



Standards and Guidelines for Child Life Practice in Community Based & Non-Traditional Settings

Individuals may confront stressful and potentially traumatic life circumstances over the lifespan. Child life practice promotes optimal development of children* and young adults regardless of sociocultural background, while also assisting families and their support systems** during challenging life events.

The Association of Child Life Professionals (ACLP) *Position Statement on Child Life Practice in Community Settings* states how child life interventions minimize both the immediate and potential long-term effects of stress, anxiety and psychosocial trauma, ultimately empowering children, families and their support systems to reach their full potential. Child life specialists are uniquely educated and trained to provide children, families and their support systems opportunities to cope, gain a sense of mastery, engage in self-expression and promote resiliency. Additionally, providing advocacy on a personal, institutional and community level to all individuals receiving care is a core component to child life practice. Advocacy support not only helps children, families and their support systems achieve specific goals but it also ensures the systemic policies and procedures in place deliver care that is equitable, inclusive and sensitive to the diverse sociocultural needs of those who are served.

The *Position Statement on Child Life Practice in Community Settings* serves as a guideline for child life specialists as it provides a rationale for child life services in a variety of settings and outlines essential goals that assist in creating a scope of practice.

Regardless of setting, child life specialists have a responsibility to provide clinical, ethical and socioculturally sensitive care that aligns with the ACLP Standards of Clinical Practice and supports its commitment to upholding diversity, equity and inclusion. The standards and guidelines below were developed to ensure child life specialists who aspire to work in community settings have the experience, training and supervision required to appropriately meet the needs of individuals served.

Adapted from Association of Child Life Professionals. (2018). *Position Statement on Child Life Practice in Community Settings*. Arlington, VA: Association of Child Life Professionals.

*Refers to infants, children and youth

**Includes family, caregivers and other significant persons in child's life

Created by ACLP's Community-Based/Non-Traditional Roles Committee
Approved Nov. 2020 by ACLP Board of Directors

I. Standards for Personnel

A. Foundational Education and Training

Eligibility requirements for certification as a child life specialist are set by the Child Life Certification Commission (CLCC). Child life certification fosters uniform and improved standards of practice, ethical conduct and sociocultural awareness. It provides a mechanism to protect the public from untrained individuals entering a therapeutic relationship with children, families and their support systems.

1. Certified Child Life Specialists (CCLS) 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.
2. Credentials must be maintained.
3. Additionally, it is recommended for individuals aspiring to work with community based populations to first attain **6000 hours of paid clinical experience as a Certified Child Life Specialist in a healthcare setting.**

B. Specialized Education and Training

Working in both community based and non-traditional settings may require special education and training in order to appropriately meet the needs of the populations served and deliver clinically competent care. Some examples of additional training topics and areas of study include, but are not limited to:

Clinically Based Topics

- Diversity, Equity & Inclusion Principles
- Disaster Relief Training
- First Aid and Basic Life Support Training
- Home Visitor Safety Training
- Legislation & Its Impact to Clinical Practices
- Mandated Reporter Training
- Principles of Palliative Care & Hospice Care
- Safety & Crisis Intervention Training

Administratively Based Topics

- Fundraising & Grant Writing
- General Business Best Practices
- Marketing and Website Development
- Medical Record Keeping
- Non-Profit Business Management
- Private Billing and Reimbursement

Please note, it is impossible to provide an inclusive list. Therefore, child life professionals working in the community or other settings have a responsibility to maintain current knowledge and expertise of clinical competencies, skills and/or professional responsibilities needed to conduct best practice with each targeted population.

II. Clinical Supervision

Child life specialists are faced with professional challenges in their practice on a regular basis. Such challenges may be related to decision-making, end-of-life care, therapeutic relationships, and numerous other clinical concerns. As child life specialists establish services in settings beyond traditional healthcare environments, community practitioners should adhere to the standards of clinical supervision set in the *Clinical Supervision Position Statement of the Child Life Council*. Refer to the position statement for detailed information but review important highlights below.

A. Selection of Supervisor/Facilitator

1. It is the responsibility of the child life specialist to secure clinical supervision from an individual with relevant skills and abilities. It is best practice for the supervisor/facilitator (for groups) to be an experienced Certified Child Life Specialist in a supervisory role. Others trained in supervision and reflective practice could be engaged to supplement and/or serve in absence of an experienced child life specialist.

B. Frequency & Length of Session

1. Clinical supervision needs to be consistent in both time and frequency. Programs typically decide upon a bi-monthly or monthly frequency for optimal value.
2. Individual and group clinical supervision sessions should generally be held for 60 minutes of uninterrupted time, often including a ten-minute period at the end of the hour for debrief of the reflective practice experience.

C. Format

1. The format for supervision may vary from individual to group. The individual or group members may be responsible for setting part of the agenda along with the facilitator/supervisor. An issue or topic may be selected beforehand or chosen from several issues presented at the time.
2. Virtual, HIPAA-compliant platforms are beneficial to effectively support the supervisory relationship if in-person meetings are not available.

D. Fees

1. Some professionals may charge an hourly rate to serve as a clinical supervisor. Supervision fees are the responsibility of the child life specialist.

Adapted from Association of Child Life Professionals. (2020). *Association of Child Life Professionals Position Statement on Clinical Supervision and Reflective Practice*. Arlington, VA: Association of Child Life Professionals.