



# ACLCP Bulletin

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## From the Executive Editor

*Morgan Morgan, MS, CCLS, Executive Editor*

There is something quietly profound about sitting down to write a final letter to the people you have admired for so long. As I compose this letter—my last as executive editor—I find myself doing what child life specialists do best: holding two things at once. The bittersweetness of an ending, and the genuine brightness of what lies ahead.

When I first joined the field, child life was a profession that many outside of pediatric healthcare struggled to explain at dinner parties. We knew what we did. We knew why it mattered. But the broader world was still catching up. What I have witnessed since then has been nothing short of remarkable. The profession has grown in depth, in visibility, and in the sophistication of its voice. The research has strengthened. The advocacy has sharpened. The presence of child life specialists in hospitals, clinics, hospices, and community settings has expanded in ways that would have felt ambitious to dream about not so long ago. While we know that we have a way to go before we are considered ubiquitous, I hope we can agree that we have made great strides.

That growth did not come without struggle. Our field has navigated funding pressures, staffing shortages, and the profound weight of practicing during a global pandemic that tested every one of us—clinically, emotionally, and professionally. I watched this community meet those challenges with a resilience that was instructive to witness. Child life specialists are, by the very nature of their work, people who know how to find meaning in difficulty. It turns out that capacity does not stay at the bedside. It travels with you.

Working on the Bulletin has been one of the great privileges of my professional life. Every submission reviewed, every issue assembled, every note from a reader who said “this article changed how I practice”—these have been reminders of why the written exchange of ideas matters so deeply to a profession built on communication. You have trusted these pages with your research, your reflections, your questions, and your convictions. That trust has never felt ordinary to me.

To the practitioners reading this in hospital corridors, break rooms, and home offices: You are the reason this publication exists. Your work—the procedural preparation, the therapeutic play, the presence offered to a frightened child or a grieving parent—is not peripheral to healthcare. It is, in the most essential sense, what humanizes it. Do not let anyone tell you otherwise, and do not stop telling that story yourselves.

I leave this role with a full heart and an uncomplicated confidence in what comes next. I know that Katie Walker, our incoming executive editor, will continue to elevate the Bulletin into this new era of our profession. Katie is a brilliant CCLS and educator who will bring her incredible insights ability to share her ideas to these very pages. I am also eager to continue our partnership with Smithbucklin. The knowledge they have shared with me in our short time together has given me nothing but hope for the future of this publication. Working on the Bulletin has been the cornerstone of my career (this was my first volunteer position as a CCLS!), and I will be forever grateful for the connections and experiences I have gained through my time.

Now that you have humored me with space to reflect on the past, I want to introduce you to this issue and the bright future of the child life profession. This issue contains brilliant contributions from our colleagues at Children’s Hospital of Philadelphia about building a coverage relief team

that not only extends coverage during periods of short staffing but also extends the life cycle of a practicing CCLS. Innovation like this is desperately needed at a time when so many are facing burnout in the workplace. In a similar vein, Saghi Tootoonchinia, MSc., CCLS, RECE, and Sabina Spataro BAsC, CCLS, write about their unique roles on the Foundation Relations Team and how they bring developmental knowledge and cultural sensitivity to their hospital's event and donation programming. Both articles provide creative solutions to intentionally extend the role of child life beyond the bedside.

This issue also features an interview with Kayla Black, MS, CCLS, chair of the Conference Planning Committee. She shares insight into the hours of hard work that her committee puts into planning and executing the annual conference every year.

We also revisit a topic that continues to feel as timely as ever. In "It's Still Okay Not to Be Okay" Kristin Brown, CCLS, reflects on the importance of continued mental health hygiene as a practicing CCLS. In a tumultuous world, it can be challenging to stay hopeful and engaged in the work, and she reminds us that somedays just showing up is all we have.

Finally, we wanted to end on a celebration because March is Child Life Month! I hope this month has been a time for reflection, education, and celebration of all our hard work! I know that the hospital (and maybe the world) is a better place because of child life specialists.

It has been an honor to serve alongside you.

With deep gratitude,  
Morgan Morgan, MS, CCLS

## President's Perspective: Change: What Does It Mean?

*By Elana T. Brewer, MS, CCLS*

“Change is the only constant in life.” It’s a phrase we’ve all heard, and in many ways, it reflects the moment we’re living in—both within healthcare and within our profession.

Across hospitals and health systems, child life specialists continue to adapt to evolving patient needs, new technologies, and shifting healthcare environments. Through it all, the work of child life professionals continues to make a profound difference for children and families. Every day, our members demonstrate creativity, resilience, and compassion in the face of challenges, and that commitment is something our entire profession can take pride in.

Like the field itself, ACLP continues to evolve. As the association grows and adapts to meet the needs of members and the profession, we regularly evaluate how our programs, resources, and structures can best support the child life community. Change can sometimes feel uncomfortable, but it also creates opportunities for fresh ideas, stronger systems, and broader participation from the professionals who make this field so impactful.

At ACLP, progress happens because of the engagement and leadership of volunteers.

ACLP committees and volunteer contributors drive the initiatives that move our profession forward—from expanding professional education and advancing research to strengthening member engagement and promoting diversity, equity, and inclusion. Volunteers help develop resources, guide programs, and contribute to the strategic priorities that shape the association’s work.

That’s why I want to encourage you to consider answering this year’s [call for volunteers](#).

ACLP is seeking passionate members who are interested in sharing their skills and expertise. Any individual in the child life community who is an ACLP member can apply for up to two committees, as well as express interest in being a content contributor to publications, webinars, or other opportunities. The application includes demographic information along with questions designed to match your interests, knowledge, and experience with the right volunteer need.

Volunteering is more than a service opportunity. It’s a chance to connect with colleagues across the profession, contribute your perspective, and help shape the future direction of our practice. Every evolution and innovation in ACLP’s history has been the result of members bringing their ideas, experiences, and leadership to the table.

As we continue strengthening ACLP’s work and supporting our members, we’re focusing on several practical steps to ensure we’re moving forward in a way that reflects the needs of the community.

- **Listening actively:** You recently received an invitation to complete a survey about your experience with ACLP. I encourage you to take five minutes to complete it! We are soliciting feedback to understand where pain points are most acute and where improvements will matter most. Listening is critical to building solutions that actually address member needs.

- **Prioritizing quick wins and long-term fixes:** We're working to identify changes that can be implemented quickly to reduce daily friction, such as streamlining the number of customer service email addresses, bringing on more service support staff, and enhancing Scout's AI search functions, while also mapping out larger, structural improvements that will take more time but yield greater strategic benefit.
- **Increasing transparency:** We want you to know what changes are underway, why they're needed, and what realistic timelines look like. We're prioritizing clear communication to reduce anxiety and earn your trust.
- **Engaging volunteers:** Volunteers bring institutional knowledge and community credibility. We're involving volunteer leaders in solution design so that changes are aligned with member priorities.

The future of ACLP and of our profession depends on the collective energy and engagement of the child life community. When members step forward to share their ideas and expertise, the association becomes stronger and better equipped to support Certified Child life Specialists and the families we serve.

As your president, I'm grateful for the dedication you bring to your work every day. I encourage you to consider getting involved, sharing your perspective, and contributing your talents through volunteering. If you have any questions or suggestions, please reach out to me at [president@childlife.org](mailto:president@childlife.org).

# Reflecting Together and Looking Ahead: Highlights From the ACLP November Board Meeting

*By Sarah Patterson, MSc, CCLS*

Each fall, the Association of Child Life Professionals (ACLP) Board of Directors gathers to pause, reflect, and continue shaping the direction of our organization and profession. The November 2025 in-person meeting was a meaningful opportunity to reconnect as leaders, review our progress, and thoughtfully consider the work still ahead.

Over two days of discussion, collaboration, and decision-making, board members focused on strengthening ACLP's strategic priorities, supporting members, and ensuring the association's long-term sustainability. Grounded in ACLP's inclusivity commitments, conversations were guided by respect, shared leadership, and the belief that diverse perspectives strengthen our collective impact.

## **Honouring Progress While Planning for the Future**

A central theme of the November meeting was balance and recognizing the progress already made while intentionally planning for future growth. The board reviewed updates from numerous committees and reflected on how each initiative contributes to the broader mission of advancing child life practice.

## **Continuing to Advance Strategic Priorities**

The board spent time reviewing progress on the current strategic plan and identifying key priorities for the coming year. These conversations focused on strengthening ACLP's financial health, redeveloping the Emotional Safety Initiative, and rebuilding collaborative partnerships that support both program innovation and long-term sustainability.

Equally important was the recognition that meaningful communication with members must remain central to this work. Plans were discussed to better understand member needs through surveys, educational planning strategies, and post-conference feedback, ensuring that ACLP initiatives remain responsive and relevant.

## **Embedding Equity and Accountability Across the Organization**

Discussions also highlighted the importance of integrating diversity, equity, and inclusion into measurable organizational practices. The board explored opportunities for committees to engage in anti-racist and anti-bias training, develop clear evaluation criteria for awards, and establish consistent DEI metrics across association activities.

Additionally, the board considered ways to strengthen volunteer recruitment processes and board nomination timelines to support accessibility, transparency, and member participation in leadership pathways.

### **Strengthening Financial Understanding and Volunteer Support**

Updates from our new ACLP staff provided valuable insight into the association's financial position and budget development process. These discussions reinforced the board's responsibility to steward member resources thoughtfully while also investing in initiatives that support professional growth and organizational sustainability.

Board members also began exploring more consistent approaches to supporting volunteers who represent ACLP at meetings or events, recognizing the importance of equitable access to leadership opportunities.

The board also welcomed updates from the Child Life Certification Commission (CLCC), reinforcing the strong collaboration between ACLP governance and CLCC credentialing leadership.

### **Looking Ahead Together**

As the board concluded its November meeting, there was a shared sense of momentum and responsibility. The conversations held and decisions made reflect ACLP's continued commitment to thoughtful leadership, inclusive practices, and supporting the evolving needs of our profession.

We recognize that the strength of the ACLP lies in its members. Your voices, experiences, and dedication to children and families shape the work we do. We encourage you to stay engaged, share feedback, and participate in the many opportunities to contribute to the future of child life.

Together, we will continue building a profession that is responsive, innovative, and grounded in compassionate care. Our next in-person board meeting will occur just before the ACLP annual conference.

## It's Still Okay Not to Be Okay

*By Kristin Brown, CCLS*

Several years ago, I wrote a piece for the Bulletin titled "[It's Okay Not to Be Okay](#)." I talked about how crying isn't wrong or a weakness, that it's a healthy and appropriate response to overwhelming feelings our patients experience.

As child life specialists, we are trained in emotional support. We spend our days in between trauma and grief, laughter, and play. We teach coping skills, normalize big feelings, and advocate for the emotional well-being of those we care for. Yet, outside of tips to avoid burnout and compassion fatigue, our own emotional well-being is rarely talked about, leading to continued suffering in silence, believing we have to hold it all together.

That phrase has since become something I hold onto in my own life as I've navigated the realities of mental health struggles, but it's something I wish I'd heard earlier on. So let this be your reminder, spoken clearly and without hesitation: It's okay not to be okay.

### **When We Stop Applying the Theory to Ourselves**

We were all trained with Bronfenbrenner's Ecological Systems Theory, that all aspects of our lives are interconnected and have a back-and-forth effect on each system, but while we use that in our practice as child life specialists, it feels like we've come to believe that it doesn't apply to us when we enter the walls where we work.

Many feel an unspoken pressure to be endlessly resilient in our work, to go from a memory-making situation to an end-of-treatment celebration without letting any emotions bleed into the next thing on our to-do list. But that resilience mindset often extends into how we see ourselves as human beings, not just as child life specialists.

The irony is not lost on me: We regularly sit with patients' caregivers and validate their stress by reminding them their life does not stop just because their child is in the hospital. And yet in the world of child life, we're taught that our lives must stop when we put our badge on and clock in. How often do we pass a co-worker in the hall and say "How's it going?" but don't expect an answer other than a generic but polite "good," or sarcastic "living the dream." This unwritten rule, that we should switch off the most human parts of ourselves, doesn't just fuel the stigma around mental health. It deepens isolation, which can have significant negative consequences on our lives.

So, I want to talk about it—openly, honestly, and without shame. During my 13 years as a child life specialist, I have experienced the profound rewards of the work we do and the very real challenges of navigating my own mental health. I have been the specialist who arrived each day ready to support patients and families with a smile on my face, setting aside my personal struggles to be fully present for others, yet privately, I was working overtime to simply make it to see another day. If sharing this part of my story helps even one other specialist feel less isolated or more empowered to seek support, then challenging the stigma is more than worth it.

Through that journey, I became increasingly aware of some of the myths I had heard—and, at times, come to believe myself.

- **Myth #1:** You're a child life specialist; you're supposed to be the happy one.
- **Myth #2:** Our mental health struggles stem from our work; therefore, we must be okay with it since we chose this profession.
- **Myth #3:** You can't support others if your own mental health is struggling.
- **Myth #4:** Talking about mental health makes it worse, is attention seeking, is taboo, etc.
- **Myth #5:** I'm letting down my team, my patients, my co-workers, etc., if I take time off work to prioritize my mental health.

But myths start to lose their power when they are met with truth.

- **Fact #1:** Anyone can suffer from a mental health diagnosis. Hard stop. It doesn't matter where they live, what they do for work, how strong they seem, etc. Mental health disorders are legitimate medical conditions, a change in brain chemistry. Just as we would explain to a patient that a physical diagnosis like Type 1 diabetes is not their fault, that it reflects a biological change in the body, we must extend that same compassion to ourselves when facing mental health challenges. The perception that our role is the "fun" one does not mean our minds are immune to struggle.
- **Fact #2:** Child life specialists do emotionally demanding work, but not all mental health struggles come from the work we do. Anxiety, depression, trauma, loss, and stress can exist long before a career in child life—and they can continue regardless of how skilled, passionate, or resilient we are or try to be. Struggling does not mean the work is too much for us or that we are in the wrong profession. It simply means we are human. For many of us, the job is the easy part of life. We can cope with the challenges, patient and non-patient related, that we encounter daily at work, but it's when we leave work, and the child life brain shuts off, that the reality of what our own brain is battling sets back in.
- **Fact #3:** At times, supporting others offers a temporary reprieve from our own battles—a chance to step outside ourselves and focus on someone else's world. Sharing even a small piece of our light can be enough to sustain us as we continue seeking support and reminding ourselves that we have more to offer than what our mind tells us.
- **Fact #4:** It's okay to ask for help. Seeking help and speaking up are signs of strength. Saying out loud what's inside your mind can feel scary, overwhelming, and even embarrassing at times. But it's actually the bravest thing you can do. Acknowledging that something isn't right and that you cannot do it on your own is a powerful first step, one that can change the trajectory of your life.
- **Fact #5:** It's okay not to be okay. It's essential to challenge the stigma that mental health struggles are a sign of weakness or a sign of not being grateful for the life we have. We see firsthand so much pain and sorrow in our daily work that many of us have likely told ourselves something along the lines of "I shouldn't feel this way when my patients and families are going through something so much worse." Yet we would never tell a patient or

caregiver to be grateful they aren't going through whatever the room next door is, and that is the same grace we should be giving ourselves.

### **Making Space for Ourselves**

In a field that values empathy and emotional insight, it can feel especially difficult to admit when our own mental health needs support. There is often an unspoken expectation that we should be able to cope because we help others cope.

But personal mental health challenges are not something to overcome through professionalism or compassion alone, and they are not a reflection of our competence as child life specialists. We are allowed to care deeply about our work and still need help for reasons that may have nothing to do with our job. We are allowed to show up as skilled professionals while also carrying personal struggles that are unseen. Making space for these truths—within ourselves and within our professional communities—helps break the stigma that tells us we should be the strong one, the resilient one, the fun one.

Prioritizing our mental health, wherever our struggles stem from, is not a failure of child life values. Just as we encourage children and families to express their emotions and ask for help, we deserve to give ourselves the same compassion and permission. Creating space for honest conversations about mental health is not a weakness; it is an act of care for ourselves, for each other, and for the future of child life.

The future of this profession cannot exist if the very people who love it are no longer able to find joy in their daily lives, both in and out of the workplace. Being a child life specialist has been one of the most rewarding jobs, and I am humbled to have been in this field for 13 years. But at the end of the day, it is just a role we fill for a set number of hours a week. We are child life specialists, but first and foremost, we are human beings, we are daughters and sons, sisters and brothers, partners, aunts and uncles, friends, and so much more.

Our work matters deeply, but it should never come before our own well-being. Sustaining this profession begins with sustaining the person behind the title. Taking care of our mental health is not optional; it is essential. It begins with breaking the stigma and daring to say out loud that we need support, too.

### **Mental Health Check In**

- How am I feeling physically? Am I eating and drinking regularly? Am I sleeping too much or not enough?
- How am I feeling emotionally? What recurring thoughts am I having today?
- When did I last celebrate myself? When did I last do something that brought me joy or simply made me smile?
- Am I neglecting daily personal care routines?
- When was the last time I went outside?

### **Mental Health Reminders**

- You are not your thoughts, you are not your diagnosis.
- Healing often comes in waves; you can start over again.
- You are doing a great job; celebrate the small wins.

- You are not alone.

### **Mental Health Resources**

- [988 Suicide & Crisis Lifeline](#): Call or text 988 (available 24/7).
- [Crisis Text Line](#): Text “HELLO” to 741741.
- [Emotional PPE Project](#): The Emotional PPE Project connects healthcare workers in need with licensed mental health professionals who can help. No cost. No insurance. Just a trained professional to talk to.
- [Employee Assistance Programs \(EAP\)](#): Many institutions offer, or can connect you to, confidential counseling services.

***Kristin Brown, CCLS**, has 13 years of experience across inpatient, ICU, emergency, and outpatient settings. Her career reflects a dual commitment to supporting patients and families while also advocating for the well-being of the professionals who care for them. Currently serving as an editor and a four-time Bulletin author, her non-clinical work focuses on her passion for mentoring child life students and specialists and advancing mental health and sustainability within the profession. She is also a member of the Bulletin Committee.*

## How the ACLP Child Life Conference Comes Together

*By Kayla Black, MPH, CCLS*

Each year, the ACLP Conference Program Committee works diligently to develop an inclusive and universally interesting schedule (also called the education program) for the annual conference. In partnership with abstract reviewers, each abstract is reviewed using a scoring rubric that reflects the criteria in the call for abstracts. This data is then analyzed and discussed, without identifying information, and placed into the conference program by the Conference Program Committee in partnership with ACLP staff members. The committee works purposefully to create a program that offers a variety of options during each session time slot and advocates for add-ons throughout conference to enhance attendee experience by utilizing previous years' attendee feedback.

In this Q&A, Kayla Black, chair of the ACLP Conference Program Committee, offers an inside look at how the education program comes together and shares what attendees can expect when they gather in Chicago this year.

### **How many abstract submissions did you receive vs how many were you able to accept?**

For the 2026 ACLP Conference in Chicago, 201 abstracts were submitted with capacity for 54 concurrent sessions, six intensives, and 10 posters. The total number of abstracts submitted break down into the following session types for 2026:

- 151 concurrent sessions (60- or 90-minute sessions)
- 17 flash sessions (20-minute sessions)
- 14 intensives (preconference sessions)
- 12 posters
- 2 webinars

The overall acceptance rate for the 2026 conference was 35% after removing the two webinars, which are sent to the ACLP education team for review and follow-up.

### **Does the committee try to highlight certain themes in the sessions they plan or offer a wider variety of topics?**

Both! The committee works diligently to provide learning opportunities that span a wide spectrum of interests and professional levels of attendees. We know that attendees come from a wide range of backgrounds, including from students to seasoned professionals/leaders, as well as from diverse workplaces, including academics, one-person programs, private practice, community based programs, and large hospital-based institutions.

Because of this, the goal is to provide sessions on a wide variety of topics for a wide variety of audience levels. This is just one piece of the puzzle that we are evaluating when looking at the conference program each year. As you can imagine, this is a tall task for committee members when trying to fit all the pieces together to ensure that all attendees are satisfied within the number of rooms and sessions that we have available.

As far as specific topics that are requested from year to year, the call for abstracts is updated yearly to request different topic areas of interest. This list comes directly from feedback gathered after the previous year's conference.

**How are the locations for conference chosen? What about the timing of conference?**

Just like with most things, finances play a role in where and when conference takes place. In recent years, conference was offered in late May to aid in reducing the cost of the event venue, which helps to reduce the cost for attendees. The location of conference each year is finalized multiple years in advance, by searching for and evaluating venues that are easily accessible, in diverse geographic places, have the capacity to host the ACLP community, have exciting things to do nearby for attendees, and that fit the budget for hosting this large-scale event.

For this year, conference was moved up by a day to accommodate those with holiday weekend plans and life events, like graduations, due to the time of year. So far, feedback from presenters and attendees regarding this change has been positive! Looking ahead, ACLP staff is working to align conference dates with a schedule that works better for all parties, including attendees, presenters, and the ACLP community as a whole.

**Are there any new experiences at this year's conference that you wish to highlight?**

Each year the committee collaborates with ACLP staff to incorporate new ideas into conference based on attendee feedback. New for this year are 20-minute flash sessions! These have been grouped together by domain and topic to fill one 60-minute session slot; we are excited to hear feedback on this session type from attendees to evaluate if we keep them in the conference program. Join these presenters for their sessions on Thursday at 2:30 p.m. and Saturday at 10:15 a.m.

While not a new experience, Bubbles & Bites is back by popular demand as a networking opportunity to kick off conference and introduce attendees to the amazing exhibitors who will be in attendance. Likewise, if you have attended conference previously, you might remember having a closing keynote speaker. This is back for 2026! We are excited to welcome a speaker who will hopefully spark joy and renew spirits as we close out our time of learning together.

**As the chair of the committee, what has been your favorite part of planning conference so far?**

My favorite part of the conference planning process is always getting to learn from the vast knowledge of our peers. I have had the privilege of reading hundreds of abstracts throughout my five years as an abstract reviewer and committee member, and I am continuously impressed by the depth and breadth of knowledge and skills that exist within our field. From large, freestanding children's hospitals to individual community based and private practice practitioners and everyone in between, it is evident that Certified Child Life Specialists are making a difference in the lives of so many patients and families throughout the world.

This year, I am excited to attend conference and see firsthand the hard work that this committee and ACLP staff have put into making an enjoyable conference experience for all. I look forward to collaborating with peers and leaving with a renewed spirit for the work that we all do.

**Please share anything else you think people should know about conference planning.**

The Conference Program Committee and abstract reviewers are a vital part of the largest gathering of child life professionals each year and care deeply about planning an experience that is universally interesting and accessible to all. I appreciate the volunteer time commitment and how diligently our team utilizes feedback to select innovative, cutting-edge offerings for attendees. If you

have been part of the abstract review or the conference planning process this year or in past years, thank you!

If you are interested in being an abstract reviewer, look for the call for reviewers later this summer. Typical time commitments for this volunteer opportunity include one to two months of time-sensitive work during abstract review, which typically takes place between the months of August and October.

We are excited to come together for a high-quality conference this year, as we learn from experts and leaders in our field. Keep an eye out on social media for more details and announcements, like who our keynote speakers will be. We look forward to seeing you in Chicago with open minds and hearts full of creativity, collaboration, and purpose!

***Kayla Black, MPH, CCLS, is the chair of the ACLP Conference Planning Committee.***

# Relief With Impact: How CHOP’s Child Life Relief Team Model Strengthens Care, Staff Resilience, and Departmental Equity

*By Kalie Daigrepoint, MS, CCLS; Courtney Dill-Byrd, MS, CCLS; McKenzie Belton, CCLS; and Kaylyn Zola, MS, CCLS*

*This article examines CHOP’s relief child life specialist model as a strategy to support coverage and staff well-being, offering practical insights for programs considering similar approaches.*

At The Children’s Hospital of Philadelphia (CHOP), the implementation of a dedicated relief child life specialist team has emerged as a powerful strategy to support clinical coverage, reduce burnout, and promote both equitable staffing and professional development.

Created in response to increasing demands on staff and the need for flexible psychosocial care delivery, CHOP’s relief model is not a temporary solution, but a thoughtfully structured, sustainable approach that enhances the delivery of child life services across the hospital (Turner & Olumide, 2018).

Initially designed to provide seamless coverage during paid time off, medical leaves, and staffing transitions, the relief specialist role has grown into a dynamic position that touches nearly every corner of the hospital. These child life specialists are cross trained over multiple units, ranging from the emergency department to intensive care, clinics, inpatient units, and across several clinical campuses, allowing them to step in with confidence and continuity during times of increased need. This flexibility ensures that patients and families continue to receive emotionally safe, developmentally appropriate support regardless of the department’s daily staffing variables (ACLP, 2020).

## **The Evolution of the Relief Model at CHOP**

Over the past 15 years, the relief child life team model within the Child Life Department at CHOP has evolved from an uncertain experiment into a strategic, department-wide support system grounded in sustainability, flexibility, and growth.

Relief, in its earliest form, was born out of necessity. At a time when CHOP’s team structures were less robust, there was little infrastructure to support vacancies or extended leaves such as Family and Medical Leave Act (FMLA) leave. The first iteration of relief, described as the “on-call specialist” model, placed one or two staff members in the child life office waiting for a pager to go off. Without a clear referral stream or structured integration into units, these specialists were left to seek out their own work.

Stephanie Brennan, MS, CCLS, director of child life, reflected that the department did not yet understand how to use the role effectively. Eventually, the full-time employee was reallocated, and the model was placed on hold. The core question remained: How do we meaningfully support the department—and our patients and families—during vacancies and leaves?

The concept was revisited in 2016 with a more strategic lens. Leadership envisioned the relief team not simply as a stopgap, but as a flexible workforce solution embedded within the department. Placements were structured as three-month assignments, allowing specialists to develop

ownership, investment, and a genuine sense of belonging within each unit. Unlike the earlier on-call version, this model emphasized integration, relationship-building, and accountability.

The most significant catalyst for change came during the COVID-19 pandemic. The healthcare landscape shifted dramatically, flexibility became essential, and the relief team became a mechanism to respond quickly to evolving demands while preserving long-term staffing integrity.

Today, with the department fully staffed, the relief team serves as both a bridge and a buffer, supporting vacancies, onboarding new graduates, accommodating life transitions, and preserving staff well-being.

### **Addressing Burnout and Workload Pressures**

Increased workloads are consistent across many institutions, as evidenced by a study that found there is one full-time Certified Child Life Specialist for every 18.28 pediatric beds on average (Greene et al., 2015). This staffing-to-patient ratio can negatively impact both patient care and professional well-being due to large caseloads, insufficient staffing, and high acuity.

To better understand factors impacting professional well-being in the child life profession, research has examined role stress, workload, and social support (Munn et al., 1996). While many hospital systems implement per diem or float roles, those positions often lack unit consistency and continuity of care.

In contrast, the relief child life specialist at CHOP was created as a full-time role designed to provide consistent coverage during longer-term vacancies, parental leave, or leave of absence.

As Courtney Dill-Byrd, MS, CCLS, clinical training supervisor of the relief team, says: “Our relief specialists are full-time clinicians. They are not supplemental, occasional, or peripheral. They carry full professional accountability, clinical expectations, and developmental goals.”

She says that one of the ongoing challenges has been helping teams understand that distinction. “At times, they may be viewed as interchangeable or purely task-based rather than as embedded clinical partners. Part of my work has been steady advocacy through clarifying expectations, reinforcing professional identity, and helping teams see relief specialists as integral members of our department’s clinical ecosystem rather than temporary placeholders.”

### **Tangible Outcomes and Measurable Impact**

The implementation and maintenance of the relief model has been data-driven and cost-efficient, by utilizing full-time employees whose salaries have already been budgeted for and minimizing need for additional temporary support. Internal departmental data since formalizing the current structure in 2023 demonstrate a consistent reduction in uncovered child life shifts during leaves of absence and vacancies by more than 30% year over year. Units report fewer missed consults and improved continuity of care, and engagement surveys reflect increased perceived equity in workload distribution.

Dill-Byrd reflects on the broader transformation she has witnessed: “Early on, my focus was understandably operational: coverage, continuity, and minimizing disruption as much as possible. What has been the most steady and meaningful piece, however, has been the slow and steady moments of growth. The relief child life specialists walk onto unfamiliar units with confidence they cultivated with both wonder and grace.”

Retention data further supports the model’s sustainability, with relief specialists remaining in their roles at rates comparable to, and sometimes exceeding, their peers.

### **Professional Development in Practice**

Beyond coverage, the relief role offers a unique professional development trajectory. Specialists gain exposure to diverse diagnoses, interdisciplinary teams, and clinical environments, often at pivotal points in their careers.

Kaylyn Zola, MS, CCLS, advanced child life specialist at CHOP, entered the field with a clear clinical interest.

“Prior to joining the relief team at CHOP, I had extensive volunteer experience with oncology patients, served in an intensive care unit, and served as a grief group facilitator. In addition to my volunteer experience, my practicum and internship experiences primarily focused on high acuity within the realm of oncology, trauma, and intensive care units. What drew me most to these areas was the unpredictability and the limitless things to learn clinically.”

When she arrived at CHOP, there was no opening in the ICU. The relief role became an unexpected bridge.

“Though I thought I was confident in the area I was hoping to work in when I first entered the field of child life, by being a part of the relief team, I was able to experience and practice in different areas of the hospital, polish my skills, learn the policies and procedures within the institution as a whole, and confidently enter permanent placement knowing I gained experience in many areas within the child life scope,” she says.

She rotated through short-stay general pediatrics, adolescent overflow, complex care, radiology, PACU, the emergency department, and eventually the PICU.

“I was challenged to build rapport in some of these outpatient settings, was introduced to different procedures that I had not been exposed to previously, focused on family and caregiver support with infants diagnosed with multiple chronic illnesses, and challenged to break out of my shell to build working relationships with other disciplines,” she says.

Ultimately, the experience clarified her long-term direction. “That brief assignment in the PICU as a relief child life specialist reassured me that the pediatric intensive care unit was the area I was meant to practice and continue to professionally grow in,” she says.

For Kalie Daigrepoint, MS, CCLS, advanced child life specialist at CHOP, the role addressed a different professional tension.

“Entering the child life profession as a new graduate, I brought enthusiasm and commitment alongside a notable sense of ‘imposter syndrome.’ Although academically prepared through

graduate education, practicum, internship, and extensive volunteer experience, I initially perceived a gap between theoretical knowledge and applied clinical confidence.”

What first appeared to be transitional became foundational. “It quickly emerged as a structured environment for accelerated skill development, broad clinical exposure, and reflective growth,” she says.

Over four and a half years, she has provided coverage across more than 30 inpatient units and outpatient clinics.

“This breadth of exposure facilitated measurable advancement in clinical practice, adaptability, and systems-level understanding. The role also created opportunities for leadership development, including supervising practicum students, mentoring new staff members, and serving on departmental committees focused on programmatic growth and equity.”

Rather than leaving the role for a permanent placement, she stayed—intentionally. “What began as an introductory position for me evolved into a sustained professional pathway characterized by depth, versatility, and contribution to departmental infrastructure.”

### **Adaptability, Advocacy, and Departmental Equity**

The relief role requires not only clinical competence but interpersonal agility and systems awareness.

McKenzie Belton, CCLS, advanced child life specialist at CHOP, describes entering the field through an unconventional path.

“As a relief child life specialist who has had an untraditional path to becoming a specialist, this role has given me a profound amount of experience across diverse patient populations and specialties.”

She highlights the relational learning embedded in constant transition. “If you are a new specialist as I was, you have the opportunity to learn the individual styles of each specialist you work with, while simultaneously becoming an expert in the area you cover. Additionally, it allots you the confidence to be adaptable, bringing with you the additional skill sets you learned from other units.”

The role also sharpens systems awareness.

“You also become attuned to the resources available to each unit, areas where a team has opportunities for growth, and areas where the team is being innovative with the resources they have,” she says.

Relief specialists function as knowledge bridges. “With each unit you travel to, you are able to provide awareness to your colleagues about another team’s approaches to coping and pain management, thus further advancing the field of child life as a whole.”

Belton also acknowledges the challenges. “Additional challenges can be folding into a team dynamic that is already established and is processing the transition of a colleague’s absence. Oftentimes relief specialists adapt quickly and become integral members of the team they are supporting, but sometimes it may take time for a team to acclimate to the adjustment.”

From a supervisory lens, Dill-Byrd adds that this adaptability is not incidental; it is cultivated.

“Relief work does not look identical across campuses, inpatient versus outpatient settings, or across varying unit cultures. The model must bend without breaking while adapting and still protecting role clarity and sustainability.”

And at its core, she says, “They hold steady in the in-between. They bring calm into uncertainty, creativity into complex systems, and continuity into change.”

### **A Model for Sustainable Excellence**

The challenges encountered in child life extend beyond individual institutions and strain teams globally (Boles et al., 2020). CHOP’s relief model demonstrates that flexible staffing structures can promote equitable workload distribution, strengthen retention, and protect the emotional sustainability of the workforce.

By honoring the dual priorities of clinical excellence and staff sustainability, the department demonstrates how investing in flexible staffing can lead to measurable improvements in care delivery, staff satisfaction, and long-term workforce development. For instance, this role allows for new staffing positions to be piloted without additional budgeting constraints and minimizing workflow interruption, while encouraging innovation.

Our objective is to encourage departments to consider integrating relief positions within their existing teams and to inspire both new and seasoned specialists to explore this dynamic role. While we acknowledge economic constraints within healthcare institutions across the country, this position may allow for creative staffing solutions.

Like the field of child life, it will ever evolve and grow.

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**McKenzie Belton, CCLS**, is an advanced Certified Child Life Specialist at the Children’s Hospital of Philadelphia who comes from an educational background in media studies and production. In her spare time, she is currently working on a children’s book and has a podcast that centers around interviewing talent in various professional fields.

**Kalie Daigrepoint, MS, CCLS**, is an advanced Certified Child Life Specialist who has been functioning in the relief role at The Children’s Hospital of Philadelphia for four and a half years. Kalie has covered over 15 different units, both inpatient and outpatient, and serves on several committees whose purpose is to train new and aspiring child life specialists.

**Courtney Dill, MS, CCLS**, is a child life specialist at Children’s Hospital of Philadelphia. She is currently working the capacity of clinical training supervisor. Courtney has the honor of guiding student programming and supporting the clinical relief child life team in the Department of Child Life, Education and Creative Arts. Courtney’s interest include promoting well-being and alternative healthcare.

**Kaylyn Zola, MS, CCLS**, is from Pittsburgh, Pennsylvania. She earned her bachelor’s degree in human development and family studies from The Pennsylvania State University and her master’s degree in applied developmental psychology with a concentration in child life from the University of Pittsburgh. Her training includes a practicum through Connect-123 in Cape Town, South Africa, as well as a community-based practicum at Cancer Bridges in Pittsburgh. She completed her clinical Child Life internship at INOVA L.J. Murphy Children’s Hospital in Fairfax, Virginia. Kaylyn currently works in the Pediatric Intensive Care Unit at the Children’s Hospital of Philadelphia, where she previously served on the relief team.

# Behind the Scenes: Building Inclusive Culture in a Pediatric Hospital

*By Saghi Tootoonchinia, MSc., CCLS, RECE, and Sabina Spataro BAsc, CCLS*

The foundation of child life practice is rooted in psychosocial support, cultural humility, and holistic, family-centered care—principles that are equally essential to inclusive institutional culture. As outlined in the Association of Child Life Professionals’ competencies, child life specialists are trained not only in direct psychosocial care, but also in collaboration, reflection, and implementation within organizational systems. These competencies position child life specialists to extend their impact beyond the bedside and contribute to meaningful culture change at the institutional level.

Our Foundation Relations Team at SickKids Hospital in Toronto is uniquely composed of Certified Child Life Specialists dedicated exclusively to events and donations for patients, families, and staff. Over time, our role has evolved significantly. What began as a small group coordinating gift-in-kind donations and a limited number of annual events has expanded into a dynamic team overseeing a growing portfolio of hospital-wide celebrations for patients, families, and staff, days of significance, and in-kind donation programs.

This team is composed of three donations and event specialists and a program manager. As our responsibilities broadened, we recognized the need for more intentional collaboration, clearer processes, and tools that could support culturally responsive and inclusive decision-making across the institution.

## **Expanding the Role of Child Life in Institutional Culture**

Inclusion is not the responsibility of a single department; it requires shared ownership, intentional collaboration, and trust. Our role as donations and events specialists is to connect across departments, while aligning hospital values with patient- and staff-facing experiences. Our work reinforces the idea that inclusive care is not an add-on, but a core component of quality healthcare delivery. By using shared processes and working closely with teams across the hospital, we aim to ensure inclusive practices are built into all programs, events, and patient and family initiatives.

Child life specialists in nontraditional roles can serve as catalysts for inclusion by integrating equitable practices into hospital events, planning tools, and decision-making frameworks. This is especially relevant as healthcare institutions respond to shifting demographics, equity audits, and accreditation standards that increasingly prioritize diversity, equity, and inclusion. Through practical tools and cross-departmental coordination, these roles help translate diversity, equity and inclusion commitments into measurable practices that inform program design, stakeholder engagement, and ongoing institutional improvement.

## **Building a Framework for Inclusive Planning**

As our team expanded the number and variety of events we coordinated each year, it became clear that we needed structured tools to support consistency, cultural sensitivity, and cross-departmental alignment. Recognizing how oppression is embedded in society, and how its

historical trauma continues to shape the experiences of children, families, communities, and the systems around them, reinforcing the importance of this work.

Meaningful progress also requires self-reflection, awareness of one’s social position, and a willingness to engage in difficult but necessary conversations (Koller, 2020). With these principles in mind, we developed two core initiatives aimed at embedding DEI into institutional culture: a Days of Significance calendar and a team of key stakeholders for culturally sensitive decisions.

Together, these initiatives created a shared framework that empowered staff to plan with intention and accountability, strengthening our ability to deliver programming that reflects and respects the diverse communities we serve. Research shows that inclusive environments “ease the expression of dissenting opinions, [are] open to new problem-solving approaches, encourage innovative thinking, and more effectively avoid the dangers of groupthink,” ultimately fostering creativity and inclusive practice (Khuntia et al., 2022).

The first initiative, a Days of Significance calendar, identifies cultural, religious, and historical milestones relevant to patients, families, and staff. Used across departments, the calendar supports inclusive communication, programming, and resource planning. We partnered with public affairs and the DEI office to ensure that the calendar was accurate, relevant, and integrated into hospital-wide operations. Over time, the calendar has helped leaders recognize and celebrate days of significance within their own teams, strengthening a sense of belonging within their departments. Leaders in pediatric healthcare have noted that incorporating DEI initiatives like this into practice can improve health equity, optimize health outcomes for diverse patient populations, and create a more inclusive workplace for staff (Orr et al., 2024).

The second initiative is the formation of a cross-functional “core team” that aligns internal stakeholders on culturally sensitive decisions. This group includes representatives from child life, the DEI office, human resources, public affairs, and spiritual care. We meet monthly to address topics such as inclusive holiday celebrations and representation in public spaces. Our collaborative approach ensures that decisions are inclusive, consistent, and thoughtfully planned. The team plays a key role in determining which events are appropriate to host, such as thoughtfully reconsidering whether to move forward with a Canada Day celebration in light of the historical and ongoing trauma experienced by Indigenous communities.

In addition to developing this shared framework, the core team also collaborated to identify the major hospital-wide events—which we refer to as our “Big Es”—that would be recognized and supported across the institution. These events, which include occasions such as Eid, Easter, Passover, Pride, National Day for Truth and Reconciliation, Diwali, Hanukkah, Christmas, and Lunar New Year, provide consistent touch points for culturally responsive programming and donor engagement.

By establishing this collective foundation, the team ensured that large-scale celebrations are thoughtfully planned, equitably resourced, and aligned with the hospital’s values, while still allowing individual units the flexibility to honor additional days that hold meaning for their patients, families, and staff.

## **Extending Impact Through Partnerships and Donor Engagement**

Beyond event planning, we also support the hospital's broader needs through in-kind donations, community engagement, and strong partnerships with our hospital foundation and corporate donors. Working closely with the foundation allows us to connect with generous corporate partners who contribute through event sponsorships, gift-in-kind donations, and hands-on donor engagement opportunities. These collaborations bring meaningful resources, such as toys, games, electronics, toiletries, clothing, and gift cards, that enhance the experiences of patients, families, and staff.

Through these partnerships, we also offer donor engagement opportunities such as packing patient packs, craft kits, comfort kits, and volunteer snack packs. Some corporate donors even join us on-site for activities like assembling Christmas day gift bags, which child life specialists later distribute to patients across the units. Our work exemplifies how child life specialists can extend their impact by using their developmental, psychosocial, and advocacy skills to support institutional goals while fostering a vibrant network of community and donor support.

## **Broadening Influence Across Hospital Systems**

We'd like to emphasize how stepping outside traditional roles can enhance child life specialists' visibility and influence across hospital systems. We encourage you to reflect on how your unique skills, such as developmental expertise, cultural humility, and psychosocial insight, can be used to build bridges between departments and reinforce the values of family-centered and culturally responsive care throughout institutions. By intentionally broadening your scope of practice, you help shape environments where child- and family-centered principles and boosting staff morale are not just recognized but actively integrated into everyday decision-making.

As the landscape of pediatric care continues to evolve, so does the role of child life specialists. By embracing opportunities that reach beyond the bedside, we not only strengthen the systems that surround patients and families but also demonstrate the breadth of our professional value. Whether through community partnerships, donor engagement, or cross-departmental collaboration, our contributions help shape more responsive, equitable, and patient-centered healthcare environments. As we look ahead, the challenge and the opportunity is to continue expanding our influence in ways that honor the core principles of child life while advancing the collective mission of our institutions.

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**Sabina Spataro BAsc, CCLS**, is a donations and events Specialist on the Foundation Relations team at The Hospital for Sick Children (SickKids). She brings more than a decade of experience supporting children and families in pediatric healthcare, with a background in child life, philanthropy, and hospital-wide event coordination. Sabina holds a Bachelor of Applied Science (Honors) from the University of Guelph in child, youth, and family and is a Certified Child Life Specialist.

## How Child Life Specialists Marked Child Life Month 2026

Each March, Child Life Month offers an opportunity to celebrate the impact of child life specialists both within hospital walls and across the broader community. This year, professionals from a range of settings shared how they marked the month, from advocacy and education efforts to moments of connection with patients, families, and colleagues.

While each approach looks a little different, these snapshots reflect a shared commitment to supporting children and families through meaningful, compassionate care. Here's a look at how Child Life Month was recognized across the field.

### Mayo Clinic Children's Center



“Mayo Clinic Children’s Child Life Team celebrates Child Life Month by coming together to host a professional development day for our team. This dedicated time allows us to learn, grow, and strengthen our practice as we continue supporting children and families with excellence and compassion.”

—Jenn Rodemeyer, MA, CCLS, Child Life Manager, Mayo Clinic Children’s Center

## St. Joseph's Children's Hospital



**St. Joseph's Children's Hospital**

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💙 ✨ It takes a special kind of heart to help kids feel safe in the middle of the unfamiliar.

This Child Life Month, we're shining a light on our incredible Child Life Specialists—the ones who turn fear into confidence, procedures into manageable moments and hospital rooms into spaces filled with comfort and play. Through creativity, preparation, education and compassion, they help children and families navigate some of their hardest days with courage and care.

Join us in celebrating these everyday heroes who remind our young patients that they are seen, supported and never alone. [#ChildLifeMonth](#)



## McMaster Children's Hospital



“My colleague Hilary and I designed and created a display for our hospital to celebrate and raise awareness about the role of child life specialists and the impact of child life services, with the focus on pain management and coping.”

—Adrianna Campagna, Child Life Intern, McMaster Children's Hospital

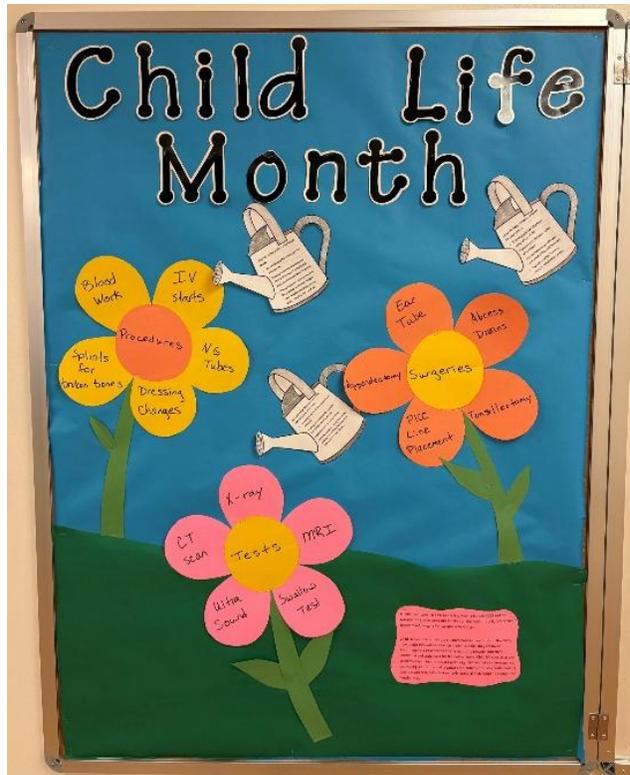
## Sidra Medicine



“Child Life Month looks different in the Middle East and North Africa region this year. While we hope to celebrate soon, our team’s focus has been on supporting patients, families, and staff as they navigate the current regional conflict during the holy month of Ramadan. Our playrooms remain open as spaces for normalization and processing, and we hosted staff-focused expressive arts sessions to offer colleagues time for decompression and grounding. The Child Life Disaster Relief brochure on talking with children during war and conflict was shared in our internal hospital newsletter to help staff feel more prepared when supporting children both at work and at home. We are also grateful for colleagues abroad who reached out with messages of support, including teams from Logan Regional, Children’s Mercy, and Yale New Haven. Their kindness brought smiles and reminded us how thankful we are to be part of the broader child life community.”

—Deirdre Goltz, LCSW, CCLS, Child Life Services Supervisor, Sidra Medicine in Doha, Qatar

## The University of Texas Medical Branch Clear Lake Hospital



UTMB Health Clear Lake Hospital Campus

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March's child life month.

Child life specialists are more than healthcare team members- they are advocates for a child's voice, champions of family-centered care, and creators of safe spaces, where kids can still be kids, even in challenging circumstances. Whether it's explaining a procedure in child-friendly terms, offering therapeutic play, supporting siblings through a loved one's illness, or creating coping plans for patients, their impact is profound and lasting.

Child life specialists are academically prepared in child psychology, child and family development, counseling, education, and creative arts therapy. They provide strong support to help children understand what will happen before, during and after their hospital visit.

There are two certified child life specialists at UTMB Clear Lake campus: Regina Burdett CCLS and Zoe McCroy CCLS. You may see one of them if you are in the pediatric emergency department, the pediatric inpatient unit, coming in for day surgery, or having a test done in the radiology center. In addition, they are on call to our NICU to support siblings as they learn about the medical condition of their newest family member and to support children or grandchildren of adult ICU patients. UTMB recognizes the vital role they play in turning moments of fear into opportunities for hope and healing.



“This first image is a picture of our Child Life Month bulletin board that is located on the pediatric unit at The University of Texas Medical Branch Clear Lake Hospital. It shows the different ways child life supports children and families. The second image is a Facebook post the hospital did in recognition of the month. The photos are of myself and Zoe McCroy, CCLS.”

—Regina Burdett, CCLS, Child Life Specialist, Texas Children’s Hospital

## Eastern Washington University



“This Child Life Month, at Eastern Washington University, we’ve been intentional about celebrating and elevating the child life profession across our Children’s Studies and Child Life programs. Through a dedicated social media campaign, we’re highlighting the profession itself—including the unique skill set child life specialists bring to their work—while also celebrating our faculty, current students, and alumni who embody this impact every day. We’ve also hosted a free webinar open to the broader community, creating space to share knowledge, amplify professional voices, and connect prospective students with the field. It’s been a meaningful opportunity to both celebrate the profession and inspire the next generation of child life specialists. Here is a photo of our child life graduate cohort after attending a child life speaker this month—a moment where we gathered to celebrate the field, them, and the opportunity to learn more about the profession they are passionate about pursuing.”

—Katie Walker, PhD, CCLS, Program Director and Associate Professor, Children’s Studies, and MA in Child Life, Eastern Washington University

## HSC Children's Hospital



“HSC Children’s Hospital in Winnipeg, Canada, marked Child Life Month with a Spirit Week featuring events like a weekly Teddy Bear Clinic, special guest visits, a gaming night, treats like slushies and popcorn, and a staff lunch. These celebrations not only highlighted our work as child life specialists but also helped make the hospital experience more positive and supportive for children and their families.”

—Sherry Treichel, Child Life Specialist, HSC Winnipeg

## Mass General Brigham for Children



“In honor of Child Life Month, I’m proud to celebrate our incredible team at Mass General Brigham for Children. From a lunch-and-learn to a leadership breakfast, we’ve taken time to connect, reflect and recognize the impact of this work. We also made space for some well-deserved self-care because a team that gives so much deserves time to recharge. To help spread awareness of the field, we created informative posters highlighting the clinical aspects of the child life role and the vital support provided to patients and families every day. These posters are now on display in the hospital lobby, helping to further share the importance of this work with our broader community.”

—Anne Pizzano, MS, CCLS, Child Life Manager, Mass General Brigham for Children