



STANDARDS OF CLINICAL PRACTICE

Introduction

The Standards of Clinical Practice establish criteria for child life services with infants, children, youth, siblings, and families. To this end, the standards of clinical practice are to:

- promote psychosocial care at the highest professional level.
- define the function of child life services in the provision of psychosocial care.
- establish professional expectations for the administration and implementation of child life services.
- provide guidance for organizations and individuals in developing child life programs and services.

I. Plan for Child Life Services

Standard

Individuals or organizations that provide child life care will have a plan for providing services.

Interpretation

The plan will:

- describe child life goals and objectives and relevance to the population(s) served.
- clearly delineate the scope, objectives, and organization of child life services.
- be created by a Certified Child Life Specialist (CCLS) with demonstrated ability in program development and management.
- reflect the content of the *Official Documents of the Association of Child Life Professionals*.

II. Child Life Administration

Standard

A Certified Child Life Specialist with demonstrated administrative and supervisory skills will be accountable for the planning and implementation of child life services.

In organizations where there are combined services under the direction of an administrator who is not a Certified Child Life Specialist, this individual will demonstrate a working knowledge of the *Official Documents of the Association of Child Life Professionals*.

Interpretation

Administrative responsibilities include:

- implementation of services based on written plan.
- selection, training, supervision, and evaluation of staff members, volunteers, and students.

- development of written policies and protocols based on regulatory agencies and relevant institutional requirements.
- systematic review of the quality and effectiveness of services.
- maintenance of child life service data and, where applicable, billing records.
- establishment and implementation of a service improvement plan.
- allocation of budget and other resources.
- participation in policy decisions that affect children and families.
- evaluation of evidence-based practice and integration of new knowledge into child life practice.
- participation in environmental planning.
- participation in reciprocal in-service education and consultation.
- communication and collaboration with other professionals, administrators, and community organizations, as necessary.

III. Child Life Service

Standard

Child life services will include direct care, consultation, supervision, education, advocacy, and environmental planning.

Interpretation

Child life services include, but are not limited to, the following:

- opportunities for a variety of play, activities, and other interactions that promote self-healing, self-expression, understanding, and mastery.
- care plans for individuals or groups based on assessment of the child's development, temperament, coping style, culture, spirituality, potential stressors, family needs, and social supports.
- developmental assessments based on formal or informal techniques.
- therapeutic play.
- procedural support.
- psychological preparation for potentially stressful experiences.
- bereavement support.
- normalization of the environment.
- the practice of family-centered care.
- orientation to the setting where care will occur.
- support during identified stress points.
- stress reduction techniques to facilitate adaptive coping.
- consultation regarding the unique needs of children and families to promote healthy coping with potentially stressful events and circumstances.
- provision of prevention, health maintenance, and lifestyle information.
- education of families and professionals regarding child development and psychosocial care.
- provision of child life care that is delivered to children, siblings, and families based on trusting relationships.

- follow-up care with children and families, where necessary and appropriate.

IV. Education of Child Life Students

Standard

The education of child life students involves academic preparation through higher education (minimum of an undergraduate degree) and through the clinical internship experience. Endorsed undergraduate and graduate academic programs provide students with an educational experience that meets all criteria outlined by the Academic Review Committee of the Association of Child Life Professionals. Child life students, educators, and internship supervisors will meet the training requirements for certification eligibility as outlined by the Child Life Certification Commission.

Interpretation

Refer to the Standards for Academic and Clinical Preparation Programs, the Undergraduate Endorsement Manual, the Graduate Endorsement Manual, as well as the Child Life Certification Commission Candidate Manual.

Standard

Child life students will complete a minimum of a 600-hour clinical internship under the supervision of Certified Child Life Specialists who meet eligibility criteria related to clinical experience and supervisory skills. Accredited internships provide students with a training experience that meets all criteria outlined by the Internship Accreditation Oversight Committee of the Association of Child Life Professionals.

Interpretation

Refer to the Standards for Academic and Clinical Preparation Programs and the Internship Accreditation Oversight Committee Manual.

V. Staffing

Standard

Child life staff will be available to assess, plan, evaluate, and safely provide comprehensive child life services for infants, children, youth, and family members.

Interpretation

Staffing ratios are determined by the goals and objectives of the services provided and by the volume and characteristics of the population(s) served. These ratios are periodically reviewed to ensure child life staffing resources are responsive to changes in clinical practices and/or to the needs of the population served. The following factors are assessed to determine a safe and effective level of staffing for the population(s) served:

- number of children and families served
- degree of illness, injury or disability, stress, and psychosocial needs
- presence of chronic or disabling conditions
- degree of physical and emotional safety
- extent of immobility or isolation
- degree of developmental vulnerability
- repeated, intense, or extended stressful situations
- life-changing events

- level of social support
- coping style, skills, and strengths of the child and family
- sociocultural factors
- facility configuration
- staff development and training needs
- evidence-based practice activities

Child Life Assistants work under the direct supervision of a Child Life Leader or Certified Child Life Specialists and may be employed to implement assigned aspects of programming.

The time required for orientation and supervision of students and volunteers is factored into the overall staffing pattern. A classification system may be helpful in determining the degree to which child life interventions are required to achieve therapeutic goals.

VI. Professional Preparation and Development

Standard

Certified Child Life Specialists will be thoroughly prepared through academic preparation, clinical training and supervision, and professional examination as stated in the *Official Documents of the Association of Child Life Professionals*. Ongoing professional development is required to maintain professional certification.

Interpretation

All personnel receive education and orientation of sufficient duration and substance to prepare them for their professional functions and responsibilities. Child life staff members identify a plan for professional development and maintain a portfolio that reflects professional skills and activities. Opportunities to learn from other disciplines are sought when appropriate and available. Supervision and evaluation are based on the *Official Documents of the Association of Child Life Professionals* in addition to regulatory and organizational requirements.

VII. Collaborative Approach to Services

Standard

Child life professionals will participate in a collaborative patient and family-centered approach to services.

Interpretation

Child life services are patient- and family-centered, promote healing, and mitigate developmental disruption and psychosocial distress in children and families. Family members are essential to the well-being of children and should be encouraged and supported as participants in all aspects of care. Whenever possible, children will be encouraged to take an active role in their own care and will be involved in decisions regarding their health and wellness. A collaborative approach to care includes all members of the team: children, families, health professionals, and the community.

VIII. Documentation

Standard

Child life interventions will be documented in the records of infants, children, youth, and families. Confidentiality, security, and integrity of data and information will be maintained according to the policies of the organization and regulatory agencies.

Interpretation

Documentation of interventions is an integral part of child life service. The cyclical process of assessment, plan, intervention, and evaluation is documented in the care record. Timely, accurate, concise and objective entries convey relevant information to others involved in care. Service is documented in accordance with the standards of the setting and regulatory agencies.

IX. Funding and Facilities**Standard**

Sufficient budget, facilities, and resources will be provided to meet the clinical, educational, research and administrative goals of child life services.

Interpretation

The annual operating budget for services includes funds for staff salaries, benefits and staff development, administrative costs, equipment, and supplies. Furnishings and equipment are available that contribute to the healing process, comply with safety and infection control standards and are appropriate for the population(s) served.

Adequate play space is provided to ensure safety, according to developmental needs, physical abilities, and requirements of regulatory agencies. Play and activity spaces are appropriate to fulfill the therapeutic purposes of child life service. A Certified Child Life Specialist advocates for the space, resources, and environmental design for child life care. Office, conference, and storage spaces are provided to meet the needs of child life staff and to ensure privacy and confidentiality when staff members meet with colleagues, students, children, or families

X. Research**Standard**

Participation in evidence-based practice is an expected function of child life specialists in the planning, implementation, and evaluation of child life services. Involvement in research activities and projects is a desirable and appropriate function of child life practice.

Interpretation

Research competence includes, but is not limited to, understanding of research design and methodology, as well as proficiency in literature review, quality improvement projects, application of evidence-based resources, and publication of scholarly work.

Child life specialists will continually update and enhance their understanding of the children and families they serve and the impact of their clinical services through evidence-based practice activities. Child life specialists will acquire the knowledge and skills that facilitate participation in scholarly inquiry, recognizing their responsibility for ethical practice in research. Research includes clinical research, program review, and evidence-based practice activities. Standards and guidelines are established by organizational and Ethics Review Boards, by regulatory agencies, and in the *Official Documents of the Association of Child Life Professionals*. Adherence to standards and regulations is required of all child life professionals engaged in research.

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