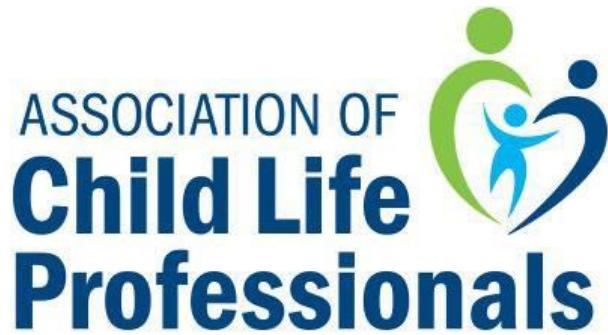


Child Life Clinical Internship Curriculum



Learning Modules

CLC Internship TaskForce
CLC Board Approved May 2011
Updated by the Internship Accreditation
Oversight Committee 2022

This document is designed to provide a basic framework for clinical training of child life interns. It includes 14 learning modules; each module relates directly to the list of Essential Curriculum Topics for Child Life Clinical Internships as approved by the CLC Board of Directors in November 2010. This document has been updated by the Internship Accreditation Oversight Committee in 2022.

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Internship Curriculum Modules Introduction

Internships across organizations and institutions offer a wide range of experiences that contribute to the training of new child life specialists. Many of these experiences cannot be replicated in all settings, due to demographic differences, size of populations served, experience and roles of supervisors, acuity, and in general, differences in patient access. For example, a small pediatric unit or dental practice will not have patients in an intensive care unit. A freestanding children's hospital will not provide services to children of adult patients. Though specific populations may not be present in every internship situation, similar learning experiences can be created and facilitated.

The intended goal of these modules is to support clinical internship programs with developing an inclusive curriculum to address the learning needs of the intern. This curriculum will provide an enriching experience for interns while meeting the objectives specifically aligned with the [Association of Child Life Professional's Competencies](#), (ACLP Official Documents, 2016) and addressing all of the skills defined within the Related Domains and Tasks from the [Child Life Certification Commission \(CLCC\) Exam Content Outline](#) (2019).

Recognizing that interns have varied learning styles and needs, and that supervisors have different approaches and expectations, the provided experiential guidelines within these modules can be adapted to benefit the internship student as well as the supervisor and program. Supervisors should feel free to add their own clinical and supervisory experiences within the setting to meet the range of learner needs, utilizing these modules as they fit within the context of the individual internship experience. Modules can be assigned consecutively (one per week) or interwoven throughout the internship experience. For example, sections may be used as a whole or in separate parts as needed. Each module provides examples of activities that offer opportunities for observation that utilize the intern's knowledge base, building hands-on skills, and encouraging self-reflection. We hope that by providing a flexible experiential framework for all, interns will benefit from any type of placement, while supervisors will be supported in their roles.

An evaluation tool has been developed for use with the modules. Successful completion of each module means that the intern demonstrates competency as outlined in the evaluation. It is hoped that this tool, with specific behavioral measures, will help to level evaluation of intern performance across sites.

Linking the Modules to the Child Life Certification Commission (CLCC) Toolkit Affirming Clinical Experience through Exam Content Outline

The [*CLCC Toolkit: Affirming Clinical Experience through Exam Content Outline*](#) lists the activities that the Child Life Certification Commission (CLCC) expects interns to experience during their clinical training. CLCC developed this form as a tool to help programs track interns' progress throughout the internship.

Please note this form is not the form to sign and submit to CLCC for verification of hours for the certification exam eligibility assessment.

This is a form for an internship site's internal use and records only. Use of the form is entirely up to your discretion.

If you elect to use the form, below you will find an index linking each of the curriculum elements to the appropriate Module. The Internship Accreditation Oversight Committee (IAOC) created this chart to help the clinical rotation supervisor provide the best experience possible to each intern and ensure that each competency is met.

| Directly Observed Skills | Internship Module (Section) |
|--|-------------------------------------|
| Establish and maintain professional boundaries- Therapeutic relationships with patients, families, and staff. | Module 14: Professional Development |
| Establish and maintain professional boundaries- Helping professions (i.e., social work, child life, music therapy, etc.) | Module 14: Professional Development |
| Demonstrate knowledge of confidentiality and privacy laws. | Module 14: Professional Development |
| Adhere to the Code of Ethical Responsibility for child life professionals (Use of social media, identification of conflicts of interest, personal peer, and professional accountability, continue to seek knowledge and skills related to the healthcare environment). | Module 14: Professional Development |
| Advocate for the protection, safety, and rights of the child and family (Mandated reporting, emotional safety, safe environment, consent, and assent). | Module 14: Professional Development |

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| Employ knowledge of cultural fluency and provide individualized and equitable care. | Module 14: Professional Development |
| Integrate self-reflective skills into daily practice (e.g., awareness of biases, projection, transference, etc.) | Module 14: Professional Development |
| Define evidence-based practice and operate under its principles. | Module 14: Professional Development |
| Participate in activities of inquiry and integrate findings into practice (Quality improvement, research processes). | Module 14: Professional Development Module 13: Administration |
| Initiate and seek opportunities for clinical supervision and professional/personal growth. | Module 14: Professional Development |
| Identify methods of self-care to manage the impact of exposure to pediatric illness, injury, and healthcare (e.g., stress management, compassion fatigue, secondary trauma, etc.) | Module 14: Professional Development |
| Employ clear and objective documentation standards in accordance with workplace policy (APIE). | Module 11: Documentation Module 4: Communication |
| Apply principles of adult learning to represent the child life profession and/or the institution to internal and external adult audiences (Speaking to individuals and groups, integrate a variety of educational techniques). | Module 1: Development of the Child Life Profession Module 4: Communication |
| Educate others about expected reactions and responses to the healthcare experience using child development and family systems theories, and principles of psychosocial care. | Module 1: Development of the Child Life Profession Module 4: Communication Module 13: Administration |
| Recognize the strengths of the interdisciplinary team (Identify opportunities for collaboration, recognize and initiate appropriate referrals). | Module 4: Communication |
| Identify and apply relevant healthcare data to develop a comprehensive assessment and plan of care by considering the impact of diagnosis, procedures, and treatment. | Module 5: Assessment: Developing a Play of Care Module 4: Communication |

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| | Module 9: Coping with Pain and Distress Module 11: Documentation |
| Identify and apply relevant healthcare data to develop a comprehensive assessment and plan of care by anticipating the impacts of illness, injury, and healthcare experiences. | Module 5: Assessment: Developing a Plan of Care Module 4: Communication Module 9: Coping with Pain and Distress Module 11: Documentation |
| Identify and apply relevant healthcare data to develop a comprehensive assessment and plan of care by predicting the impact of healthcare trends, issues, and environment on stress and coping. | Module 5: Assessment: Developing a Plan of Care Module 4: Communication Module 9: Coping with Pain and Distress Module 11: Documentation |
| Assess the physical, cognitive, and social-emotional development of the child. | Module 2: Lifespan Development: Applying Theory to Practice Module 5: Assessment: Developing a Plan of Care Module 9: Coping with Pain and Distress |
| Apply developmental theories to anticipate response and reactions to illness, injury, and healthcare experiences. | Module 2: Lifespan Development: Applying Theory to Practice Module 5: Assessment: Developing a Plan of Care Module 9: Coping with Pain and Distress |
| Select and apply theories of child development (Stress, trauma, and adverse child experiences, coping, temperament, emotional health, resiliency, attachment). | Module 2: Lifespan Development: Applying Theory to Practice Module 5: Assessment: Developing a Plan of Care |

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| | Module 9: Coping with Pain and Distress |
| Identify variables that impact a child's vulnerability to illness, injury, and healthcare experiences | Module 2: Lifespan Development: Applying Theory to Practice Module 5: Assessment: Developing a Plan of Care Module 9: Coping with Pain and Distress |
| Examine the families' norms, composition, practices, communication styles, and preferences. | Module 3: Patient- and Family- Centered Care Module 4: Communication Module 5: Assessment: Developing a Plan of Care |
| Demonstrate knowledge of family systems and family stress adaptation theories. | Module 2: Lifespan Development: Applying Theory to Practice Module 3: Patient- and Family- Centered Care Module 5: Assessment: Developing a Plan of Care |
| Identify how children and families interpret and make meaning of health, illness, and loss. | Module 3: Patient- and Family- Centered Care Module 5: Assessment: Developing a Plan of Care |
| Identify the strengths and challenges in family dynamics and utilization of supports. | Module 3: Patient- and Family- Centered Care Module 5: Assessment: Developing a Plan of Care |
| Assess and articulate comprehension of sociocultural needs and learning styles. | Module 3: Patient- and Family- Centered Care Module 5: Assessment: Developing a Plan of Care |
| Describe and apply philosophies and practices of patient-centered care. | Module 3: Patient- and Family- Centered Care Module 5: Assessment: Developing a Plan of Care |

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| | Care |
| Consider socioeconomic status, justice, access, and equity, etc. when identifying the availability of community resources. | Module 3: Patient- and Family- Centered Care Module 5: Assessment: Developing a Plan of Care |
| Explore cultural and spiritual values, beliefs, and needs. | Module 3: Patient- and Family- Centered Care Module 5: Assessment: Developing a Plan of Care |
| Apply formal and informal techniques to assess patient/family acuity and psychosocial risk. | Module 3: Patient- and Family- Centered Care Module 4: Communication Module 5: Assessment: Developing a Plan of Care |
| Adapt services to meet the patient/family's needs, goals, and preferences. | Module 3: Patient- and Family- Centered Care Module 4: Communication Module 5: Assessment: Developing a Plan of Care |
| Apply the cyclical process of assessment, plan, intervention, and evaluation of services. | Module 3: Patient- and Family- Centered Care Module 4: Communication Module 5: Assessment: Developing a Plan of Care |
| Collect, interpret, and integrate relevant data into psychosocial assessment and plan of care. | Module 3: Patient- and Family- Centered Care Module 4: Communication Module 5: Assessment: Developing a Plan of Care |
| Facilitate types of play relevant to illness, injury, and healthcare experiences (Normalizing, developmental, healthcare, therapeutic, child-directed). | Module 6: Play Module 7: Medical/Health Care Play Module 8: Therapeutic |

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| | Play and Coping Module 9: Coping with Pain and Distress |
| Prescribe appropriate play practices to facilitate optimal coping (e.g., relationship building, mastery, assessment, education, normalization, etc.). | Module 6: Play Module 7: Medical/Health Care Play Module 8: Therapeutic Play and Coping Module 9: Coping with Pain and Distress |
| Assimilate healthcare, family, and child variables to implement a plan of care that supports individualized learning needs (Preparation, diagnostic teaching, coping strategies, advocacy for pain management). | Module 10: Psychosocial Preparation Module 8: Therapeutic Play and Coping Module 9: Coping with Pain and Distress Module 3: Patient- and Family- Centered Care Module 4: Communication |
| Empower children and families to advocate for their needs related to illness, injury, and healthcare experiences. | Module 10: Psychosocial Preparation Module 8: Therapeutic Play and Coping Module 9: Coping with Pain and Distress Module 3: Patient- and Family- Centered Care Module 4: Communication |
| Anticipate the implication of trauma, loss, and/or bereavement for children and families. | Module 12: Palliative and End-of-Life Care Module 3: Patient- and Family- Centered Care Module 4: Communication |
| Define and distinguish palliative, hospice, and end-of-life care. | Module 12: Palliative and End-of-Life Care Module 3: Patient- and Family- Centered Care Module 4: Communication |

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| Understand and recognize cultural and spiritual preferences for patient and families experiencing loss and/or grief. | Module 12: Palliative and End-of-Life Care Module 3: Patient- and Family- Centered Care Module 4: Communication |
| Describe developmental perceptions of and reactions to trauma, loss, and/or bereavement. | Module 12: Palliative and End-of-Life Care Module 3: Patient- and Family- Centered Care Module 4: Communication |
| Define and distinguish grief, bereavement, and mourning. | Module 12: Palliative and End-of-Life Care Module 3: Patient- and Family- Centered Care Module 4: Communication |
| Articulate types (e.g., anticipatory, complicated, etc.) and theories (e.g., stage and tasks, etc.) of grief experienced by children and families. | Module 12: Palliative and End-of-Life Care Module 3: Patient- and Family- Centered Care Module 4: Communication |
| Provide support and resources to promote transition. | Module 12: Palliative and End-of-Life Care Module 3: Patient- and Family- Centered Care |
| Facilitate opportunities for expression of feelings, meaning making, and legacy work. | Module 8: Therapeutic Play and Coping Module 12: Palliative and End-of-Life Care Module 3: Patient- and Family- Centered Care |
| Adapt child life skills to support diverse populations (e.g., gender, sexuality, developmental differences, behavioral health, sensory and processing considerations, etc.) | Module 3: Patient- and Family- Centered Care |
| Apply child life development and family systems theories to provide emotional support within the child life scope in regards to environmental safety (e.g., playroom design, healing environment, sensory stimulation, etc.). | Module 7: Medical/ Health Care Play Module 13: Administration |

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| Apply child life development and family systems theories to provide emotional support within the child life scope in regard to emotional safety (e.g., healthcare adherence, impact of the healthcare plan, etc.). | Module 9: Coping with Pain and Distress Module 2: Lifespan Development: Applying Theory to Practice |
| Utilize clear and sensitive communication skills that develop trusting relationships across the continuum. | Module 4: Communication Module 3: Patient- and Family- Centered Care |

Module Template

Module # Title

A topic designated as essential to entry level child life practice by the Association of Child Life Professionals.

Clinical Learning Goals

Positive statements of essential knowledge and skills that interns will have or do within the framework of the internship.

Related Child Life Competencies

Verbatim listing of the corresponding or related competency statement(s) published in the Official Documents of the Child Life Council. The intern will acquire and demonstrate these competencies in practice or through reflective activities with the CCLS.

Related Domains and Tasks from Professional Certification Examination Classification System

Verbatim listing of the domains and specific tasks (as defined by the [2019 Exam Content Outline](#)) to which this topic relates.

Objectives

Positive statements describing specific tasks or activities in which the intern will successfully engage.

Required Activities

Activities that will engage the student in active, behavioral, and reflective learning directly related to the *essential elements* of this topic.

Required Readings

List of those readings deemed essential to the intern's child life knowledge base in order for them to understand and perform this skill at an entry level and qualify successfully for skill verification.

Suggested Readings

Readings that would enhance the intern's knowledge base and skills, especially for those interns who:

- Have academic training specifically as child life students, and have pre-read the required material; or,
- Have quickly demonstrated knowledge and skill in this topic and desire further depth or knowledge base.

Additional Resources

List of digital resources, such as videos, webinars, learning activities.

Optional Activities for Additional Skill Enhancement

Activities that are not requisite but will serve to enhance the growth of those interns who desire more in-depth or complex experiences, or experiences not available in the setting. May also include activities that could serve to enhance the growth of students who learn best by specific methods (i.e., visual, auditory, etc.).

Module Flow

The first portion of the internship may appear to have more required and complex content, but these initial modules provide a foundation upon which more critical thinking and clinical skills can be built. As the student learns and demonstrates competency, the skills required become cumulative and more complex. It should be noted that all interns will progress at different rates, and the environment in which interns are placed, among other factors, will affect the rate of progression. All students will demonstrate competency in different knowledge and skills at different times throughout their experiences. A student who is strong in communication skills, for example, may be ready to move ahead more quickly to the next module.

Conversely, the intern learning about patient- and family-centered care for the first time may approach the module on assessment more slowly. Completion of skills in one module may overlap content in another area. Flexibility in application of the modules should be negotiated between students and their supervisors.

Required readings have been *listed in order of importance*. Many students may be already familiar with the required readings, and therefore interested in pursuing some of the suggested additional readings as well. Interns who have not completed specific child life training programs will need to concentrate on the required readings. Links have been listed where possible.

Supervisors may notice that there are similarities in both suggested and required activities from one module to the next. Perhaps the focus of learning may be different from one to the other, but similarities may also provide the intern with a basic skill in one area, and a more complex skill in the later module. If a student has

demonstrated competence earlier than expected, the complexity of tasks and activities can be more advanced in following modules.

The inclusion of optional activities provides ideas for more variety in activities for the intern who has already had experience, or for those who learn differently. Supervisors should feel free to improvise or include their own clinical and supervisory experiences or opportunities within the setting in order to meet a range of learner needs.

Module 1: Development of the Child Life Profession

Clinical Learning Goals

The child life intern will understand and appreciate both the history of the child life profession and the internship child life program. These histories will provide a foundation for effective implementation of child life services and development of professional relationships.

Related Child Life Competencies

V. Administration

1. The ability to implement child life services within the structure and culture of the work environment.
 - Identify organizational structure and relevant policies and procedures.

Related Domains from Professional Certification Exam Content Outline

Domain I: Professional Responsibility

3. Practice within the scope of professional knowledge and clinical expertise.
- B. Apply principles of adult learning to represent the child life profession and/or the institution to internal and external audiences.
 - Speaking to individuals and groups (e.g., media, donors, community, higher education, healthcare professionals and students).
 - Integrate a variety of educational techniques (e.g., lectures, hands-on activities, use of multimedia).
- C. Educate others about expected reactions and responses to the healthcare experience using child development and family systems theories and principles of psychosocial care.

Objectives

In the process of completing this module, the child life intern will:

1. Articulate an understanding of the history of both the child life profession and the Association of Child Life Professionals.
2. Describe the evolution of the currently assigned child life department/program.
3. Distinguish the roles that comprise the interdisciplinary care team, particularly the role of the child life specialist within that team.

Required Activities

The intern will:

1. Investigate the background and reporting structure of the department/program and write an exemplar about findings (no more than one page).
2. Reflect upon the extent to which child life professionals at the clinical site currently represent the clients/patients they serve (no more than one page).
3. Interview two individuals from other disciplines who are part of the care team, write a brief summary of their roles and responsibilities and describe ways in which this discipline interfaces with the child life specialist/program (no more than one page).

Required Reading

ACLP (n.d.). *ACLP DEI timeline*.

<https://www.childlife.org/about-aclp/diversity-equity-inclusion/aclp-dei-timeline>

ACLP (n.d.). *ACLP diversity, equity, and inclusion (DEI) action plan*.

<https://www.childlife.org/about-aclp/diversity-equity-inclusion>

ACLP (n.d.). *ACLP historical timeline*.

<https://www.childlife.org/about-aclp/history-of-aclp/aclp-historical-timeline>

ACLP (2022). *ACLP strategic plan 2022-2024*.

https://www.childlife.org/docs/default-source/about-aclp/2022-strategic-plan/aclp%20strategic-plan%20final.pdf?sfvrsn=c8409e4d_8

ACLP (2001, November). *Mission, values, vision, and operating principles*.

[mission-values.pdf \(childlife.org\)](https://www.childlife.org/mission-values.pdf)

Child Life Council (2008). *Child life beyond the hospital*. Rockville, MD: Author.

Lookabaugh, S. and Ballard, S. (2018). The scope and future direction of child life.

Journal of Child and Family Studies, 27: 1721-1731.

<https://doi.org/10.1007/s10826-018-1031-6>

Rollins, J. A. (2018). Relationships in children's health-care settings. In J. A. Rollins, R. Bolig, & C.C. Mahan (Eds.), *Meeting children's psychosocial needs across the health-care continuum* (2nd ed, pp. 465-486). Austin, TX: PRO-ED, Inc.

Wilson, J., Palm, S., & Skinner, L. (Eds.). (2006). *Guidelines for development of child life programs in health care settings* (pp. 1-3, 49). Rockville, MD: Child Life Council, Inc.

Wojtasik, S.P. & White, C. (2018). The story of child life. In R. H. Thompson (Ed.), *The handbook of child life* (pp. 3- 22). Springfield, IL: Charles C. Thomas.

Suggested Reading

Romito B., Jewell J., Jackson M., AAP Committee on Hospital Care, Association of Child Life Professionals, Ernst K., Hill V., Hsu B., Lam V., Mauro-Small M., & Vinocur C. (2021). Child life services. *Pediatrics*, 147(1).

<https://doi.org/10.1542/peds.2020-040261> [Also suggested reading for Module 3]

Thompson, R.H., & Stanford, G. (1981). *Child life in hospitals: Theory and practice*. Springfield, IL: Charles C. Thomas Publisher, LTD. (pp. 163-193)

Additional Resources

Child Life Council. (2012). *Celebrating 30 years: A monumental year, a monumental profession* [Video]. YouTube. <https://www.youtube.com/watch?v=7A7izwg3W5Y>

Module 2: Lifespan Development: Applying Theory to Practice

Clinical Learning Goals

The child life intern will have a working knowledge of developmental theory as it applies to children and families experiencing health care in varied settings. The intern will enhance abilities to observe, recognize and articulate developmental needs and milestones, as well as to identify the ways in which children's development affects their understanding and responses to hospitalization and illness, and how hospitalization and illness may influence a child's development from infancy through adolescence.

Related Child Life Competencies

- I. Care of Infants, Children, Youth and Families
 - A. The ability to assess the developmental and psychosocial needs of infants, children, youth, and families.
 - Articulate theories of human growth and development, play and family systems.
 - Describe formal and informal techniques to assess developmental and emotional state.
 - Identify factors that impact a child and family's vulnerability to stress and trauma.
 - Identify how children and families interpret and make meaning of health, illness, and loss.
 - Recognize families as they define themselves, identifying strengths and challenges in family dynamics and community supports.

Related Domains from Professional Certification Exam Content Outline

Domain II: Assessment

1. Identify and apply developmental frameworks to develop a comprehensive assessment and plan of care.

Domain III: Intervention

5. Apply child development and family systems theories to provide emotional support within the child life scope.

Objectives

In the process of completing this module, the child life intern will:

1. Apply knowledge of child development theory and intersectionality to interactions with children and adolescents.
2. Verbalize and provide examples of factors that influence children's understanding of health and healthcare (development, previous experience, trauma, racism, culture, etc.).

3. Demonstrate the ability to select appropriate activities and plan for therapeutic interventions based on developmental assessment.
4. Recognize safety as paramount in the playroom and bedside settings, demonstrating safety precautions according to developmental needs.
5. Articulate reactions and understanding of illness for children and adolescents based on knowledge of child development theory.

Required Activities

The intern will:

1. Investigate and apply developmental theory into daily activities, journal entries, and discussions with CCLS and interdisciplinary team as appropriate.
2. Reflect on personal perspectives of normative development and, considering multiple forms of intersectionality, write an exemplar to discuss during weekly supervision.
 - Consider potential biases being brought into each experience.
 - What potential unconscious biases arise?
 - How is bias influencing perceptions of development?
 - Explore the intersection between our knowledge of child development and the parents' beliefs/understandings and acknowledge power differences that may impact interactions.
3. Observe children and adolescents in both inpatient and outpatient health care settings, identifying how development is impacted by health care experiences.
4. Observe a child at each developmental stage (infant, toddler, preschool, school-age, and adolescent) in the playroom and/or at bedside. Write a description of the child's behavior, focusing on the observed stage of development and noting its impact on language, cognitive, social/emotional, and physical changes. In addition, comment on safety precautions made related to the child's developmental needs in each setting.
5. Observe CCLS providing preparation and support to children through a medical procedure, focusing on how the developmental stage impacts the language, materials, and process of the session. Write a brief paragraph describing the CCLS's interaction, focusing especially on the developmental needs addressed in the session and acknowledging the child's understanding of illness and reactions to personal health care experiences.
6. Document the transitions required of a hospitalized patient from admission through discharge and the challenges experienced based on each developmental level.

7. Investigate programs for transition to adult care available for one chronic illness population.
8. Review and understand intersectionality. Identify a reference/resource that explores an intersection of identity as it relates to the population served at the internship. Be prepared to share at the weekly supervision meeting.

Required Reading

Jepsen, S., Haahr, A., Eg, M., & Jørgensen, L. (2019). Coping with the unfamiliar: How do children cope with hospitalization in relation to acute and/or critical illness? A qualitative metasynthesis. *Journal of Child Health Care*, 23(4), 534-550.
<https://doi.org/10.1177/1367493518804097>

Koller, D. & Wheelwright, D. (2020). Disrupting the status quo: A new theoretical vision for the child life profession. *The Journal of Child Life*, 1(2): 27-32. <https://doi.org/10.55591/001c.22519>

Pearson, L. (2018). Children's hospitalization and other healthcare encounters. In J. A. Rollins, R. Bolig, & C.C. Mahan (Eds.), *Meeting Children's Psychosocial Needs Across the Health-Care Continuum* (2nd ed, pp. 1-42). Austin, TX: PRO-ED, Inc.

Turner, J. (2018). Theoretical foundations of child life practice. In R.H. Thompson (Ed.), *The Handbook of Child Life: A Guide for Pediatric Psychosocial Care* (2nd ed., pp. 34-54). Springfield, IL: Charles C. Thomas Pub. Ltd.

*For additional information: Please see vital video on *Intersectionality in Suggested Reading*.

Suggested Reading

Bibace, R. & Walsh, M.E. (1980). Development of children's concepts of illness. *Pediatrics*, 66(6), 912-917. <https://doi.org/10.1007/s00431-022-04505-9>

Reactions of children to hospitalization. In R.H. Thompson & G. Stanford (1981), *Child Life in Hospitals: Theory and Practice* (pp. 15-36). Springfield, IL: Charles C. Thomas Publisher, LTD.

Additional Resources

Rich Russo. (2018, September 14). *Professor Kimberlé Crenshaw Defines Intersectionality* [Video]. YouTube.
<https://www.youtube.com/watch?v=sWP92i7JLIQ>

Optional Activities for Additional Skill Enhancement

1. Adapt materials and resources geared towards school age developmental level to the developmental needs of adolescents.
2. Develop and present a case study of a long-term hospitalized infant, child, or adolescent, including how development was impacted by the health care experience and how the intern's child life practice supported the child's normative development through therapeutic interventions.
3. Present an educational session on the developmental impact of pediatric health care experiences to a group of nursing students or medical students, acknowledging ways in which health care providers can facilitate attention to developmental needs and effective use of child- friendly language. Highlight research and evidence-based practice with shared case examples from observations and internship experience. (Patient- and Family-Centered Care module has a similar activity).

Module 3: Patient- and Family-Centered Care

Clinical Learning Goals

The child life intern will successfully gain a working knowledge of the philosophy and principles of patient- and family-centered care. In doing so, the intern will develop skills in parent education and working with families in times of crisis. This will include work with siblings, young adults/adults and in high stress areas including, but not limited to, intensive care settings.

Related Child Life Competencies

- I. Care of Infants, Children, Youth and Families
 - A. The ability to assess the developmental and psychosocial needs of infants, children, youth, and families.
 - Identify factors that impact a child and family's vulnerability to stress and trauma.
 - Identify how children and families interpret and make meaning of health, illness, and loss.
 - Recognize families as they define themselves, identifying strengths and challenges in family dynamics and community supports.
 - E. The ability to support infants, children, youth, and families in coping with stressful events.
 - Facilitate mastery of potentially stressful experiences.
 - Empower and support patients and families to effectively self-advocate as well as advocate on behalf of those who cannot do so.
 - F. The ability to provide teaching, specific to the population served, including psychological preparation for potentially stressful experiences, with infants, children, youth, and families.
 - Articulate learning styles and needs of individuals with various developmental levels, emotional states, and of diverse backgrounds and experiences.

Related Domains from Professional Certification Exam Content Outline

Domain II: Assessment

- 3. Identify and apply knowledge of family systems to develop a comprehensive assessment.
- 4. Identify and apply cultural and contextual factors to develop a comprehensive assessment.
- 5. Demonstrate assessment strategies and processes.

Domain III: Intervention

2. Provide education specific to the individual needs of children and families as it applies to illness, injury, and healthcare experiences.
3. Provide coping support for patient and families experiencing loss and/or grief.
4. Adapt child life skills to support diverse populations (e.g., gender, sexuality, developmental differences, behavioral health, sensory and processing considerations, etc.)
6. Utilize clear and sensitive communication skills that develop trusting relationships across the continuum.

Objectives

In the process of completing this module, the intern will:

1. Articulate the philosophy and principles of patient and family-centered care.
2. Demonstrate throughout module activities an understanding of the impact of culture, spirituality, and socioeconomic status on coping.
3. Demonstrate an understanding of and appreciation for the variety of family dynamics and structures, and their impact on coping and education.
4. Utilize appropriate language and teaching tools to best support the patient and family.
5. Demonstrate successful and effective communication skills during patient and family interactions.
6. Identify appropriate resources for patients and families which will support the family during the healthcare experience.
7. Utilize knowledge that is developmentally and intersectionally aware in formulating interventions and education across the lifespan.
8. Utilize Family Systems Theory and knowledge that is developmentally and intersectionally aware to support siblings, individually and in groups.
9. Identify effective and reflective methods of interaction during times of stress, including response to emotional, verbal and body language cues exhibited by families.

Required Activities

The intern will:

1. Review and discuss the components of patient- and family-centered care.
2. Recognize and describe examples of these in daily practice in given facility.
3. Interview two families regarding their overall experiences in the healthcare environment. Afterwards with your internship supervisor, discuss how intersectional identities may influence a family's experience.

4. Develop and initiate a plan that incorporates support of and resources for sample family using patient- and family-centered care principles.
5. Observe CCLS provide parent education, such as describing typical reactions to hospitalization, highlight and discuss adaptations that need to be made to promote family-centered care.
6. Incorporate appropriate parent education opportunities into practice.
7. Observe a sibling interaction provided by a CCLS. Discuss observations and evaluation of outcomes with CCLS.
8. Plan, organize, implement, and evaluate sibling interaction.
9. Observe child life practice in an intensive care environment. Document a care plan for child life intervention in this environment.
10. Review the facility's and/or child life department's policies and procedures as they relate to diversity, equity, and inclusion. Reflect and/or journal on how this aligns with your personal values related to diversity, equity, and inclusion.

Required Reading

Cross, J., Desai, P.P., Palm, S., Bell, J.L., Johnson, B.H., & McLeod, S.M. (2018). Patient-and family-centered care and the implications for child life practice. In R.H. Thompson (Ed.), *The handbook of child life: A guide for pediatric psychosocial care* (2nd ed., pp. 161-194). Springfield, IL: Charles C. Thomas [Also suggested reading for Module 10]

Deavin, A., Greasley, P, and Dixon, C. (2018). Children's perspectives on living with a sibling with a chronic illness. *Pediatrics*, 142(2): 1-11.

<https://doi.org/10.1542/peds.2017-4151>

Kuo, D.Z., Houtrow, A.J., Arango, P., Kuhlthau, K.A., Simmons,J.M., & Neff, J.M. (2012). Family-centered care: current applications and future directions in pediatric health care. *Maternal and Child Health Journal*. 16(2), 297-305.
<https://doi.org/10.1007/s10995-011-0751-7>.

McCue, K. (2018). Therapeutic relationships in child life. In R.H. Thompson (Ed.), *The handbook of child life: A guide for pediatric psychosocial care* (2nd ed., pp. 104-135). Springfield, IL: Charles C. Thomas. [Also required reading for Module 8]

Rollins, J.A. (2018). Families in children's health-care settings. In J.A. Rollins, R. Bolig, & C.C. Mahan (Eds.), *Meeting children's psychosocial needs across the health-care continuum* (2nd ed., pp. 269-310). Austin, TX: PRO-ED, Inc.

Rollins, J.A. (2018). Families in children's health-care settings. In J.A. Rollins,

R. Bolig, & C.C. Mahan (Eds.), *Meeting children's psychosocial needs across the health-care continuum* (2nd ed., pp. 411-432). Austin, TX: PRO-ED, Inc.

Suggested Reading

American Academy of Pediatrics Committee on Hospital Care and Institute for Patient- and Family-Centered Care. (2012). Patient- and family-centered care and the pediatrician's role. *Pediatrics*, 129, 394-404.
<http://pediatrics.aappublications.org/content/pediatrics/129/2/394.full.pdf>

Institute for Patient- and Family-Centered Care (2010). Changing hospital "visiting" policies and practices: supporting family presence and participation.
<http://www.ipfcc.org/resources/visiting.pdf>

Lummer-Aikey, S. and Goldstein, S. (2020). Sibling adjustment to childhood chronic illness: An integrative review. *Journal of Family Nursing*, 27(2): 136-153. <https://doi.org/10.1177/1074840720977177>

Romito B., Jewell J., Jackson M., AAP Committee on Hospital Care, Association of Child Life Professionals, Ernst K., Hill V., Hsu B., Lam V., Mauro-Small M., & Vinocur C. (2021). Child life services. *Pediatrics*, 147(1).
<https://doi.org/10.1542/peds.2020-040261> [Also suggested reading for Module 1]

Superdock, A.K., Barfield, R.C., Brandon, D.H., & Docherty, S.L. (2018). Exploring the vagueness of religion & spirituality in complex pediatric decision-making: a qualitative study. *BMC Palliative Care*, 17:107-120.
<https://doi.org/10.1186/s12904-018-0360-y>

Additional Resources

Institute for Patient- and Family-Centered Care: www.ipfcc.org

Optional Activities for Additional Skill Enhancement

1. Attend an interdisciplinary/psychosocial meeting focusing on the elements of patient- and family- centered care.
2. Visit and observe a critical care environment and reflect on its potential impact on the family.
3. Meet with members of the interdisciplinary staff (specifically pastoral care, social work, patient relations, etc.) for an extended understanding of patient- and family-centered care from their perspective.

4. Obtain a copy of the facility's current family bill of rights. Identify strengths and areas of possible improvement from the perspective of patient- and family-centered care principles.
5. Attend a family and/or patient advisory committee meeting, if such committee exists at the facility.
6. Reflect upon group dynamics, subject matter and family/staffing representation.

Module 4: Communication

Clinical Learning Goals

The child life intern will develop and apply in practice a working knowledge of communication concepts and strategies that serve as a foundation for effective communication skills in supporting children and families. In addition, the intern will increase personal understanding of communication styles and preferences within the health care team and incorporate this understanding in communicating and advocating for the needs of children, youth, and families through interdisciplinary collaboration.

Related Child Life Competencies

- I. Care of Infants, Children, Youth and Families
- B. The ability to initiate and maintain meaningful and therapeutic relationships with infants, children, youth, and families.
 - Identify effective communication skills to support a child and family.
- F. The ability to provide teaching, specific to the population served, including psychological preparation for potentially stressful experiences, with infants, children, youth, and families.
 - Articulate learning styles and needs of individuals with various developmental levels, emotional states, and of diverse backgrounds and experiences.
 - Identify teaching techniques for use with individuals of diverse developmental levels and learning needs.
- III. Education and Supervision
 - A. The ability to represent and communicate child life practice and psychosocial issues of infants, children, youth, and families to others.
 - Describe and integrate the basic concepts of public speaking and teaching methods appropriate to subject matter and audience.

Related Domains from Professional Certification Exam Content Outline

Domain I: Professional Responsibility

- 3. Practice within the scope of professional knowledge and clinical expertise.

Domain II: Assessment

- 1. Identify and apply relevant healthcare data to develop a comprehensive assessment and plan of care.
- 3. Identify and apply knowledge of family systems to develop a comprehensive assessment.

- A. Examine the families' norms, composition, practices, communication styles, and preferences.
- 5. Demonstrate assessment strategies and processes.

Domain III: Intervention

- 2. Provide education specific to the individual needs of children and families as it applies to illness, injury, and healthcare experiences.
- 3. Provide coping support for patient and families experiencing loss and/or grief.
- 6. Utilize clear and sensitive communication skills that develop trusting relationships across the continuum.

Objectives

In the process of completing this module, the intern will:

- 1. Examine different concepts and factors that influence effectiveness within the transaction and process of communication.
- 2. Identify different communication styles, preferences, and needs.
- 3. Develop skill in eliciting information from children and families using approaches that demonstrate sensitivity to individual developmental, emotional, and cultural needs, as well as respect for the individual child's and family's experience.
- 4. Demonstrate abilities in interpreting and effectively responding to individual cues within interactions with children, families, and professionals.
- 5. Demonstrate skill in effectively adjusting communication approach and pacing when interacting with children and families with different developmental levels, emotional states, primary language, and intersectional perspectives.
- 6. Develop skill in effectively communicating with others within the health care team to obtain and share information, as well as to advocate for and educate around children's and families' needs and perspectives.
- 7. Articulate the impact of personal communication style and behaviors on interactions with children, families, and other professionals.
- 8. Establish professional presentation of self with regard to personal verbal and nonverbal communication.

Required Activities

The intern will:

1. Complete communication styles self-assessment, discuss assessment with CCLS, and apply information learned to interactions with children, families, and staff.
2. Observe and discuss with CCLS how to adapt approaches to introducing self and child life services to children, families, and staff according to relevant contextual factors. (ex: pronouns, role, scope of practice).
3. Discuss with CCLS and demonstrate diverse techniques to establish rapport with children and families.
4. Observe CCLS and then demonstrate skill in learning from children and families regarding their perspectives and experiences.
5. Articulate observations and interpretations regarding identification of:
 - a. Communication styles and preferences.
 - b. Factors that contribute to successful communication, as well as those that contribute to confusion or ineffective communication.
 - c. Norms, composition, practices, communication styles, and preferences.
6. Complete at least three journal entries that focus on the intern's own experience of and reflection on:
 - a. The need to adapt personal communication approach within an interaction.
 - b. Communicating with sensitivity and empathy in a challenging situation.
 - c. How building awareness of personal communication style and behaviors has influenced communication interactions with others (children, families, and staff).
7. Demonstrate skill in developmentally appropriate communication and language by:
 - a. Effectively establishing rapport with children within each age group (infant, toddler, preschool, school-age, adolescent, young adult).
 - b. Choosing three diagnoses or procedures relevant to current patient population and articulate or write (1) what the diagnosis or procedure is and (2) how to communicate an explanation of the condition/procedure with children of different ages (preschool, school-age, adolescent).
8. Observe then demonstrate effective and caring communication with children and families:
 - a. Experiencing different emotional states, including but not limited to:
 - i. High stress/anxiety

- ii. Sadness
 - iii. Happiness/excitement
 - iv. Anger
 - b. With differing abilities.
 - c. Whose primary language is different from the intern's, with and without utilization of interpreter services.
9. Observe and discuss with CCLS, then demonstrate, skills in effectively communicating child and family perspectives to others on the health care team, in individual and group contexts (e.g., care conferences, team meetings, educational presentations, etc.).
10. Identify and incorporate into practice the use of technology and assisted communication devices.
11. Articulate, establish and maintain behaviors that reflect a professional presentation of self.

Required Reading

Gaynard, L., Wolfer, J., Goldberger, J., Thompson, R., Redburn, L., & Laidley, L. (1998). *Psychosocial care of children in hospitals: A clinical practice manual from the ACCH child life research project*. Rockville, MD: Child Life Council. (pp. 47-56)

Gaynard, L., Wolfer, J., Goldberger, J., Thompson, R., Redburn, L., & Laidley, L. (1998). *Psychosocial care of children in hospitals: A clinical practice manual from the ACCH child life research project*. Rockville, MD: Child Life Council. (pp. 57-66) [Also suggested reading for Module 10]

Klinzing, D.G. & Klinzing, D. (2018). Communication and child life. In R.H. Thompson (Ed.), *The handbook of child life: A guide for psychosocial care* (2nd ed., pp. 136-160). Springfield, IL: Charles C. Thomas.

Rushforth, H. (1999). Practitioner review: Communicating with hospitalized children: Review and application of research pertaining to children's understanding of health and illness. *Journal of Child Psychology and Psychiatry*, 40, 683-691.
<https://doi.org/10.1111/1469-7610.00485>

Suggested Reading

Faber, A. & Mazlish, E. (1999). *How to talk so kids will listen & listen so kids will talk*. New York, NY: Avon Books. (Particularly Chapter 1: Helping Children Deal With Their Feelings; Chapter 2: Engaging Cooperation; and Chapter 5: Praise.)

Fletcher-Watson et.al. (2015). A trial of an iPad intervention targeting social communication skills in children with autism. *Autism*, 20(7), 771-782.
<https://doi.org/10.1177/1362361315605624>

Hughes, B., O'Brien, M. R., Flynn, A., & Knighting, K. (2018). The engagement of young people in their own advance care planning process: A systematic narrative synthesis. *Palliative Medicine*, 32(7), 1147-1166.
<https://doi.org/10.1177/0269216318772749>

McCue, K. & Bonn, R. (1994). *How to help children through a parent's serious illness* (pp.107-126, 137-158, 159-190). New York, NY: St. Martin's Press.

Watts et. al. (2017). Communicating with patients from minority backgrounds: Individual challenges experienced by oncology health professionals. *European Journal of Oncology Nursing*, 26, 83-90. <https://doi.org/10.1016/j.ejon.2016.12.001>

Optional Activities for Additional Skill Enhancement

1. Complete a process recording¹ of an interaction for one or more of the following situations:
 - a. Meeting with a child or family to introduce services and develop initial assessment.
 - b. Engaging with a child in play (particularly helpful for clarifying communication that supports child-directed versus adult-directed behaviors in play).
 - c. Offering emotional and/or coping support to child or family in distress.
 - d. Engaging a child or family in psychological preparation.
 - e. Providing procedural support.
 - f. Communicating within the health care team regarding key aspects of child/family experience or perspective and/or recommendations to improve provision of developmentally appropriate care.

Example of a Process Recording Template

| Narrative | Internal Responses | Analysis/Reflection | CCLS Comments |
|---|--|---|--|
| A running log of what was communicated during the interaction – both what was said by each participant along with any associated non-verbal behaviors (e.g., smiling, frowning, tearing up, hiding face in mom's shoulder, etc.). | Your own internal responses at different points during the interaction (i.e., what you were feeling and what crossed your mind in the moment). | Your thoughts (upon reflection) of what seemed effective/successful and what could be done to improve the clarity, sensitivity or responsiveness, caring/empathy, conciseness within the communication transaction. | Useful when completing exercise in written format for observations, insights, or tips that your CCLS can share with you. |

Module 5: Assessment: Developing a Plan of Care

Clinical Learning Goals

The intern will:

1. Demonstrate knowledge of the factors relevant to assessing a child's and family's ability to cope with hospitalization, illness or treatment, and the child's risk of negative psychological outcomes related to the experience (i.e.: health disparities, emotional safety, etc.)
2. Demonstrate the ability to gather relevant data in order to assess the coping style and needs of the child/family using a variety of strategies such as play, observation, interview/collaboration, professional discourse, reading chart materials etc.
3. Demonstrate critical thinking in the process of gathering and articulating assessment data.
4. Identify and apply relevant assessment data to develop a comprehensive assessment and plan of care by:
 - appraising physical, cognitive, and social-emotional development of the child
 - identifying components within family dynamics (i.e.: culture, religion, language, preferences)
 - considering the impact of diagnosis, procedures, and treatment
 - anticipating the impacts of illness, injury, and healthcare experiences
 - predicting the impact of healthcare trends, issues, and environment on stress and coping
5. Develop and demonstrate the ability to convert assessment data into a written plan of care.

Related Child Life Competencies

- I. Care of Infants, Children, Youth and Families
 - A. The ability to assess the developmental and psychosocial needs of infants, children, youth, and families.
 - Identify relevant data used to develop a comprehensive child life assessment.
 - Apply formal and informal techniques to assess developmental level and emotional state.
 - Identify factors that impact a child and family's vulnerability to stress and trauma.
 - Describe the cyclical process of assessment, plan, intervention, and evaluation of child life services.
- II. Professional Responsibility
 - B. The ability to continuously engage in self-reflective professional child life practice.

- Recognize and describe how personal challenges and learning needs in knowledge and practice skills may impact service delivery.
 - Include evidence-based practice in decisions about assessment, care, and evaluation.
- C. The ability to function as a member of the service team.
- Describe the impact of communication styles on groups and individuals.
 - Recognize the integral role of patient and family within the interdisciplinary team.

III. Education and Supervision

- A. The ability to represent and communicate child life practice and psychosocial issues of infants, children, youth, and families to others.
- Adapt approaches, media, and content according to audience need.
 - Demonstrate effective advocacy for child life practice and psychosocial issues.

Related Domains from Professional Certification Exam Content Outline

Domain II: Assessment

1. Identify and apply relevant healthcare data to develop a comprehensive assessment and plan of care.
 - A. Consider the impact of diagnosis, procedures, and treatment.
 - B. Anticipate the impacts of illness, injury, and healthcare experiences.
 - C. Predict the impact of healthcare trends, issues, and environment on stress and coping.
2. Identify and apply developmental frameworks to develop a comprehensive assessment and plan of care.
 - A. Assess the physical, cognitive, and social-emotional development of the child.
 - B. Apply developmental theories to anticipate response and reactions to illness, injury, and healthcare experiences.
 - C. Select and apply theories of child development.
 - D. Identify variables that impact a child's vulnerability to illness, injury, and healthcare experiences (e.g., history of abuse, physical limitations, absence of support system, access to health care, social determinants of health, etc.).
3. Identify and apply knowledge of family systems to develop a comprehensive assessment.

- A. Examine families' norms, composition, practices, communication styles, and preferences.
 - B. Demonstrate knowledge of family systems and family stress adaptation theories.
 - C. Identify how children and families interpret and make meaning of health, illness, and loss.
 - D. Identify the strengths and challenges in family dynamics and utilization of supports.
4. Identify and apply cultural and contextual factors to develop a comprehensive assessment.
 - A. Assess and articulate comprehension of sociocultural needs and learning styles.
 - B. Describe and apply philosophies and practices of patient-centered care.
 - C. Consider socioeconomic status, justice, access and equity, etc. when identifying the availability of community resources.
 - D. Explore cultural and spiritual values, beliefs, and needs.
 5. Demonstrate assessment strategies and processes.
 - A. Apply formal and informal techniques to assess patient/family acuity and psychosocial risk.
 - B. Adapt services to meet the patient/family's needs, goals, and preferences.
 - C. Apply the cyclical process of assessment, plan, intervention, and evaluation of services.
 - D. Collect, interpret, and integrate relevant data into psychosocial assessment and plan of care.

Objectives

In the process of completing this module, the child life intern will:

1. Demonstrate knowledge of the factors to be considered in assessment, including developmental abilities, temperament, coping style, family variables, and experience.
2. Engage in communication with the child and family in order to understand and identify the family's needs.
3. Identify assessment-relevant questions, content, and behaviors within a play situation.
4. Articulate observations and relevance of observed behaviors in terms of understanding the child's needs.
5. Use appropriate sources to find material relevant to overall assessment.
6. Incorporate appropriate and useful information, and filter irrelevant, biased, or unreliable material when collecting information.

7. Work with families to establish validity of information, relevance of needs statements, and acceptable related objectives of care plans.
8. Demonstrate the ability to prioritize patient care, based on the use of a patient classification system, acuity rating guideline or the process in use by the organization.

Required Activities

The intern will:

1. Select a minimum of three children of different ages and of varying diagnostic populations to complete the following:
 - a. Review information provided with census/report and identify key points for assessment.
 - b. Interview and collaborate with family members to best understand their perspectives and priorities (including cultural values).
 - c. Observe in play, daily activities, and/or potentially stressful situations and identify specific psychosocial needs, strengths, and methods of coping.
 - d. Identify patient behaviors that indicate typical and atypical developmental norms, milestones, and cultural considerations, and discuss the potential impact for learning and coping.
 - e. Follow up with the child and/or family regarding the accuracy of initial and ongoing assessment.
2. Demonstrate and communicate with CCLS how assessment is incorporated into daily activities through formal and informal routines and interactions with children and families.
3. Identify data most relevant to the child when assessing for and creating the plan of care.
4. Develop written materials such as written assessments, statements of need, case notes, log notes, chart notes, progress notes, case presentations, etc. that reflect effective assessment skills.
5. Self-evaluate ability to utilize the skills of assessment (and planning).
6. Research cultural norms and collaborate with a family to understand their specific cultural perspectives and perceived influence on family and child health care coping.

Required Reading

Hollon, E., Clark, E., LeBlanc, C., & Skinner, L. (2018). Assessment and documentation in child life. In R.H.Thompson (Ed.), *The handbook of child life: A guide for pediatric psychosocial care* (2nd ed., pp. 195-229). Springfield, IL: Charles C. Thomas Pub. Ltd. [Also required reading for Module 11]

Koller, D. (2008). Child Life Council evidence-based practice statement: Child life assessment: Variables associated with a child's ability to cope with hospitalization. Rockville, MD: Child Life Council.
https://www.childlife.org/docs/default-source/research-ebp/child-life-assessment--variables-associated-with-a-child's-ability-to-cope-with-hospitalization.pdf?sfvrsn=8b02b14d_2

**The full reference list of the studies reviewed in the process of developing the evidence- based practice statement on assessment can be found within this online document and serves as an excellent resource for further reading and research.*

Koller, D., & Wheelwright, D. (2020). Disrupting the status quo: A new theoretical vision for the child life profession. *The Journal of Child Life: Psychosocial Theory and Practice*, 1(2), 27-32. <https://doi.org/10.55591/001c.22519>

Thomas-Adams, H. (2020). Decentering whiteness in child life assessment: Looking beyond traditional developmental theory. *ACLP Bulletin*.
<https://www.childlife.org/membership/aclp-bulletin/decentering-whiteness-in-child-life-assessment-looking-beyond-traditional-developmental-theory>

Suggested Reading

Wittenberg, B.M., & Stickley. Y. (2020). The role of the certified child life specialist with adolescent and young adult patients in Japanese hospitals. *The Journal of Child Life: Psychosocial Theory and Practice*, 1(1), 25-39.
<https://doi.org/10.55591/001c.22517>

Optional Activities for Additional Skill Enhancement

1. Compare and contrast child life assessment of needs in relation to other allied health team perspectives.
2. Explain personal theoretical approach to assessment and experiences that have influenced that approach. Try changing perspectives and writing goal statements that fit a different theoretical lens. Compare needs statements from alternative perspectives.
3. Ask children what their coping goals are and incorporate those goals into care planning.
4. View and discuss during weekly supervision the Emotional Safety webinar titled, "Patient Emotional Safety: Screening & Assessment Pillar"
<https://emotional-safety.org/emotional-safety-webinar-series/>

Module 6: Play

Clinical Learning Goals

The child life intern will have a professional understanding of the theoretical framework of age- appropriate play and its role within pediatric health care settings. The child life intern will successfully apply skills essential for effective facilitation of children's play in various settings and situations.

Related Child Life Competencies

- I. Care of Infants, Children, Youth and Families
- C. The ability to provide opportunities for play for infants, children, youth, and families.
 - Articulate the definitions and functions of play.
 - Identify the developmental and social milestones of play.
 - Identify therapeutic approaches that facilitate open-ended, developmentally supportive play and expressive arts.
 - Identify theories related to play that best support child life practice.

Related Domains from Professional Certification Exam Content

Outline

Domain III: Intervention

- 1. Demonstrate comprehensive knowledge and skills in play theories and application.
 - A. Facilitate types of play relevant to illness, injury, and healthcare experiences.
 - B. Prescribe appropriate play practices to facilitate optimal coping (e.g., relationship building, mastery, assessment, education, normalization, etc.).

Objectives

In the process of completing this module, the intern will:

- 1. Apply knowledge of play theories, including diverse sociocultural play constructs and family attitudes towards play, to interactions with children.
- 2. Demonstrate the ability to assess and respond to individual and group play needs and incorporate play into daily practice.
- 3. Demonstrate the ability to use expressive modalities, such as music, art, drama, etc., in play activities with children.

4. Verbalize and provide examples of developmental and recreational play with regard to diverse sociocultural perspectives on play.
5. Use rapport-building techniques to establish therapeutic relationships.
6. Conduct play sessions with patients and families from diverse sociocultural backgrounds to enhance knowledge and skills.
7. Recognize that safety is paramount in the play setting and demonstrate appropriate safety protocols and infection control techniques.

Required Activities

The intern will:

1. Observe a CCLS providing developmental and recreational play sessions. Discuss observations, assessment, and outcomes with CCLS.
2. Research and become familiar with the paradigms of play as well as diverse sociocultural perceptions and attitudes towards play and incorporate play theories into daily journals and discussions with CCLS.
3. Observe children at play and identify the type of play in which children are engaged: solitary, parallel, vicarious, etc. Discuss value of play with CCLS.
4. Plan and supervise a minimum of three (3) play activities for groups of children that focus on developmentally supportive play, play as a normalization activity, and child directed play.
5. Implement bedside play sessions, considering environmental components of the patient room (i.e.: assisting child with individualizing hospital room).
6. Adapt a game or other play material for a child with differing abilities or in a way that better reflects diversity and inclusion.
7. Engage in reflective activities such as journal entries or other activities as required to promote professional growth. Interns should use self-reflective activities to examine the ways in which personal beliefs and experiences influence interactions with patients and families from diverse sociocultural backgrounds.

Required Reading

Bolig, R. (2018). Play in children's health-care settings. In J. A. Rollins, R. Bolig & C.C. Mahan (Eds.) *Meeting children's psychosocial needs across the health-care continuum* (2nd ed., pp. 79-118). Austin, TX, PRO-ED, Inc.

Burns-Nader, S., & Hernandez-Reif, M. (2016). Facilitating play for hospitalized children through child life services. *Children's Health Care*, 45(1), 1-21.
<https://doi.org/10.1080/02739615.2014.948161>

Jessee, P.O., & Gaynard, L. (2018). Paradigms of play. In R.H. Thompson (Ed.), *The*

handbook of child life: A guide for psychosocial care. Springfield, IL: Charles C. Thomas. (2nd ed., pp. 230-267).

Suggested Reading

Barnes DR. (2015). Play in historical and cross-cultural contexts. In: D. P. Fromberg & D. Bergen (Eds.) *Play from birth to twelve: Contexts, perspectives, and meanings* (pp. 257-270). Routledge.

Mindes, G. (2015). Can I play too? Reflections on the issues for children with disabilities. In D. P. Fromberg & D. Bergen (Eds.) *Play from birth to twelve: Contexts, perspectives, and meanings* (pp. 55-62). Routledge.

Thompson, R.H., & Stanford, G. (1981). *Child life in hospitals: Theory and practice.* Springfield, IL: Charles C. Thomas Publisher, LTD. (pp. 60-110).

Additional Resources

EyeSeeMe. (2022). *EyeSeeMe African American Children's Bookstore.*

www.eyeseeeme.com

*This is a comprehensive library of books including adult books for personal/professional development and children's books for playrooms and bibliotherapy.

LeBlanc, C.K., Sauer, C.D., McKeage, K.J. (2021). Utilizing CCTV and YouTube in pediatric health care. *ACLP Bulletin*, 39(3).

<https://www.childlife.org/membership/aclp-bulletin/summer-2021-table-of-contents/utilizing-cctv>

Song, Lucy. (2020). *Raising little allies to be: An incomplete guide for caregivers workbook to use with children.* https://brocku.ca/human-rights/wp-content/uploads/sites/208/RaisingLittleAlliesToBE_AGuideforCaregivers_by_KisfOrKindness-org.pdf

Whittington, J., Rainear, M., & Mack, M. (2021, April). *Plaits, puffs & play: Interventions & methods to promote normalizing black hair in play.* [Video]. [ACLP: Plaits, Puffs & Play: Interventions & Methods to Promote Normalizing Black Hair in Play \(childlife.org\)](https://childlife.org/aclp-plaits-puffs-play-interventions-methods-promote-normalizing-black-hair-play)

Optional Activities for Additional Skill Enhancement

1. Observe a CCLS or play therapist in an alternative setting interacting in play activities with children.
2. Assist with a hospital wide special event for patients, pet therapy, bingo, etc. Discuss value of group play with CCLS.
3. Observe a music or art therapist providing play interventions for a child or groups of children.
4. Select a sociocultural group to research and learn about their perceptions and attitudes toward play and play materials.
5. Review workbook titled “Raising Little Allies to Be: An Incomplete Guide for Caregivers” and utilize as resource to implement an activity with a child or group.

Module 7: Medical/Health Care Play

Clinical Learning Goals

The child life intern will be able to independently provide medical play/health care play interventions with children and adolescents in order to decrease stress and anxiety due to hospitalization and increase opportunities for mastery of health care experiences.

Related Child Life Competencies

- I. Care of Infants, Children, Youth and Families
 - A. The ability to assess the developmental and psychosocial needs of infants, children, youth, and families.
 - Identify how children and families interpret and make meaning of health, illness, and loss.
 - Apply formal and informal techniques to assess developmental and emotional state.
 - C. The ability to provide opportunities for play for infants, children, youth, and families.
 1. Understand common play themes relevant to life events and healthcare experiences.
 2. Facilitate opportunities for play to decrease distress, provide enjoyment and comfort, enhance mastery, and promote healing.
 - D. The ability to provide a safe, therapeutic and healing environment for infants, children, youth, and families
 - Establish and maintain a therapeutic, healing, and family-centered environment.
 - E. The ability to support infants, children, youth, and families in coping with stressful events.
 - Facilitate mastery of potentially stressful experiences.
 - Facilitate opportunities for play and dialogue following stressful events to reflect upon emotional responses and reinforce coping skills.
 - F. The ability to provide teaching, specific to the population served, including psychological preparation for potentially stressful experiences, with infants, children, youth, and families.
 - Assess knowledge level, misconceptions, previous experience, and unique sociocultural and learning needs.
- II. Professional Responsibility
 - B. The ability to continuously engage in self-reflective professional child life practice.
 - Recognize and describe how personal challenges and learning needs in knowledge and practice skills may impact service delivery.

Related Domains from Professional Certification Exam Content

Outline

Domain III: Intervention

1. Demonstrate comprehensive knowledge and skills in play theories and application.
 - A. Facilitate types of play relevant to illness, injury, and healthcare experiences.
 - B. Prescribe appropriate play practices to facilitate optimal coping (e.g., relationship building, mastery, assessment, education, normalization, etc.).
5. Apply child life development and family systems theories to provide emotional support within the child life scope.
 - A. Environmental safety (e.g., playroom design, healing environment, sensory stimulation, etc.)
 - B. Emotional safety (e.g., healthcare adherence, impact of the healthcare plan, etc.)

Objectives

In the process of completing this module, child life intern will:

1. Identify and explain common procedures and equipment used in hospitals.
2. Gain understanding of the importance of familiarizing the patient and family with the medical environment and medical equipment with regard to sociocultural perceptions of and attitudes toward health care.
3. Incorporate age- and developmentally appropriate language that is culturally sensitive to describe common medical terms, procedures, equipment, and diagnoses.
4. Use rapport building techniques to establish therapeutic relationships.
5. Recognize importance of medical play in child's understanding and mastery of environment.
6. Assess when medical play is no longer effective.
7. Seek out opportunities to conduct medical/health care play with patients and families from diverse sociocultural backgrounds to enhance knowledge and skills.
8. Recognize that safety is paramount in the play setting and demonstrate appropriate safety protocols and infection control techniques.

Required Activities

The intern will:

1. Observe a CCLS providing a minimum of three bedside or playroom medical play sessions. Discuss observations and outcomes with CCLS.
2. Practice commonly used medical play techniques with supervising CCLS, including safe use of needle play.
3. Plan and facilitate a minimum of two (2) group healthcare play sessions and two (2) individualized medical play sessions with supervision and feedback by CCLS. For each play session, provide a written plan, include a list of supplies, identify safety measures, and state the goals of the activity. Activities should include materials that are socioculturally appropriate and sensitive to individual patient and family needs. Supervision and feedback will be given by the CCLS post-activity for all four (4) sessions.
4. Engage in reflective activities such as journal entries or other activities as required to promote professional growth. Interns should use self-reflective activities to examine the ways in which personal beliefs and experiences influence interactions with patients and families from diverse sociocultural backgrounds.

Required Reading

Gaynard, L., Wolfer, J., Goldberger, J., Thompson, R., Redburn, L., & Laidley, L. (1998). *Psychosocial care of children in hospitals: A clinical practice manual from the ACCH child life research project*. Rockville, MD: Child Life Council. (pp. 67-83).

Grissim, L., Kirkendall, M., Jones, M., & Boles, J. (2020). Group medical play and children's self-reported fear in the pre-operative setting. *The Journal of Child Life*, 1(2), 7-15. <https://doi.org/10.55591/001c.22527>

Romito, B., Jewell, J., Jackson, M., & AAP Committee on Hospital Care; Association of Child Life Professionals. (2021). Child Life Services. *Pediatrics*, 147(1), 2-3. <https://doi.org/10.1542/peds.2020-040261>
[Also suggested reading for Module 3]

Suggested Reading

None currently.

Additional Resources

Rubin, L. (2018). *Handbook of medical play therapy and child life: Interventions in clinical and medical settings*. New York, NY. Routledge.

Optional Activities for Additional Skill Enhancement

1. Become familiar with medical play games such as Adventure Park, Medical Jenga, and Blood Soup.
2. Organize and facilitate a medical play area of the playroom utilizing medical play dolls and equipment that are representative of diverse sociocultural backgrounds.
3. Plan and facilitate a medical craft activity.

Module 8: Therapeutic Play and Coping

Clinical Learning Goals

The child life intern will develop and successfully apply a working knowledge of how to use play in a therapeutic manner to support children in coping with a range of psychosocial issues.

Child Life Competencies

- I. Care of Infants, Children, Youth and Families
 - A. The ability to assess the developmental and psychosocial needs of infants, children, youth, and families.
 - Identify factors that impact a child and family's vulnerability to stress and trauma.
 - Apply formal and informal techniques to assess developmental level and emotional state.
 - C. The ability to provide opportunities for play for infants, children, youth, and families.
 - Identify therapeutic approaches that facilitate open-ended, developmentally supportive play, and expressive arts.
 - Facilitate opportunities for play to decrease distress, provide enjoyment and comfort, enhance mastery, and promote healing.
 - Plan and implement activities that encourage expression of a range of emotions.
 - D. The ability to provide a safe, therapeutic and healing environment for infants, children, youth, and families.
 - Establish and maintain a therapeutic, healing and family-centered environment.
 - E. The ability to support infants, children, youth, and families in coping with stressful events.
 - Facilitate mastery of potentially stressful experiences.
 - Facilitate opportunities for play and dialogue following stressful events to reflect upon emotional responses and reinforce coping skills.
- III. Education & Supervision
 - A. The ability to represent and communicate child life practice and psychosocial issues of infants, children, youth, and families to others.
 - Demonstrate effective advocacy for child life practice and psychosocial issues.

Related Domains from Professional Certification Exam Content Outline

Domain III: Intervention

1. Demonstrate comprehensive knowledge and skills in play theories and application.
 - A. Facilitate types of play relevant to illness, injury, and healthcare experiences.
 - B. Prescribe appropriate play practices to facilitate optimal coping (e.g., relationship building, mastery, assessment, education, normalization, etc.).
2. Provide education specific to the individual needs of children and families as it applies to illness, injury, and healthcare experiences.
 - A. Assimilate healthcare, family, and child variables to implement a plan of care that supports individualized learning needs.
 - B. Empower children and families to advocate for their needs related to illness, injury, and healthcare experiences.

Objectives

In the process of completing this module, the child life intern will:

1. Articulate goals and rationale for specific therapeutic play activities.
2. Develop and sustain therapeutic relationships within the play partnership.
3. Demonstrate the use of play to support children's understanding and mastery of the environment and experiences.
4. Facilitate play as a therapeutic modality for expression of emotions and support of coping.
5. Educate families and staff regarding the benefits of issue-specific and therapeutic play with regard to diverse sociocultural perspectives on play within the health care setting.
6. Conduct therapeutic play sessions with patients and families from diverse sociocultural backgrounds to enhance knowledge and skills.

Required Activities

The intern will:

1. Observe CCLS facilitate therapeutic play with individual children and in groups. Discuss observations and questions with CCLS.
2. Identify a minimum of three therapeutic play activities that could be used as interventions for the support of coping within EACH of the following psychosocial concerns:
 - a. Separation (from primary caregiver, family, peers, community)
 - b. Anger/frustration
 - c. Loss (e.g., of sense of control, of self-esteem, of sense of self, of body part, of loved one).

- d. Lack of equity, inclusion, and power relative to health care experiences
3. Plan and implement a minimum of five therapeutic play activities for children of different developmental levels, articulating (verbally or in writing):
 - a. Psychosocial issue to be addressed.
 - b. Goals and objectives of activity.
 - c. Materials required.
 - d. Adaptations for children of different abilities, developmental levels, and diverse sociocultural backgrounds.
 - e. Evaluation of implementation.
4. Engage in reflective activities such as journal entries or other activities (i.e.: self-interview, facilitator led discussion group) as required to promote professional growth. Interns should use self-reflective activities to examine the ways in which personal beliefs and experiences influence interactions with patients and families from diverse sociocultural backgrounds.

Required Reading

Gaynard, L., Wolfer, J., Goldberger, J., Thompson, R., Redburn, L., & Laidley, L. (1998). *Psychosocial care of children in hospitals: A clinical practice manual from the ACCH child life research project*. Rockville, MD: Child Life Council. (pp. 85-91)

Koller, D. (2008). Child Life Council evidence-based practice statement: Therapeutic play in pediatric health care: The essence of child life practice. Rockville, MD: Child Life Council. https://www.childlife.org/docs/default-source/research-ebp/therapeutic-play-in-pediatric-health-care-the-essence-of-child-life-practice.pdf?sfvrsn=8902b14d_2

McCue, K. (2018). Therapeutic relationships in child life. In R. H. Thompson (Ed.), *The handbook of child life: A guide for pediatric psychosocial care* (pp. 104-135). Charles C. Thomas. [Also required reading for Module 3]

Wong, C.L., Ip, W.Y., Kwok, B.M.C., Choi, K.C., Ng, B.K., & Chan, C.W.H. (2018). Effects of therapeutic play on children undergoing cast-removal procedures: A randomized controlled trial. *BMJ Open*, 8(7), 1-10. <http://dx.doi.org/10.1136/bmjopen-2017-021071>

Suggested Reading

Mendel, M.R., Harris, J., & Carson, N. (2016). Bringing bibliotherapy for children to clinical practice. *Journal of the American Academy of Child & Adolescent Psychiatry*, 55(7). 535-537. <https://doi.org/10.1016/j.jaac.2016.05.008>

Additional Resources

Association of Child Life Professionals. (2021). *Emotional safety initiative*.
<https://emotional-safety.org/>

EyeSeeMe. (2022). *EyeSeeMe African American Children's Bookstore*.

www.eyeseeme.com

*This is a comprehensive library of books including adult books for personal/professional development and children's books for playrooms and bibliotherapy.

Hart, R., & Rollins, J. (2011). *Therapeutic activities for children and teens coping with health issues*. John Wiley & Sons, Inc.

Siegel, D.J., & Bryson, T.P. (2012). *The whole-brain child*. Bantam Books.

Optional Activities for Additional Skill Enhancement

1. Create a resource for families with ideas on how to use play therapeutically post-discharge (activity ideas for the angry child or for the child dealing with grief) as they re-integrate with their community and sociocultural groups.
2. Identify three children's books related to one of the following topics: anger, self- esteem issues, separation or expression of feelings and identify how those topics relate to diverse sociocultural perspectives. Design an activity related to each of the books. Facilitate this activity with a patient.
3. Create a game designed to help children express their feelings about hospitalization.

Module 9: Coping with Pain and Distress

Clinical Learning Goals

The child life intern will successfully recognize the elements related to pain, anxiety, distress, and suffering. Further, the intern will identify and incorporate appropriate and effective coping techniques and interventions to support the well-being and resiliency of the patient and family.

Related Child Life Competencies

- I. Care of Infants, Children, Youth and Families
 - A. The ability to assess the developmental and psychosocial needs of infants, children, youth, and families.
 - Describe formal and informal techniques to assess developmental and emotional state.
 - Identify how children and families interpret and make meaning of health, illness, and loss.
 - E. The ability to support infants, children, youth, and families in coping with stressful events.
 - Identify factors that may impact vulnerability to stress.
 - Describe immediate and long-term coping styles and techniques, as well as their effect on adjustment and behavior.
 - Describe sensory, cognitive, and behavioral coping strategies specific to developmental stages and populations.
 - Articulate effective non-pharmacological pain management techniques.
 - Facilitate mastery of potentially stressful experiences.
 - F. The ability to provide teaching, specific to the population served, including psychological preparation for potentially stressful experiences, with infants, children, youth, and families.
 - Identify basic terminology, processes, and expected plan of care for the population served.
 - Describe common fears, misconceptions, and concerns of individuals in each developmental stage.
 - Facilitate planning, rehearsal, implementation, and evaluation of coping strategies.
- II. Professional Responsibility
 - G. The ability to continuously engage in self-reflective professional child life practice.
 - Recognize and describe how personal challenges and learning needs in knowledge and practice skills may impact service delivery.

Related Domains from Professional Certification Exam Content

Outline

Domain II: Assessment

1. Identify and apply relevant healthcare data to develop a comprehensive assessment and plan of care.
 - A. Consider the impact of diagnosis, procedures, and treatment.
 - B. Anticipate the impacts of illness, injury, and healthcare experiences.
 - C. Predict the impact of healthcare trends, issues, and environment on stress and coping.
2. Identify and apply developmental frameworks to develop a comprehensive assessment and plan of care.
 - A. Assess the physical, cognitive, and social-emotional development of the child.
 - B. Apply developmental theories to anticipate response and reactions to illness, injury, and healthcare experiences.
 - C. Select and apply theories of child development.
 - D. Identify variables that impact a child's vulnerability to illness, injury, and healthcare experiences (e.g., history of abuse, physical limitations, absence of support system, etc.).

Domain III: Intervention

1. Demonstrate comprehensive knowledge and skills in play theories and application.
 - A. Facilitate types of play relevant to illness, injury, and healthcare experiences.
 - B. Prescribe appropriate play practices to facilitate optimal coping (e.g., relationship building, mastery, assessment, education, normalization, etc.).
2. Provide education specific to the individual needs of children and families as it applies to illness, injury, and healthcare experiences.
 - A. Assimilate healthcare, family, and child variables to implement a plan of care that supports individualized learning needs.
 - B. Empower children and families to advocate for their needs related to illness, injury, and healthcare experiences.

Objectives

In the process of completing this module, the intern will:

1. Articulate an understanding of the elements related to pain, anxiety, distress, and discomfort while considering potential impacts on coping due to race,

- culture, and identity.
2. Demonstrate an understanding and working knowledge of basic medical terminology and pain assessment/management tools and transfer this into practice.
 3. Utilize communication skills that are developmentally supportive and intersectionally aware to assist in the effective coping of the child and family.
 4. Identify developmental, individualized cues from which to base potential interventions.
 5. Demonstrate strategies that are developmentally supportive and intersectionally aware to support the patient and family during painful procedures.
 6. Demonstrate strategies that are developmentally appropriate and intersectionally aware to support the patient and family during emotionally challenging, anxiety producing events.
 7. Identify, individualize, and utilize child life tools to support the unique coping needs of the patient and family during challenging situations.
 8. Seek out opportunities to support patients and families from diverse sociocultural backgrounds in order to enhance knowledge and skills.
 9. Engage in self-reflection regarding the ways in which personal beliefs and experiences influence the intern's own responses when supporting those who are in pain or experiencing suffering.

Required Activities

The intern will:

1. Articulate and demonstrate an understanding of the pain assessment tools and protocols utilized at placement site.
2. Observe an IV insertion and/or blood draw as performed by a phlebotomist and/or nurse. Reflect upon use of language, distraction and general support used by staff and family members present.
3. Observe CCLS facilitate coping interventions during potentially painful and/or distressing procedures. Discuss observations and questions with CCLS.
4. Plan, initiate, and evaluate individualized coping interventions during potentially painful procedures.
5. Observe CCLS and other professionals in interactions with children and families experiencing emotional distress or suffering. Discuss observations with CCLS and consider alternative responses and future goals.
6. Develop a "coping kit" to be utilized to support patients under stress.
7. Practice support strategies such as comfort positions, imagery, storytelling, and relaxation techniques. Articulate assessment of physical

- and/or psychological distress and the goal(s) associated with selected strategies. (Note: Some strategies require specialized training and should only be taught and incorporated into practice by an individual who has completed the relevant training.)
8. Engage in reflective activities such as journal entries or other activities as required to promote professional growth. Interns should use self-reflective activities to examine the ways in which personal beliefs and experiences influence interactions with patients and families from diverse sociocultural backgrounds.

Required Reading

Bandstra, N.F., Skinner, L., LeBlanc, C., Chambers, C., Hollon, E.C., Brennan, D., Beaver, C. (2008). The role of child life in pediatric pain management: A survey of child life specialists. *The Journal of Pain*, 9(4), 320-329.
<https://doi.org/10.1016/j.jpain.2007.11.004>

Diener, M., Owens Lofgren, A., Isabella, R., Magana, S., Choi, C., Gourley, (2019). Children's distress during intravenous placement: The role of child life specialists. *Children's Health Care*, 48(1), 103-119.
<https://doi.org/10.1080/02739615.2018.1492410>

Kuttner, L. (2010). *A child in pain: What health professionals can do to help*. UK: Crown House Publishing, Ltd. (pp. 7-37, 71-112)

Postier, A., Eull, D., Schulz, C., Fitzgerald, M., Symalla, B., Watson, D., Goertzen, L., Friedrichsdorf, S. (2018). Pain experience in a US children's hospital: A point prevalence survey undertaken after the implementation of a system-wide protocol to eliminate or decrease pain caused by needles. *Hospital Pediatrics*, 8(9), 515-523. <https://doi.org/10.1542/hpeds.2018-0039>

Trottier, E. Doré-Bergeron, M, Chauvin-Kimoff, L., Baerg, K, Ali, S. (2019). Managing pain and distress in children undergoing brief diagnostic and therapeutic procedures. *Pediatrics and Child Health*, 24(8), 509-521.
<https://doi.org/10.1093/pch/pxz026>

Suggested Reading

Kuttner, L. (2010), *A child in pain: What health professionals can do to help*. UK: Crown House Publishing Ltd. (pp. 147-182)

McMurtry, C.M., Chambers, C.T., McGrath, P.J., Asp, E. (2010). When “don’t worry” communicates fear: Children’s perceptions of parental reassurance and distraction during a painful medical procedure. *Pain*, 150(1), Jul, 52-58.
<https://doi.org/10.1016/j.pain.2010.02.021>

Osmanliu, E., Trottier, E., Bailey, B., Lagacé, M., Certain, M., Khadra, C., Sanchez, M., Thériault, C., Paquin, D., Côtes-Turpin, C., Le May, S. (2021). Distraction in the emergency department using Virtual reality for INtravenous procedures in children to improve comfort (DEVINCI): A pilot pragmatic randomize controlled trial. *Canadian Journal of Emergency Medicine*, 23, 94-102.

<https://doi.org/10.1007/s43678-020-00006-6>

Piazza, J., Merkel, S., Neusius, H., Murphy, S., Gargaro, J., Rothberg, B., Kullgren, K. (2019). It’s not just a needlestick exploring phlebotomists' knowledge, training, and use of comfort measures in pediatric care to improve the patient experience, *The Journal of Applied Laboratory Medicine*, 3(5), 847–856.

<https://doi.org/10.1373/jalm.2018.027573>

Straus, J., Coburn, S., Cantrell, K. (2019). Medical encounters for youth with Autism Spectrum Disorder: A comprehensive review of environmental considerations and interventions. *Clinical Medical Insights: Pediatrics*, 13.

<https://doi.org/10.1177/1179556519842816>

Optional Activities for Additional Skill Enhancement

1. Review and critique films No Fear, No Tears and/or No Fear, No Tears: Thirteen Years Later, reflecting upon child life practice.
2. Shadow members of a pain service team if present at facility. Develop and present to interdisciplinary audience an educational session on developmentally- appropriate coping techniques
3. Research a specific sociocultural group and how they perceive pain as well as how their norms influence pain management techniques and coping.

Module 10: Psychological Preparation

Clinical Learning Goals

Interns will demonstrate a working knowledge of the process of psychological preparation and apply that knowledge to facilitation of psychological preparation with children and families for health care procedures and other potentially stressful events.

Related Child Life Competencies

- I. Care of Infants, Children, Youth and Families
 - E. The ability to support infants, children, youth, and families in coping with potentially stressful events.
 - Identify types of stressful events affecting children and families, including medical procedures, pain, traumatic life events, loss, end of life and grief work. Identify factors that may impact vulnerability to stress.
 - Describe immediate and long-term coping styles and techniques, as well as their effect on adjustment and behavior.
 - Describe sensory, cognitive, and behavioral coping strategies specific to developmental stages and populations.
 - Articulate effective non-pharmacological pain management techniques.
 - Identify principles of effective advocacy in partnership with families and other team members.
 - Understand the role of communication, particularly active listening and empathic responding, in building relationships with families undergoing stress.
 - Understand the role of self-reflection in aiding patients and families in the process of mourning.
 - Identify various stages or models of grief.
 - F. The ability to provide teaching, specific to the population served, including psychological preparation for potentially stressful experiences, with infants, children, youth, and families.
 - Identify basic terminology, processes, and expected plan of care for the population served.
 - Articulate learning styles and needs of individuals with various developmental levels, emotional states, and of diverse backgrounds and experiences.
 - Identify teaching techniques for use with individuals of diverse developmental levels and learning needs.
 - Describe common fears, misconceptions, and concerns of individuals in each developmental stage.
 - Describe how children construct knowledge of their healthcare

- experience through interaction with other children, adults, and materials.
- Articulate fundamentals of psychological preparation found in child life literature.

Related Domains from Professional Certification Exam Content

Outline

Domain III: Intervention

2. Provide education specific to the individual needs of children and families as it applies to illness, injury, and healthcare experiences.
 - A. Assimilate healthcare, family, and child variables to implement a plan of care that supports individualized learning needs.
 - B. Empower children and families to advocate for their needs related to illness, injury, and healthcare experiences.

Objectives

In the process of completing this module, the child life intern will:

1. Identify typical developmentally- and socioculturally-related fears/issues surrounding admission to health care facility.
2. Become familiar with surgical environments and protocols and observe induction/operating room or related procedures.
3. Observe and understand common or frequent procedures in the health care setting.
4. Demonstrate familiarity with psychological preparation techniques, resources, and learning aids available for specific procedures while respecting diverse sociocultural preferences.
5. Demonstrate ability to assess efficacy of preparation with all audiences.
6. Effectively use an acuity rating system or demonstrate prioritization skills.

Required Activities

The intern will:

1. Observe a minimum of three procedures with each of the developmental groups (infant, toddler, preschooler, school age, etc.) common to the unit or site, and discuss observations with CCLS, demonstrating an awareness of the child's responses, and coping. Discuss how and why specific preparation activities might alleviate stress for each of these procedures.
2. Observe and discuss a minimum of three children's reactions to hospitalization/illness/trauma with supervising CCLS. Consider each child's temperament, developmental abilities, coping style, family variables, sociocultural variables and experience, and incorporate each child's strengths and interests into

- the preparation activities of the care plan.
3. Explore available preparation materials in current clinical area.
 4. Develop list of minimally threatening, yet honest terminology to describe aspects of procedures that are common to the unit or site.
 5. Identify preparation needs in relation to treatment and/or intervention plan and prepare children and families for procedures as strategized, including adjustments to the plan in response to the child's immediate needs.
 6. Demonstrate effective utilization of play within preparation activities with children and families in regard to diverse sociocultural norms.
 7. Demonstrate creativity in developing specific individualized preparation materials or activities as required.
 8. Evaluate effectiveness of preparation activities with regard to individual, family and sociocultural implications and make changes to personal learning plan as needed.
 9. Complete documentation on psychological preparation session as required by the organization.
 10. Engage in reflective activities such as journal entries or other activities as required to promote professional growth. Interns should use self-reflective activities to examine the ways in which personal beliefs and experiences influence interactions with patients and families from diverse sociocultural backgrounds.
 11. Demonstrate incorporation of cultural sensitivity and relevance into preparation activities through one individualized care plan reviewed with CCLS.

Required Reading

Gaynard, L., Wolfer, J., Goldberger, J., Thompson, R., Redburn, L., & Laidley, L. (1998). *Psychosocial care of children in hospitals: A clinical practice manual from the ACCH child life research project*. Rockville, MD: Child Life Council. (pp. 93-110)

Goldberger, J., Mohl, A. L. & Thompson, R. H. (2018). Psychological preparation and coping. In R.H. Thompson (Ed.), *The handbook of child life: A guide for psychosocial care* (pp. 160-198). Springfield, Ill: Charles C. Thomas. (2nd ed., pp. 268-316)

Koller, D. (2008). Preparing children and adolescents for medical procedures. Evidence Based Practice Statement from the Child Life Council.
https://www.childlife.org/docs/default-source/research-ebp/ebp-statements.pdf?sfvrsn=6395bd4d_2.

Suggested Reading

Bray L, Appleton V, Sharpe A. 'If I knew what was going to happen, it wouldn't worry me so much': Children's, parents' and health professionals' perspectives on information for children undergoing a procedure. *Journal of Child Health Care*. 2019 Dec;23(4):626-638. <https://doi.org/10.1177/1367493519870654>

Cross, J., Desai, P.P., Palm, S., Bell, J.L., Johnson, B.H., & McLeod, S.M. (2018). Patient-and family-centered care and the implications for child life practice. In R.H. Thompson (Ed.), *The handbook of child life: A guide for pediatric psychosocial care* (2nd ed., pp. 161-194). Springfield, IL: Charles C. Thomas. [Also required reading for Module 3]

Gaynard, L., Wolfer, J., Goldberger, J., Thompson, R., Redburn, L., & Laidley, L. (1998). *Psychosocial care of children in hospitals: A clinical practice manual from the ACCH child life research project*. Rockville, MD: Child Life Council. (pp. 62-65) [Also required reading for Module 4]

Additional Resources

Ramsey, PG. (2015). *Teaching and learning in a diverse world: Multicultural education for young children*. 4th ed.

Optional Activities for Additional Skill Enhancement

1. Increase number of observation experiences, both of preparation activities with children, and of children having procedures, seeking out observations of children from diverse sociocultural backgrounds.
2. Additional written assignments that demonstrate understanding and skill in facilitating preparation for health care and related experiences.
3. Participation in research activities related to preparation.
4. Case presentation focusing on the intern's own learning within preparation activities.
5. Preparation material development such as language tips, activity kits, sibling activities, considerations for diverse sociocultural populations, etc. related to preparation.
6. Prepare children for experiences with transitions, such as returning to home and community, going into foster care, transitioning to adult care.
7. Prepare children for procedures being experienced by others, such as an ill parent or a sibling.

Module 11: Documentation

Clinical Learning Goals

The child life intern will provide accurate, insightful, unbiased documentation in the patient's medical record that contributes to the plan of care.

Related Child Life Competencies

- I. Professional Responsibility
 - C. The ability to function as a member of the services team.
 - Communicate concisely with other professionals, integrating theory and evidence-based practice to obtain and share pertinent information.
 - Create concise, objective and accurate clinical notes, documenting information pertinent to the plan of care.

Related Domains from Professional Certification Exam Content Outline

Domain I: Professional Responsibility

- 3. Practice within the scope of professional knowledge and clinical expertise.
 - A. Employ clear and objective documentation standards in accordance with workplace policy.

Domain II: Assessment

- 1. Identify and apply relevant healthcare data to develop a comprehensive assessment and plan of care.

Objectives

In the process of completing this module, the child life intern will:

- 1. Demonstrate understanding of the child life process through practicing effective and efficient documentation that includes assessment, child life plan, intervention(s), and evaluation.
- 2. Describe the rationale for including subjective and/or objective observations and providing evidence to support those statements.
- 3. Become familiar with the documentation policies of the organization and the guidelines and process utilized within the child life program(s).
- 4. Identify where you can locate information re: appropriate pronouns and identification of cultural references (i.e. electronic medical record, etc.).
Complete documentation that includes this information as applicable.

Required Activities

The intern will:

- 1. Write a brief summary of a patient interaction/observation and identify which aspects of the interaction would be important and relevant to share with medical

- team members and why. Practice utilizing efficient, unbiased language to describe relevant and interactions.
2. Write an initial child life note, including an assessment of developmental and psychosocial needs and identifying at least one goal to be addressed during future child life interventions.
 3. Observe interventions provided by the supervising CCLS. Compose documentation notes including relevant aspects from those interventions and review them with supervising CCLS for feedback. Interventions should include but are not limited to: introduction of child life services and initial assessment, assessment of perception of illness and/or hospitalization, response to hospitalization or healthcare experience and assessment of coping, preparation and/or procedural support, family support including siblings, etc.
 4. Continue the pattern described above until CCLS determines that the intern is ready for independent (still co-signed) documentation.
 5. Identify family's cultural preferences and preferred pronouns to be culturally sensitive during the interaction. Discuss with the supervisor where this information is located.
 6. After assessment of the patient and family's cultural preferences and preferred pronouns, incorporate the information into documentation.

Required Reading

Hollon, E., Clark, E., LeBlanc, C. & Skinner, L. (2018). Assessment and documentation in child life. In R.H. Thompson. (Ed.), *The handbook of child life: A guide for pediatric psychosocial care* (2nd ed., pp. 195-229). Springfield, IL: Charles C. Thomas Pub. Ltd. [Also required reading for Module 5]

Orkoskey, Nikki (2020). They, them, theirs: The importance of pronouns and other considerations when caring for patients who identify as gender diverse. *ACLP Bulletin*, 38(1), 8-13. https://www.childlife.org/docs/default-source/publications/bulletin/winter-2020-bulletin.pdf?sfvrsn=76768a4d_2

Sun M, Oliwa T, Peek ME, Tung EL. Negative patient descriptors: Documenting racial bias in the electronic health record. *Health Affairs*, 2022, 41(2), 203-211. <https://doi.org/10.1377/hlthaff.2021.01423>

Suggested Reading

Brittany M. Wittenberg & Dorothy Barnhart (2021): How are certified child life specialists perceived by healthcare professionals?: A call for interprofessional collaboration, *Journal of Interprofessional Care*, <https://doi.org/10.1080/13561820.2020.1856053>

Additional Resources

Centers for Medicare & Medicaid Services - Documentation Matters Toolkit.

<https://www.cms.gov/Medicare-Medicaid-Coordination/Fraud-Prevention/Medicaid-Integrity-Program/Education/Documentation>

Optional Activities for Additional Skill Enhancement

1. Develop your own list of useful phrases to be used as a reference tool to increase efficiency of future clinical documentation
2. Practice documenting on five child life interventions. Notes should include the child life process, evidence to support observations, and demonstrate effective/efficient, unbiased language.

Module 12: Palliative and End-of-Life Care

Clinical Learning Goals

The child life intern will develop a working knowledge of the concepts of palliative and end-of-life care and the role of child life specialists in this practice. This will include assessing and supporting families' preferences related to involving children and adolescents in decision-making and planning goals of care. In addition, the child life intern will engage in activities related to the assessment and psychosocial support of children and families facing and/or experiencing loss.

Related Child Life Competencies

- I. Care of Infants, Children, Youth and Families
 - A. The ability to assess the developmental and psychosocial needs of infants, children, youth and families.
 - Identify how children and families interpret and make meaning of health, illness, and loss.
 - Recognize families as they define themselves, identifying strengths and challenges in family dynamics and community supports.
 - E. The ability to support infants, children, youth, and families in coping with potentially stressful events.
 - Identify factors that may impact vulnerability to stress.
 - Describe immediate and long-term coping styles and techniques, as well as their effect on adjustment and behavior.
 - Describe sensory, cognitive, and behavioral coping strategies specific to developmental stages and populations.
 - Identify various stages or models of grief.

Related Domains from Professional Certification Exam Content Outline

Domain III: Intervention

- 3. Provide coping support for patient and families experiencing loss and/or grief.
 - A. Anticipate the implication of trauma, loss and/or bereavement for children and families.
 - B. Define and distinguish palliative, hospice, and end-of-life care.
 - C. Understand and recognize cultural and spiritual preferences.
 - D. Describe developmental perceptions of and reactions to trauma, loss and/or bereavement.
 - E. Define and distinguish grief, bereavement, and mourning.
 - F. Articulate types (e.g., anticipatory, complicated etc.) and theories (e.g., stages and tasks, etc.) of grief experienced by children and families.
 - G. Provide support and resources to promote transition.

- H. Facilitate opportunities for expression of feelings, meaning making, and legacy work.

Objectives

In the process of completing this module, the child life intern will:

1. Identify personal beliefs that may impact delivery of bereavement support.
2. Explore the distinction and overlap of palliative and end of life care.
3. Explore meaning and implications of terms “legacy”, “bereavement”, and “memory making.”
4. Describe the variety of losses that may be experienced by families in health care and identify examples of individual or shared grief as they are encountered during internship.
5. Assess the needs of families who are grieving loss or entering end-of-life situations, demonstrating awareness of the cultural and familial strengths and vulnerabilities that may contribute to the families’ coping styles.
6. Assess family members’ preferences related to the participation of their child in decision-making and identify ways to support the family in sharing all perspectives in the planning of care goals.
7. Demonstrate the ability to collaborate with the family and medical team to gather and share information pertinent the family’s specific needs for support.
8. Explore how culture, spirituality, religion, and other factors influence legacy building, memory making, and the provision of psychosocial support for patients and families at the end of life.
9. Plan and provide psychosocial interventions for patients and families who are grieving a loss or entering end-of-life situations.
10. Evaluate efficacy of interventions provided, adapting as needed.
11. Document child life interventions in the medical record or create a mock note.

Required Activities

The intern will:

1. Complete a personal grief assessment through the Personal Loss Inventory as found in the appendix.
2. Observe and discuss with CCLS various examples of loss experienced by families served, identifying families’ expressions of grief and their coping strategies.
3. Identify activities and interventions that are palliative in nature and / or support families while receiving palliative care.
4. Identify various techniques and practice creating legacy and memory making activities to develop competence with the process.

5. Discuss and/or demonstrate methods of gathering information from patients and families in order to assess their needs and wishes during a palliative care/bereavement situation.
6. Describe children's understanding of death as related to the cognitive stages of development.
7. Create a list of developmentally appropriate interventions for explaining death and for encouraging expression of feelings when supporting children and adolescents in bereavement.
8. Assemble a personal bibliography of books and other effective materials that can be utilized to support children, adolescents, and adults facing a variety of losses in addition to bereavement.
9. Identify culturally appropriate comfort measures for patients and their families at end-of-life.
10. Communicate assessment, plan, and interventions both in the medical record and via discussion with supervisor and related staff.
11. Process intern's own emotions and reactions to their experience via conversation with supervisor or journal entry.

Note: Interns are expected to demonstrate beginning skills via discussion, role play, and demonstration, and present a bibliography if they have limited firsthand experience of a patient death during the internship.

Required Reading

Brown, C. (2010). Working with grieving children and families. In R. H. Thompson (Ed.), *The handbook of child life: A guide for psychosocial care* (2nd ed., pp. 420-445), Springfield, IL: Charles C. Thomas Publisher, LTD.

Galanti, G. (2014). Caring for Patients from Different Cultures, 5th Ed. University of Pennsylvania Press. [Chapter 10-End of Life; Appendix 1-Cultural Profiles].

Kara, M., Foster, S., and Cantrell, K. (2022). Racial disparities in the provision of pediatric psychosocial end-of-life services: A systematic review. *Journal of Palliative Medicine*, 10(10). <https://doi.org/10.1089/jpm.2021.0476>

Pearson, L. (2018). The child who is dying. In J. A. Rollins, R. Bolig & C. C. Mahan (Eds) *Meeting children's psychosocial needs across the health-care continuum*. (2nd ed., pp. 213-267), Austin, TX, PRO-ED, Inc.

Pearson, L. (2018). Child life interventions in critical care and at the end of life. In R. H.

Thompson (Ed.), *The handbook of child life: A guide for psychosocial care*. (2nd ed., pp. 392-419), Springfield, IL: Charles C. Thomas Publisher, LTD.

Sample, E., Mikulic, C., and Christian-Brandt, A. (2021). Unheard voices: Underrepresented families perspectives on pediatric palliative care. *Society of Pediatric Psychology*, 9(3), 318-322. <https://doi.org/10.1037/cpp0000412>

Suggested Reading

American Academy of Pediatrics. (August 2016). Informed consent in decision-making in pediatric practice. *Pediatrics*, 138(2).
https://www.publications.aap.org/pediatricsarticle-pdf/138/2/e20161485/1101031/peds_20161485.pdf/95/2/314.full.pdf

Elk, R. and Gazaway, S. (2021). Engaging social justice methods to create palliative care programs that reflect the cultural values of African American patients with serious illness and their families: A path towards health equity. *Journal of Law, Medicine and Ethics*, 49, 222-230. <https://doi.org/10.1017/jme.2021.32>

Jones, M. T., Boles, J.C., Dunbar, J.E., and Cook, J. (March-April 2022). Parent/Caregiver perceptions of the concept of legacy in a pediatric hospital: A qualitative study. *Nursing Continuing Professional Development*, 48(2), 59-67, 102. <https://www.proquest.com/docview/2649091185>

Section On Hospice and Palliative Medicine and Committee on Hospital Care. (November 2013). Pediatric palliative care and hospice care commitments, guidelines, and recommendations. *Pediatrics*, 132(5), 966-972.
<https://doi.org/10.1542/peds.2013-2731>

The Joint Commission (2018). Cultural and religious sensitivity: A pocket guide for health care professionals, 3rd Ed. JCR Publishing. [Pediatric Palliative Care and Hospice Care Commitments, Guidelines, and Recommendations | Pediatrics | American Academy of Pediatrics \(aap.org\)](https://www.jointcommission.org/-/media/assets/patient-care-and-quality-improvement/patient-safety-and-quality/standards-and-policies/pediatric-palliative-care-and-hospice-care-commitments-guidelines-and-recommendations-pediatrics-american-academy-of-pediatrics-aap.org)

Appendix: Personal Grief Assessment

Personal Loss Inventory

1. The first death I can remember was the death of:
2. I was age:
3. The feelings I remember I had at that time were:
4. The first funeral (wake or other ritual service) I attended was for:
5. I was age:
6. The thing I remember about that experience is:
7. My most recent loss by death was:
8. I coped with the loss by:
9. The most difficult death for me was the death of:
10. It was difficult because:
11. Of the most important people in my life who are now living, the most difficult death for me would be the death of:
12. It would be most difficult because:
13. My primary style of coping is:
14. I know my grief is resolved when:
15. It is appropriate for me to share my own experience of grief with a patient when:

Adapted from Worden, J. W. Grief Counseling and Grief Therapy: A Handbook for the Mental health Practitioner

Module 13: Administration

Clinical Learning Goals

Interns will recognize and document administrative responsibility including: volunteer/student supervision, school communication/planning, special events programming, materials management and statistics and workload reporting.

Related Child Life Competencies

III. Education and Supervision

- B. The ability to supervise child life students and volunteers.
 - Communicate expectations and roles clearly and concisely.
 - Structure duties and assignments, matching ability to complexity of task.
 - Assess and respond to diverse learning needs of students and volunteers.
 - Provide regular feedback in a constructive manner.

V. Administration

- A. The ability to develop and evaluate child life services.
 - Collect, analyze, and report accurate and pertinent data in a timely manner.
 - Develop and prioritize the range of child life services.
 - Recommend program improvements based on data and existing resources.
- B. The ability to implement child life services within the structure and culture of the work.
 - Procure and maintain equipment and supplies in a cost-effective manner.
 - Adhere to relevant policies and procedures.
 - Advocate for positive change.

Domains from Professional Certification Exam Content Outline Domain

I: Professional Responsibility

- 2. Engage continuously in self-reflective and evaluative professional child life practice.
 - C. Participate in activities of inquiry and integrate findings into practice.
- 3. Practice within the scope of professional knowledge and clinical expertise.
 - C. Educate others about expected reactions and responses to the healthcare experience using child development and family systems theories, and principles of psychosocial care.
 - D. Recognize the strengths of the interdisciplinary team.

Objectives

In the process of completing this module, the intern will:

1. Demonstrate knowledge and skill regarding student/volunteer procedures, orientation, supervision, and evaluation.
2. Demonstrate understanding of implicit bias and how it may have affected the pool of volunteers or students available at the facility.
3. Provide orientation and training to volunteers, match volunteer ability with appropriate patient care and non-patient care tasks and engage in providing constructive feedback to the volunteer.
4. Demonstrate knowledge regarding patient-school communication: needs, processes, content, and follow up.
5. Demonstrate an understanding of how special events are scheduled, facilitated, and evaluated.
6. Demonstrate an understanding of donor relations, accepting donations, and providing follow up as indicated according to your organizational structure.
7. Become familiar with department and hospital resources, materials, and equipment. Demonstrate the ability to utilize in an efficient, safe, and cost-effective manner.
8. Understand basic research and statistics as they apply to development and evaluation of child life services.
9. Become familiar with organization structure, policies and procedures, mission, and goals.
10. Become familiar with the impact of funding on the departmental budget.
11. Demonstrate why it is important as a program administrator to understand implicit bias related to hiring practices.

Required Activities

The intern will:

1. Complete the Implicit Bias Inventory and discuss with supervisor/manager
<https://implicit.harvard.edu/implicit/selectatest.html>
2. Assist with volunteer supervision and their daily assignments.
3. Observe and discuss school procedure for school communications during a patient's hospital stay as well as school re-entry procedures.
4. Discuss cultural or economic barriers to school services.
5. Observe and discuss processes for scheduling, supervising, and evaluating special events. Facilitate at least one special event under the supervision of a child life specialist.
6. Write a sample thank you letter for a special event or donation.

7. Determine materials and equipment available to child life staff, process of requesting supplies and guidelines for cleaning and maintenance.
8. Discuss child life statistics, record keeping, quality indicators, and performance improvement initiatives with supervising CCLS.
9. Attend department and administrative meetings.
10. Review and discuss department and hospital policies and procedures, mission, and goals. Review the child life program's scope of service document.
11. Understand sources of funding for Child Life department's budget to purchase supplies. Or Research granting organizations and/or donor organizations that can supplement funding for child life projects.

Required Reading

American Academy of Pediatrics Committee on Hospital Care and Child Life Council.

(2014). Child life services. *Pediatrics*, 133(5), e1471-e1478.

<https://doi.org/10.1542/peds.2014-0556> [Also suggested reading for Module 3 and supplementary reading for Module 12]

Mostafavi, Beata. (2020, July 22). Raising Race-Conscious Children: How to Talk to Kids About Race and Racism. <https://healthblog.uofmhealth.org/childrens-health/raising-race-conscious-children-how-to-talk-to-kids-about-race-and-racism>

Wilson, J. M. and Cross, J. & Millar, T.F., (2018). Program administration and leadership. In R. H. Thompson (Ed.), *The handbook of child life*, (2nd ed., pp. 317-345). Springfield, IL: Charles C. Thomas Publisher, LTD.

Suggested Reading

Brown, C. (2012). *Program review guidelines*. Rockville, MD: Child Life Council.

Staffing Considerations, Incorporating the Services of Volunteers, Financial Considerations, Program Administration. In J. M. Wilson, S. Palm, S. and L. Skinner (Eds.). (2006), *Guidelines for the development of child life programs in healthcare settings*. (pp.35 – 39, 43 -56), Rockville, MD: Child Life Council.

Optional Activities for Additional Skill Enhancement

1. Visit at least one other setting with child life services and discuss similarities and differences in programming, structure, and environment.
2. Understand the responsibility of child life services and staff during a regulatory or accreditation survey.
3. Be familiar with patient and family feedback mechanisms utilized by the hospital.

Module 14: Professional Development

Clinical Learning Goals

The child life intern will establish a reflective approach to practice that supports continued growth and self-awareness related to developing and maintaining sound professional boundaries, ethics, evidence-based practice and self-care. In addition, the child life intern will complete activities in preparation for next steps in the profession that include providing diverse, inclusive, and equitable care.

Related Child Life Competencies

II. Professional Responsibility

B. The ability to continuously engage in self-reflective professional child life practice.

- Recognize and describe how personal challenges and learning needs in knowledge and practice skills may impact service delivery.
- Articulate reasons for and impact of under-involvement and over-involvement of professionals with children and families.
- Articulate the impact of one's own culture, values, beliefs, and behaviors on interactions with diverse populations.

IV. Research Fundamentals

The ability to integrate clinical evidence and fundamental child life knowledge into professional decision-making.

- Describe research methodologies that are relevant to the child life field (qualitative, quantitative, mixed methods, evidence-based practice, and quality improvement).
- Articulate the role and purpose of research design.

Related Domains from Professional Certification Exam Content Outline

Domain I: Professional Responsibility

1. Practice within the scope of professional knowledge and clinical expertise.

- A. Establish and maintain professional boundaries.
- B. Demonstrate knowledge of confidentiality and privacy laws.
- C. Adhere to the Child Life Code of Ethics.
- D. Advocate for the protection, safety, and rights of the child and family.
- E. Employ knowledge of cultural fluency and provide individualized and equitable care.

2. Engage continuously in self-reflective and evaluative professional child life practice.

- A. Integrate self-reflective skills into daily practice (e.g., awareness of biases, projection, transference, etc.).

- B. Define evidence-based practice and operate under its principles.
- C. Participate in activities of inquiry and integrate findings into practice.
- D. Initiate and seek opportunities for clinical supervision and professional/personal growth.
- E. Identify methods of self-care to manage the impact of exposure to pediatric illness, injury, and healthcare (e.g., stress management, compassion fatigue, secondary trauma, etc.).

Domain II: Assessment

- 1. Identify and apply relevant healthcare data to develop a comprehensive assessment and plan of care.

Objectives

In the process of completing this module, the intern will:

- 1. Understand how one's beliefs toward authority, expression of emotions, social status, and conflict can affect personal clinical work if not thoroughly explored.
- 2. Describe the ethical responsibility of the child life specialist in the health care setting and understand the process of ethical decision-making.
- 3. Identify the difference between therapeutic, supportive relationships and appropriate professional boundaries; verbalize to the supervising CCLS over-involvement and under-involvement when working with children and families.
- 4. Define and identify moral distress and compassion fatigue and their signs and symptoms to avoid professional burnout.
- 5. Identify and describe the resources available to remain current in the child life and health care field.
- 6. Integrate self-reflective skills in daily practice that include biases, projection, and transference.
- 7. Practice professional interviewing skills.
- 8. Critically evaluate and apply literature to practice.

Required Activities

The intern will:

- 1. Work through three hypothetical case scenarios (which start on page 19 of Making Ethical Decisions in Child Life Practice) under direction of the supervising CCLS.
- 2. Complete Appendix 1, below, as it relates to professional boundaries. Discuss answers with supervising CCLS.
- 3. Read the CLC FOCUS article Burnout: Knowing the Symptoms & Learning How to Care for Yourself, Too. Circle the items in the box Symptoms and Signs of Burnout that are applicable. Discuss results with supervising CCLS. Devise action plan to ward off professional burnout with supervising CCLS.

4. Develop a cover letter and resume in application for a hypothetical general pediatrics child life specialist position at the internship site hospital. Provide cover letter and resume to supervising CCLS for feedback.
5. Complete a mock interview with the child life team as well as other members of the interdisciplinary team, interviewing for the hypothetical general pediatrics child life specialist position at internship site. Ask for feedback from the team after the mock interview.
6. Complete a review of one research article with a focus on culture or identity other than your own. Critically evaluate it and apply it to working with patients/families.

Required Reading

Association of Child Life Professionals (2016). *Social networking guidelines*.

https://www.childlife.org/docs/default-source/aclp-official-documents/social-networking-guidelines.pdf?sfvrsn=112d8c4d_2

Burns-Nader, S., Daniels, L., Raab, L., Sweett, B. (eds.) (2021). *Making ethical decisions in child life practice (2nd edition)*. Association of Child Life Professionals.

Child Life Code of Ethics. https://www.childlife.org/docs/default-source/aclp-official-documents/child-life-code-of-ethics4232ee9c90156ede9dafff00004f030f.pdf?sfvrsn=5327804d_2

Hoelscher, L., & Ravert, R. (2021). Workplace relationships and professional burnout among certified child life specialists. *The Journal of Child Life: Psychosocial Theory and Practice*, 2(1), 15-25. <https://doi.org/10.55591/001c.22523>

Foronda, C. (2020). A theory of cultural humility. *Journal of Transcultural Nursing*, 31(1), 7–12. <https://doi.org/10.1177/1043659619875184>

Nixon, S. (2019). The coin model of privilege and critical allyship: implication for health. *BMC Public Health*, 19:1637, 1-13. <https://doi.org/10.1186/s12889-019-7884-9>

Suggested Reading

Krog, K. (2016). You can't pour from an empty bucket: Stress and self-care in the child life profession. *Child Life Focus*, 34(4) 15-21.
<https://education.childlife.org/products/you-can-t-pour-from-an-empty-bucket-stress-and-self-care-in-the-child-life-profession>

Lowry, G., Pinkney-Ragsdale, T., Porter, R., Vilas, D. (2020, May 21). *Call to action: Becoming an abolitionist CCLS* [Webinar]. Association of Child Life Professionals. https://education.childlife.org/products/call-to-action-becoming-an-abolitionist-ccls#tab-product_tab_overview

Additional Resources

Act.tv (2019, April 16). *Systemic Racism Explained* [Video]. Youtube.
https://www.youtube.com/watch?v=YrHIQIO_bdQ

Chescaleigh (2022, August 17). *Sometimes you're a caterpillar* [Video]. Youtube.
<https://www.youtube.com/watch?v=hRiWgx4sHGq>

Peace House (2016, May 5). *All Lives Matter* [Video]. Youtube.
<https://www.youtube.com/watch?v=NtAAeyswlHM>

Psych Hub. (2002, October 5). *"What is cultural humility?"* [Video]. YouTube.
https://www.youtube.com/watch?v=c_wOnJJEfxE

Spencer, L. (2013, March 27). *How to ace an interview: 5 tips from a Harvard career advisor* [Video] Youtube. https://www.youtube.com/watch?v=DHDri0_bMQ0

Optional Activities for Additional Skill Enhancement

1. Attend a presentation or a team meeting in which ethics or ethical decision-making is a focus.
2. Participate in the Harvard Implicit bias test:
<https://implicit.harvard.edu/implicit/takeatest.html>
3. ACLP National Conference Keynote from James Burroughs (1.5 hours)
<https://education.childlife.org/products/2020-child-life-virtual-conference-opening-session-with-keynote-speaker-james-burroughs>
4. ACLP National Conference Keynote from Michelle Kim (1 hour)
<https://education.childlife.org/products/2020-child-life-virtual-conference-keynote-presentation-with-michelle-kim>

Appendix: Professional Boundaries

Patient/Family Scenarios:

You are sitting down to chart before leaving for the day when a nurse pages you. She tells you that patient Sally is asking for you. Sally has been here for two weeks and spends most of her day alone. Her family lives far away and can no longer afford to visit. Sally loves to do crafts and you have spent two hours with her this morning. How do you handle the situation?

- A. Stay late to keep her company.
- B. Gather crafts to keep her busy throughout the night and tell her you want to see them when you get to work tomorrow.
- C. Have a volunteer or staff member bring her games/activities to keep her busy and stop by on your way out to tell her you will see her and her new crafts in the morning.

You are working with a patient and the child asks you if they can tell you a secret. How do you handle this situation?

- A. Ask what the secret is then share one of your own.
- B. Let the patient tell you the secret.
- C. Explain that there are certain things you cannot keep a secret if they tell you.

A patient/family looks you up on social media and emails you requesting to be friends. How do you handle this situation?

- A. Email them yes immediately, you really enjoyed this family.
- B. Email them that you cannot be friends due to professional boundaries.
- C. Ignore the email completely.

A patient that is in and out of the hospital often is having their sweet sixteen birthday party and sends you an invitation. The party takes place on your day off and a few other staff members received invites as well. How do you handle this situation?

- A. Thank them for the invite and ask if you can bring a friend.
- B. Thank them for the invite and let them know you are not able to attend.
- C. Thank them for the invite, let them know you cannot attend but you have a gift for them

Staff Scenarios:

You are consulted by a physician to prepare a patient for procedural sedation to set the patient's broken wrist. The physician tells you they do not want the family present because they believe they will not be able to "handle it." How do you handle this situation?

- A. Do not say anything, the doctor's always the boss.
- B. Ask politely if you can have an opportunity to talk with the family and prepare both the child and parents for the procedure so they are aware of what to expect and decide if they are comfortable being present.
- C. Ask the doctor if the parents can stay until the sedation takes effect, then have them leave once the child is has been sedated.

Staff Scenarios:

You are in radiology with a toddler having a VCUG done. The parents were unable to be present and the child is crying for her parents. The radiology tech helping with the test enters the room with a radiology student. They tell the student that the room and the child needs to be set up for the test. They inform the student that the toddler will need to be put in a pillowcase papoose to get the child to cooperate with the test. You have worked with this child several times utilizing comfort holds and distraction, and the child has been very compliant. How do you handle this situation?

- A. Place the child on the table so the tech can set up the papoose.
- B. Explain to the student why they should never use papoose boards.
- C. Talk with the tech about your previous experiences with this child and ask to try the test without the papoose and offer child life interventions.

You have been working with a patient and family all morning preparing them for their child's surgery. The child is very anxious about leaving their parents when it is time to go into the operating room. As part of the preparation, you inform the patient and family that you will stay with the patient in the operating room until they are "asleep" for surgery. An anesthesiologist you have never worked with shows up and as you are heading back to the OR they tell you in front of the family that you are not coming into the operating room because you are not part of the essential care team. How do you handle this situation?

- A. Walk the parent to the waiting area and bad mouth the anesthesiologist.
- B. Politely and quickly introduce yourself and role to the anesthesiologist; maybe they have never worked with child life. If the anesthesiologist still says no,

walk the parents to the waiting area, apologize for the misunderstanding, follow up with your manager on the situation.

- C. Refuse to leave, after all, it is your job.