the Family Information Library. All of these programs are still running today. The decade closed with the first Canadian Child Life Conference held in conjunction with the Canadian Child Life Leaders meeting in 1999.

Diverse Services for Complex Needs

Expansion of child life programming and innovation has continued into the 21st century under the direction of Renée Ethans (2000-present). Child life services have been extended into a new pediatric special care unit and the nursing program funded a new child life position in Pre-Admit Clinic. New initiatives to support children and families include Image Support (body image, relaxation & self-expression), Bereavement Support Materials, Scrapbooking, Cancer Sibling Group and Pet Visitation programs. A music therapy program was developed to complement the range of services provided to assist children and families cope with the stresses of hospitalization and illness. Child life services were also taken to the far North when Dawn Kidder traveled to Nunavut, north of the 60th parallel, to provide palliative care for a patient and his family. She was able to offer broader support for the whole community of Coral Harbour, and also traveled farther north to Repulse Bay for more teaching. Dawn made three visits in total, and it has opened the road for future visits.

Timely renovations and updates, dependent on funding from the community, have transformed the program infrastructures to reflect societal changes. The main playroom at Winnipeg Children's Hospital underwent $150,000 in renovations in 2003 to create a welcoming space that is non-threatening, soothing and relaxing, and at the same time exciting and fun for all ages. It includes a medical play area complete with child-sized MRI, exam table and other hospital equipment, and was followed by a full upgrade to the adjacent outdoor play deck. CHTV celebrated its 25th anniversary and oversaw a hospital conversion from VHS to DVD format.

Staff development and leadership has also continued to grow and flourish. While celebrating 20 years of clowning in Winnipeg, David Langdon introduced a second clown character, hosted the 2nd annual Canadian Association of Therapeutic Clowns, and was the recipient of the 2006 Robo Award for excellence in clowning. Seven more child life specialists passed the Child Life Professional Certification Exam, bringing our total number of Certified Child Life Specialists to nine! Change is inevitable, and the department has coped seamlessly with their introduction to unionization in 2003, and to changes in administration and staffing.

Growing Into the 21st Century

The dedicated efforts of the child life team, which includes students and volunteers, continue to improve the hospital experience for children and families. A recent staff retreat showed no slowing of individual and group momentum when committing to new goals and directions. The child life staff intends to build upon past achievements with the enhancement of preparation kits, teaching photo albums, student manuals, and environmental upgrades. New project initiatives include the CLICK patient computer program, expansion of child life services to ER and HDU, celebration of the 100th birthday of Children's Hospital, and continuing staff development through conferences, presentations and certification.

Many child life programs have evolved in a manner similar to the program in Winnipeg. Child life specialists far and wide have taken advantage of programs and services supported through the Child Life Council and are thriving as a result. Opportunities related to continuing education, training and certification, as well as networking and resource sharing created through CLC have elevated the child life profession to where it stands today. Ask child life specialists about their work and their eyes will ignite with passion. We feel honored and privileged every day to be able to provide psychosocial services to children and families. We thank those who pioneered the original development of child life programs, who still inspire us today, and who allow us the opportunity to humbly build upon their achievements.

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Branching Out: Child Life Practice Reaches New Horizons

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Her name was Suad, and she was four years old. Her parents reported that she was losing weight, not sleeping, and that her formerly sparkling personality had changed dramatically. Suad refused to go to bed until late in the evening and then would not get up until noon the next day, asking, "Why should I get up? What for?" The stress she appeared to be under was impeding her ability to function as a typical four-year old. Her mother feared that Suad was regressing on every possible level, and asked me to intervene. Knowing that one of Suad's triggers was a fear of unfamiliar adults, I brought along some of my "tools" to distract her, to help increase her feeling of comfort and to assist in our communication. These tools included stickers, bubbles, a flashing rubber toy ball, and two puppets: my own Mr. Click-It Hedgehog puppet and a sparkling pink dragon puppet.

Suad presented as withdrawn and fearful, although I could tell that her inquisitive and effervescent nature, currently undermined by the situation, was dancing just beneath the surface. All it needed was a way out, and she found this in the form of the dragon puppet. Initially, Suad refused to speak unless we spoke through the puppets, and I spent the better part of fifteen minutes "flying" with my puppet and conversing through the Dragon Princess (the name quickly given by Suad) and Mr. Click-It. After a time, Suad put the puppets down and announced she was "ready to talk to just me." Finally, Suad turned to her family, whom she had ensured I'd been studiously "ignoring" throughout our interaction, and proclaimed that they could now speak to me as well.

A typical interaction for a child life specialist, you might think?

Perhaps, but the setting and context may surprise you.

This interaction took place in Suad's home, around an elegant coffee table. Suad was experiencing stress due to difficulty integrating into a typical classroom situation. Suad had missed three months of school, apparently due to stress caused by culture shock, fear and confusion related to her English-speaking classroom, and significant separation anxiety. Her Somali-speaking family had just received notice that she was no longer registered at the school where she had been enrolled in Senior Kindergarten due to her absenteeism. This, in addition to the obvious stress she was experiencing, compelled them to turn to me for help. I was able to assist by conducting individual interventions with Suad, providing emotional support for her parents, and doing advocacy work with school personnel. I used therapeutic play and art to assist Suad in expressing her confusion and fears, and to enable her to recognize her own strengths and interests, which could be tapped in order to stimulate her excitement about and interest in life. Familiarization play was also used to help Suad increase her knowledge of Canadian artifacts, objects and holidays, and to increase her sense of belonging in a new world that seemed strange. I arranged a tea party between Suad and the Senior Kindergarten teacher, participating on the sideline as a safe transition figure, in order to facilitate a healthy relationship between Suad and her teacher. I provided education to the family on the nature of stress and the way it can affect children in order to normalize Suad's behavior. I reassured them that Suad would indeed be able to cope successfully with this transition, and reemerge as the strong and passionate girl they knew and loved.

At Suad's last visit, her parents reported that she was "back to normal" and Suad herself presented as delightful; she was strong-willed-yet-sensitive and inquisitive about everything, from the earrings I was wearing to the color of the carpet on the floor of my office. She was excited about school and full of hope for the future.

I am a new child life specialist, having just graduated from McMaster University's one-year post-degree diploma program in Child Life Studies in May of 2006. Although my current job title is not "Child Life Specialist," I do introduce myself as a child life specialist to families. I work as the Children's Mental Health Outreach Counsellor for the Settlement and Integration Services Organization (SISO), a refugee and immigrant advocacy organization in Hamilton, Ontario. It was during my year in the McMaster program that I became interested in applying what I was learning about reducing the fear, anxiety and trauma experienced by many hospitalized children and their families to the reality of immigration, integration and settlement.

I encountered SISO while on a site visit - one of the requirements for the Community Issues Course - and the rest, as they say, is history! I was convinced that this was the place I was meant to work, and through hard work, fervent prayer and the support of an intrepid SISO employee who is now my manager, SISO was similarly convinced. I have been part of the SISO staff for seven months and work within a team that also includes a Child and Youth Worker and a Family Therapist. I have found that the knowledge and skills I learned as a student of child life, especially in areas of child development, play, and therapeutic relationships, are foundational to the work I do at SISO. I believe that the arena of child life work is just beginning to diversify and expand into areas like this, and I am excited to be forging a new path as a child life specialist.

Child Life at Cincinnati Children's Hospital Marks 75 Years of Helping and Healing

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The Division of Child Life at Cincinnati Children's Hospital Medical Center celebrated its 75th anniversary in 2006. Although there had been previous efforts to provide recreation for patients through volunteer support as early as 1890, organized recreation services with paid staff began in 1931. At that time, Cincinnati Children's became just the second children's hospital in the U.S. to create such a program.

Over 20 scrapbooks record the Division of Child Life's history from the 1950s on. In the 1960s, the staff of four included a director, a librarian, and two assistants, serving a hospital of approximately 125 beds. Student nurses, as well as volunteers, pitched in to help meet the needs of the patients.

Highlights from this time include visits by local TV personalities, the Royal Canadian Mounted Police, elephants from the Cincinnati Zoo, Roy Rogers, actor Broderick Crawford, Cincinnati Reds baseball players and coaches, Spiderman, Santa Claus and many others. Patient activities included field trips, holiday parties, haircuts for the patients, a real fish pond in the solarium, a pet rabbit named "Doc", hamsters, and birds. There was an extensive outdoor play area where patients could ride bikes, play badminton and croquet, wade in a pool, and do crafts at the "Davy Crocket log cabin." Increased attention to infection control precautions brought an end to some of these typical childhood activities in the 1980s.

Lair Greenfield Ries held the directorship for the longest duration, 1969 – 1992. Sharon McLeod, MS, CCLS, CTRS, has been the director of the Division of Child Life since 1992.

Today, the Division of Child Life at Cincinnati Children's Hospital has a staff of 89 individuals comprising more than 67 full time employees, including a senior clinical director, a clinical manager, a clinical education coordinator, certified child life specialists, a music therapist, school teachers, clinical assistants, and administrative assistants. The current number of inpatient beds is 425, with more expansion underway. Child life continues to enjoy support from many volunteers and Foster Grandparents. Staff provides developmentally appropriate activities, education, preparation and support for patients and families in all inpatient areas and many specialized areas, including the emergency department, hospice, neonatal intensive care unit, same day surgery, radiology, and multiple outpatient clinics. A strong child life internship program and a fellowship program help develop child life professionals of the future. This department was also one of the first programs to offer clinical advancement opportunities for child life staff beginning in 1992.

As the Division of Child Life has grown, many family-centered activities continue to be offered throughout the year. In addition to special events and visitors, the department coordinates holiday parties, birthday and last treatment celebrations, sibling support programs, pet therapy visits, monthly Family Movie Nights, and Family Activity Nights.

As we look to the future and imagine the possibilities, the Division of Child Life has many goals. We envision child life being part of the healthcare team in all of our outpatient areas and satellite locations. A commitment to increase collaboration with local hospitals could enhance communication among family members hospitalized in different hospitals at the same time. We recognize the importance of expanding our patients' access to technology, specifically through more laptops and the addition of closed circuit television programming. While we continue to enhance the resources for our Spanish-speaking families, we will also increase resources for families of other nationalities. In addition, child life strives to be more involved in research, ensuring that our practice becomes increasingly evidence-based.

For further information about the Division of Child Life at Cincinnati Children's Hospital Medical Center, visit our website http://www.cincinnatichildrens.org/svc/alpha/c/child-life/.

Excerpts from:
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Article adapted from:
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From Vision to Reality: The Expansion of the Child Life Role

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It is natural, on the 25th anniversary of the Child Life Council, to look back at the history of child life, and examine with amazement the incredible growth of this profession. Although child life was spontaneously developing in various children's hospitals across the United States in the early 1900s, it was in the 1950s that Emma Plank first publicly described an organized program of support for children in hospitals. From this scattered early beginning, there are now over 3,000 members of the Child Life Council and about 470 identified child life programs (Child Life Council, n.d.) This expansion does not reflect simply an increase in numbers, but also in the actual role identity of those in child life. This article will examine the historical sequence of events that has lead to this growth, the universality of core components of child life, and some of the issues related to future expansion.

Did you ever wonder why child life began in hospitals? There may have been many environments at that time in history in which children were at risk, but hospitalization ranked high on the list of psychosocially damaging experiences for children. Due primarily to serious communicable diseases such as polio, pneumonia and influenza, hospitalizations were long, painful, and isolating for children. In those early years, children stayed in hospitals for a week or more for a tonsillectomy, and hospital stays usually involved separation from parents and severe restriction of mobility. There was little opportunity to play, to interact with peers or to continue educational progress. The developmental and psychological needs of children were rarely addressed, and much of the early literature documents the disruption in children's and families' lives due to medical experiences. So it seems logical that the hospital arena gave rise to the first child life efforts.

Children's Hospital of Wisconsin, founded in1894.

The founders of child life were primarily individuals who, by training and profession, were connected to the medical world. They were physicians, psychiatrists, analysts and psychotherapists, or they were educators and child development specialists who were affiliated with health care systems. Again, this helps the historian understand why the focus of early child life practice was the hospital setting. It is now a moot point whether children who worked in factories and coal mines, or children who lived in orphanages, or children who lived on the street without families, were at higher risk than those in hospitals. The reality of those times was that those individuals with the insight, compassion, and training to recognize children at risk had concern for and access to the hospital environment. And so that is where child life began.

Historical Perspective of Role Expansion

As the skills and competencies of child life professionals became better documented

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and more accepted in health care, the responsibilities and assignments began to expand, and take on new facets. Around the same time as the formation of the Child Life Council, documentation was beginning to appear which suggested that child life professionals might have a place beyond the hospital walls, working with children at risk in other settings. The first series of articles presented the need for psychosocial services for children in non-traditional medical settings, such as outpatient clinics (Heagarty, 1975), dental services (Weinstein, Getz, Ratener & Domoto, 1982), community health services (Stein, 1983), the emergency department (Alcock, Berthiaume, & Clarke, 1984) and even in an illness-specific summer camp (Shields, Abrams, & Siegel, 1985). These articles primarily discussed psychosocial needs of children, and only a few of them even mentioned a specific role for child life. Michael Rothenberg (1982), a psychiatrist, did write of his expectations about child life involvement in alternative settings outside the hospital. Another early article (Glasrud & Feigal, 1984), again not written by a child life specialist, discussed child life in dentistry practice. Interestingly, in a manner foretelling the future of child life, Judie Perelman (1975) responded to the Heagarty article above by describing a child life program in an outpatient department. In 1991, McCue discussed the services to the children of adult patients in an article in the Child Life Council *Bulletin*. Craton (2000) presented the role of child life in corporate centers that care for sick children and Fortunato, Munn and Widener (2000) looked at child life work in community home-based care. Ultimately, Hicks (2005) provided a substantive overview of the potential for child life to work outside of the traditional starting place of the profession.

Thus the documentation for child life services outside the traditional hospital setting has been slowly emerging over the last 25 years. However, it was the Child Life Council Vision-to-Action process in 1996 that produced a clear statement regarding the inclusion of non-traditional settings into the mission and vision of the profession. This process brought together 21 elected and four appointed leaders in the field to achieve three objectives: (1) develop a strategic vision for the Child Life Council, (2) finalize or craft a working document defining the role and future direction of the Child Life Council, and (3) create a communication plan to present the vision and action steps to the membership. In the years prior to the Vision-to-Action process, there was discussion and debate within the profession about the appropriateness of child life in other settings. An early mission statement of the Child Life Council (1993) read, "*The Child Life Council seeks to promote the well being of children and families in health care settings by supporting the development and practice of the child life profession.*" There were several concerns about expansion of the child life role. First, there were individuals in the field who truly believed that it would be detrimental to the development of the profession to try to expand beyond the hospital. There was fear that the support being developed by hospital-based personnel would be weakened if the role was expanded, or that financial support for the profession might decrease. Second, there seemed to be some risk that other psychosocial professions might see expansion by child life as an intrusion into their areas of expertise. Some expressed concern that child life professionals might not really have the training or skills to move into roles that were traditionally held by social workers, counselors or other therapists. Finally, there were those in the field who saw the professional identity of child life as indelibly linked with the hospital, so much so that any variation from that identity minimized the importance of hospital work and undermined the value of the profession. These were all critical factors that the Vision-to-Action participants needed to consider and address. The future direction of the profession was truly in the hands of these individuals.

CLC Vision-to-Action participants met in Annapolis, Maryland in April 1996, a historic setting for a process that laid the foundations for CLC's future.

In 1997, after the Vision-to-Action decisions, the CLC mission statement (Child Life Council, 2002) was adjusted to read:

> *We, as child life professionals, strive to reduce the negative impact of stressful or traumatic life events and situations that affect the development, health and well-being of infants, children, youth and families. We embrace the value of play as a healing modality as we work to enhance the optimal growth and development of infants, children and youth through assessment, intervention, prevention, advocacy, and education. (p. 3)*

The work of child life specialists, originally focused specifically in health care, had clearly expanded to take on the broader perspective of any stressful or traumatic life event. The intent was not to minimize or discount the commitment of the profession to the traditional pediatric health setting, but rather to embrace children at risk wherever they might be. The vision statement, also published in 1997, makes even clearer the commitment to settings beyond the hospital:

> *The profession of child life will continue to meet the needs of infants, children, youth and families in times of stressful or traumatic life events and situations. The philosophy and practice of child life will be applicable to any health care setting and transferable to other environments or situations in which*

the potential for infants, children and youth to cope, learn and master is placed at risk. The services provided by the child life profession will be holistic and will utilize applied child development and family systems theory. The objectives of such services will be to minimize the negative impact of situational disruptions while maintaining individual growth and development and family relationships. (Child Life Council, 2002, p. 4)

The articles referenced in the sections above give the reader an opportunity to go back into the literature and read about those areas of child life practice that were emerging in the 1980s and 1990s, and are still in process of expansion today. But what about some of the newer areas, those that haven't yet been well documented? One of the most obvious areas for child life diversification outside the pediatric hospital is the adult health care environment. More and more child life specialists are being called upon to meet the needs of children of adult patients. The description below will give further information on the opportunities and challenges of branching out into this type of work.

Branching Out

During the past five years working as a child life specialist at Mayo Eugenio Litta Children's Hospital, I have had the opportunity to work with many children who have had a parent, grandparent, or caregiver in the hospital. Working in a children's hospital within a larger hospital that serves adults provides multiple opportunities to help children. These experiences have provided me with many opportunities to help children in a way that not all child life professionals have encountered.

Mayo Eugenio Litta Children's Hospital is a children's hospital within Saint Mary's Hospital in Rochester, Minnesota. Saint Mary's Hospital is part of the Mayo Clinic, which cares for hundreds of thousands of patients every year. The child life program currently includes seven specialists and two assistants that cover approximately 100 inpatient beds as well as the pediatric emergency department. In 1999, the child life team at Mayo Eugenio Litta Children's Hospital started receiving referrals for children of adult patients.

When the referrals began in 1999, they developed through simple word of mouth. Social workers, chaplains, and nurses who worked in pediatrics but also worked in other units throughout the medical center began to call child life when they knew of a child who was struggling, and also when they were in need of memory-making supplies. As time went on, the referrals became more varied, they came from a wider range of disciplines, and they included more adult units and outpatient clinics. Starting in 2002, the child life team made a concerted effort to provide education to adult units about working with children, as well as information about obtaining resources and supplies for bereavement situations. In 2003, the child life staff started to keep data about the children of adult patients referred to them. In recent months, the referrals have increased to an average of two to three per week, averaging four to six hours of service time.

The concerns are usually the same. Children ask if their parent or grandparent is going to be okay, parents ask how they are going to tell their children about the medical situation, and nurses ask for help because they are sometimes unsure what to do when the children visit and they are visibly upset. Overall, as the number of referrals has increased, so has the variety of these referrals. Examples of the referrals received include: helping parents explain a diagnosis, a recurrence, or a death to their children; facilitating memory-making at the time of death; providing psychosocial preparation to children when visiting their parent; helping children cope with a parent's illness (acute and chronic); providing suggestions for written resources; offering developmental information to parents about how their children understand and cope with stress; and helping a child cope with changes in a parent's physical or mental abilities.

During my time with the child life team, I have had many wonderful opportunities to work with children of adult patients. One of my experiences included helping three teenage sisters cope with the changes in their mother following a severe stroke. I helped to prepare them for their mother's tracheotomy and gastrostomy tube, and also helped them to cope with family changes by expressing their fears, concerns, memories and joys related to their mother. Another case involved a child and his mother, who were involved in a motor vehicle accident. When I arrived in the emergency department, I realized that the biggest issue was that the child's mother had suffered severe injuries in the accident, and that there was no one else present with the child. Throughout the course of the day, family members arrived and did their best to support both the mother and the child, although it was clear that the mother was not going to survive. That afternoon the chaplain consulted child life to talk with the family about telling this boy that his mother had died. In this difficult situation, I ultimately led the conversation, as the family members felt unable to do so. Child life staff have also consulted with many families who simply need help figuring out what they are going to do when they get home, and how they are going to explain a new diagnosis to their children.

When referrals from adult units started in 1999, they were sporadic enough that there was usually no problem meeting every need. But with increased demand for the service over time, challenges arise in trying to meet the needs of all of the patients. The main challenge is staffing. When all staff members are assigned to a pediatric population, who takes the referrals for the children of adult patients? How does the child life staff prioritize children of adults in relation to their pediatric patient population? What budget provides money for the supplies that are used when working with these patients? Is it the child life budget or the budget of the unit of the adult patient? As more and more referrals are being made to child life for children of adults, these are the types of challenges we are facing.

As I think back to an earlier time in my career, I remember dreaming about child life and how I would be helping children and families. There was never a time that I dreamed about working with children when the patient was not a child or sibling. Yet working with children of adult patients has been a wonderful gift of experience and opportunity. I hope for all child life professionals that they too are afforded the opportunity to help the many branches of child life continue to grow and bloom.

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In 2006, the American Academy of Pediatrics (AAP) issued a new policy statement regarding child life, which makes very strong recommendations regarding the inclusion of child life services across many different settings. Not only does the statement describe child life as an essential component of quality pediatric health care, but it also affirms child life services to non-traditional populations. In part, the policy states:

> *Child life expertise has applications beyond conventional hospital care. Child life interventions can help children transition back to home, school and community. Child life specialists can actively help with school reentry and facilitate a variety of support groups for patients and their siblings. In addition, child life specialists in pediatric programs located within larger adult-oriented institutions often are called on to work with children of adult patients. They are able to help children deal with a parent's illness or impending death. Child life specialists also use their skills and training for positions in disease-specific camps, hospice programs, supplemental child care for technology-dependent children, programs for high-risk infants and courtrooms for pretrial support of juvenile victims. (AAP, 2006, p. 1760)*

The following example describes the application of child life to a hospice service.

Child Life in Hospice and Bereavement

Finding my way to end-of-life care and bereavement was a journey that began when I was a child life specialist in a children's hospital. I spent five years primarily working with hematology/oncology patients and families, and my practice in grief and bereavement developed by default. Since I worked mainly afternoons and evenings during my first two years as a child life specialist, I had the unique opportunity to cross-cover the entire hospital with a child life colleague in addition to attending to my inpatient floor. I can still vividly recall significant moments throughout my career at the children's hospital which contributed to my knowledge and development in the areas of counseling, hospice, child life administration and public speaking. I remember in great detail the times that I supported families in the pediatric intensive care unit, bearing witness to yet another patient's death from cancer and responding on-call at any hour of the night to a crisis in the emergency room.

Looking back, I realize that I developed skills in bereavement support out of necessity and my need to cope with crisis and death-related situations. In those early days, child life related end-of-life services consisted mainly of family advocacy and memory-making activities; bereavement services for siblings were even more limited. Although we had an aftercare program that consisted of mailings and phone calls, families often commented how much they missed the support they received as part of our child life service and wished for such support for their surviving children. With the hopes of eventually providing more comprehensive grief and bereavement support, I began to read as much as I could about children's grief and expressive arts activities for bereaved individuals. Although today there are numerous resources for child life specialists to help children who are grieving, my search back in 1996 resulted in only a handful of resources.

The needs at my hospital were evident and I found myself at an opportune time to advocate for a children's bereavement support group. Together with my evening shift colleague I submitted a proposal for such a group to our administration, yet this group almost didn't come to fruition. I remember with some dismay that one of the major concerns of our proposal was whether or not we were qualified to provide such a service, even though our entire department was supporting bereaved children and families throughout the hospital on a daily basis.

Over the next few years I attended several conferences, I co-led our Children's Bereavement Support Group, I ran support groups and community events for oncology patients of all ages and I volunteered at a bereavement camp for children. In addition, I wrote and received grants for the children's bereavement support group and annual memorial service, and I presented to peers, colleagues, board members and the community about the importance of bereavement support for children. As I continued my child life role in hematology/oncology and on other units, bereavement support simply became a supplemental part of my role. Relying on my background in art therapy and on my developing bereavement-related skills, I practiced new and exciting ways to help children understand and cope with the grief process, and to memorialize a loved one or friend through art and play. Soon I found myself encouraged by parents to prepare children for wakes, funerals and memorial services both inside the hospital and at funeral homes. This broadened my experience and expertise in helping children cope with loss.

In 2001 I learned of an opportunity as a children's bereavement coordinator in a hospice program. At the time, this position was held by a social worker. With my portfolio in hand, I was able to introduce and sell the concept of a child life specialist in hospice, and to describe how my expertise in end-of-life support, developmentally appropriate art and play therapy techniques and my use of minimally threatening language could enhance their program.

Although I only had the experience of approximately 15 pediatric deaths during my two and a half years working in hospice, I was able to assist many more children in coping with the death of a parent, grandparent or other close family member. Whether I was working with children in their homes, working with students in a school or running a bereavement support group or grief camp, I soon realized that my repertoire of child life skills and teaching tools in bereavement counseling were both versatile and applicable.

Working in hospice allowed me the opportunity to develop a program in a very independent and autonomous manner. Although it took almost a year for staff to truly understand the value of the service I provided, their interest developed as we received recognition throughout the community and positive feedback from families. I diligently provided in-services to staff and volunteers and took every available opportunity to participate in team discussions that involved families with children. Eventually I earned the respect of my colleagues, which inspired passion throughout the organization for supporting children in the community.

Working in hospice as a child life specialist

and coordinating a program not only helped me develop a greater sense of empathy and compassion for others, it also gave me the chance to develop professional goals along multiple dimensions. I learned more about program development and time management and had great learning experiences relevant to networking, budgeting, writing and community outreach. With these skills came the confidence to start a private practice in child life and eventually to develop a product line of grief-related coping kits for my own business that offers sympathy gifts, grief-related resources, children's grief seminars, and consultations to funeral homes.

I learned that the role of a child life specialist transcends the pediatric health care setting, and the skills of a child life specialist can be applied in a wide variety of settings and circumstances. Professionals who are willing to challenge the path in which their child life journey takes them will find a unique and rewarding professional experience. As I reflect on where my journey has taken me thus far, it is with absolute pleasure that as a child life specialist I am able to give back to the community and support individuals of all ages who are grieving.

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Scope of Practice

It's clear from these examples that there are numerous opportunities for child life specialists to transition beyond the hospital setting. Opportunities are impacted by many factors, including the creativity, skill set and the persistence of individual clinicians. In assessing where child life specialists can be most effective, it is important to examine critically the skill set of the child life specialist. *The Official Documents of the Child Life Council* (2002) provides clear delineation of the Competencies and Standards of Clinical Practice for a child life specialist. This document can prove valuable when articulating the services a child life specialist could provide in any given setting.

Let's explore some of these identified competencies and evaluate how these skills can be translated into other practice arenas.

The ability to assess and meaningfully interact with infants, children, youth and families.

Child life specialists are skilled in both the assessment and intervention aspects of clinical practice; these skills are integral components in serving children and families. The assessment skills of child life specialists allow for meaningful and developmentally appropriate interaction to take place. Although child life specialists do not diagnose mental health disorders, the assessment from an applied child development perspective is often the unique contribution of a child life specialist on a team. In their assessments, child life specialists focus on the supportive role a family plays and capitalize on the strengths and abilities of the child and family. Focusing on these strengths rather than problems is an important perspective that the child life specialist brings to assessing families in crisis.

Competent child life specialists are able to build effective therapeutic relationships with children and families across settings. The use of developmentally appropriate play allows children to achieve their optimal level of development even in the most challenging situations. The activities and interactions that a child life specialist provides support healthy development and allow children of all ages to express themselves in the most effective way. The child life professional has the ability to be creative in allowing each child to capitalize on his or her individual resources.

This first competency, related to assessment and interaction, is often the core of the clinical work of a child life specialist. All of the services and interactions provided by a child life specialist should be evidence based. Evidence-based practice is particularly important when one is trying to articulate the value of a specific service or intervention. The day-to-day clinical work may be routine and obvious to the child life specialist, but when approaching settings outside the hospital, it is very important to be able to articulate the value and benefit of child life services, with evidence to substantiate any statements. Although significant in any non-traditional setting, this is especially true for child life specialists interested in a private practice model, an area that has gained a great deal of interest. The credibility of the practitioner is one major key to success in the private practice arena.

The ability to provide a safe, therapeutic and healing environment for infants, children, youth and families.

The ability to provide a supportive environment is important across settings and populations. Contributing to both the physical and emotional environment is a skill that is transferable to the non-traditional arena. The child life specialist can be purposeful in the planning of activities and the physical space of a particular setting to allow for optimal coping and adjustment. For example, providing concrete suggestions on taking medication in a home environment can help significantly decrease the trauma associated with the routine for chronically ill children receiving home care. The child life specialist can also consult with other professionals related to supportive environments, and contribute to the design of facilities based on this knowledge and an understanding of what may support adaptive coping for families.

The above skills are equally important for roles both within and outside the hospital. Roles in areas such as home care and hospice are examples of where these skills can be especially useful. Child life practitioners can assist with the modification of even the least therapeutic environment into a setting in which children can thrive. The understanding of the environment, and the ability to build supportive relationships just through appropriate interaction are especially useful in home-based settings.

The ability to assist infants, children, youth and families in coping with potentially stressful events.

The child life specialist understands responses to stress across the continuum of developmental levels. Child life specialists should be competent at assessing these responses and then planning, implementing and evaluating appropriate plans of care for children and families in these situations. The child life specialist can work with children and families to rehearse coping skills, promoting mastery over the situation. These skills can be useful in many settings but some specific examples of where these skills may be translated are on crisis teams and in women's shelters. Families in these situations are in the midst of incredible crisis and frequently aren't able to access their own internal coping resources. Guiding them through the process and being aware of the immediate needs are fundamental requirements for effective work in these

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types of settings.

The ability to provide teaching, specific to the population served, including psychological preparation for potentially stressful experiences, with infants, children, youth and families.

This competency is one that a child life specialist is uniquely qualified to exercise in a non-hospital based setting. The use of minimally threatening language and developmentally appropriate teaching aids are core components when preparing children for a stressful life situation. Child life specialists demonstrate strength in both recognizing the cues of children and valuing the importance of the specific, concrete information that children need. Imagine any child in an unfamiliar setting or situation and it is clear that this type of information is essential for adaptive coping. Dental clinics and court systems are two places where these skills may be translated. In these settings, children are confronted by words, processes and procedures that are often unfamiliar to them. Helping to translate information can help lead to effective coping in these situations.

The ability to represent and communicate child life practice and psychological issues of infants, children, youth and families to others.

Child life specialists have a great deal of information that could be helpful for the general population. Very few parents of children in stressful situations have access to a child life specialist, so providing information in the electronic media or in publications can offer far-reaching support for helping families in crisis. Consultation to schools, public welfare agencies and even the corporate sector offers further opportunities for child life specialists to communicate about psychosocial factors affecting children. Children in stressful situations are depicted in literature and in the film and television industry. Here child life specialists could serve as consultants for accuracy related to the depiction of developmental responses and coping strategies. The number of opportunities for child life specialists to provide information to others on children's and families' reactions to stress is as far-reaching as the number of settings in which children are found.

As child life specialists branch out to settings that are farther removed from health care and pediatrics, it is increasingly important to be the content expert related to applied child development. In circumstances where professionals lack in-depth knowledge of child development, the child life specialist with a skill base in developmental perspectives, especially related to the impact of stressful situations, can help to fill this void. For example, in the court system, a prosecuting attorney has a great deal of knowledge related to the law, but without specific training it is unlikely that he or she will understand the impact that testifying has upon children.

The ability to develop and evaluate child life services.

In a hospital setting or beyond, administrative skills are essential for the effective delivery of child life services. In the community-based setting, planning, assessing and organizing are key activities whether or not there is a specific child life department. These skills will allow the child life specialist to advocate for services for families based on clinical knowledge as well as the more logistical factors. Child life specialists can be especially effective in administrative or supervisory roles in organizations that serve children. This combined skill set allows for appropriate service delivery and expansion of services while balancing administrative aspects within an agency. This is one of the newest and most challenging roles for child life, and an example of this type of non-traditional role is provided below.

About the Views Expressed in *Focus*

It is the expressed intention of *Focus* to provide a venue for professional sharing on clinical issues, programs and interventions. The views presented in any article are those of the author. All submissions are reviewed for content, relevance and accuracy prior to publication.

Review Board

Finding and Fueling the Passion for Child Life beyond Clinical Walls

A few months ago I was cleaning out my basement to prepare for a move when I stumbled upon an old binder labeled *Child Life*. I smiled as I admired the colorful marker-decorated cover with cutouts of children and other child-friendly images tucked in the front cover. As I flipped through, I was reminded of a passion that drove me to begin a career in child life. I clearly remember being in college and searching for the right fit for me. I chose a major focusing on families and children but I knew that neither child care nor teaching was my ambition.

One day as I was searching for potential career fields in the library, I stumbled across an article on child life. For the first time I had really been excited about a career. My guidance counselor didn't know anything about the profession. I immediately went to the local hospital and advocated for a volunteer position on pediatrics, which at the time had one part-time child life specialist and one part-time art therapist. My binder had a section devoted to each program in the state and all of their literature. I even arranged for site visits so I could really get a feel for the profession and what a child life specialist does on a daily basis.

As I look back at my old internship journal, the energy and excitement for the career just oozes from every page. I began my professional career in a children's hospital within an adult hospital, where I was able to form relationships that are still strong today, and I gained valuable experi-

ence with diverse populations. But my life brought changes and I was ready to move to a new community. I was excited to focus my energies on a specific population: children with burns. Working on the burn unit was so much like and yet so different from my past experience in child life. With my first job I had to work hard to earn the respect for my purpose, but in my new setting I had the luxury of entering a group that was eager to have child life on their burn team. They respected my role and my input was taken seriously. It was a bit of an adjustment, but a pleasant one.

Life changes came again, and a new baby forced me to revisit my career. While working on the burn unit, I was introduced to a local nonprofit organization just across the tunnel from my office, The Phoenix Society for Burn Survivors. I relied on the organization to help me learn about burn recovery when I was new to the unit, and we shared many of the same values and goals when it came to supporting these families and individuals. Here was an opportunity to create a new position in a small nonprofit organization. The executive director knew I had left my job to have more time with my family; she saw this as an opportunity for a contracted position and I knew I could offer them skills that would complement their work. This national society wanted to expand services to families and children and they provided me with the flexibility to meet both my professional and family demands. My non-traditional child life role had begun.

Almost five years later my contracted role with this national non-profit organization has become a staff position filled with exciting and fulfilling challenges. I have been able to achieve professional goals and career growth that I never would experience in a hospital setting. My supervisor's belief in the value of child life specialists' skills has pushed me to meet goals beyond the limits of what I ever thought I was capable. I've been fortunate to work with individuals and organizations across the country to support children and families who have been affected by a burn injury. Never in my guidance counselor's office did I think I would be rolling out a national resource that would support children across the country in successfully reentering their school environments. Never did I think I would be writing federal grants or planning conferences for more than 600 people. I've had the tremendous opportunity to write articles, develop programs and resources, produce videos, and contribute to the growth of my organization.

As I looked at my child life folder, I couldn't help but feel a renewed passion, similar to the passion when I was beginning my career - a passion that can be easily forgotten when challenges such as work politics or administrative roadblocks get in our way. Child life isn't a career one enters just to have a job; it serves as a means to positively impact children's lives. There is a great need for the skills of a child life specialist in many environments. To find where those needs are greatest, explore organizations and their missions to determine how those skills can complement their services. For me, the key ingredient is finding a work team that shares your vision for supporting youth and families; that is what I find most valuable about my current position with the Phoenix Society. It isn't always easy, and there have been times that I have been frustrated because it was so far from my comfort zone of the clinical setting. But I continue to remind myself of the impact that my job has had on children and I keep returning to my co-workers and their values, commitment and passion to continue the mission. Do not be afraid to broaden your ideas of child life. We have the ability to expand our support of children and families far beyond the clinical walls.

Amy Clark, BS, CCLS
Family Services Coordinator,
Phoenix Society for Burn Survivors

> ***"Child life services make a difference in pediatric care… It remains essential for child life specialists to adapt and grow with the changing health care system in support of the emotional well-being of children and families."***
>
> *— AAP Policy Statement on Child Life Services*

Future Needs

So, where do we go from here? The Child Life Council and the American Academy of Pediatrics both make strong, clear statements about the appropriateness of child life specialists in a wide variety of settings. Although working in settings outside of the hospital environment seems like a natural evolution in the field, there are factors that will impact the continued growth and success of child life beyond its traditional roles. Some of these factors are within the control of the individual and others are larger in scope.

Individual Factors: The child life specialist who is starting to think about broadening his or her practice to another arena will face some new challenges. In order to enter a non-traditional child life role, the specialist may have to market his/her skills and abilities, and articulate the value of child life training and practice. When child life specialists are confident about the transferable nature of their skills, and communicate this confidence to the public or other professionals, others will come to trust and respect what child life can offer. It is important, however, that child life specialists practice only within their area of expertise and training and do not market themselves to perform work outside of their scope of practice and credentials.

Next, the specialist will need to acquire additional training and experience in the new, non-traditional setting. The child life specialist must be well versed in the intricacies of the setting in which they want to practice with regard to terminology, typical issues and concerns and best practices for that particular setting. Most supervisors are pleased to hear that new employees are eager for feedback, supervision and additional support as they take on new roles, so child life specialists can be proactive in their requests for training in areas unique to the new setting.

It might come as a surprise to child life specialists to learn that management and busi-

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ness practices may be of value as they enter non-traditional roles. Education in this area is not typically offered in child life academic preparation programs, but can be very useful when addressing issues such as writing a business plan, marketing a private enterprise, or funding positions that may be new to a particular agency or setting. Just managing taxes and insurance in a contract position can be a challenge to the child life specialist who is developing her or his own business.

Organizational factors: Some factors are larger in scope than an individual child life specialist can easily address. However, when organizations such as the Child Life Council combine with the initiative and motivation of those in the child life field, these factors will not be barriers for child life to successfully practice outside the typical hospital environment. First, it is important that educational programs for child life specialists include classes that will prepare students for non-traditional roles. These roles often require more direct clinical and counseling skills, and more applied child development. For example, although one of the areas of expansion as defined by the AAP policy is the facilitation of support groups for children, only a few child life training programs offer or require a class in group facilitation. Virtually all child life specialists take a course on dying and death, but how many of these courses provide an adequate introduction to bereavement counseling? And yet the potential future of child life in hospice, bereavement centers and funeral homes has just been illustrated. Continual review of course requirements will help the incoming child life specialist be more prepared for the skills he or she may need to be effective. Also, those practicing in areas outside of the hospital can look at providing supervised clinical training programs for those who may be interested in work in other settings.

Also important is the general marketing of the child life profession. More and more is being done to make *child life specialist* a more easily recognizable term and more people are learning about the benefits child life services can have for children in a variety of stressful situations. Consider what might grow out of a planned and concerted effort to let hospice services, camp programs, court systems and other settings know that there is an entire population of potential employees waiting for the opportunity to serve children and families. The Child Life Council, the obvious leader in any marketing endeavor about child life, has made great strides in helping the public and the media become aware of our profession. The next step is to expand these marketing initiatives to applications outside the hospital setting and in non-traditional roles.

Finally, child life specialists can use their professional association, the Child Life Council, and state-based child life organizations to maintain awareness of the programs, legislation and policies being developed in each regional area, to make sure that child life specialists remain eligible for various positions and services. A national organization such as CLC cannot monitor all the laws and standards developed by each state. But when new licensure opportunities present themselves, or when state-sponsored grants are available for children's services, child life specialists can establish a level of visibility and awareness of prospects for the future. This type of advocacy and policy work may help to pave the way for insurance reimbursement for child life services.

Look how far we've come! From a scattering of articles in the 1970s, 1980s and 1990s, child life has established itself as a profession with a wonderful historical legacy and a broad mission that seeks to support children and families in a wide variety of stressful situations. Child life specialists around the world are continuing to do amazing work with children in health care environments, and are also spreading their wings into many different areas in which children and families find themselves challenged, overwhelmed and distressed. In 1996, McCue wrote in the Child Life Council *Bulletin* "…be prepared to be excited about your profession and its potential for the future. I think we are ready to move into a new era in child life, one which will truly meet the needs of children and families while assuring the professional identity of all of us who do this special work" (p. 2). That era is here, we are doing the work, and to each of you who takes a step into a non-traditional role, we salute you and encourage you. You are paving the way for the next 25 years.

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PHYSICIAN'S POINT OF VIEW:

Partnership with Child Life Specialists in Procedural Sedation

Jill Fitch, MD, Clinical Associate Professor of Pediatrics, Director of Pediatric Analgesia and Sedation Service
Columbus Children's Hospital, Columbus, OH

Prior to my arrival at Columbus Children's Hospital, Columbus, Ohio, I had not encountered child life specialists in my training as a resident and fellow in Pediatric Critical Care Medicine. Today they are a valuable part of our sedation team and I wish they were available 24 hours a day, especially when I am performing an invasive procedure on a critically ill child. I have found the role that they take in allaying, not only the child's fears, but also those of the parents and other caregivers at the bedside is vitally important to the success of the procedure and the satisfaction of the patient and family.

When a child life specialist provides support for a patient, it allows me, as the physician, to focus on the task at hand - the intravenous line insertion, the vitals signs, and the procedure – so that I can provide the best medical care possible. While I enjoy communicating with each family and patient, it is paramount that I focus on the airway, breathing and circulation of the patient as the sedation progresses. Prior to the involvement of child life specialists, I felt as if I sometimes had to ignore the family to focus on the child. Now, our child life specialists have learned a variety of procedures and what is expected, and they can talk with the family about what is occurring during the sedation and can anticipate what will be happening next. I can direct my attention to the procedure and the child, confident that the family and patient are receiving the personal support they need.

The distraction child life specialists provide for children (and some young adults) allows me to sedate the child without anxiety. Many children fall asleep while reading a book, playing I Spy or playing a video game. Often, when children emerge from sedation, the first person they ask for is the child life specialist.

I believe not only that the patients are happier thanks to child life support, but also that productivity can be increased because child life interactions with the family and patient allow me the time to prepare for the sedation.

Despite an increasing awareness of the problem of pediatric acute pain, many children continue to suffer pain and anxiety associated with medical procedures. Traditionally, intervention for medical procedures has focused on either behavioral or pharmacologic techniques. However, nonpharmacologic techniques can be an important adjunct to pharmacologic methods of reducing or preventing pain and distress associated with medical procedures. Child life specialists can be integrated throughout four phases of a medical procedure: (a) anticipation, (b) preparation, (c) procedure, and (d) recovery. The role of child life specialists on our team enhances trusting relationships with patients and families. Using play as a primary modality, the child life specialists are able to create and nurture rapport with children that enables them to cope confidently with medical procedures. The child life specialists can make their assessment, customize interventions, and provide emotional support for patients, families, and, may I add, physicians as well!

This article was submitted through the kindness of Heather Canty, MS, LPC, CCLS, Columbus Children's Hospital.

Child Life in Canada

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Although the numbers of Canadian child life specialists is small in proportion to the total number of child life members in CLC, Canadians have been actively involved in the evolution and growth of the child life profession from its beginning in North America. Four Canadian child life specialists and pioneers have received the CLC Distinguished Service Award as a result of their significant contributions. Ruth Snider, former Child Life Director of McMaster Children's Hospital, was one of four leaders who met in 1981 as part of the Ad Hoc Committee on Structure for Child Life Professional Issues, which recommended the formation of the Child Life Council. Ruth went on to be the first Vice-President and second President of the Child Life Council. Later, five Canadians were elected by the membership to participate in the Vision-to-Action process in 1996 that developed the first strategic plan for the future direction of CLC. Canadian members were actively involved in the development of the child life profession's Mission, Vision and Values statements, as well as the *Official Documents of the Child Life Council* (and its later revised version), *Making Ethical Decisions in Child Life Practice, and Guidelines for the Development of Child Life Programs*, among others. Through unanimous board approval in 1997, the CACLL President and liaison to the Board became a voting member of the Child Life Council Executive Board. Canadian members have been actively involved in CLC Committees both as members and as Committee Chairs, in roles such as Certification Chair, *Bulletin* Editor, and others.

Several Canadian child life specialists are now involved in child life research activity and have published articles, book chapters, and other resources. Over the past decade, there has been a noted increase in references to the child life profession in publications such as the Canadian Paediatric Society position statement on "Treatment decisions regarding infants, children and adolescents", and the Brain Tumour Foundation's *Brain Tumour Resource Handbook: Paediatric Version*.

Canadian child life specialists are proud members and active contributors to the Child Life Council, and as such we believe in the core mission, vision and values of the profession and the Council.

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FROM THE EXECUTIVE DIRECTOR

"If you can dream it, you can do it." —Walt Disney

Partnering for a Greater Good

Susan Krug, CMP, CAE

At Child Life Council, we do dream of a world where:

- All children under stress have access to quality child life services.
- Child life professionals are viewed as essential to quality health care.
- CLC is recognized as the primary resource for psychosocial care and support of children and families managing challenging life events.

As a growing professional association, our dreams are fueled by the vision of our leaders and the hard work of a dedicated network of staff and volunteers. But making those dreams a reality will require us to reach outside of ourselves, by seeking out resources beyond the member dues that help us to maintain our normal daily operations. Like all successful associations, in order to thrive, we must actively cultivate partnerships and strategic alliances with organizations whose vision and values closely match our own. These alliances are often focused on today's issues, but they also encompass positioning that will take an association beyond its traditional boundaries.

During this year of dramatic growth, celebration and change, we have initiated some exciting new partnerships with other organizations. The tangible benefits of these projects have already been felt by many of you, and as we continue to exchange resources and nurture mutually-beneficial relationships with these and other organizations, we look forward to further enhancing our ability to realize our dreams. Here are a few of the ways we have partnered with organizations during our 25th anniversary year:

- In January, Child Life Council teamed up with Buffalo Games, the makers of award-winning party games and jigsaw puzzles, to facilitate the free distribution of a series of games, "…sure to lift spirits and put focus back on family fun." The games included award winning titles Imaginiff and Last Word.
- In a new, formal partnership with CLC, The Walt Disney Company brightened the lives of children in pediatric facilities nationwide through a generous multi-box care package donation from DisneyShopping.com. The donated care packages, including such desired items as Disney and Baby Einstein® DVDs, games, toys, pajamas, blankets and more, were delivered in April 2007 to more than 450 leaders of child life programs. We worked with Disney's philanthropic arm, Disney Worldwide Outreach, to provide the most comprehensive information available on child life programs nationwide, and in future years CLC will serve as the conduit for providing feedback to strengthen and expand the program.
- Disney is the Silver Dreams Sponsor of the CLC Annual Conference and 25th Anniversary Celebration event, and has graciously donated Walt Disney World® Resort Theme Park passes for registered conference attendees, a dessert party, and private viewing of the IllumiNations fireworks show at Epcot®, along with many other surprises throughout the weekend.
- Biotherm provided $25,000 worth of skin-care products to be distributed to conference attendees.
- The National Association of Children's Hospitals and Related Institutions (NACHRI), Zero to Three, and Give Kids the World are also supporting our conference programming.
- For a complete list of 25th Anniversary supporters, please see page 19, and visit the CLC Web site at www.childlife.org.

We will continue to cultivate alliances with other organizations that have the expertise, skills, credibility, contacts and other resources that complement our own. Imagine what we can achieve through partnerships!

Child Life: Making Our Mark

Kathleen Murphey, MS ,CCLS
Executive Editor, CLC Bulletin and Focus

Is there a child life playroom anywhere that doesn't have containers full of crayons and markers?

Wherever there are young children in our world, there are crayons, and paper. Grown-ups seem to know instinctively that scribbling and coloring are satisfying pursuits for most little ones, and that a pack of crayons and a pad of paper will provide a period of rapt engagement even for the most energetic toddler. Small hands holding chubby crayons in tight fists will scribble in circles over and over, mesmerized first by the action of scribbling, and later by the marks themselves. *See what I did!*

Later on, preschoolers show us the rough shapes they've drawn, and they pretend to write with lines and zigzags that look like they might be letters but aren't, at least not yet. Before too long, even before they can recognize or name letters, children begin to understand that these shapes are symbols, that they stand for something. *Will you please write my name on my picture? This is my picture, and I want to tell you about it so you can write it down for me.*

It's exciting to watch children learn that writing helps you capture a bit of today and keep it for as long as you want. They realize that writing is a way of holding on to a story or a thought so it doesn't get lost, and so you can share it with other people. And they discover that writing helps us remember important things, and lets us tell people who are far away about what's happening here. *Dear Grandma, today we went to the zoo and I saw a giraffe poop…*

Child life specialists write to tell their stories too.

In the pages of this publication, we hear the voices of child life specialists telling their stories, telling our stories. Within this anniversary issue are stories of how we came to be where we are today, stories of people and programs whose paths reflect our common journey as a profession. We trace the lines of our past, and we begin to make up the story of where we will go next.

Looking back on our brief history, we recognize that the early knowledge base of child life came from other fields, from psychiatry, nursing, social work, and pediatrics, among others. Child life pioneers relied on many sources to construct the theoretical framework of our profession, and to develop programs and intervention approaches that were credible and well-informed. But the literature they consulted was not *child life* literature, because such a thing didn't exist, and the knowledge they applied was borrowed from other, established professions. We thank our early interdisciplinary colleagues for writing *their* stories; in their articles and books they shared what they had learned about children's psychosocial care, and passed along lessons that became part of the groundwork of child life. That's their legacy to us.

Now it's our turn to share our stories with others.

Slowly but surely, child life professionals have worked to expand the unique knowledge base in areas that are at the core of our practice: play, coping, preparation, advocacy, comfort, development. Child life academics, clinicians, administrators and students have all contributed to our collective wisdom by studying questions or puzzles we face in our work, then writing to share what they'd learned.

Some of those lessons have been published in the *Bulletin* or in *Focus*, and some have been developed into books. But many have been published in the periodicals of other professions, perhaps because the work described was developed with a colleague from another profession, or perhaps the author sought a larger audience. Child Life *Bulletin* reaches more than 3000 members and friends, but how often does a nurse or respiratory therapist or pediatric psychologist pick up a copy of CLC *Bulletin* to read about innovative strategies for psychosocial support?

But imagine if they did!

Over the past ten years, this publication has grown from a six-page newsletter featuring mainly CLC business, to a 16-page, well, newsletter, but one of increasing variety,

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Child Life Council

Executive Board 2006-2007

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Executive Director	Susan Krug, CMP, CAE	skrug@childlife.org

To reach a Board Member by phone, please contact CLC at 800-CLC-4515 or email clcstaff@childlife.org.

Web Site Redesign

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Directory is a members-only feature that will allow you to access contact information for other members of Child Life Council, using a name and/or location as search criteria.

Career Center: Formerly known as the "Job Bank," this new system is available all day every day. Job seekers may search for employment opportunities at their convenience and see positions posted in real time by employers from around the world. Job seekers may also create a profile that may be viewed by prospective employers. The Career Center is designed to be the premier source for great child life employment opportunities.

CLC Book Store: Browse through Child Life Council publications and merchandise, and place orders online with immediate payment confirmation using a credit card. Logging in to the system before making a purchase will ensure that you receive applicable member discounts automatically!

Pay Membership Renewal Dues and Certification Annual Maintenance Fees. Please log in to your CLC User Profile to access this feature. If you have a payment due, a link to make payments will appear on your profile page. Follow the simple on-screen directions to submit a credit card payment. If you have questions about your payment status, please contact membership@childlife.org (for membership inquiries) or clcstaff@childlife.org (for certification inquiries).

Support CLC: Make a donation online now using a credit card with immediate receipt. In honor of our 25th Anniversary, the Board of Directors is proud to have made a 100% commitment in this exciting effort to raise $25,000 to benefit Child Life Council initiatives. Please visit the Donate Now section the Web site to make your contribution and help CLC *Imagine the Possibilities for Child Life*.

Your comments and questions have been tremendously useful as we work to bring you an increasingly user-friendly and navigable system. Keep an eye out for announcements as other CLC functions roll out over the next few months. Upcoming online features of the new system will include:

- Certification Services, including fee payment
- Professional Development Hours tracking and updating
- Calendar of Events

Logging In To CLC Online

Your CLC user profile serves as the primary record CLC maintains to track your membership, certification, and other pertinent transactions, so it is important that you log in and confirm that the spelling of your name, your contact information, and other details are correct. If you are having difficulty accessing your profile, here are a few helpful tips:

- Remember that usernames and passwords are case sensitive.
- If you did not receive or do not remember your pre-assigned username and password from CLC, you may try the password reminder service available from the CLC Login page.
- If it is difficult for you to remember the pre-assigned username and password provided by CLC, once you have logged in to your CLC User Profile, you may change either or both if you wish.
- The new CLC Online and Forum List Serve are not integrated services. Please note, when you change your primary email address on your CLC Profile, your email address on the list serve WILL NOT be updated automatically (and vise versa). To change your email address on the CLC Forum, log in to the list serve directly at http://mail.lists.childlife.org/read/login.
- If you need assistance, please contact us at clcadmin@childlife.org.

CLC Announces Inaugural Recipients of the 2007 Spirit of Giving Award

In recognition of their outstanding contributions to child life programs, Child Life Council is pleased to announce the inaugural recipients of the 2007 Spirit of Giving Award: the Walt Disney Company and Mrs. Grossman's Paper Company.

Child life specialists work with a variety of organizations that donate funds, goods, services and/or volunteer hours. Collectively, child life programs rely on these contributions to enhance or to ensure the existence of therapeutic and recreational programming for children and families. The new annual Child Life Council Spirit of Giving Award recognizes for-profit organizations making significant monetary or in-kind contributions that have a positive impact on child life programs on a national or international level.

The Walt Disney Company was selected by the CLC Executive Board as one of the first honorees in recognition of its generous annual donation of care packages to child life programs. As part of Disney's "Season of Compassion" campaign, the care packages have brightened the lives of children in pediatric facilities nationwide for the past several years.

The second Spirit of Giving Award honoree, Mrs. Grossman's Paper Company, is the largest designer and manufacturer of decorative stickers in the US, and has been a longtime supporter of child life programs. The company has donated millions of stickers to pediatric hospitals throughout the world, and countless child life programs have benefited from utilizing these art supplies in their practice.

The two award recipients will be honored during a special presentation at the 25th Annual Conference on Professional Issues in Orlando, Florida.

Child Life: Making Our Mark

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complexity and depth. This growth has been possible mainly because more and more child life specialists have volunteered to share their experiences, their stories, their lessons, with the rest of us.

Imagine that the next few years see even more of our colleagues offering their knowledge and skills in writing. Imagine that aspiring child life specialists learn early in their careers that studying, writing, and adding to the knowledge base are part of every professional's responsibility. Imagine that health care settings not only support research and writing in every clinical child life program, but *expect* it.

When we reach that point, your colleagues *will* pick up your copy of CLC *Bulletin* and *Focus*, because it will be the go-to publication for pediatric psychosocial care.

With every issue of *Bulletin* and *Focus*, more child life specialists add their stories and their wisdom to our common fund of knowledge. CLC staff helps with this, and CLC elected and appointed leaders certainly contribute their share and more, but sustaining our growth depends on broad participation of child life specialists in every area of practice. Yes, this means you!

Expanding child life practice means more than working with new populations, and in new settings. It also means adding to our portfolio the tasks and responsibilities of a more mature profession. As Paul Thayer notes elsewhere in this issue, we have further work to do as we look toward carrying out our mission over the next 25 years.

We are certainly up to the task; we have the vision, the intelligence and the creativity. First, we imagine the possibilities. Then, we create our future.

Guidelines for submission to the CLC Bulletin *and* Focus *are posted on the CLC Web site. We invite you to consider contributing to a future issue. For more information, please contact the* Bulletin *Managing Editor at bulletin@childlife.org.*

Learning Our Way: Tracing the Path of Child Life Education

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Introduction

While celebrating the 25th anniversary of the Child Life Council and spending time reflecting on the development of our profession, it is also appropriate to reflect and honor the history of child life education. Have you ever considered the fact that child life practice is grounded through the academic preparation of individuals entering the field? Where did those academic programs begin? How have they changed over the years? This article will provide an overview of the history of child life education starting in its infancy with the pioneers of our profession, continuing through the training of their apprentices, the development of formal academic and internships programs, and most recently, the activities of the Child Life Council that have supported strong academic programs. The research for this article involved accessing information on the Child Life Council Web site, studying materials in the Child Life archives at Utica College, and reviewing research done for *The Handbook of Child Life* currently in publication (Thompson, in press).

The Pioneers

Our roots begin with Emma Plank. She is considered to be not only the "mother of child life" but also could be called the "mother of child life education." Mrs. Plank received a grant from the Cleveland Foundation to start the Child Life and Education Program at Cleveland Metropolitan General Hospital in Ohio as a two-year pilot study (Plank, 1962). As a result of the study, she was asked to create a program to "address the social, emotional, and educational needs of hospitalized children" (Child Life Council, 1998-2003b). A glimpse of her early influence is seen in an article by Dr. Michael Rothenberg (1982) in which he describes his first day as a medical student starting his clerkship at Cleveland City Hospital in Ohio. He sensed something radically different there from what he had experienced in his previous clerkship; he didn't hear any babies crying. He asked the nurse how that could be, and she pointed into the ward and suggested that he go ask "...the little lady down there at the end with those two college students." As it turns out, he had asked Mrs. Plank why the babies were not crying and she said, "*Ja, ja*, come with me and I explain it to you." Dr. Rothenberg said the most important part of his pediatric education began when she made him a child life volunteer. Dr. Rothenberg's reflection illustrates how Emma Plank was educating both college students and medical students during the 1950s and 1960s.

Emma Plank, Director, Child Life and Education, MetroHealth Medical Center, Cleveland, OH 1955-1972

Other pioneers can be identified in centers across North America. Mary Brooks in Philadelphia, and others who established the first programs, focused on providing play and psychological support for children in hospitals. A shift in the providers of these services emerged as volunteers were replaced by staff with specialized training in child development and education. During these early years, Emma Plank produced the first book written from a child life perspective, *Working with Children in Hospitals* (Child Life Council, 1998-2003a). These early roots of child life, originating in the 1950s, continued to grow as a network of apprentices was emerging.

The Apprentices

The pioneers trained the next generation of child life workers. Some of the most recognizable apprentices, B.J. Seabury, Carole Klein, Ruth Snider, Rosemary Bolig, Evelyn Oremland, Muriel Hirt, Gene Stanford, Joan Chan, Jerriann Wilson, and Evelyn Hausslein, began their tenure in the field of child life during the 1950s, 1960s, and 1970s (Child Life Council, 1998-2003b). These individuals have been recognized by the Child Life Council as recipients of the Distinguished Service Award. Many served as teachers and mentors to today's educators and clinical leaders. Hospitals that had some of the earliest child life programs started during this era and include: Children's Hospital in Boston, Massachusetts; Children's Hospital of Philadelphia in Philadelphia, Pennsylvania; Johns Hopkins Hospital in Baltimore, Maryland; and Montreal Children's Hospital in Quebec, Canada (Child Life Council, 1998-2003c).

Academic and Internships Programs

Formal academic programs were not identifiable until the 1970s. Many of the early apprentices did not have formal child life academic programs to complete, however, they typically held degrees in related fields, such as child development, education, or psychology with child life experiences gained through hands-on practical experiences and the mentorship of pioneers and other apprentices. This started changing in the 1970s when Muriel Hurt, a faculty member at Wheelock College, began to place students at Boston Children's Hospital for field experiences. In 1972 this practice evolved into "The Hospitalized Child Program" at Wheelock College, noted to be the first academic program designed specifically for child life students. A graduate program was developed soon after (Wojtasik & White, in press). Other academic programs developed during the 1970s include Mills College in California, University of Akron in Ohio, and Utica College in New York. According to the self-reported program information on the Child Life Council Web site, programs continued to emerge during the 1980s and as recently as 2006 (Child Life Council, 1998-2003d).

As academic programs began to develop, publications in the form of books and journal articles could also be found. For example, in 1981 Dick Thompson and Gene Stanford published *Child Life in Hospitals: Theory and Practice*. This book was significant because it was the first to serve as a textbook in child life courses (Child Life Council, 1998-2003a).

Child Life Council

The profession was growing in the 1970s and 1980s; in 1982, the Child Life Council was established. The early work of our professional organization focused on educational issues. The Child Life Council has supported and emphasized the importance of quality academic education and internship training in a variety of ways through the years:

Publication of Standards. In the early 1980s, there were only a few formal child life academic programs. Thus, most individuals came to the field from a variety of backgrounds. The Child Life Council recognized the need for a standard of preparation for entrance into the field of child life. In 1992, *The Standards for Academic & Clinical Preparation Programs in Child Life* was approved by the Child Life Council. These standards, revised and updated in 2001, provide a valuable guide for those searching for an appropriate academic program and for universities trying to strengthen their academic programs.

Child Life Professional Certification Exam. In 1986, the Child Life Certifying Commission established the first process through which individuals could earn the Certified Child Life Specialist credential. At that time, certification was granted based on documentation of academic background, internship training, and paid work experience (Child Life Council, 1998-2003a). The process moved to certification by examination in 1998 with the successful completion of the Child Life Professional Certification Examination. The importance of appropriate academic preparation is a critical requirement for sitting for the exam. Preparation requirements include the foundation of appropriate coursework and the completion of an internship (Child Life Council, 1998-2003e).

Child Life Council Web Site. The Child Life Council Web site provides a listing of academic programs around the country. Currently, 37 programs report having undergraduate programs and/or graduate programs. Some of these programs are comprehensive programs with child life majors and other programs offer courses with child life content within a related major (e.g., child development, family and child studies or child psychology) (Child Life Council, 1998-2003d). This information is valuable to high school students and other individuals who are looking for college/university programs that provide an educational path to becoming a child life specialist.

Self-Review Documents. The Child Life Council recently made new self-review documents available online. Program directors (both academic and internship) can go to the Child Life Council Web site and access the appropriate self-review documents (Child Life Council, 1998-2003f). These documents serve as a standard to assess the quality of programs, and facilitate making improvements.

Conclusion

Although our history is relatively short, Emma Plank's work continues today. It is amazing to think that her apprentices are the ones who encouraged the growth of the profession in the 1970s, and the third generation is now educating and training the clinicians and directors of the future.

The process of developing competent child life specialists is challenging work for educators and internship supervisors. There are issues and challenges to face as programs work to adapt to changes in the profession. We honor those who have chosen to be educators — hats off to you!

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"Both the Child Life Council and Association for Play Therapy are celebrating their 25th anniversaries in 2007. Best wishes to our organizations as we both strive to better serve children!"

Bill Burns, CAE
Executive Director
Association for Play Therapy

Creating A Legacy

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Wojtasik, Gloria Mattera, and Jo Ellen Vespo, as well as Donald White of the Oneida County Historical Society, Beverly Marcoline, director of the Frank E. Gannett Library, and Susan Hughes, Regional Archivist from the Central New York Library Council. This year we have applied for a grant to support Phase Two of the project, and are pleased to have Jerriann Wilson join us on the project advisory committee. The project advisory committee held its first meeting at the CLC Archives in the Gannett Library on January 23, 2006 to begin mastering the techniques of archiving, and to develop a framework for identifying sources of historical records of interest to child life specialists. Meanwhile, the Clinical and Academic Program Histories, another project of the Archive Management Group, have also found a much needed home in the Archives. Although not all programs have submitted their histories yet, we have compiled a terrific collection of 50 histories in two large albums.

Building Our History: How You Can Support the Archives

The CLC Archive Management Group needs your support! We cannot build a truly rich historical archive of the child life profession and the Child Life Council without your donations and assistance. Each day you are making history - when a new service is added to your child life program, a new committee becomes part of the Child Life Council, or a child life specialist bravely ventures into an alternative setting. When a new academic program is initiated or an existing one augments its curriculum, or a book is written or article published, each event adds to our heritage. Each time a child life specialist makes a difference in the life of a child, it becomes part of our history. Please contact the Archive Management Group if you have any personal correspondence with other child life specialists or the Child Life Council. Journals, diaries, or other writings from your child life experiences, scrapbooks, records and minutes from your local child life organization, student notebooks, drafts of speeches, papers, articles, and books, recordings of lectures, speeches and conferences, video or film footage, or photographs of child life specialists in action – all of these are of interest.

- Take a look around your office and home – your file cabinets are probably filled with materials about your child life experiences that you keep "just in case" but will never use yourself.
- Waste baskets and trash cans are the enemy! Don't throw out your files before consulting with the Archive Management Group.
- Keep your papers, records, photographs, files, and other materials in a safe, secure and *dry* place.
- Save manuscripts of articles and books you've written that contain your personal notes and revisions.

The Archive Management Group will treasure what you entrust to our care. We will archive your contributions in a folder labeled with your name, allowing those who might be interested in reviewing your papers in the future to easily locate them in the Archives. The Archives are maintained under Archival Preservation Policies to ensure that they will be intact and in good condition for child life specialists in the years to come.

Ruth Kettner, formerly of Winnipeg Children's Hospital, continues to inspire child life professionals who learn of her work through the CLC Historial Archives.

The Child Life Council has grown quite a bit since it was a mere twinkle in the eyes of child life specialists who dreamed of establishing a professional organization. Today it shines brightly through excellent leadership and continues to provide the membership with an ever-expanding array of services. We are proud to count the Child Life Council Historical Archives among those services. As Jerriann Wilson said at the ACCH 30th Anniversary in 1991, "We have thrived in the past, prospered in the present, and have to adapt for the future." We must preserve the past, understanding that today will be tomorrow's history, and we must learn from it in order to adjust to the changing dynamics of children, families, and health care. An active awareness of our history helps us to build a stronger future, one that will continue to enrich the lives of children and families coping with trauma and stress through innovative methods and programs, inside and outside of the hospital. Please support this endeavor and help our Archives to grow and flourish.

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CLC Calendar

June

7 Child Life Professional Certification Examination, Orlando Florida

7-10 CLC 25th Annual Conference on Professional Issues, Orlando Florida

30 Deadline for recertifying by Professional Development Hours (PDHs)

30 Deadline for applications for the November administration of the Child Life Professional Certification Exam for those educated *outside* the US and Canada

July

15 Deadline for *Bulletin* and *Focus* articles for Fall issue

31 Deadline for abstract proposals for the CLC 26th Annual Conference on Professional Issues

August

31 Deadline for applications for the November administration of the Child Life Professional Certification Exam for those educated *within* the US and Canada

October

15 Deadline for written requests to withdraw from November administration of the Child Life Professional Certification Exam

November

10 Child Life Professional Certification Exam Administration

2008 Call for Papers

Interested in presenting in sunny San Diego, California? The Child Life Council 26th Annual Conference on Professional Issues is taking place at the Sheraton San Diego Hotel & Marina, May 23-25. Abstracts are due to CLC by July 31, 2007, and this year, you will have the opportunity to submit them online! The 2008 Call for Papers can be found in the *Conferences* section of the CLC Web site at www.childlife.org. We encourage you to begin preparing your abstract now, and visit the CLC Web site to submit online!