Overview

The aim of this document is to establish the standards that should be used to evaluate potential academic and clinical experiences. Ensuring appropriate educational and practical experiences is equally the professionals’ and the students’ responsibility.

In the future, the recommendations in this document will serve as the foundation for the establishment of a voluntary recognition program for academic and clinical preparation programs. The development of the criteria and process for such a program will be the task of the Education Committee over the next few years. Members should direct feedback regarding the standards to the Education Committee co-chairs for evaluation as they are developing the recognition program. Once the program is developed it will be approved by the Child Life Council Executive Board before implementation.

This document does not dictate certification policy. Certification policies are developed by the Child Life Certifying Committee (CLCC) and approved by the Child Life Council Executive Board. The CLCC continually reviews eligibility requirements; this document may be used as a tool in that process. As in the past, changes to certification policy would be implemented only after a reasonable time period, so those who may lose eligibility would be provided adequate opportunity to either become certified or take steps to meet the newly established criteria. If in doubt about the current eligibility requirements or any planned revision, please consult the most recent Candidate Manual for the Child Life Professional Certification Examination.

Introduction

The child life profession developed in response to an increasing awareness that healing is enhanced, and emotional distress mitigated, when the developmental and psychosocial needs of infants, children, youth and families are understood and met. Academic and clinical preparation programs exist to complement and support the child life profession. These programs are vital to child life as the excellence of any profession depends on the performance of its practitioners. The first edition of these standards was developed over a period of time from 1987 to 1992 to achieve high quality and maximum effectiveness in the profession. This revision was undertaken to reflect the growth of the profession and its practitioners.

Child life professional certification has been available since 1986. In 1998 the Child Life Certifying Committee revised its system and began using a standardized examination as the tool for professional certification. As education and clinical training are key components to establishing eligibility to sit for the examination, it seems appropriate to take a fresh look at the standards for academic and clinical preparation.

Working with practitioners who are professionally certified ultimately protects consumers as it shields the general public from untrained individuals who might be entering into a therapeutic relationship with infants, children, youth and families. Certification does not bestow competency, however, but rather recognizes it. It is the responsibility of the academic and clinical preparation programs to put forth competent individuals who are prepared to establish their eligibility to sit for and pass—the Child Life Professional Certification Examination.

The child life profession draws practitioners from many academic environments, some educated in programs specifically for child life preparation and others with a variety of other educational backgrounds. It is not the intention of these standards to establish a rigid formula for career preparation that all child life professionals must follow. Their purpose is to serve as a guide for anyone wishing to pursue an academic or clinical training program in child life.
I. Definitions

A. Educational Opportunities

1. Practicum

Designed to familiarize students with the child life profession in general. The student should have completed basic coursework in child development in order to benefit from this placement. Through observation and interaction, the practicum student gains a working knowledge of infant, child, and youth growth and development and how they are impacted by hospitalization and illness. The student will have an opportunity to learn how the child life specialist applies theory to practice.

2. Internship

Hands-on experience for individuals who plan to pursue a career in child life. Provide the student with an opportunity to build on coursework and put theory into practice while working in a variety of hospital and related settings under the direction of a certified child life specialist (CCLS). Some hospitals offer internships with no university affiliation. Goals include:

- Enhance knowledge regarding the psychosocial care of infants, children, youth and families.
- Demonstrate assessment and intervention skills.
- Increase independence in providing services.
- Develop skills that can be applied to any entry-level position in child life.

3. Fellowship

Post-internship educational opportunity for those interested in further training and development of child life skills. While working under the direct supervision of a CCLS (recommend at least four years of experience), the fellow works with the interdisciplinary team to provide care that addresses the developmental and psychosocial needs of the infants, children, youth and families.

B. Supervision

1. Clinical Supervisor

A CCLS responsible for the direct (day-to-day) clinical supervision and training of students. Responsibilities include:

- Orientation to patient unit, interdisciplinary team, diagnosis/population, and role of child life in the assigned area.
- Training the student in developing knowledge and skills that relate to the child life competencies (documentation, health care play, procedural support, diagnostic teaching, procedural preparation, other therapeutic interventions).
- Communicating areas of strength, areas needing improvement and those needing more opportunity (evaluations, coaching, mentoring, corrective instruction).

2. Clinical Coordinator

Responsible for developing and implementing the student programs with the support of the clinical supervisors. Works with the clinical supervisors to educate, evaluate, mentor, and coach students who wish to pursue a career in child life. Ensures educational opportunities for students are available to help them gain knowledge and experience in relation to the child life competencies. Serves as a liaison between the child life department and academic institutions. Site-based positions sometimes found in larger child life programs.
3. **Academic Coordinator**

Coordinates the internship placements for students, seeks out new internship sites, negotiates contracts with internship site to incorporate goals and objectives, evaluates internship sites, prepares the students for internship. Maintains contracts with the internship site and prepares all paperwork for students and supervisors. This position is based at the academic institution.

4. **Academic Supervisor**

Supervises the student during the internship placement. Contacts the site once the student begins the internship. Grades assignments, journals, discusses midterm and final evaluations with hospital supervisors and student. Works with hospital supervisor to determine a final grade for the student.

At some universities the academic coordinator and academic supervisor may be the same person. Interns who have completed their degree program and are not receiving college credit for internship will not have an academic supervisor.

II. **Academic Preparation**

A. **Institutional and Administrative Parameters**

The institution (college or university) which offers a child life education program should demonstrate in its overall organizational structure and plan that there is sufficient support to enable quality education of students.

1. The sponsoring institution should support the goals and purposes of the child life academic program, supplying adequate personnel, appropriate financial support, and sufficient facilities, including offices, classrooms, libraries, and clinical space.

2. The child life academic program should represent a cohesive design for study with sound theoretical and scholarly bases. Courses and clinical applications should be organized in logical sequence, with a thoughtful partnering for learning and practicing the implementation of theories.

3. Completion of an academic preparation program in child life should enable the student to meet the academic eligibility requirements to sit for the Child Life Professional Certification Examination. Each graduate applies for certification on an individual basis. The qualifications of the faculty and staff should indicate backgrounds of study and professional experience directly related to courses they teach or clinical experience supervised. Professional certification by the Child Life Certifying Committee is strongly recommended for faculty teaching specific child life theoretical and applied courses, particularly those serving as academic coordinators for student clinical placements.

4. The faculty and staff teaching courses directly related to child life should have experience in and current knowledge of services for infants, children, youth and families experiencing trauma and/or stress and should be members of the Child Life Council and other related organizations. It would be extremely beneficial for these faculty members to participate in research activities related to child life practice and be abreast of current research findings, instilling the notion of evidence-based practice in their students.

5. Each child life academic program is encouraged to pursue a self-evaluation of its components every five years. Methods for self-evaluation should include curriculum review, a survey of current and former students in clinical practice as well as supervisors in connected clinical settings and examination of its descriptive documents, including the academic and clinical curricula with accompanying course syllabi. Curriculum vitae and teaching assignments should be included in these program reviews. Supportive documentation to demonstrate the process and survey outcomes should be available for review.

B. **Student Guidance on Professional Development**

1. The academic coordinator should be familiar with the clinical preparation site before the student begins an internship. Additionally, the school should regularly review the clinical preparation sites and fieldwork interactions to ensure that student assignments are appropriate. Student educational needs should be of primary consideration in clinical placement assignment. Reassignment should be made if the student’s needs are not met.
2. Ongoing, systematic collaboration should occur between clinical supervisors and personnel from the academic institution. It is recommended that a site visit by the academic faculty be made to the clinical site a minimum of every two years and when the clinical site leadership changes.

3. Ongoing, systematic evaluation and advising of students, both in academic and clinical areas, is critical.

4. The academic program should keep abreast of professional requirements and advise students not only about course work needs, but also about types of supervised fieldwork needed.

5. Assistance in career placement should be made available to students.

C. Curriculum Recommendations

Recognizing the importance of education, the Child Life Certifying Committee (CLCC) has identified areas of study germane to child life professionals. This information has been incorporated in an education/course work eligibility requirement. The course work list can be found in the Candidate Manual for the Child Life Professional Certification Examination and is intentionally broad to accommodate variations within educational institutions and to allow for an objective review during the application process. It is important that child life students recognize that the CLCC alone sets requirements for certification.

To further guide students in academic planning, the Education Committee recommends study in these specific content areas. Please note that these are not listed in hierarchical order.

1. Theoretical Foundations
   - Human development
   - Family systems
   - Attachment
   - Learning
   - Personality
   - Play
   - Education
   - Stress/coping
   - Separation and loss
   - Organizational systems
   - Group dynamics
   - Temperament

2. Applied Areas of Study
   - Observation and assessment
   - Guidance of infants, children, youth and families
   - Medical sociology, including health and wellness
   - Communication/interpersonal relationships/interdisciplinary team functioning
   - Ethics
   - Parenting and family relationships
   - Multicultural awareness
   - Expressive interventions
   - Programming for infants, children, youth and families
   - Group facilitation
   - Bereavement support and interventions
   - Special needs populations
   - Techniques of working with infants, children, youth and families
   - Impact of illness, injury and health care on patients and families
   - Child life practice
   - Therapeutic play
• Crisis interventions
• Developmentally-supportive play
• Families and stress
• Program administration
• Healing environments
• Complementary (alternative) medicine
• Program and intervention evaluation
• Research methods and statistics
• Supervision
• Child maltreatment
• Counseling skills
• Written communication
• Family-centered care
• Pain management
• Guided imagery and relaxation techniques
UNDERGRADUATE CURRICULUM RECOMMENDATIONS
This is a companion document to the Academic Preparation section of chapter five, oriented towards academic programs. It recommends the content areas that should be covered in the required undergraduate coursework of any such academic program, along with supplemental areas that would be advantageous to cover.

THEORETICAL FOUNDATIONS

Academic programs with child life concentrations, minors, or majors should adequately cover the following topics in their required curriculum:
- Child Development
  - Attachment
  - Personality
  - Temperament
- Family Systems
- Play
- Stress/Coping
- Separation and Loss

Supplemental areas:
- Human/Lifespan Development
- Learning
- Personality
- Education
- Organizational Systems
- Group Dynamics

APPLIED AREAS OF STUDY

Academic programs with child life concentrations, minors, or majors should adequately cover the following topics in their required curriculum:
- Child Life Practice
  - Therapeutic Play
  - Designs for Healing Environments
  - Family-Centered Care
  - Pain Management (Non-Pharmacological)
  - Guided Imagery and Relaxation Techniques
  - Comfort Positioning
  - Preparation
  - Expressive Interventions
  - Ethics
- Bereavement Support and Interventions
- Impact of Illness, Injury and Health Care on Patients and Families
- Supervision/Program Administration
- Pediatric Diagnoses
- History of the Child Life Profession
- Scope of Practice
- Child Life Documents
  - Code of Ethical Responsibility
  - Child Life Competencies
  - Standards of Clinical Practice
  - Charting/Documentation
- Child Development
  - Observation and Assessment
  - Guidance/Techniques of Working with Infants, Children, Youth, and Families
  - Developmentally-Supportive Play
- Communication
  - Interpersonal Relationships
  - Interdisciplinary Team Functioning
  - Helping Skills
  - Therapeutic Relationships
  - Written
- Family Relationships

Supplemental areas:
- Medical Sociology, including Health and Wellness Programming for Infants, Children, Youth, and Families
- Group Facilitation
- Crisis Interventions
- Program Administration
- Complementary (Alternative) Medicine Program and Intervention
- Evaluation
- Medical Terminology
- Anatomy and Physiology
- Health Care Trends
- Child Life in the Community/World
  - Global Opportunities
  - Community Non-Profit Agencies
  - Alternative Settings
- Parenting
- Family Dynamics
- Families and Stress
- Diversity and Cultural Competence
- Children with Special Needs
- Child Maltreatment
- Research Methods and Statistics
GRADUATE CURRICULUM RECOMMENDATIONS

This is a companion document to the Academic Preparation section of chapter five, oriented towards academic programs. It recommends the content areas that should be covered in the required undergraduate coursework of any such academic program, along with supplemental areas that would be advantageous to cover.

Graduate academic programs with child life majors or concentration areas should adequately cover, but are not limited to, the following content in their required curriculum:

- **Child Development: Theoretical and Applied**
  - Coursework in the graduate program should provide students a foundation of child development theories and applications.

- **Family Theories**
  - Coursework in the graduate program should provide students a foundation in a range of family theories and applications.

- **Research**
  - Research Methods
  - Statistics
  - Ethics
  - Completion of One of the Following: Thesis, Project Paper, or Internship with Research Paper or Project

- **Child Life Professional Practice**
  - Therapeutic Play
  - Designs for Healing Environments
  - Family-Centered Care
  - Pain Management (Non-Pharmacological) and Coping Techniques
  - Guided Imagery and Relaxation Techniques
  - Comfort Positioning
  - Psychological Preparation
  - Expressive Interventions
  - Ethics/Professionalism
  - Bereavement Support and Interventions
  - Impact of Illness, Injury and Health Care on Patients and Families
  - Pediatric Diagnoses
  - Scope of Practice
  - Child Life Documents:
    - Code of Ethical Responsibility
    - Child Life Competencies
    - Standards of Clinical Practice
  - Charting/Documentation
  - Therapeutic Relationships
  - Cultural Competence

- **Program Administration**
  - Leadership
  - Supervision
  - Clinical Issues
  - Program Development

- **Clinical Training**
  - Students will complete a minimum of a 480 hour child life internship prior to graduation from a master’s degree program, unless the student successfully completed a child life internship prior to admission into the graduate program.
III. Clinical Preparation

A. Clinical Experience

- See Clinical Experience in Subject 1.0 Establishing Eligibility in CLCC Policies Manual

1. Supervision Option for Extenuating Circumstances

- See “Subject 3.0 Application for Approval of Internship with Remote Supervision under Extenuating Circumstances” in CLCC Policies Manual

2. Guidelines for Supervision of Alternative/Non-Traditional Placements

- See “Subject 3.0 Application for Approval of Internship with Remote Supervision under Extenuating Circumstances” in CLCC Policies Manual

B. Essential Topics for Child Life Clinical Internships

- See Exam Content Outline