

# ACL<sup>P</sup>Bulletin

A PUBLICATION OF THE ASSOCIATION OF CHILD LIFE

FALL 2022 | VOL. 40 NO. 4

Student Coordinator Think Tank

8

Post-Traumatic Growth

12

Beyond Borders: Child Life in the Philippines

20



# ACLP Bulletin

## A PUBLICATION OF THE ASSOCIATION OF CHILD LIFE PROFESSIONALS

Fall 2022 | Vol. 40 No. 4

**ADDRESS:** Association of Child Life Professionals  
7600 Leesburg Pike, Suite 200 West  
Falls Church, Virginia 22043

**PHONE:** (800) 252-4515  
(571) 483-4500

**FAX:** (571) 483-4485

**WEB:** [www.childlife.org](http://www.childlife.org)

**EMAIL:** [bulletin@childlife.org](mailto:bulletin@childlife.org)

**EXECUTIVE EDITOR:** Shannon Dier, MS, CCLS

**ASSOCIATE EDITOR:** Morgan Morgan, MS, CCLS

**MANAGING EDITOR:** Keri O'Keefe, Director of Communications  
and Publications

### Association of Child Life Professionals Board of Directors

**PRESIDENT:** Lindsay Heering, MS, CCLS

**PRESIDENT-ELECT:** Alisha Saavedra, MA, CCLS

**PAST PRESIDENT:** Quinn Franklin, PhD, CCLS

**SECRETARY:** Cristie Suzukawa Clancy, MS, CCLS

**TREASURER:** Teresa A.P. Schoell, MA, CCLS

**DIRECTOR:** Sarah Patterson, MSc, CCLS

**DIRECTOR:** Riley Hammond, MS, CCLS

**DIRECTOR:** Cassandra James, MS, CCLS, CPXP

**DIRECTOR:** Victoria Isaacson, MA, CCLS, NCC

**CANADIAN ASSOCIATION OF  
CHILD LIFE LEADERS LIAISON:** Sandy Baggott, CCLS

**CLCC Liaison:** Monica Gibson, MS, CCLS

Published quarterly in January (Winter issue), April (Spring Issue), July (Summer issue), and October (Fall issue). Submission deadlines for consideration for each issue are as follows: Winter - October 1, Spring - January 1, Summer - April 1, Fall - July 1. For more information on submitting articles, please see [Submission Guidelines](#) in the ACLP Bulletin section of the ACLP website.

For information on advertising in ACLP Bulletin, please refer to the [Advertising page](#) on the ACLP website.

To contact a board member, please visit the [ACLP Member Directory](#)

©2022 Child Life Council.  
Doing business as the Association of Child Life Professionals (ACLP). All rights reserved. No part of this publication may be reproduced, distributed, or transmitted in any form or by any means, without the prior written permission of the publisher. For permission requests, contact the managing editor at [bulletin@childlife.org](mailto:bulletin@childlife.org).



CONNECT WITH US      

Front cover photo provided by Christine Licsko, winner of  
the Fall 2022 ACLP Bulletin Photo Contest

# CONTENTS

- 4 CEO Shares
- 5 President's Perspective
- 7 From the Executive Editor
- 8 Child Life Student Coordinator  
Think Tank: A Case Study  
in Collaboration
- 12 Posttraumatic Growth:  
From Surviving to Thriving  
After Trauma
- 16 Mary Barkey Award Winner
- 18 Cheers to a More Inclusive  
Thanksgiving
- 20 Beyond Borders: Child Life  
in the Philippines
- 22 Book Review: Set Boundaries,  
Find Peace
- 23 Moments From the Past: Herb LaGoy
- 25 Upcoming Events Calendar



## CEO Shares

by Alison E. Heron, MBA,  
CAE

### Greetings!

As we close out 2022, I want to thank our members and ACLP staff for their contributions and continued dedication to the child life profession, and the children and families they serve. Despite immense challenges, child life professionals keep going, learning, and doing what's necessary to provide needed services to children and families. That is the strength of our community. The prolonged staffing shortage faced across many professions leads to greater fatigue, mental exhaustion, burnout, and exiting the field altogether. While ACLP cannot directly fix the issues occurring in settings across the world, we are committed to collaborating with all stakeholders to discuss how each one of us can play a part to ensure the children and families we serve are not critically impacted.

We are all impacted by this ever-changing environment and look forward to working together to ensure ACLP and the child life community move forward with a future-focused lens to fulfill its new mission and vision to make a positive impact in our communities. In April, we successfully launched our new 2022-2024 strategic plan and have made great strides thus far in working towards some of the goals to identify systems, gaps, and barriers to ACLP's policies and processes, certification exam and eligibility requirements, and volunteer leadership structures.

In September, the Certification Job Analysis Panel, CCLS from diverse backgrounds and clinical/academic settings, Canadian representation, and a non-member diversity, equity, and inclusion (DEI) observer met in Falls Church, VA (near ACLP HQ) to discuss the exam content outline and eligibility

requirements. Scheduled for October/November, the Nominating Committee (whose responsibilities include providing a slate of qualified candidates for the Board of Directors positions for members to vote on) will attend two training workshops on Interrupting Bias and Mitigating Bias with Intentional and Conscious Inclusion before candidate interviews in January/February 2023.

Task forces, workgroups, and outside experts have been convened to review each of these components to recommend more equitable changes. One smaller change that may have gone unnoticed is the recent Call for Applications for the Board of Directors. In the past, it was a Call for Nominations, and the feedback received was individuals thought they had to be 'nominated' to submit their intent to apply for the board of directors. Anyone that meets the board criteria will now be encouraged to apply instead of the assumption of being nominated. Submissions of applications and nominations are fully online. No more emailing documents. Small changes can lead to great impact.

This Fall, the first-ever ACLP Board of Directors Learning Event occurred as an opportunity for any member interested in serving to get more information such as different board positions, qualifications to serve, and how to get involved. The new 2023-2024 Board of Directors will be installed at our annual conference in June 2023.

The opportunity to come together again to explore, learn, network, grow professionally, and strengthen your connection to the child life community was evident at the 40th Annual Child Life Conference. After a three-year absence, the annual conference proved that in-person

connections are still needed and relevant. As this was my first conference as CEO, I had the privilege to witness the smiles, hugs, and storytelling as colleagues and friends reconnected. There were so many notable and memorable moments during the conference; however, one moment stuck with me the most.

At the opening session, Lois Pearson was honored as the 2022 Distinguish Service Award recipient. A video montage and celebration of Lois' 40 years of contribution to the field of child life was shared. Although not physically in attendance, Lois was live during the session, and she heard the loving memories and how her impact has left an unshakeable legacy within the profession. Unfortunately, Lois passed away a few months later in August; however, we are so honored that she received her flowers and felt the appreciation and love from the community she revered in the highest regard. I'm forever grateful to witness and share this moment with the community.

*"Too often we underestimate the power of a touch, a smile, a kind word, a listening ear, an honest compliment, or the smallest act of caring, all of which have the potential to turn a life around."* – Leo Buscaglia

Thanks again for all you do and aspire to do in the child life community. Remember to reach out if you need help, give grace and compassion, and take care of yourself and your family.

Kindest regards,



## President's Perspective

by Lindsey Heering, MS,  
CCLS

Fall is a beautiful season for reflecting on where we have been and where we are going. Being surrounded by the Great Lakes, I have always loved our Michigan summers yet embrace the shift in seasons. Here, we can feel the crisp autumn air and are surrounded by stunning shades of red, yellow, and orange leaves on our trees. In this article, I am excited to reflect on changes and transitions for the Association of Child Life Professionals.

During our August 2022 Board meeting, strategic discussions centered around next steps for internship accreditation evaluation, the current healthcare staffing crisis impacting child life, and our recent call to action regarding student placements. In relation to internship accreditation, the Board knows a decision needs to be made and understands the gravity of this decision. We do not, however, have enough information to determine next steps. Our initial consultant results were inconclusive, in that more data is needed. We have re-engaged our consultant with a second phase of work, which will include benchmarking with other healthcare professions and focus groups with key stakeholders inclusive of: 1) accredited programs, 2) non-accredited programs, 3) academia, and 4) aspiring professionals. Additionally, we re-opened our internship accreditation survey for accredited and non-accredited programs to increase the number of participants. Thank you to those who responded. Your feedback is critical for us to determine the future of internship accreditation.

Last month, ACLP released updates about our internship readiness work, which contributes to our strategic plan progress

and ability to optimize the pathway to our profession. If you have not already, please take a moment to review the sneak peek of our new electronic common application, which will be fully released in January 2023. Fourteen previous application components were removed. Examples include the common recommendation form, reference letters, child life course in-progress form, GPA, and official transcripts. These changes will enhance efficiency for all involved, mitigate bias within the application process, and increase accessibility. The full list and rationale for the changes are available [here](#) along with the complete project timeline [here](#). Please join us at the Internship Readiness Q&A session on Nov. 10 from 12-1pm EST. Your participation is highly encouraged.

As an association, ACLP aims to set standards yet does not have the authority to implement them. As our members continue to face a widespread staffing shortage, increased prevalence of burnout, wavering levels of engagement, and challenges with student placements, we ask all to extend grace, kindness, and patience to one another. The internship process is unique in that it necessitates collaboration and integrity throughout the entire child life community. Training our future generation of child life professionals is a critical step in alleviating the growing number of child life position vacancies. It will take our entire child life community, with each of us playing our part, to advance our shared goal of creating a more diverse, equitable, and inclusive child life education and training experience for all and to collectively recalibrate as we continue to work through this challenging season. In August, we received the results of our governance audit, a review of our policies

*continued on pg. 6*

and procedures with a diversity, equity and inclusion (DEI) lens, and had a high-level discussion during our recent Board meeting. Dr. Vernetta Walker, President and CEO of Walker & Associates Consulting and senior advisor on DEI at BoardSource, conducted this audit and commended the ACLP on our multi-year partnership with Racially Conscious Collaboration™ and the intentional work that the ACLP Board has done and continues to do. The ACLP Board continues to participate in bimonthly Racially Conscious Collaboration Executive (RCCE) leadership sessions to foster continued professional and personal growth and to help us achieve sustainable, systemic transformation.

Our Board Diversification Task Force and Nominations Committee have been partnering to create positive change. Intentional shifts in our language from accepting “nominations” to “applications” helps us further our DEI goal of removing barriers in ACLP processes by creating a more welcoming and inclusive environment. In addition to applications, nominations may still be accepted.

Our nominations committee members will be participating in two trainings: 1) Interrupting Bias and 2) Mitigating Bias with Intentional and Conscious Inclusion prior to the Board of Directors candidate interviews to minimize bias within our interview process. Furthermore, our interview tools (i.e., rubric, policies, procedures) are being reviewed from a DEI lens, and members of our Board Diversification Task Force will serve as silent observers again this year to evaluate the adoption of the changes we implemented over the past year. Earlier this month, we offered a Board of Directors information session where our Nominating Committee chairs highlighted the application and selection processes and current board members shared their various experiences, roles, and responsibilities. In an effort to demystify the Board role and spark more interest from our membership to serve on the board and guide the strategic vision of our organization, we will continue to offer these opportunities. During our Fall Board meeting, we will take a deeper dive in reviewing opportunities for improvement based on the results of our recent governance audit and look forward to

reviewing the incredible work of our ACLP committees, task forces, and workgroups through their respective board reports.

With the busy holiday season upon us, please take a moment to pause and reflect on what you have accomplished, why you do what you do, and the difference you have made in the lives of others over the past year. Through all aspects of child life work, we have the opportunity to do legacy work every day, where our contributions to something bigger than ourselves serve as gifts in themselves.

*Lindsay K Heering*



# From the Executive Editor

*by Shannon Dier, MS, CCLS*

Fall has always been my favorite season. I love the turning of the leaves, the crisp cooling of the air, the return of sweaters and boots, and everything comfy and warm. I love the start of a new school year with all its possibilities as well as looking forward to holiday traditions right around the corner. For me, fall is a wonderful paradox, a familiar transition that both soothes and energizes.

Yet, this season feels different. The weather is still changing, and transitions continue to unfold, yet that sense of familiarity and comfort has been harder to find. The world around me seems to be striving to get back to normal in many ways, but the truth is, that old normal no longer exists. We've lost much of what was familiar and taken for granted, and that brings a sense of grief – a grief that is complicated, difficult to explain, and often unrecognized. When a child or family is learning to cope with a loss, we validate that it can be hard and encourage them not to rush or pressure themselves to feel a certain way. I have been trying to extend that same grace and understanding to myself and those around me. Simply acknowledging that I can feel sad and anxious and still joyful in this season has created more space to keep moving forward.

The articles in this issue seem to speak to the complex feelings of the present moment. For those who are seeking out the positive, Sarah Framarin discusses the phenomenon of posttraumatic growth and how much of what we already do as child life professionals can help support children and families to grow despite traumatic experiences. For those who are feeling the strain of compassion fatigue or burnout, Katy Tenhulzen's book review offers a resource with ideas for self-care and self-renewal. For those seeking to be inspired, this year's Mary Barkey Award winner, Lisa Ciarrocca, shares her professional words of wisdom, and our latest Beyond Borders article recounts the dedicated efforts of Fatima Garcia-Lorenzo to bring child life services to the Philippines. For those looking to make a difference, consider Linsey Hammon's article on creating a collaborative student Think Tank and review the President's column for a detailed update on the ACLP's efforts to tackle the internship crisis and increase diversity and inclusivity in child life.

Here at ACLP Bulletin, this fall also heralds another season of transition. Our contract with our current digital publication service is ending, and we've sought to understand what makes the most sense

moving forward. Though there is nostalgia for a print version of Bulletin, the cost isn't feasible – and yet we know the transition to digital has brought several challenges that have impacted readership. As of now, we still don't know exactly what our "new normal" will look like, and we ask your patience and your feedback as we trial a few options over the next year.

At the same time, we are excited to continue to redefine what it means to be a member publication. This issue we congratulate Christine Licsko whose photo was chosen by the Bulletin Committee for the fall cover, and we look forward to continuing to include member photos in future issues. We also invite you to consider writing for Bulletin and share your valuable insights and experiences. Our editorial team and committee are eager to support new authors! Reach out with your article ideas and questions to [bulletin@childlife.org](mailto:bulletin@childlife.org).

# CHILD LIFE STUDENT COORDINATOR THINK TANK: A Case Study in Collaboration

*by Linsey Hammon, MS, CCLS, GC-C, RWWP,  
Lighthouse Counsel Center, LLC, Keller, TX*



Over the last decade, the child life profession has seen many changes and updates to processes and standards that affect student programming. In response to these changes, a cooperative group of child life professionals across Texas and Oklahoma have forged the Child Life Student Coordinator and Educator Think Tank, simply known as “Think Tank”. As a group, we are committed to improving processes for child life students, establishing cross-organizational collaboration, bringing clinicians and academicians together on mutually-beneficial task forces, promoting shared processes, and developing educational events for students. I am confident the Think Tank model can be replicated in other geographical areas to problem-solve aspects of the internship crisis and bring about collaborative solutions. I hope the following review of what we achieved in our region inspires others to increase collaboration and develop similar groups.

## **THE HISTORY – LEARNING TO TRUST**

It was early 2011, and I had transitioned into my position as the first child life educator at our hospital less than a year earlier. As part of overseeing the well-established child life practicum and internship programs, I met weekly with the internship coordinators to plan and problem-solve various

details of application review, interview strategy, assignment development, rotation supervision, and more. I kept thinking, “I wonder how other programs handle this?” I quickly realized that reaching out to other programs directly was the best way to answer my questions.

I wanted to bring the group of decision-makers and content experts together for a conversation about student programming across Texas. I called it a “think tank” because I envisioned a group of professionals discussing relevant topics, generating new ideas, and supporting one another. I did not want to lead a meeting; I wanted to facilitate a discussion. While there were no predetermined outcomes, I identified three goals: rapport building, professional connection, and healthy discussion.

Texas is a large state, and while it was relatively easy to think of the well-known hospitals with established child life student programs, I wanted to include as many programs of varying sizes and specialties as possible. I invested hours on the Child Life Council website locating contact information for Texas child life programs that reported offering either a child life practicum or an internship. I identified 14 programs, and I emailed them all a save-the-date and registration information.

*continued on pg. 9*

At this point in time, apart from CLC work, child life specialists weren't often collaborating outside of their own organizations. Hospitals compete for patients and strive to position themselves as "the best" at what helps them grow their patient volume. The same was often true of child life programs, especially if they shared a geographic area; the competition and division spilled over into student programming. Many invitees sent me emails with questions such as "what's the point of this?" and "who's invited?" One program director replied that she was not allowing the student coordinators to attend but that she would come herself to assess what I was up to. Essentially, we didn't trust one another very much. Still, ten programs sent at least one representative to the inaugural Think Tank. Student coordinators, and one director, from child life programs across north, central, and southeast Texas cautiously came together and agreed to try.

The initial Think Tank was held May 4, 2011, in Fort Worth, Texas. There was no agenda, but we discussed internship for the first half of the day and practicum during the afternoon. I remember hoping that no one would show up thinking they knew everything and had all the answers. By mid-morning, I had dismissed this concern. Following introductions, we eased into our discussion, and something beautiful happened. People talked, they engaged, they shared, they were transparent, they offered ideas, they brainstormed - it was amazing. Because meeting spaces were limited since I had planned things on such short notice, we changed rooms partway through the day and ate box lunches on the floor of a playroom, but it didn't matter. We connected and laughed and learned to trust one another.

At the end of the day, we agreed on three critical things: (1) we would share our student documents (i.e., interview questions, assignments, rubrics) with each other, (2) we would contact each other when we had program-specific questions or needed another perspective, and (3) the next Think Tank would take place that October in Houston.

## THE PRESENT – REAPING THE BENEFITS

First, we communicate regularly and transparently. The Think Tank continues to meet twice each year, in-person the day before the Southern Association of Child Life Professionals (SACLP) annual conference and virtually each April. During spring 2020 at the beginning of the pandemic, the Think Tank met virtually six times to support and learn from each other, find alternate placements for child life students, and assist academic participants to better support and educate their students. Because we have established relationships that are cultivated regularly, members of the Think Tank correspond as needed throughout the year to improve programming and help students. Open communication nourishes the trust needed to receive feedback from and share ideas with others.

Second, we collaborate to develop student programming and contribute to the child life field. We cheer each other on and help each other problem solve, without concern for or risk to our programs or professional aptitude. We believe in and live out the phrase "better together." For example, in 2012 we established common practicum application offer and acceptance deadlines. This cooperative shift simplified the process for practicum applicants at more than fifteen child life practicum programs. Additionally, the deadline dates follow the ACLP recommended internship deadlines by two weeks, which has directly benefited students and clinical programs. In 2018, the Think Tank group also created a common practicum application, further streamlining the practicum application process for students in our region.

In 2012, five child life programs across the Dallas-Fort Worth area collaborated to establish the DFW Child Life Workshop. This session was facilitated multiple times each year, and the responsibility to coordinate and host the session rotated among the hospitals. Student coordinators from each hospital were present at every session and shared in facilitating the

presentation. When the pandemic occurred, the workshop transitioned to a virtual format and expanded across the SACLP region. A total of eight sessions—four Child Life 101 sessions and four Child Life 201 sessions—are presented each year with two to three Think Tank members volunteering their time to facilitate. In 2022, this equaled 17 Think Tank members sharing their knowledge and expertise with students from across north America.

Third, because of frequent communication and collaboration, we understand and value one another's programs, thus allowing us

to support students more accurately and effectively. Academicians can better advise students as they prepare applications for practicum and internship, and because we have streamlined certain practices, the workload on academic advisors is less heavy. Clinical student coordinators can help volunteers and students think critically through the programs to which they are applying as they prepare to take their next professional step. The student successes are the real win for the development and ongoing practice of the Think Tank.

**May 4**  
8:30am - 4:30pm  
Child Life  
Student Coordinator  
Think-Tank

**Save the Date!**

Cook Children's Medical Center is pleased to announce that we are hosting a day-long event to bring Child Life Student Coordinators together from around the state of Texas!

**More information to follow!**  
Questions? Contact Linsey Hammon: 682-885-4504

"I cultivate my garden, and my garden cultivates me."  
~Robert Brault

*Save the Date graphic that was sent to attendees of the 2011 Child Life Student Coordinator Think-Tank*

*continued on pg. 11*



# Excellence through Collaboration:

An initiative to foster consistency between child life student programs within a region

Linsey Hammon, CCLS, Ashley Thomas, CCLS, Victoria Vaden, MA, CCLS



## SUMMARY

This initiative, a.k.a. “think tank,” creates a meeting place for student coordinators to share ideas and build collaborative relationships that positively impact student programming

## BACKGROUND

- In 2010, a freestanding, pediatric hospital implemented a change in the structure of their student programming team
- This change fostered a desire to network with other student programs in the region for the purposes of:
  - Building positive working relationships
  - Establishing lines of communication
  - Supporting one another through program growth and challenges
  - Increasing consistency amid regional student programming
- First Think Tank was May 2011
- There has been a meeting every six months since each hosted by a different hospital within the region

## GETTING STARTED

- Determined host hospital
- Utilized Child Life Council (CLC) directory to develop initial contact list
- Emailed invitations to regional hospitals and child life academic professionals
- Requested program coordinators to RSVP and report student programming topics they would like to discuss with the group

## HOST HOSPITAL RESPONSIBILITIES

- Facilitate the meeting
- Determine an agenda by asking individuals to rank each topic that was previously submitted and tally the rankings
- Ensure discussion remains on target, while being sensitive to transitioning conversation when appropriate
- Ensure an attitude of collaboration versus competition
- Document and distribute meeting minutes to the participants
- Ensure follow-up items are addressed
- Transition relevant planning information to the next host hospital

## COMPONENTS OF A SUCCESSFUL INITIATIVE

*Influenced by the Magnet Recognition Program® Model and Patient- and Family Centered-Care Core Concepts*

### Outcome of Communication: *Relationship Building*

- Foundation for all other outcomes
- Essential for program growth and improvement

### Outcome of Collaborative Leadership: *Commitment to Implementing Child Life Council Initiatives*

- Agreement that future student programming will reflect CLC recommendations
- Commitment to review CLC curriculum modules and assess for implementation

### Outcome of Mutual Influence: *Overall Program Improvement*

- Positive attitudes imparted to one another
- Established atmosphere of collaboration rather than competition
- New ideas developed to improve processes or structures of individual student programs
  - Several programs developed tools for scoring applications and interviews
  - Several programs created and implemented student supervisor training

### Outcome of Innovation: *Meeting with Regional Academic Programs*

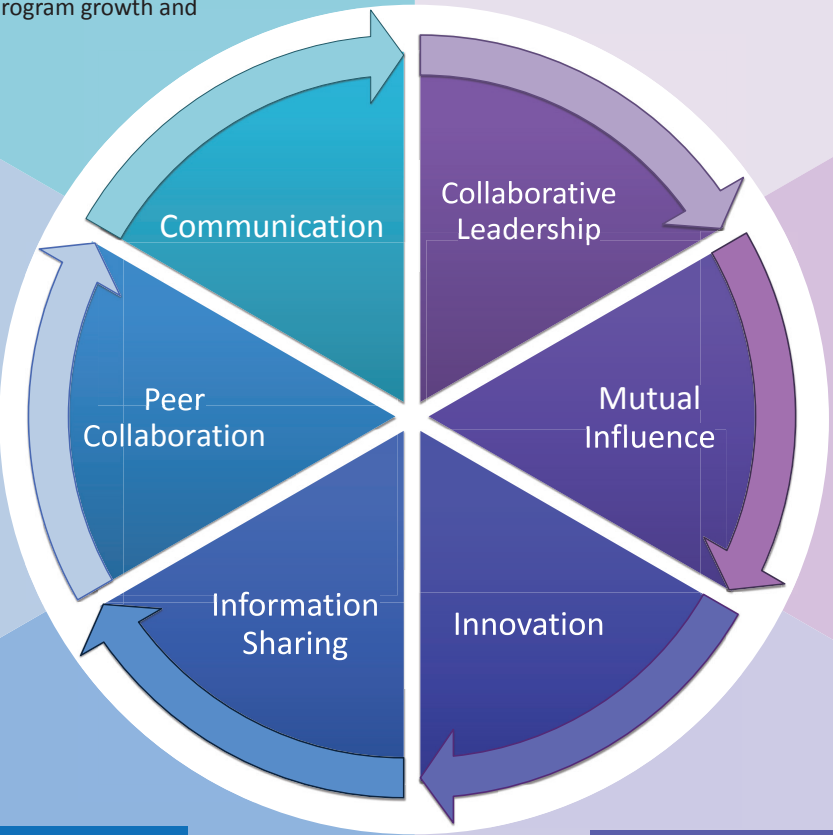
- Improved communication and idea sharing between academic institutions and child life programs
- Discussion around the Child Life Council's requirements for academic preparedness
- Identification of university needs from child life programs, e.g. recommendation letters and practicum readiness

### Outcome of Information Sharing: *Transparent Participation and Idea Sharing*

- Shared responsibility for planning meetings, facilitating discussion and passing relevant information along to next host site
- 21 organizations have attended across 4 meetings with invitations sent to all relevant organizations in the region
- Document sharing at each meeting

### Outcomes of Peer Collaboration: *Consistency Between Programs and Partnerships in Student Education*

- Agreement to follow common application deadlines and offer dates for practicum programs
- Agreement on important competencies for practicum experience
- 5 hospitals in Dallas/Fort Worth area collaborate to plan “Child Life 101” workshop and teddy bear clinics for the community



## TOPICS DISCUSSED

- Implementation of CLC certification eligibility requirements relevant to student programming (CLC, 2012)
- Alignment of practicum and internship expectations and program content
- Implementation of effective supervisor training
- Structure of departmental student programming team
- Partnerships with regional academic institutions

## OVERCOMING OBSTACLES

- Shared responsibility for updating contact information and organizing the event
- Hosting the event in various locations
- Institutional support (i.e.: lunch, parking)
- Keeping the timeframe to one day, with flexibility in arrival and departure times
- Encouraging new attendees

## PARTICIPATING ORGANIZATIONS

Briscoe's Children's Center at University Hospital  
The Children's Cancer Hospital at UT MD Anderson Cancer Center

Children's Hospital of San Antonio  
Children's Medical Center Dallas  
Children's Memorial Hermann Hospital

Cook Children's Medical Center  
Dell Children's Medical Center  
Driscoll Children's Hospital  
Faith Presbyterian Hospice

HealthBridge Children's Hospital  
Medical City Children's Hospital  
Our Children's House at Baylor  
Shriner's Hospital for Children  
Texas Children's Hospital

Texas Scottish Rite Hospital for Children  
Wonders and Worries

• • •

Baylor University  
San Jacinto College  
Texas Christian University  
Texas Women's University  
Texas State University  
The University of Alabama  
The University of Texas

\*Full reference list available in the conference proceedings

## THE FUTURE – CONTINUING COLLABORATION

There have been many discussions and disagreements in child life about what is best or right for student programming. The clinical and academic program coordinators that participate in Think Tank have not been exempt from the emotional and procedural highs and lows of the current student crisis in our field; however, we have weathered the storms together and maintained our original commitment to unity and collaboration. The Think Tank is far from perfect, and there has been good work that has been accomplished despite the clatter of protests and noise that not enough has been done. Nonetheless, there are reasons it continues to thrive and accomplish a great deal of good for the students and programs within the region.

Over the past two years, we have welcomed child life leaders from two other regions to observe and participate in past Think Tank meetings. This is a good first step in establishing collaborative Think Tank groups, and the invitation is open to student coordinators and educators from other regions of the child life community to attend a future Think Tank. I believe the Think Tank model introduced in this article will help us achieve positive outcomes for aspiring child life specialists sooner than the status quo.

If you are interested in learning more or creating a Child Life Student Coordinator and Educator Think Tank in your local area or geographic region, contact Linsey Hammon at [Linsey@lighthousecounselcenter.com](mailto:Linsey@lighthousecounselcenter.com)

“As I was finishing my practicum and applying for internships my student coordinator helped me problem solve two different issues at some regional child life programs by communicating with their student coordinators. The first issue was a website problem the site was unaware of and the second involved a misconception I had over the site’s affiliation requirements. Because these three student coordinators were in communication, they were able to solve these problems that were beyond my control as a student, and I was able to apply at two additional regional child life programs. As a career changer with a family and local responsibilities, having regional sites to apply to was critical in my journey to becoming a child life professional, and I was ultimately able to secure a local internship and have recently completed my 3rd year as a CCLS.” -Tyson Heaton, MDiv, CCLS, Cook Children’s Medical Center (practicum summer 2018, internship

“Think Tank has been an amazing resource for both me and my students. This group has been a sounding board for new ideas, and a network for collaboration and communication. The connection the group creates between the clinical child life world and academic child life world is valuable to both sides and has created a positive support system for students, faculty, and professionals in this field.” -Elizabeth McCarroll, PhD, CCLS, Texas Woman’s University

“Completing all my student experience, both academic and clinical, in Texas was greatly impacted by the work done by the Think Tank. I didn’t know it at the time, but in hindsight, I can see how the alignment of education and training was designed with intention and collaboration. My supervisors also were all so well connected with one another, which aided my growth as a specialist as they were able to share with one another how my experience had been at each step in my journey.” -Crystal Chilcoat, MS, CCLS, Communities in Schools, Central Texas (practicum fall 2018, internship fall 2019)

“Think Tank has really brought our Texas child life community together. It has opened avenues of communication with all student programming leaders and academic leaders. It has been key in helping all programs be on the same page to benefit the students we serve. It has given me strong relationships with other program leaders and provided me instant resources I can turn to for support, problem solving, brainstorming, and fellowship.” -Tracy Hogue, MS, CCLS, CIMI, Children’s Hospital of San Antonio

# POSTTRAUMATIC GROWTH:

## From Surviving to Thriving After Trauma

*by Sarah Framarin, M. Ed, CCLS, CTRS, Child Life Specialist III,  
Pediatric Procedure Unit, Baystate Children's Hospital*

Trauma is everywhere. It is on the news, and by the nature of the child life profession, it is in our workplace. I would be remiss not to mention the collective trauma that the world has experienced due to the COVID-19 pandemic. When we think about the lasting impact of trauma, we often focus on the negative outcomes. A concept I had not heard of until recently, however, is posttraumatic growth. The term 'posttraumatic growth' was originally coined by Richard G. Tedeschi and Lawrence G. Calhoun in the 1990's. To put it simply, posttraumatic growth is positive psychological change that develops as the result of a struggle with traumatic or highly challenging life circumstances. I connected quickly with this idea as a child life specialist. A primary goal of our role is to help patients and families thrive after facing sometimes unspeakably difficult circumstances. Daily, we support patients and families who are undergoing a wide variety of potentially traumatic experiences, whether it be a difficult procedure, a life-changing diagnosis, or recovery from an accident or surgery, among many other possibilities. I was driven to learn what, if anything else, I could be doing within my scope as a child life specialist to promote posttraumatic growth in those I serve.

### A PSYCHOLOGICAL EARTHQUAKE

Often, the analogy of an earthquake is used to explain the process of posttraumatic growth (Tedeschi et al., 2018). First, there is the traumatic

event, the earthquake. As a result of this event, there is a shattering of one's worldview, which is likened to the devastation or destruction of a community. Everything we thought we knew about ourselves, our family, and how the world works is reduced to rubble. This shattering of one's worldview, though devastating, is also what makes posttraumatic growth a possibility. Finally, after the decimation caused by the earthquake, ideally a community can rebuild in a way that is stronger and safer than before. This is posttraumatic growth, which implies not just a rebuilding or a return to baseline but reaching a level that is better than before. Five domains of posttraumatic growth have been identified (Tedeschi & Calhoun, 1996; Tedeschi et al., 2018), including increased personal strength, increased ability to relate to others, identification of new possibilities, newfound appreciation of life, and spiritual growth.

It is important to know that posttraumatic stress and posttraumatic growth do not exist on opposite ends of the same spectrum. Rather, they can and do frequently coexist. The occurrence of posttraumatic growth does not take away from the trauma of the event (Tedeschi & Calhoun, 2004). In many cases, individuals express gratitude for having experienced the traumatic event, because of the growth they experienced. Some individuals would certainly give up what they have learned and how they have grown as the result of a trauma in exchange for not having experienced it, if that were possible (Tedeschi

*continued on pg. 13*





& Calhoun, 2004). There tends to be lower reports of posttraumatic growth in instances of continuous, chronic trauma, including systematic oppression, racism, sexual abuse, and incest (Shuwiekh et al., 2018).

### POSTTRAUMATIC GROWTH IN CHILDHOOD

It is helpful to look at posttraumatic growth from a developmental perspective. Knowing that a key component of posttraumatic growth is the 'shattering of one's world view', a child needs to be old enough to have developed certain schemas and assumptions about the world to experience posttraumatic growth.

According to research, it appears that the earliest that posttraumatic growth is evidenced is around six years of age (Tedeschi et al., 2018). Also, notable for child life specialists is that lower instances of posttraumatic growth are observed related to early childhood trauma, like abandonment or attachment disruptions (Shuwiekh et al., 2018). This difficult fact offers us continued encouragement as we advocate for parental presence, consistent caregiving, and other interventions that reduce the risk or ameliorate the effects of attachment disruption.

Posttraumatic growth can be more fully appreciated when considered alongside Erik Erikson's psychosocial

theory of development. The main crisis of school-age children is industry versus inferiority. The experience of trauma during this stage disrupts a child's efforts to be productive and involved in their world. For school-agers, the opportunities for posttraumatic growth seem greatest in the potential of an increase in personal strength and an increased ability to relate to others. Introduction to peers in similar circumstances can be especially impactful for this age group.

The main crisis of adolescence is identity versus role confusion. Adolescents are trying to figure out who they are and to find their place in the world. By the nature of this stage of their development, there is also a fear of being seen as different from their peers. To have one's existing worldview or schemas shattered by a traumatic event during this influential time will have a major impact on how they experience the development of their identity. For adolescents, focusing on interventions that allow for opportunities for spiritual growth or offer opportunities for imagining a different future can be most impactful, in addition to the provision of opportunities for peer support.

### CHILD LIFE SUPPORT FOR POSTTRAUMATIC GROWTH

Learning about posttraumatic growth is important because just about every patient and family that we meet in our day-to-day work will have the potential for developing posttraumatic growth, even when we are meeting them in stressful circumstances. In considering what we as child life specialists can do, it is helpful to take a closer look at the five domains of posttraumatic growth alongside typical child life interventions.

#### *Increase in Personal Strength*

Those that report an increased sense of personal strength after trauma can look at themselves as survivors, rather than victims. Individuals feel that they are stronger and more confident because of having gone through the traumatic event. This calls to mind those "Wow, I never thought I could do that!" moments that we as child life specialists are skilled at helping to facilitate. Through procedural preparation and support, we are not only attempting to ameliorate the potential stress and trauma of the procedure itself, but we are helping patients and families develop confidence and tools for coping that can be used in the future medical and non-medical areas of their lives. An increase in personal strength also creates a sense of perspective on things that previously may have seemed difficult or insurmountable. We may see an increased willingness to try new things or experiment with different coping strategies. To encourage this increase in personal strength, child life specialists can encourage patients to reflect on past experiences and how coping has changed or improved. Journaling may be an appropriate strategy for patients who need space to process what they are going through or have gone through.

#### *Increased Ability to Relate to Others*

After trauma, we often hear people say, "you find out who your friends are." Individuals may choose to eliminate relationships from their lives that they no longer view as beneficial. Those that experience positive changes in relating to others can open themselves up to new relationships, often with those that they perceive as being able to understand them or those that have

gone through something similar. An increased ability to relate to others can help with a child or adolescent becoming less self-centered and more able to look outside themselves. As child life specialists, we can help make patient-to-patient and parent-to-parent connections to increase social support. Traditional support groups and medical camps are well-known means of strengthening support networks for patients and families. This domain also should prompt us to give special attention and consideration to those patients and families who do not have strong built-in support networks or consistent caregivers. For these families, child life specialists may need to be more diligent in providing outside referrals to community organizations to help grow their network of social support.

### *Identification of New Possibilities*

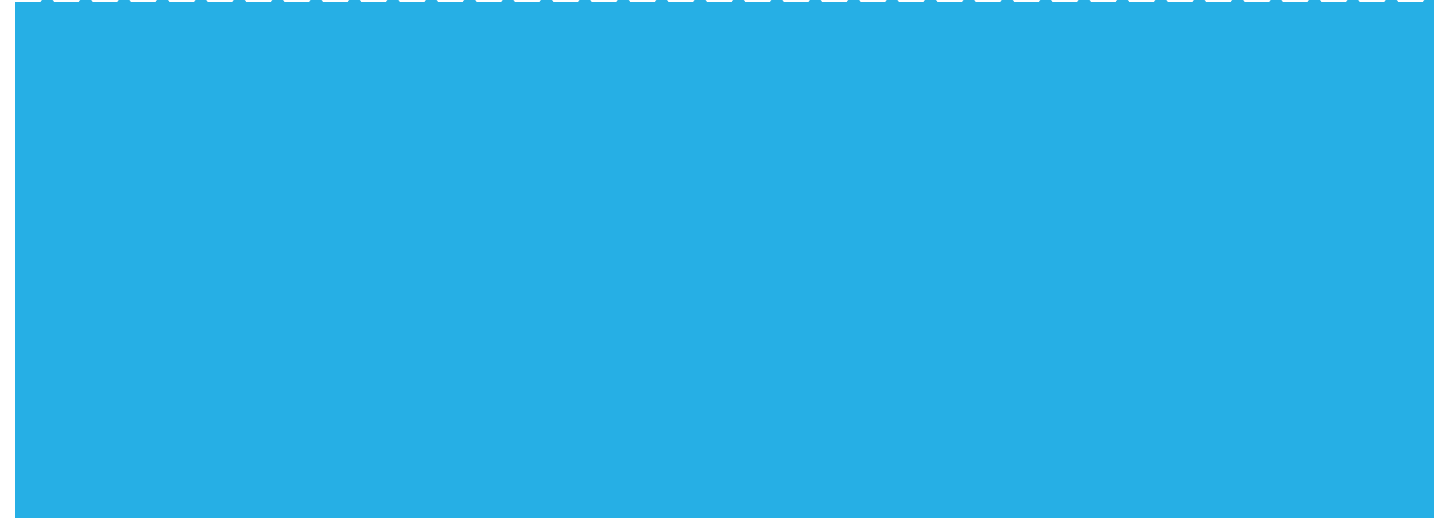
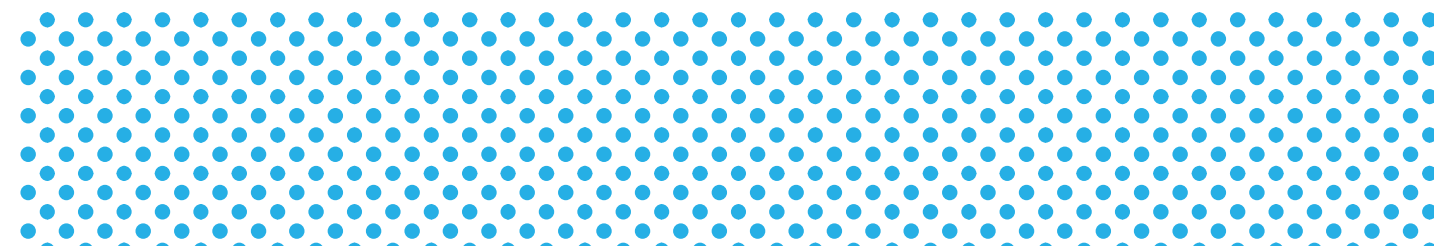
Because posttraumatic growth involves one's previously held assumptions being shattered in the aftermath of trauma, this often leads to someone being able to imagine a new path for themselves, though this identification of new possibilities may be born out of necessity. Because of a new diagnosis, for example, some possibilities that they previously imagined for their lives are now inaccessible. Many times, children and adolescents who have been through something traumatic tend to divide their lives up into before and after the traumatic event or life-changing diagnosis. When this happens, it causes things that seemed very important before to lose their meaning, and priorities may be reframed. We may see identification of new possibilities over time as patients and families learn to manage diagnoses and medical treatments that previously may have seemed unbearable. Other new possibilities that develop because of posttraumatic growth may be different avenues for education or for career exploration in medicine or another helping profession. Children and adolescents may feel driven to serve others who have gone through something similar, and anecdotally, there are many examples of former patients who become interested in volunteering in healthcare settings or medical camps to 'give back'. Several well-known foundations were started by patients and families making meaning from their experiences, such as Alex's Lemonade Stand or Hope for Henry, among many others.

### *A Newfound Appreciation of Life*

Research on posttraumatic growth is rife with narrative evidence of a newfound appreciation of life and things that people previously took for granted. This change in perspective is often reported as noticing things like beauty in the world and not being bothered as much by trivial things. There is so much that people may take for granted until illness or injury strikes. As child life specialists, we've likely been privileged and heartened to hear reports of a newfound appreciation of life from those that we have worked with. We may observe a child who has been out of school due to illness or injury be newly grateful for the chance to attend school. School reentry programs can help children and teens make meaning out of their return to school. There is often a transformation in thinking from "I have to" do something to "I get to" do that thing. Child life specialists can spend time learning what our patients' preferred activities were before their difficult healthcare experience and look at what returning to those activities might be like. For many patients, something as previously mundane as being able to spend time at home may take on new joy and meaning.

### *Spiritual Growth*

Spiritual growth has been observed widely, regardless of if an individual considers themselves religious, spiritual, atheistic, or agnostic. This domain of posttraumatic growth can reflect a strengthening of previously held beliefs, an initiation of belief in a higher power, delving into spiritual questioning, or increased caring about philosophical or existential matters. For children this may look like being able to develop a narrative to explain the traumatic event or why they believe such a thing happened to them. There are many ways that child life specialists can encourage spiritual growth without proselytizing. We can facilitate connections with spiritual care staff members and community providers to increase social support. Play spaces can host mindfulness activities or yoga practice that encourage time for reflection.



Posttraumatic Growth Domain	Possible Child Life Interventions
Increase in personal strength	<ul style="list-style-type: none"><li>• Journaling</li><li>• Therapeutic art activities</li><li>• Post-procedural processing</li><li>• Development of different coping strategies</li></ul>
Increased ability to relate to others	<ul style="list-style-type: none"><li>• Referral to medical camps</li><li>• Referral to support groups</li><li>• Making patient-to-patient and parent-to-parent connections</li></ul>
Identification of new possibilities	<ul style="list-style-type: none"><li>• Having future-oriented conversations</li><li>• Providing opportunities for service within the hospital</li><li>• Exposure to different medical professionals</li></ul>
A newfound appreciation of life	<ul style="list-style-type: none"><li>• School reentry programs</li><li>• Introduction to mindfulness activities</li><li>• Discharge planning and discussion of return to previous activities</li></ul>
Spiritual growth	<ul style="list-style-type: none"><li>• Referral to a spiritual staff member</li><li>• Introduction to guided imagery</li><li>• Availability of yoga or reiki</li></ul>

Learning about posttraumatic growth has helped me grow my perspective on the healthcare experiences of the patients and families with whom I work. We can't expect posttraumatic growth to be experienced by everyone. We can, however, continue to perform interventions that we know may help promote posttraumatic growth, like referring to support groups and focusing on interventions that build resilience and improve coping.

For those that would like a deeper dive into posttraumatic growth, the book *Posttraumatic Growth: Theory, Research and Applications* (Tedeschi et al., 2018) is an excellent resource.

References:

Becker, D. (1998). Cycling through adversity: Ex-world champ stays on cancer comeback course. *USA Today*, 3C.

Shuwiekh, H., Kira, I., & Ashby, J. (2018). What are the personality and trauma dynamics that contribute to posttraumatic growth? *International Journal of Stress Management* (25) 2 181-194.

Tedeschi, R.G., & Calhoun, L.G. (1996). The posttraumatic growth inventory: Measuring the positive legacy of trauma. *Journal of Traumatic Stress*, 9(3), 455-471.

Tedeschi, R.G., & Calhoun, L.G. (2004). Posttraumatic growth: Conceptual foundations and empirical evidence. *Psychological Inquiry*, 15(1).

Tedeschi, R.G., Shakespeare-Finch, J., Taku, K., & Calhoun, L.G. (2018). *Posttraumatic growth: Theory, research and applications*. Routledge, Taylor and Francis Group.

# MARY BARKEY AWARD

## The Mary Barkey Clinical Excellence Award 2022 – Lisa Ciarrocca

*by Melissa Hicks, MS, CCLS, LCMHC, RPT-S, Wonders & Worries, Co-Founder and Director, Education, Training, & Program Initiatives and Stephanie Hopkinson, MA, CCLS, Huntsville Women and Children's Hospital, Certified Child Life Specialist*

Tenacity, grit, compassion, and humor are only a few words that capture the essence of the 2022 Mary Barkey Clinical Excellence Award Winner, Lisa Ciarrocca. To understand the soul of this talented professional, it is important to start at the beginning and take the opportunity to be inspired, motivated, and rejuvenated in the power of child life through her story. Over thirty years ago, Lisa entered the health care world as a clinical child life specialist at Elizabeth General Medical Center in urban New Jersey. At this time, it was a one-person program, which set the foundation for what was to follow over the next two and half decades. A few years later Lisa moved on to become the sole child life specialist at Goryeb Childrens Hospital in Morristown, New Jersey. She provided child life services to countless children and families, especially those who were learning about a new diagnosis of cancer, and helped them navigate how to cope with the many aspects that come along with this diagnosis. During her tenure at Goryeb Childrens Hospital, Lisa balanced both leadership and clinical practice. As the program grew to add several child life specialists, Lisa became the

child life manager and continued to engage in direct clinical work to meet the diverse needs of children and families.

Inspired by the child life pioneers who started to provide services in the community, Lisa launched her child life private practice in 2014. The first of its kind in New Jersey, The Next Step Partners in Psychosocial Care now serves over 100 families. Lisa provides child life services at her developmentally responsive “office,” the families’ homes, the hospital, as well as working within a camp medical clinic once a year. Her work aims to help children and families find their strengths, enhance their ability to cope, and bring a sense of normalcy back to their lives. As the COVID-19 pandemic began in 2020, Lisa quickly moved into responding to the needs of children and families through virtual visits and later meeting more families in their homes when it was identified as a safe practice. This responsive approach to meeting children and families where they were, in a time of global crisis, positioned Lisa to provide child life services and ensure access to responsive psychosocial care remained readily available!



*2022 MBA winner Lisa Ciarrocca (right) accepting the award from ACLP Board of Directors President Quinn Franklin (left) at the 40th Annual Child Life Conference.*

*continued on pg. 17*

Lisa's love for service and advancing the field of child life continues to be felt and experienced by so many beyond the hospital walls. She has served and continues to serve in many capacities, including multiple roles on the Association of Child Life Professionals Board of Directors and on local boards to share her passion and expertise with others. Lisa's story is an inspiration and illustrates extraordinary child life clinical practice.

As you continue to learn and be motivated by her story, who better to learn from but from Lisa herself? The following brief interview captures the knowledge and wisdom she shares with us. Take a few moments to hear from this phenomenal woman!

**Q: What does child life mean to you?**

"The first thing that comes to mind is support. It means to be able to connect full circle so there is not only the medical piece in helping children and families. There are so many pieces that make child life. The psychosocial piece connects it all, so it is a full circle."

**Q: In reflecting on your journey, tell us about what you believe contributes to the practice of clinical excellence with children and families in child life.**

"Being fluent in evidence-based practice, being on top of research, upholding high standards, teaching others, prioritizing foundation of child life practice, learning what is happening now, creating, innovating, and 'if you do not know it, learn it' all contribute to clinical excellence.

Recognizing that child life expands outside of the hospital and outside of what may be considered traditional practice. Getting additional training and experience while practicing the core of child life work. The Wonders and Worries Provider® training and certification has supported this! This training supports working with children of adults who have a life-threatening illness.

To me, clinical excellence is practicing your craft and constantly learning! It truly is about maintaining a high standard of child life practice."

**Q: When reflecting on your journey as a clinical child life specialist, what is that one piece of advice that had the biggest impact on you and perhaps you still carry forward with you to this day?**

"Be the best Certified Child Life Specialist you can be and do not compare yourself to others. Stay confident. Do not worry about what others think you should be doing. It can be hard, put what others say aside and put yourself in those situations and shine. Do not take things personally; offer what you can do. You need to develop kind of tough skin: it is not about you; it's about the children and families you are providing the services for."

**Q: When reflecting on your journey as a clinical child life specialist, what is that one piece of advice you share with others?**

"I have said from day one, 30 years ago, to child life interns and staff alike: Play is so important! It may not look like traditional play to others, but medical play, play with puppets-any form of play. Child life does not have to be in any specific environment like the treatment room or ER. Child life and play can happen in any space! You are a CCLS; your tools are always with you, in your mind. You must have the knowledge and foundation to take it anywhere. You do not have to have tools or things in your hands. It is not the setting you are in-it is about applying your knowledge! You do not have to be in the room; you could transfer the information to those who need it such as a parent or other health care provider. That's what matters!"

**Q: What do you believe is the value of being a certified child life specialist in community-based private practice?**

"The biggest value of having a CCLS in the community is it puts children and families who may never go to a hospital setting in direct contact with a child life specialist. These children and families are the ones who benefit; it connects families who need it. It allows you to impact more

children and families coping with challenging life situations who may not come in direct contact with a hospital-based child life specialist. It brings awareness to the community about health care and hospital settings. Children and families spend more time in the community than being in the hospital setting."

**Q: What do you hold as essential to your success in being a Certified Child Life Specialist in private practice?**

"Experience. We need the experience to be successful. I believe to practice child life in a community you need experience in the hospital to fine-tune your foundational skills, connect you to learning different diagnoses, and learn different resources. And it helps you to have contacts in the hospital. In the community, most clients come referred from the hospital thus networking in the hospital and other community-based agencies is important... Provide free (in-kind) educational sessions to provide a foundational understanding of what you will provide; what is child life. The ACLP position statements and guidelines inform the wisdom of those practicing in the community. I do not see myself in this position without the time in the hospital. You do not know what experiences you may need to set a strong foundation of practice, including various ages, illnesses, and challenging experiences. And it is important to be flexible; it is not 9 to 5."

**Q: Looking into the future of child life, what is one piece of wisdom you would want to tell the future clinical Certified Child Life Specialist?**

"Child life is not in a package with a bow with a result of being in the hospital; child life is always evolving. Think about settings, roles, and practice across the globe. It is exciting! When I got out of college it was about being in one setting: the hospital. With experience, you may expand to other child life roles and environments. We can expand! Child Life is adaptable-we need to be adaptable in every sense of the word! We are not in competition with ourselves; we all bring something to the table through the way we

practice and the diverse interventions and tools we use. We need to share. When I first went into child life, people were hesitant to share. Now I can reach out and people are more likely to share! With child life private practice, it is about the big picture. You become a business owner; you need to have a business plan, insurance, office, and supplies. It is a whole new level. There is diversity in the approach to private practice. There are so many details to consider when providing child life services in private practice in the community."

**Q: What supports you? What does professional care look like to you?**

"Supportive family; friends who bring me joy, fill my bucket; mentors; clinical supervision; mindful practices such as breathing; my dog; the beach; and travel."

**Q: What is one word that captures receiving this award and what it means to you?**

"Joy!"



# A MORE INCLUSIVE THANKSGIVING

## Ideas and Resources for a More Inclusive Thanksgiving Celebration

*by Jenny Chabot, PhD, CCLS, Associate Professor, Ohio University, Child and Family Studies*



In celebrating and supporting the ACLP's Diversity, Equity, and Inclusion efforts, how do we honor Thanksgiving knowing it can be a very problematic holiday in our history? How do we create celebrations that are culturally appropriate and do not gloss over the true story of that first Thanksgiving dinner? To borrow a headline from National Public Radio, how do we enjoy the holiday, "...without Swallowing the Stereotypes?" (npr.org, 2017). We can celebrate the tradition of gathering friends and family, especially when many families were not able to gather due to Covid-19 impacting holiday gatherings for the past few years, and we can do this while acknowledging the painful, actual history of the origins of this holiday.

One recommended conversation to have with loved ones, especially children in our families, can focus on the Indigenous communities in your geographical area. Learn about and share the unique histories and cultures of these communities and discuss the importance of not believing stereotypes they may be seeing in their schools and the media that depict Thanksgiving rituals and traditions. There are several helpful resources indicated throughout this article that assist you with conversation starters with your families and give you ideas to celebrate the holiday in an ethically responsible way.

**[1. The McCormick Center for Early Childhood Leadership](#)** has some wonderful ideas and resources adults can use to educate children

about Thanksgiving in a culturally sensitive way. These include:

- The Smithsonian Institute's National Museum of the American Indian has many resources on transforming teaching and learning about Native Americans. Check out the many resources they offer [here](#)
- Parent Map provides a list of children's books that highlight true stories of Native Americans. Take a look [here](#) for the complete list and description of each book
- Learning for Justice (formerly Teaching Tolerance) website has a list of resources to help us accurately teach and share the story of Thanksgiving. Check out their information [here](#)
- Interfaith Workers Justice offers a Racial Justice Guide to Thanksgiving that can be used by educators, families, and other professionals. Their resources include historical resources, book lists, and lesson plans. Check it out [here](#)

**[2. Cultural Survival](#)** lists eight ways to decolonize the holiday and each way is packed with multiple resources to help guide us through each way listed. Their list includes:

- Learn the Real History of Thanksgiving. Thanksgiving, like Columbus Day, serves as a reminder of the genocide and violence Native communities experienced and continue to experience. Learn about Thanksgiving

*continued on pg. 19*

and early colonial history from Native perspectives. Multiple resources to learn more about the history are listed on the Cultural Survival website (cited above and in the reference list).

- Decolonize Your Dinner. Bring Native American dishes to the dinner table. The website lists multiple links that provide resources to help you do this. Additionally, Bon appétit suggests taking time to learn where all your Thanksgiving dishes come from. For example, a common misperception is potatoes come from the Irish, but they are an indigenous food.
- Buy Native This Holiday. Buy goods, services, and products made by Native Americans and support local and national businesses owned by Indigenous people.

**3. The non-profit organization dedicated to social change, DoSomething** discusses some simple steps we can take to honor Thanksgiving in a culturally sensitive way. Their site reaffirms many of the steps discussed in this blog above but also adds some new ideas. [DoSomething suggests steps](#) including:

- Speak about Native peoples in a respectful way. The site includes a link to a guidebook for allies and includes ways to start conversations with loved ones about this issue.
- Acknowledge whose land you're on at this very moment. Enter your zip code to find out whose traditional territory you're residing in. Take a minute to learn more about them and honor their enduring relationship to the land.
- Learn more about the impact of invisibility on Native peoples. Do Something recommends the Klepper docuseries episode titled Invisible Nation and they include a viewer's guide to help further our understanding as we watch.



### References:

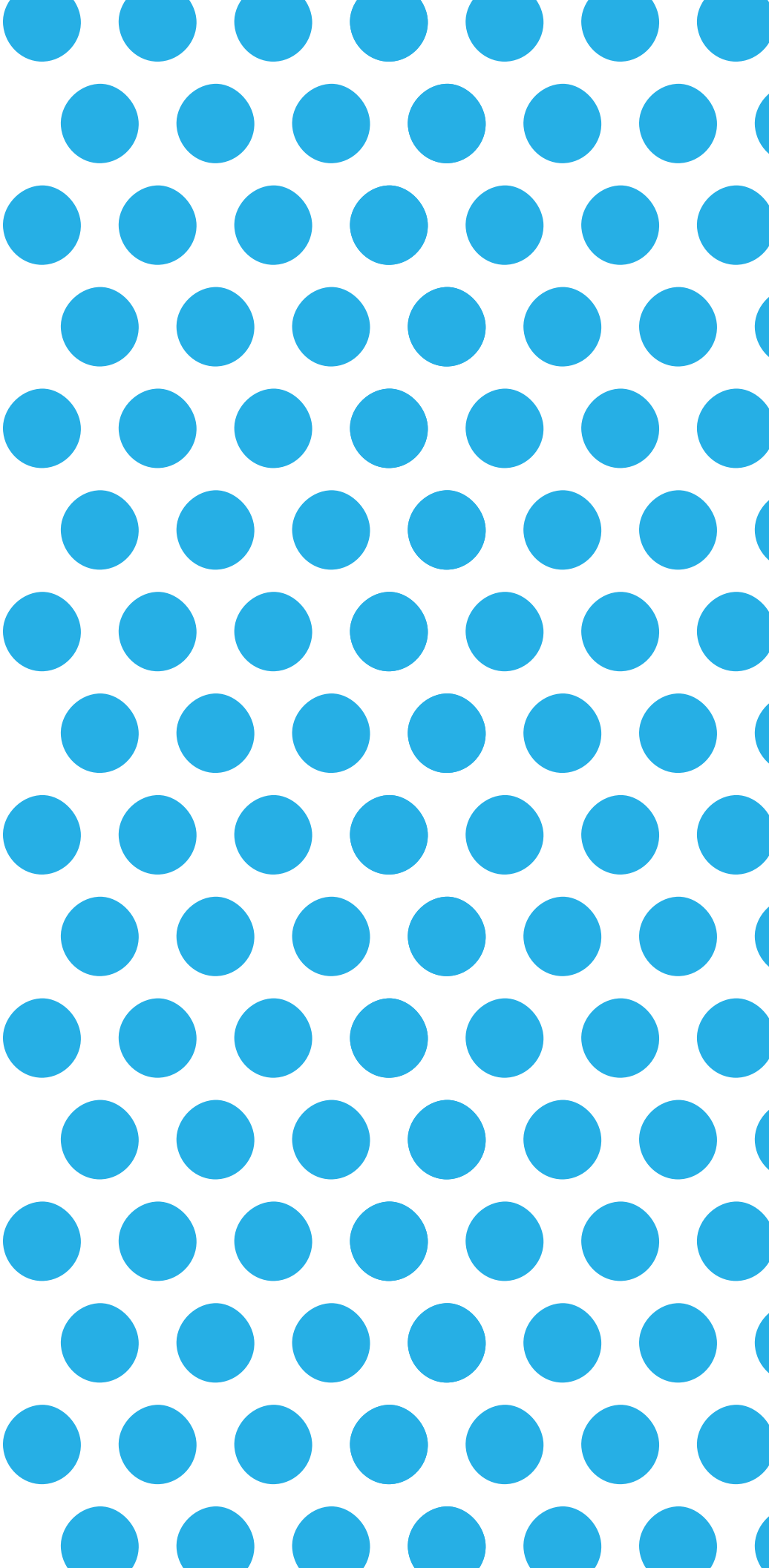
*8 Ways to Decolonize and Honor Native Peoples on Thanksgiving.* (2018, November). <https://www.culturalsurvival.org/news/8-ways-decolonize-and-honor-native-peoples-thanksgiving>

Chopra, S. (2020, November). Can we Respectfully Celebrate Thanksgiving? Bon appétit. <https://www.bonappetit.com/story/can-we-respectfully-celebrate-thanksgiving>

*How to Enjoy Thanksgiving Without Swallowing the Stereotypes* (2017, November). <https://www.npr.org/sections/codeswitch/2017/11/22/565675411/how-to-enjoy-thanksgiving-without-swallowing-the-stereotypes>

LaGrande, W. (2020, November). Celebrating Thanksgiving Respectfully. <https://mccormickcenter.nl.edu/library/celebrating-thanksgiving-respectfully/>

Menjivar, J. (ND). Truthsgiving: The True History of Thanksgiving, and how you can support Native Communities this holiday and beyond. <https://www.dosomething.org/us/articles/truthsgiving-the-true-history-of-thanksgiving>



# BEYOND BORDERS:

## Child Life in the Philippines

*by Christina Brannon, Standish Foundation for Children  
and BobbiJo Pansier, MPH, CCLS, CTRS, Standish Foundation for Children*

To what lengths would you go to make the life of a hospitalized child more joyful? For Maria Fatima Garcia-Lorenzo, she went as far as forging the path for the child life profession in her home country as the first Certified Child Life Specialist in the Philippines. Through her passion, diligence, and compassion for hospitalized children, she humanized healthcare in the Philippines with international inclusivity in mind. To Fatima, broadening the diversity of child life past North American borders was imperative. Her reasoning was simple: "Child life is important everywhere, and everyone needs and deserves access to these services."

In 1992, Fatima was studying for her M.A. in Psychology at Manila University. As a requirement for her play therapy course, she engaged with children at East Avenue Medical Center (EAMC) in the Pediatric Oncology unit. During this same time, she attended a Pediatric Oncology conference where she was introduced to a profession she hadn't heard of before: child life. Her first instinct was to find a way to bring this concept to children and families in the Philippines.

Fatima co-founded the Kythe Foundation in 1992 with Carmen Castro, a registered psychologist, to provide psychosocial support services to pediatric cancer patients at EAMC. Kythe became a

registered nonprofit organization in 1994 with the aim of improving the quality of life among hospitalized children with cancer and other chronic illnesses. By 1998, the child life program was named Kythe's primary program and soon began to expand to other service areas within EAMC and throughout the country. In 2000, Fatima was accepted as a child life intern at the University of California San Francisco and became the first Certified Child Life Specialist in the Philippines in 2001, successfully bridging the international child life gap. By 2005, the Kythe child life program had 9 affiliated hospitals throughout the Philippines.

Today, Kythe provides many services at several affiliated hospitals which include financial support, medical services, and psychosocial support services. The team includes three Certified Child Life Specialists; many child life "coordinators" and "officers" composed of nurses, midwives, expressive art therapists, cancer survivors, and other medical professionals who offer psychosocial support; and a host of volunteers. For Kythe, the volunteer program fills a critical need. Volunteers often get involved through community outreach, including international volunteers who join through the Kythe website, and are then trained and supported by a combination of certified child life specialists

*continued on pg. 21*



## KYTHER'S TIMELINE

1992	Fatima discovers child life and co-founds Kythe Foundation and begins providing psychosocial support at EAMC
1994	Kythe Inc. becomes a non-stock, non-profit organization
1998	The child life program is named the primary program
1999	Child life program expands to other service areas of EAMC
2000	Co-founders complete their child life internships
2001	Fatima becomes the first CCLS in the Philippines
2005	Kythe services expand to nine affiliated hospitals
2013	Angelita Sievert-Fernandex, PhD, becomes the second CCLS
2017	Nina Nerissa Sumpaico Jose becomes the third CCLS
2019	National Integrated Cancer Control Act was passed into law that included a provision for child life services
2020	Tele-child life becomes available in response to the pandemic

and child life coordinators and officers to visit and play with patients. Yet, the group of trained professionals providing child life and psychosocial support services has proven imperative. In addition to psychosocial support, these professionals often offer services similar to that of a social worker in the United States (guidance for financial support and medical services). As the only foundation in the Philippines offering psychosocial support services, Kythe has provided support to over 18,000 children with cancer and other chronic illnesses and their families since 1992.

Above all, Fatima and Carmen built Kythe Foundation to foster “opportunities to help children learn, play, and grow even when they are in the hospital.” As a pioneer in humanizing palliative and extended care for children, Fatima advocated among doctors and policymakers to recognize the essential value of child life. In 2019, the National Integrated Cancer Control Act was passed into law in the Philippines, and the provision of child life services was an integral inclusion in that legislation. During the pandemic, child life services continued to be available for support via tele-health. Tele-child life is a service that continues today, along with the gradual return to on-site provisions of services and support.

Perhaps the most poignant memory of Fatima’s child life career is an indelible example of the importance and efficacy in this practice. A child under her care became fearful of chemotherapy, sprinting to the hospital playroom. When asked why he chose to hide there, he responded that “This playroom is safe, no pain happens here.” He knew that this space was where he was free to be a child, not poked or given medicine, not where he was an oncology statistic, going through the mundane, painful, and often scary treatment. In this child life space, he was himself again.

The value and impact of Kythe Foundation is immeasurable for the community it serves. Because of this nonprofit, children and families in the Philippines can understand and express their feelings about their medical situation while practicing coping strategies to deal with the fear and stress that inevitably follows. Though Fatima has since retired from active child life work, the spark she started with the Kythe Foundation continues to burn brightly, bringing hope to many pediatric patients. To learn more about Kythe visit: <https://kythe.org/>.

# BOOK REVIEW:

## Set Boundaries, Find Peace

by Katy Tenhulzen, MS, CCLS, Child Life Program Director, Central Washington University

***"I meet so many people – especially women – who give and give so much, only to feel exhausted and even depressed as a result. This is why we live in a culture of burnout"***  
(Tawwab, 2021, p. 4).

Boundaries are essential for child life specialists and are often discussed in relation to therapeutic relationships, professionalism, patient privacy, scope of practice, and promoting work-life balance. As an integral part of our ethical responsibilities, it is important to reflect on our level of comfort and skill in boundary-setting. Healthy boundaries can promote mental and emotional well-being, job satisfaction, and longevity in the field. *Set Boundaries, Find Peace: A Guide to Reclaiming Yourself* is written by Nedra Glover Tawwab, a licensed therapist with a specialization in relationship therapy. Although much of this book is focused on boundaries within personal relationships, Tawwab also emphasizes workplace boundaries, and child life professionals may find this resource helpful both personally and professionally.

Despite their importance, Tawwab notes that many people struggle to be clear and assertive in setting boundaries. Often, messages and modeling from childhood still impact people as adults and create barriers in setting and maintaining boundaries with others comfortably and confidently. Professionally,

some people avoid setting boundaries because they fear negative responses, relational consequences, or potential negative repercussions in the workplace. Throughout the book, Tawwab encourages the reader to consider why they may feel resistance or lack skills in boundary-setting by engaging in self-reflection, including journal prompts at the end of each chapter. Then, she outlines how to set boundaries in various contexts, including examples of assertive statements and how to handle pushback from others.

Child life professionals may find the discussion about burnout and self-care practices particularly relevant, especially given the additional burden of pandemic burnout that has exacerbated an already-demanding job. Tawwab offers examples of what leads to burnout that may resonate with many child life specialists, such as people-pleasing, feeling underappreciated, and prioritizing the needs of others over one's own. Then, she discusses the emotional and relational impact of burnout and lack of boundaries that may be helpful to identify as "red flags" for ourselves and in our support of colleagues or those we supervise.

Prioritizing self-care is imperative to prevent burnout in helping professions. However, Tawwab suggests that people who get caught up in a desire to help others, or people who struggle to say "no" when they should, are highly likely to neglect their own self-care.

She states, "the root of self-care is setting boundaries: it's saying no to something in order to say yes to your own emotional, physical, and mental well-being" (p. 6). She also explains how boundary violations by others impact self-care practices and offers suggestions for responding to others who do not respect one's boundaries.

Child life specialists and teams may also benefit from considering Tawwab's thoughts on how, despite the best of intentions, they may inadvertently violate boundaries of others in their work. For example, over-empathizing with patients and families, taking on the role of "the rescuer," being unaware of implicit bias, and overextending themselves in their work may negatively impact the provision of effective and equitable care or the ability to work successfully within the multidisciplinary team. It is important to consider how unintentional boundary violations may affect patients, families, or colleagues and potentially thwart goals related to advocacy and family-centered care.

Taken together, Tawwab's instructions about setting clear and assertive boundaries, perspective on burnout and self-care, and discussion about our ability to both set and respect boundaries may prompt important reflection for child life professionals and within child life teams.



# MOMENTS FROM THE PAST:

## Herb LaGoy and the Creation and Care of the Child Life Archives

*by Amanda Geist-Sanborn, MS, Child Life Specialist II, INTEGRIS Children's at Baptist Medical Center*

On the Association of Child Life Professionals (ACLP) website, under the Resources tab, you will locate the ACLP Archives Finding Aid and contact information for a librarian named Herb LaGoy at Utica University in New York. You might wonder, what are the ACLP Archives? How can the ACLP Archives Finding Aid benefit me? The ACLP Archives is a collection of photographs, historical documents, and even puppets that tell the history of our profession. This collection had a small but mighty start and was stored and passed along by different practicing child life specialists for many years. In 2002, Civita Brown, MSEd, CCLS, gained possession of the initial collection and was able to use her connection with Utica University to create the ACLP Archives (H. LaGoy, personal interview, December 15, 2021). The current collection now resides in the Frank E. Gannett Library as part of the Special Collections at Utica University in New York and is overseen by librarian Herb LaGoy.

When LaGoy began his work with Utica University, he saw a need for a more formal collection and catalog of the ACLP Archives materials (then called the Child Life Collection). In 2010, LaGoy proposed a project to better organize and catalog the Child Life Collection, an endeavor that ended up lasting nearly two years. In 2012, LaGoy began working with the Association of Child Life Professionals Archives Committee (previously known as the History Committee) to allow all associated with the organization to have access to the ACLP Archives Finding Aid via the ACLP website. The ACLP Archives Finding Aid is a document that details the items stored within the ACLP Archives and serves as a reference for individuals to locate items. To this day, LaGoy maintains a close relationship with the Archives Committee to continue finding ways to preserve the legacy of child life as we continue to grow in our profession.

The current ACLP Archives house a large collection of items ranging from articles and publications to conference

materials, with the earliest item of record being from the 1920's. Items from child life pioneer Emma Plank and audio cassettes from early child life champions, including Tom Collins, Sheila Palm, and Susan Marchant, can also be found and accessed from the ACLP Archives. Herb and his team have been working on cataloging recent donations and adding to the ACLP Archives Finding Aid, after a hiatus due to COVID-19.

When asked where LaGoy would like to see the ACLP Archives in the future, he said he sees an immediate need of ways to store new and future donated materials for continued ease of access. LaGoy would also like to see a digitization project created and implemented to "allow the archives material, or select portions of it, to become more widely accessible to researchers" and all ACLP members (H. LaGoy, personal communication, February 24, 2022).

If you need a historical document to guide your knowledge or research, head on over to the ACLP Archives page and complete the following steps:

**1) Download and review the ACLP Archives Finding Aid for a list of all items currently catalogued in the library.**

**2) Request a digital copy of any item in the ACLP Archives Finding Aid. To do this:**

- a. Visit the Utica College Library Web Page**  
**Choose the first option: Ask a UC Librarian Your Question**
- b. Fill out your contact information.**
- c. State your question by typing in the name of the collection you would like (Child Life Council Archives), the folder, and the item in the folder you wish to review**
- d. A Utica College Librarian will respond to your inquiry**



### References:

Frank E. Gannett Library. (2018, February). *Child Life Council Collection Finding Aid*. Association of Child Life Professionals Archives. <https://www.childlife.org/docs/default-source/resources/aclp-archives-finding-aid.pdf>2022, from <https://www.utica.edu/academic/library/aboutlib/specialcoll.cfm>

*UC Library Special Collections*. Utica College. (n.d.). Retrieved March 1, 2022, from <https://www.utica.edu/academic/library/aboutlib/specialcoll.cfm>

**KIDZPACE**™ and **TOUCH2PLAY**™  
INTERACTIVE INC.

Interactive games and activities  
to help relieve stress, anxiety, & boredom.  
Create uplifting patient experiences!



Enjoyed by all - from toddlers to teens!

Waiting areas • Patient rooms • Playrooms  
Lobbies • Lounges.... in any department!

4 models of Touch2Play, plus Xbox, PlayStation & Nintendo



Many options: wall or floor mounted, tabletop, mobile & multi-station systems

Trusted by Child Life Specialists for **30** YEARS  
1992-2022

David Meyer • 1-800-594-9184 • dave@kidzpace.com  
www.kidzpace.com/industry/hospitals-clinics

**MEDIKINS** bring the **magic**



replacing **Fear**  
and **Uncertainty**

with **Confidence**  
and **Knowledge**



www.LegacyProductsInc.com



Visit our website to join our VIP Club and receive a discount!

MediKin teaching tools are like magic.  
They instantly engage a child's curiosity,  
calm their fears, give them courage,  
and show medical issues and treatments  
in a way that makes sense to them.

**MEDIKIN**™  
Teaching Aides  
BY LEGACY PRODUCTS INC.

1-800-238-7951



# CALENDAR

## UPCOMING EVENTS AND IMPORTANT DATES

### NOVEMBER

**NOVEMBER 1-15:** Testing window for the Certification Exam

**NOVEMBER 8:** ACLP Webinar, Dreaming Big: How to Create an Independent Closed-Circuit Radio/TV Studio in a Pediatric Hospital

**NOVEMBER 10:** Internship Readiness Q&A Session

**NOVEMBER 11:** Applications close for the Winter/Spring 2023 Diversity Scholarship

**NOVEMBER 15:** ACLP Webinar, The Power of Pre-Calls: Laying the Foundation for Success

**NOVEMBER 24-25:** ACLP office closed

### DECEMBER

**DECEMBER 23:** Transcripts and other documents must arrive at the ACLP office by this date to ensure sufficient time for processing and approval before the January 5, 2023 deadline to apply for a summer 2023 internship.

**DECEMBER 26 - JANUARY 2:** ACLP office closed

### JANUARY

**JANUARY 2:** Research Recognition Award applications open

**JANUARY 5:** Application deadline for the Summer 2023 Internship

**JANUARY 6:** The NEW Internship Readiness Common Application launches