

## ASSOCIATION OF CHILD LIFE PROFESSIONALS POSITION STATEMENT ON CHILD LIFE PRACTICE IN HEALTHCARE SETTINGS

Child life practice in healthcare settings promotes optimal development of children,\* families and their support systems\*\* and reduces the impact of adverse childhood healthcare events. As integral members of the healthcare team, child life professionals provide children, families, and their support systems opportunities to cope, gain a sense of mastery, and engage in self-expression. Child life intervention minimizes both the immediate and long-term effects of stress, anxiety, and psychosocial trauma, ultimately empowering children, families, and their support systems to reach their full potential. The fundamental skill set of the child life professional, when aligned with scope of practice, is applicable to the provision of services in multiple areas of pediatric and adult medical facilities.

## I. Rationale for Child Life Practice

- A child's, a family's, and a support system's healthcare encounter can be a growth experience when truly comprehensive care is provided by the healthcare team. Such comprehensive care includes child life services staffed by appropriately educated, trained, and credentialed personnel.
- Interruption of normal life experiences can jeopardize growth and development.
- Anxiety and stress related to illness, separation, hospitalization, and medical encounters interfere with a child's, a family's, and a support system's optimal response to medical treatment and care.
- Healthcare experiences of adult family members have the potential to negatively impact children, families, and their support systems.
- Even in areas that do not provide direct clinical services, there is potential for impact on the wellbeing of children, families, and their support systems. These areas include, but are not limited to, admissions, development/marketing, education services, environmental design, research, technology services, and volunteer services.

#### II. Essential Goals of Child Life Practice

# A. Assess Coping Responses and Psychosocial Needs of Children, Families, and Their Support Systems

- 1. Review comprehensive information related to all assigned patients daily.
- 2. Utilize assessment to develop priorities for intervention.
- 3. Develop plans to address the psychosocial needs of children, families and their support systems.
- 4. Continually evaluate effectiveness of interventions and modify accordingly.

## B. Minimize Stress and Anxiety for Children, Families, and Support Systems

- 1. Foster a supportive relationship with children, families, and support systems characterized by compassion, empathy, respect, and an understanding of psychosocial and developmental needs.
- 2. Provide play opportunities and other experiences that encourage expression of feelings and promote a sense of mastery and understanding of healthcare experiences.
- 3. Support relationships between children, families, and support systems members by:
  - a. involving all impacted individuals in child life plan of care.
  - b. promoting policies that encourage a patient and family-centered philosophy of care including access to family and support system presence at all times.

- c. providing opportunities for continuity of supporting roles.
- d. communicating with the healthcare team about emotional response to healthcare experiences, including coping plans for positive outcomes.
- e. providing support for siblings and peers.

#### C. Prepare Children, Families and Support Systems for Healthcare Experiences

- 1. Provide developmentally appropriate explanations about the sequence, nature, and reasons for procedures and routines.
- 2. When appropriate, educate and coach families and support systems in tactics to emotionally support their children during procedures and routines
- 3. Facilitate support before, during, and after medical events and/or invasive procedures.

## **D. Provide Essential Life Experiences**

- 1. Create play opportunities and other experiences that foster continued growth and development.
- 2. Support recognition of significant and familiar experiences, including meaningful holidays, birthdays, and other family observances.
- 3. Advocate for comprehensive school services in the hospital with qualified teaching personnel and classroom facilities.
- 4. Manage activities of community groups involved in interacting with children and their families within healthcare settings.

## E. Create Opportunities That Strengthen Self-Esteem and Independence

- 1. Ensure unique recognition of the child, family, and their support systems.
- 2. Encourage inclusion of children in decision making to a degree consistent with their level of development.
- 3. Foster self-reliance in children, families, and their support systems.
- 4. Provide access to equipment and facilities that encourage maximum independence, minimize loss of competency, and enhance the rehabilitative process.
- 5. Heighten feelings of competency by providing opportunities to be creative and successful at a variety of experiences.
- 6. Support connection to home, school, and community.

#### F. Communicate and Advocate Effectively with Other Members of the Healthcare Team

- 1. Collaboratively participate in multidisciplinary team meetings and communicate child life plan of care.
- 2. Educate multidisciplinary team on the developmental needs of children, families, and their support systems.
- 3. Adhere to healthcare policies and procedures related to verbal and written documentation.

#### III. Standards for Personnel

## CHILD LIFE PROFESSIONALS

The term child life professionals encompasses a range of professionals working to achieve similar goals who may be prepared with different levels of expertise and training. Below is a description of the most prevalent positions within healthcare settings and the recommended skill set, training, and credentialing.

#### A. Child Life Specialist

Certified Child Life Specialists are exam credentialed professionals that are educationally prepared at the bachelor's degree level or above and have successfully fulfilled the requirements of a clinical internship under the supervision of a Certified Child Life Specialist. This individual will possess knowledge and experience with:

- Growth and developmental issues
- Developmental assessment
- Play and therapeutic interventions
- Children and family responses to illness and/or life changing events
- Basic understanding of medical terminology and disease process
- Psychological preparation and preventative support for significant life experiences
- Children and family responses to stress, trauma and/or significant life experiences
- Interventions to support coping and resiliency
- Family systems
- Interpersonal communication
- Grief and loss
- Multicultural diversity
- Research and evidence-based practice
- Ethics
- Collaboration with healthcare professionals
- Program administration and supervision

## **B.** Paraprofessionals and Complimentary Staff

Paraprofessionals or other staff members collaborating with child life to achieve similar goals. Each role will meet the minimum requirements of their job descriptions. Depending on their role, the job description may include experience or understanding of child development to further enhance their delivery of care. This person works under the direct supervision of a Child Life Leader or Certified Child Life Specialist. The scope of practice for a child life assistant differs from that of a Certified Child Life Specialist.

#### C. Child Life Leader/Administrator

Certified Child Life Specialist with academic preparation at the master's degree level contributing to expertise in all the areas listed under child life specialist. In addition, it is necessary for the leader/administrator to be competent in:

- Establishing child life service objectives
- Advocating, promoting, and supporting child life objectives and child and family needs to child life professionals and to the administration
- Selecting, mentoring, supervising, and evaluating staff
- Managing budget and organizing resources to provide most effective service
- Providing educational resources regarding child life services to students, other staff, and the community
- Maintaining effective communication internally and externally to the organization
- Managing quality improvement programs
- Ensuring ongoing professional development opportunities
- Ensuring quality of child life practice

## IV. Administration of Services

#### A. Administrative Operations

- 1. Child life services are autonomous, with independence and support practiced and received by other services/discipline groups while collaborating directly with leadership. Basic child life services include coverage for days, evenings, weekends, and holidays.
- 2. Child life services have adequate staffing to meet assessed patient needs as outlined in the Association of Child Life Professionals' Standards of Clinical Practice.
- **3.** Stable funding for staff, materials, equipment, and activities are the responsibility of the healthcare organization in conjunction with philanthropic efforts to support child life programs by

- the child life leader and teams.
- **4.** Child life personnel provide training and supervision to volunteers, students, and others participating in child life service.

## **B.** Scope of Practice

Child life professionals provide psychosocial support to children, families, and their support systems impacted by stress related to significant life experiences. These events influence typical growth and development, and child life professionals aim to minimize the risk of long-term negative effects. Child life professionals have a professional obligation to follow the Child Life Certification Commission's Code of Professional Practice, which outlines the ethical responsibilities of the professional. Child life professionals will only practice within areas of specialty for which they have received training. When the needs of children, families, and their support systems extend beyond the scope of practice, it is the ethical responsibility of the child life professional to make recommendations for and referrals to additional services.

## C. Clinical Supervision

Child life professionals value the ethical obligation to receive clinical supervision. As outlined in the Association of Child Life Professionals' Position Statement on Clinical Supervision, the essential components of clinical supervision include reflection, collaboration, regularity, and competency.

#### **D. Informed Practice**

Child life professionals utilize evidence-based practice and promote the completion of substantiating research.

## E. Professional Development

Child life professionals shall conduct a periodic assessment of the quality and appropriateness of child life services and provide for continuing staff education and development.

#### F. Accessibility

Child life professionals advocate for equal access to services for individuals of all identities, backgrounds, locations and means.

#### **G. Standard Operating Policies and Procedures**

Child life professionals follow policies and procedures as set out by the employing healthcare organization. Where appropriate policies and procedures do not exist, child life professionals will advocate for their creation to protect the rights and vulnerabilities of children, families, and their support systems.

## **H.** Environmental Considerations

Adequate space should be allocated for provision of services in an easily accessible, safe, and therapeutic environment. This space should allow for storage of supplies and disinfection of materials. Materials and equipment should be developmentally appropriate to ensure activities promote wellness, foster optimal development, and facilitate coping through play and learning opportunities for children, families, and their support systems.

- \* Refers to infants, children, and youth
- \*\* Includes family, caregivers, and other significant persons in child's life

Approved Summer 1979, Association for the Care of Children's Health Revised by ACCH and approved by CLC, Spring1983

Revised by Child Life Council, Spring1995

Revised by Child Life Council, December 2001

Revised by Association of Child Life Professionals, 2018