



From the Executive Editor

by Shannon Dier, MS, CCLS

This fall, I find myself in a season of change, and it has me thinking about the inevitable overlap between personal life and child life. Those who have worked with me for any length of time know that I am a strong advocate of professional boundaries, not only to maintain appropriate relationships with patients and families but to protect our personal lives from the weight of the work we do. Yet, the messy reality is that being a child life specialist alters the way we see the world. You can never watch a medical drama, or witness a child having a meltdown in a restaurant, or even attend a family event in quite the same way because you are constantly assessing all

the developmental, family and healthcare variables that interact in these situations. Perhaps you find yourself applying your child life skillset to offer therapeutic activities to the children in your life or to demystify healthcare information for your family and friends. Both loved ones and acquaintances turn to you for your developmental expertise and rely on your calm response under pressure. Somehow their intended compliment “I could never do what you do” seems to separate you out into a category of superhumans capable of overcoming all things.

As much as child life has seeped into my interactions with others, it has been humbling to remember how very human I am. Without realizing it, I had internalized an expectation that because I help others cope for a living that I was automatically going to be very good at coping myself. Faced with uncertainty and challenge, though, I struggle with my anxiety about the future and lean on less than healthy coping strategies. In a time of global heartache, I want to isolate myself and avoid the news, distracting myself from everything that is just too much. Afraid to feel my big feelings, I hold them fast until they burst out in unexpected tears at something small. As it turns out, I am not always adept at “child life-ing” myself.

It was when I began to think of it that way that I realized that I need to give myself the same individualized care that I give to the patients, families and students that I serve. I need to remind myself to take it one step at a time. I need to focus on the choices I do have and what I can do to feel masterful in situations that are outside my control. I need to coach myself to take a deep breath and regulate my physical body. When all I want to do is hide in the blankets and leave the lights off, I need to connect with the people who care about me and remember who I am outside this moment of stress. I need to give myself permission to feel how I feel and validate that it’s okay to not be okay all the time. Taking a step back and

being my own child life specialist is the radical approach to self-care and self-compassion I wish I had learned sooner, and I hope it's a strategy that helps some of you too.

This issue, we have multiple articles that provide new perspectives and tools to enhance your clinical practice. Jennifer Fieten discusses how to conduct a literature search to find research articles relevant to your work, and we've added a bonus resource of search tips compiled by the Research Fellows. In Committee Corner, Jessika Boles, Lead Research Fellow, shares more about how this group of ACLP volunteers uniquely supports the child life community to engage in research. Building on her series of #ChildLife Blog posts, Jacquie Rahm offers strategies for talking with children about the suicide or suicide attempt of a loved one. In a moving reflective practice piece, Katie Oches shares her story of how her child life professional experience overlapped with her family life after her son was diagnosed with cancer. We hope the variety of articles you find in each issue of ACLP Bulletin provides ideas, encouragement, and inspiration to share your child life insights with this community. We invite you to submit your article ideas and drafts on the Bulletin webpage and contact us at bulletin@childlife.org.

