



EXECUTIVE EDITOR: Morgan Morgan, MS, CCLS

ASSOCIATE EDITOR: Katie Walker, PhD, CCLS

MANAGING EDITOR: Aubree Bailey, MA, Communications Specialist

EMAIL: bulletin@childlife.org

Published quarterly in February (Winter issue), May (Spring Issue), August (Summer issue), and November (Fall issue). 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.

©2025 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.

CEO Shares

Alison Heron, MBA, CAE CEO

As we transition from spring to summer, I want to share about the new growth at ACLP and our bright future to which we look ahead.

The month of March brought us the privilege of celebrating Child Life Month by lifting your child life stories, highlighting individuals' achievements, service, and practice. From students sharing their decision to pursue child life to newly retired specialists reflecting on their careers, we are honored you chose to share your child life journeys with us. Each narrative reinforced what makes our profession so extraordinary: the heart and dedication you bring to supporting children and families during challenging times.

We furthered honored the month by sending appreciation letters to administrators, hosted a complimentary PDU opportunity for members, and relaunching the highly regarded ACLP Forum, a digital space for ACLP members to network, share resources, ask questions, and support each other. The month culminated in recognizing Debbie Wagers, CCLS, HCM, our 2025 Distinguished Service Award winner, the creator of One Voice. I encourage you to read about Debbie's transformative contributions in this issue's featured article.

Our educational opportunities continue to expand, with additional cohorts of the Clinical Intern Supervisor Course, a new on-demand series, "The Intersection of Practice, Purpose, and Professional Identity," and the 2025 Child Life Conference, which is quickly approaching! We look forward to hosting you in Los Angeles and gathering as a community, sharing knowledge and nurturing connections with colleagues who understand the unique challenges and joys of our work. If you are not attending our conference this year, you have an opportunity to engage with a curated selection of sessions and earn PDUs through our Lightning Pass, available starting in June.

I'm pleased to announce that in June, we'll open another application cycle for the Child Life Needs-Based Grant. This initiative provides vital financial support to child life programs facing budget constraints, particularly those serving diverse and underserved communities. The grants can fund supplies, equipment, and innovative programming that brings physical and emotional support through play to children and families. We're profoundly grateful to Disney for this meaningful partnership. Look for complete details, including eligibility criteria and application timelines, in early June.

Soon, our Board of Directors will transition into new leadership, led by Incoming President Elana Brewer, MS, CCLS. This annual transition brings fresh perspectives while ensuring that ACLP continues to represent the beautiful diversity of identities and roles within our profession. We are grateful to our outgoing President, Sarah Patterson, MSc, CCLS, who has led us through the past year with grace and purpose, and you can read more about Sarah's tenure in this issue's "President's Perspective." Sarah will move into the role of Immediate Past President and continue sharing her expertise with the Board. Outgoing Immediate Past President Alisha Saavedra, MA, CCLS shares how the current President, Incoming President, and Immediate Past President collaborate to provide astute leadership in this issue's "Welcome to the Board Room."

Our annual Call for Abstracts opens in July, and we invite you to share your expertise with our community in 2026 programming. Each year, we're humbled by the exceptional proposals submitted by child life professionals worldwide, and are grateful to host some of the innovative sessions and webinars in the profession. Each of you brings a unique light to our profession, contributing to the collective progress towards our vision to ensure psychosocial care to every child and family. The impact of child life practice on children and families is vast, and we are grateful to support the clinical practice and professional journeys of this community.

It remains our privilege to support your clinical practice and professional journey. Thank you for being part of this extraordinary community.

Alison Heron, MBA, CAE CEO, Association of Child Life Professionals

From the Executive Editor

Morgan Morgan, MS, CCLS

Dear Colleagues,

As the days grow longer and spring breathes new life into our surroundings, we're reminded of the beauty of growth, renewal, and possibility. This season brings with it a spirit of reflection and anticipation—perfectly echoing the themes we explore in this issue of our publication.

Our field continues to evolve in response to the diverse needs of the children and families we serve, and this issue honors that ongoing journey. We are proud to feature powerful contributions that challenge, inform, and inspire.

We're thrilled to spotlight the recipient of this year's Distinguished Service Award—Debbie Wagers, MHA, CCLS—the visionary who developed ONE VOICE, a framework that has profoundly influenced our practice by promoting respectful, developmentally appropriate interactions with children in healthcare settings. Her dedication exemplifies the very best of what our profession can achieve.

Also in this issue, you'll read part two of an article published in our last issue. Kim Corey, MS, CCLS; Danyah Hasan, MS, CCLS; and Ashley Lee, MS, CCLS BIPOC child life students and internship supervisors, reflect on the challenges and considerations they face when selecting internship sites. Their voices underscore the necessity of equity in access and opportunity—and call us all to examine how we foster belonging within our programs and institutions.

Shelby Strauser (credentials?) then shares a reflection on the decision to move units within your current hospital. As someone who changed positions quite a few times, in the early days of my career, I connected with the emotions she explores in this article.

Ahead of Pride month, Kelly Kemp, a Certified Child Life Specialist and the parent of a trans child, shares a heartfelt letter written to friends and family about her son's transition. It is a deeply personal, courageous perspective that speaks to the importance of empathy, education, and community support—values we hold central in our work.

We also have a bountiful resource on gender affirming care that offers guidance and insight on how we, as child life specialists, can advocate for and create safer, more affirming spaces for transgender and gender-diverse youth, written by Nikki Orkoskey, MA, CCLS a member of the DEI committee. While this resource guide is not intended to be comprehensive, it is a strong foundation for learning about gender inclusive care in the ever changing landscape of pediatric healthcare.

Looking ahead, there's a growing buzz around Child Life Conference in Los Angeles, and rightly so! This gathering is more than a chance to learn and grow—it's a celebration of our shared passion, a moment to reconnect with colleagues, and an opportunity to envision the future of child life together.

As spring invites us to look forward with hope, may this issue inspire you to continue creating spaces where all children and families feel seen, heard, and supported. Thank you for the work you do—and for the heart you bring to it.

Warmly,

Morgan Morgan, MS, CCLS

Editor, Bulletin

President's Perspective: Signing Off with Gratitude and Hope

Sarah Patterson, MSc, CCLS, President

As I prepare to conclude my term as president of the Association of Child Life Professionals, I find myself reflecting with deep gratitude, pride, and a profound sense of awe at all we have accomplished together. It has been an honour to serve this incredible community of dedicated professionals, advocates, educators, and leaders—each of you united in your commitment to child- and family-centered care.

This past year has taken me to places I never imagined—both literally and professionally. From presenting on emotional safety during my travels to Pakistan and Saudi Arabia, to connecting with peers at the Child Life Directors Conference, I have witnessed firsthand the global reach and evolving impact of our work. Each moment reinforced how vital it is to elevate the voice of child life on every stage—local and international.

Together, we've leaned into bold conversations around emotional safety, equity, and inclusion. We've deepened our commitment to child- and family-centered practice, and explored new pathways to support the professionals who carry out this work every day. Our initiatives—from innovative educational programs to strengthening international partnerships—have been grounded in listening to our members and acting on what we've heard.

It has also been a year of compassion in action—from supporting colleagues through our contribution to Child Life Disaster Relief, to advancing new benchmarks that celebrate excellence in our field. These efforts are more than milestones; they reflect our shared values and unwavering belief in the power of child life to make a difference.

One of the most rewarding parts of this role has been the opportunity to listen—to truly hear the voices of members across regions, disciplines, and stages of professional growth. Your insights, passion, and stories have been the compass guiding many directions. I've learned from each of you, and I leave this role forever shaped by the relationships, challenges, and collective aspirations we've shared.

As I pass the gavel to our incoming president, Elana Brewer, I do so with immense confidence in her leadership and vision. Elana brings a deep well of experience, empathy, and insight, and I look forward to seeing the Association thrive under her guidance. I do so with full confidence in the strength of our association and its future.

I am deeply grateful to the ACLP staff and Board of Directors for walking alongside me on this journey and offering their unwavering support every step of the way. I am excited to see new voices rise, new ideas take root, and new possibilities unfold. Though my title may be changing, my commitment to this association and the field remains steadfast.

Thank you for the trust, support, and inspiration you have given me. It has been the privilege of a lifetime to serve as your president.

With gratitude and hope,

Sarah Patterson, MSc, CCLS

President, Association of Child Life Professionals

Welcome to The Board Room: The President Trio- Leading the Board of Directors

Alisha Saavedra, MA, CCLS, Immediate Past President

“There are three essentials to leadership: humility, clarity, and courage.”

As I prepare to complete my term as the Immediate Past President of the ACLP Board of Directors, this quote from Fuchan Yuan, a Chan Buddhist master, could not ring truer for me.

When I joined the board in 2022, I did not fully realize what my volunteer responsibilities would be or what impact I would have on the Association or profession, other than bringing my knowledge and experience as an academician, and diverse perspective as someone who is neurodivergent and a person of color. I also had no previous ACLP Board experience and the relationship between governing an association and directly affecting change in the child life community was not quite clear, yet. Like many of us who join the profession, I answered the call to “make a difference” and serve in this leadership capacity with the intention to further advance the profession and mission of the Association.

These past three years on the ACLP Board have been transformative and fulfilling in so many unexpected ways, beginning with the president trio. Among the board members, the president, president-elect, and immediate past president form a unique trio that works together in a balanced and intentional way to carry out decisions and respond to Association needs. Witnessing the trio’s collective knowledge and experience, in coordination with executive support from the CEO, it became quite clear that there is not just one person who leads or has sole decision-making power. For nonprofit leadership to be hugely successful, it is important for the president trio and executive leadership to recognize how they are mutually valuable, and each person plays a pivotal role in steering the course of the Association.

From the outside, it may appear that these leadership roles put forth minimum effort or are somewhat disconnected from members, but I now know how different the reality is. In years past, prior to my role on the board, I do not think I could have fully understood the magnitude of these positions or their fiduciary duties. It is my pleasure to share with you some insight to the roles of these three key figures within the president trio, how they work collaboratively, and the impact they have on leading the Association.

The President

The president of the ACLP Board is the highest leader and represents the board in interactions with members and the public, which includes responding to the president email address daily, hearing concerns from members, meeting with potential partners, reviewing committee reports, and so forth. The time and effort dedicated to the presidency is significant, along with balancing employment and personal life. In addition to being “the face” of ACLP and on call most of the time, they are responsible for setting the direction of the board, ensuring that meetings are ran efficiently, and that decisions and goals, short- and long-term, are made in alignment with the strategic plan.

As the primary person to preside over all meetings, the president is accountable for drafting agendas for their weekly 1:1 meeting with the CEO, the weekly meeting with the trio, all monthly meetings with the Executive Committee, and the quarterly meeting with the full board. The CEO also reports to the board of directors and, specifically, to the board president. As president, it is their responsibility to ensure alignment between the board's directives and the CEO's operational decisions. The CEO is responsible for implementing board decisions and managing the Association's day-to-day operations, while the president focuses on governance and strategic oversight. Overall, the president plays a crucial role in overseeing strategic decision-making processes, managing crises, and often having the final say on critical issues.

The President-Elect

The president-elect is the designated successor to the current president. This role is essential for ensuring continuity in leadership and preparing for a smooth transition, so that the board's work continues without interruption. As they prepare for leadership, the president-elect spends their term learning from the current president and immediate past president to further understand the Association's scope, policies, processes, and details of the president role. They support the president in their duties by keeping record of the weekly trio meetings, being board liaison to assigned committees, attending Executive Committee meetings, taking on specific projects or initiatives to gain experience, and bringing fresh perspectives and ideas to the table during strategic discussions.

Additional firsthand preparation for leadership transition occurs when the president-elect attends a two-day, in-person, CEO Symposium with the current president and CEO. This is an opportunity for them to review strategies and primary tools of the leadership team, define the coming year's priorities, and determine how to work well together.

The Immediate Past President

After serving as president, this individual remains on the board for one year to continue sharing insights and offer mentorship to the current president and president-elect. They also attend weekly trio meetings, are a board liaison to their assigned committees, are present at Executive Committee meetings, and assist with specific projects or initiatives, bringing a historical perspective and guidance.

The immediate past president is a valuable resource within the trio and for the board, providing historical context for prior decisions, helping the board understand past actions and to build on previous successes or outcomes. Overall, the immediate past president ensures continuity in leadership and acts as a guide on complex issues and supporting the board's strategic initiatives.

Collaboration and Impact

Collaboration within the president trio is essential for the board's success. This trio works together to ensure that leadership transitions are smooth, strategic goals are met, and the Association remains on a steady course, maintaining momentum and focus. Together, leveraging their combined expertise and participating in high-level discussions, they navigate challenges, celebrate successes, and lay the groundwork for the Association's future. As part of the trio's legacy, each member of the trio benefits from mutual support and the mentorship of both the president and immediate past president, fostering strong leadership skills for effective decision making and aligning efforts and resources to support the Association's strategic plan.

My Final Farewell

Throughout my time on the board, I have had the privilege of collaborating with an incredible team of leaders who are committed to making a difference and give of one's expertise, passion, talent, and experience to further ACLP's mission. Serving in the different president roles within the trio has been one of the most rewarding experiences of my career which brought about numerous growth opportunities. I have had to remain curious and seek clarity, be humble and ask for guidance, and have courage to make decisions, even when they were difficult or unpopular.

As I move forward with what the future has in store for me, I carry all the invaluable lessons, unforgettable memories, and enduring bonds forged in this journey. I extend my best wishes to the upcoming board and hope for the continued success of ACLP. May the legacy of purpose-driven leadership and unwavering dedication continue to guide your path ahead, illuminating the way for the child life profession.

With profound respect and enduring gratitude,
Alisha Saavedra, MA, CCLS, Immediate Past President

2025 Distinguished Service Award Winner: Debbie Wagers, CCLS, MS, Creator of ONE VOICE

Laura Takeuchi, CCLS, MPA

As a child life practitioner of thirty years and the creator of ONE VOICE, Debbie Wagers, MHA, CCLS exemplifies what it means to provide distinguished and unparalleled service to the profession, colleagues, and patients. She has the remarkable ability to identify needs and gaps in patient care and produce wide-reaching solutions that are grounded in psychosocial theory and practice while recognizing the power of collaboration.

In her early days as a child life specialist, Debbie worked on pediatric wards and in clinics, serving children, adolescents, and their families- including children of hospitalized adults. She quickly identified a passion for child life education, playing an integral role in establishing the Child Life Internship Program at University of Nebraska Medical Center in 2004, where she went on to serve as the Internship Coordinator for seventeen years. She also taught the Child Life in Hospitals Course at UNMC for eight years, supporting countless child life learners. As a mentor, her colleagues describe her approach as whole-hearted: "Debbie gives herself fully to helping others realize their dreams in child life while continuing to stay true to herself, cultivating her own passion, and giving back to the child life field," says Shannon Vaccaro, MS, CCLS, Debbie's first student in her Child Life in Healthcare Course who later interned under her.

Debbie's three decades of contributions to child life span across multiple disciplines and have significantly influenced how hospitals and healthcare providers approach pediatric care. This is exemplified by her ground-breaking development of ONE VOICE in 1996, a comprehensive program designed to educate healthcare professionals to provide an emotionally safe environment, thus reducing the incidence of emotional trauma to children, families and staff. The program teaches hospital staff to unify and streamline communication and support for families through child life intervention techniques. ONE VOICE is now recognized both nationally and internationally and officially implemented in over 200 U.S. hospitals and in five countries worldwide. The impact of ONE VOICE is difficult to measure, but almost any child life specialist you ask of the thousands in the field is familiar with the program.

As co-creator of Reimagine Well, an immersive education program using virtual reality to prepare children for radiation and MRI procedures, Debbie continues to demonstrate innovation and build relationships with peers to enhance patient and family experience. She provides input to Reimagine Well's creative team and, drawing on her passion for education, advises other child life clinicians on the rollout of their VR programs. Her work with Reimagine Well has been integral to studying how VR can impact patient experience, decrease in anesthesia, and institutional savings while executing interventions that alleviate fear and anxiety. A 2016-2017 study conducted at UNMC found that when children completing radiation therapy were prepared by child life specialists using Reimagine Well's Virtual Environment for Radiotherapy Training the mean age of patients requiring anesthesia decreased from 5 to 2.7 years old.

Outside of the hospital, Debbie's work speaks to her personal commitment to serving children and families while growing the profession. She holds more than 21 years of involvement as counselor and program director at Camp CoHoLo, a summer camp for kids with cancer and blood disorders; her work at the camp, combined with her professional accomplishments, reflects her deep commitment to the holistic care of children. When COVID-19 cancelled camp, Debbie forged on and created an online camp experience for the patients to meet their needs for socialization from their homes. Debbie has been instrumental in the development of local and national disaster response programs for children. She founded the Child Life Disaster Relief team in Omaha, and her efforts to recruit child life specialists in Des Moines led to the creation of a network providing critical support to children and families in Iowa and Nebraska during emergencies. Recently, Wagers was called upon to help CLDR with training initiatives and to expand their reach nationwide. Her leadership extends to the Association of Child Life Professionals, where she has served on the Education and Training Committee, including as chair in the past few years. She also attended the ACLP Internship Think Tank, helping to advance the standards and practices of child life internships across the field.

Most recently, Debbie has continued her impactful work in child life at the Child Life Supervisor at Boys Town National Research Hospital. Since her arrival in 2021, she has increased staffing by 53%, allowing for expanded coverage throughout the hospital. She also introduced a full-time clinic position focused on comfort positions and pain management during needle procedures. Debbie spearheaded the Boys Town CARES© Initiative (Comfort positions, Alleviate pain, Refocus attention, Environment, Soothing techniques), an emotional safety program that continues to develop and implement strategies for emotional safety in healthcare.

Anyone asked about working with Debbie will start with a smile and chuckle. She keeps her co-workers on her toes through inside jokes ("Whoa!") and is a sounding board and listening ear for them during a difficult day. As a supervisor, she supports her peers each day and works alongside them to provide a positive work environment. Nicknamed "Little Miss Debbie Sunshine," she brings in humor and fun to her team as a means to balance the heaviness of providing care to children and families in some of their most difficult times. Her positive outlook can be observed in a recent [blog post](#): "I believe with all my heart that we are the ones who are blessed by each and every child and family member we meet. We get to be first-hand witnesses to love, the dedication, the sacrifices and strength of families (and) truly learn something from all of them that helps us provide even better care to the next child and family."

Debbie's legacy is a testament to her dedication, compassion, and determination to change the landscape of pediatric care for the better with a collective effort from people in and outside of hospital walls. Her sincere love for each of the patients and families that she has crossed paths with over the past decades leaves an impression in heart and mind and shows in her work.

Part 2: BIPOC Internship Experiences and How Internship Sites Can Support BIPOC Child Life Students

Kim Corey, MS, CCLS; Danyah Hasan, MS, CCLS; Ashley Lee, MS, CCLS

In “Part 1: Recruiting BIPOC Child Life Students and BIPOC Student Perspectives When Applying to Internship Sites”, these authors discussed the importance of increasing diversity within the field of child life. Recruiting and supporting students who are Black, Indigenous, and People of Color (BIPOC) through the interview process was also addressed. In this piece, Part 2 will provide insight into the experiences of BIPOC students during their internships while also providing advice for how to support BIPOC students during student experiences.

The Importance of Creating an Environment of Inclusivity

To understand how to best support BIPOC students during their internship, it is important to understand what students may experience, and how they may feel during their experience. With this in mind, I have chosen to share my own personal experience with the hopes that other students of color find solace in the shared experience, and internship coordinators may relate with or learn from said experiences. Students face a lot of stressors entering an internship, including moving to and navigating a new city, financial stressors, imposter syndrome, among others. As a south-Asian hijabi woman, I felt all those stressors among the strong feeling of not fitting in with my internship site's majority Caucasian female team.

It was hard to picture myself being successful in an environment where no one looked like me. Among the general stressors of internship, thoughts I had during my internship were that I was just the “diversity hire”, my co-intern (white female) was favored, fit in better with the team, and was more successful because her preceptors saw her fitting in more than someone like me. These feelings felt confirmed when the co-intern was hired post-internship. When my rotations were changed to fit my learning needs, it further amplified these feelings, leaving me feeling discouraged and doubtful of my skills and abilities. As a student, I didn’t fully understand why I was asked to go somewhere else to eat lunch, leaving me to feel further ostracized. During my OR rotation, I was made to wear a bunny suit each time I went back to the OR due to my headscarf, while the rest of the staff and team wore hair nets. While this is just a standard rule of the OR, my intern experience made this feel like another added thing that made me stand out. I tried to push down all these strong feelings, fake a smile, and try to get through the internship, but these negative feelings weighed heavy on my heart. Writing this now over 4 years later, I can still feel exactly how I felt during those few months. It was only after hearing that others did not have the best experience at this internship site did I feel that maybe I was not the only one. The confidence and support that my current supervisor and team have provided have lifted my spirits and improved my confidence and skills. When starting a new job, it felt like a breath of fresh air that everyone had full confidence in my skills and were proud of the work I was doing. In my new role, I felt confident working as a specialist while also sharing info about Muslim holidays, guiding staff on appropriate cultural and religious norms, and joining DEI committees and doing work that felt important to me. In my current role, I never even think about my headscarf or about being different, because we all are in our own ways.

By seeing how an environment can hinder my confidence as a BIPOC student and how another could boost my confidence and let me be unapologetically myself, I feel passionate about supporting other BIPOC students in these spaces. During internship, it may be beneficial to realize and recognize that a lot of child life environments are majority Caucasian women and BIPOC students may face an added layer of stress trying to fit in. BIPOC students may need extra support and reassurance of their skills when deciding whether this is the career they want to pursue, especially when it is a career they don't oftentimes see people like themselves in. Although students are temporary members of a child life team, having a student can sometimes feel like double the work. Even with added pressure to teach them as much as possible in the short few months they are present, we must remember that they are also people. This article is written to provide understanding of BIPOC student experiences, foster environments that are fully supportive, while also taking into consideration our own groups and our own biases of our teams. Do our teams look like the populations we are serving? Are we making a conscious effort to hire students of diverse backgrounds? How are we teaching them and learning from their unique experiences? What are the verbal and non-verbal cues we are giving to students to let them know that they are supported? What are the comments we are making in our day-to-day practice when students are present? Taking these questions into consideration is the first step in improving the experience of BIPOC students.

Supervisor Education: Lean into Uncomfortable Conversations – A Growth Mindset

Performative DEI is Harmful – Acknowledge it's Okay to Make Mistakes

Embracing DEI is more than just saying, “We support diversity, equity, and inclusion”. It should include open conversations, empathetic listening and a willingness to lean into uncomfortable conversations. As an intern, I was very excited about the fact that my internship site offered a DEI in-service. I was disappointed when I went to that in-service. When I pointed out phrases on slides, I was met with stares and silence. When I voiced experiences, I was similarly met with silence. I became increasingly uncomfortable as the only person of color in the room. I did not want to come off as someone who was “lecturing” my white peers, and this experience made me feel “othered”. At the end of my internship, I provided feedback about this in-service and positive changes were made that included a complete overhaul of the presentation and incorporation of different media styles, graphics, and open discussion. One thing that is now included in this presentation is the acknowledgement that people make mistakes, and when they do, it's an opportunity to learn from mistakes rather than an indicator that makes you a bad person.

Cultural Sensitivity/Awareness in Feedback & Coping Styles

Being mindful of differences in culture as well as promoting more DEI-committees and opportunities for BIPOC students to share their own perspectives would be a great step in supporting BIPOC students. There may be cultural differences that aren't shared from the start between an intern and their supervisor which can often lead to misunderstandings and miscommunication. Therefore, having these conversations from the beginning can be important for the rest of the internship.

A prime example relates to sharing feelings. Based on my recent experiences and feedback, I was told numerous times that "sharing feelings" and being "vulnerable" were ways to help myself cope with the struggles and challenges of the internship. Although internally, I wanted to—a cultural limitation hindered me from being able to do so completely. Personally, talking about "feelings" while growing up was often limited and less encouraged. Sharing feelings of sadness or despair, in particular, was often seen as a sign of "weakness." When my supervisor suggested that I share my personal feelings—whether I was burnt out or struggling to communicate effectively—and advocate for a break, I found this difficult to do. This was not only because, as interns, in general we aim to give our very best effort and demonstrate perseverance and resilience, but also because communicating feelings of burnout is even more challenging for someone like me, who was raised with the motto of "no pain, no gain." Although I recognize the intent behind my supervisor's encouragement and understand that expressing feelings and emotions is a healthier habit, I believe it's important to also acknowledge that each intern copes differently, similarly to how each patient copes differently. Sharing feelings is genuinely challenging and takes time. Rather than expecting interns to share vulnerably right away, it might be helpful for supervisors to consider this during their training to foster a supportive/therapeutic relationship first. Recognizing these cultural and individual differences, rather than blaming an intern for not being "communicative enough" about their limits, I believe is an important aspect to address in internship supervision training.

Language Considerations

Given that some BIPOC students' first language is not English, I believe it would also be beneficial to keep this in mind during supervisor training. Recognizing that the way things are done or said with a patient is not limited to a "one-way" approach is crucial as well. Throughout my internship, there have been numerous moments where I phrased certain words or sentences in a way that best fit my style while still being appropriate to the conversation with the patient. However, my supervisor would often correct my sentences to make them sound more "proper" or "well-educated." This added stress to my experience, as I worried about grammatical errors in my phrasing and felt pressured to adhere to the concept of "code-switching" more than being able to truly focus on the patient themselves. My supervisor would frequently go over specific phrases or alternative ways of saying things in a more "proper" sense before entering a patient's room, which only heightened my nerves. I believe it would be helpful for future intern supervisors to consider that phrasing can differ for each intern or individual while still being appropriate and effectively getting the point across. Being mindful that English is also not the first language for some BIPOC students like myself, can also help alleviate the additional stress of an internship. Instead of focusing on perfecting grammatical errors or phrasing in both verbal and written contexts—such as assignments—this understanding can create a more supportive and inclusive environment overall given my personal experiences.

Financial Burdens & Relocation

Personally, as a first-generation Korean American student and daughter, one of the major obstacles I faced when applying for child life internships was the idea of future financial burdens and relocating to a new state to complete an internship. With two immigrant parents supporting my family through their small local Korean grocery store in Alaska, it was hard to convince them of my passion for this field initially when they were well aware of the financial limitations in pay and the need to move to secure an internship or even a practicum. Although I was fortunate enough to obtain a practicum in the same state where I was pursuing my undergraduate/master's degree, for many students, especially first-generation BIPOC students, this is a huge struggle.

In addition to future financial limitations, considering that many child life internships are unpaid, this also posed a significant barrier within the process. For many BIPOC students who may already face economic hardships, these additional financial costs and burdens can further become mentally draining, even when wanting to pursue this field. With additional costs such as transportation, hospital attire, housing, etc., BIPOC students with already limited resources can face further challenges within the child life field. I often had to secure multiple jobs during the summer and even during the academic year to save enough money to keep myself afloat when it came time to pursue an internship and relocate to a new state. On top of the coursework of my master's program, completing a practicum, and juggling two other jobs, it was definitely a struggle to manage it all. However, I knew it was one of the only ways I'd be able to support myself financially for the future of an internship.

With immigrant parents who have worked hard and sacrificed so much to help me receive my education and pursue my career, I felt that the pay and ability to keep myself afloat within this field made it more difficult to commit at times. Moreover, I also felt the guilt and fear of not being able to provide for my parents as they grow older as many CCLSs have portrayed this field of being very underpaid and more often, not enough to support themselves. As a Korean American, I often faced the immense pressure of becoming successful for my immigrant parents, especially when the time comes when I may have to take care of them as they grow older. Assisted living care facilities/elderly homes are most often not an option within Korean culture, and so I also think of the pay as a CCLS on how I may support my parents as they grow older in the future when they may have to live with me.

Additionally, I am aware of the diversity scholarship that the ACLP has offered; however, only a few are selected, and the amount given is not in full. I believe the funds should be provided in full at the start of an internship to help budget for immediate expenses such as rent, utilities, and transportation, especially considering BIPOC students who may lack resources to fund these necessities from the start.

Action Steps Forward

Similarly to Part 1 of this series, as child life specialists, we embrace Maslow's Hierarchy of Needs, including the need for "safety", and we strongly encourage this child life mindset of growth to meet this need for "safety" to expand our field and support BIPOC students through their child life journey. We caution against reading some of these experiences and thinking, "well we can't do anything about that". Rather, we encourage introspection regarding what else can be done to make students feel safe coming to your program. Based on these handful of perspectives, there are more and less involved steps that every program can take; many of these insights that have been stated and are summarized below are supported by both the ACLP and research.

- Provide resources or highlight the resources your department has to support students. Whether that be a list of affordable accommodation options, food bank resources, information regarding use of public transportation, or secondhand clothing options. Create these resources if they don't exist. The culture and resources of a child life program directly impacts a student's experience.
- Offer a DEI In-Service for interns: make sure the in-service incorporates opportunity for discussion and that supervisors know how to facilitate discussion
- Highlight the importance of apologizing and a growth mindset: for example, we talk to our students about the use of pronouns and what to do if you accidentally use the wrong pronoun. It can be intimidating to engage in conversations around DEI because people are so afraid of making mistakes. Especially as supervisors, we often don't want to come across as "not knowing" since we're the experts expected to teach. However, the reality is that mistakes happen. What we do afterwards is what allows us to grow and become better specialists and supervisors.
- Provide a DEI In-service for new hires: along the lines mentions above, start the conversations early within the department. Discuss cultural humility, and how it is important to always be open to learning. We as child life specialists know that every patient and family has unique needs, and part of our job is to assess what those are. The same applies when it comes to diversity, equity, and inclusion. Not one single patient or family is the same, even if they come from cultures/backgrounds that one has worked with before
- Internship Supervisors should engage in continuous learning opportunities to combat unconscious bias and promote stronger relationships with BIPOC students. Remember students are looking to preceptors to guide, but it is equally important for preceptors to recognize when different support is needed. Read Part 1 for a list of starting points.'
- Offer a scholarship fund that is accessible, even if only partially, before internship starts to help lessen the financial burden that many minority student face when it comes to internship (ACLP, 2021). Or if you can't offer a scholarship, eliminate other financial barriers and implement alternative accessible options including emailing applications to avoid mailing fees, asking for unofficial transcripts, and offering virtual interviews

References

- American Academy of Pediatrics (AAP). (2017). AAP Diversity and Inclusion Statement. https://downloads.aap.org/AAP/PDF/Diversity_and_Inclusion_Statement.pdf
- Association of Child Life Professionals (ACLP) (2018). Association of Child Life Professionals 2018 Year in Review. https://www.childlife.org/docs/default-source/default-document-library/aclp-2018-year-in-review.pdf?sfvrsn=454cb24d_4
- Association of Child Life Professionals (ACLP) (2020). Diversity, Equity, & Inclusion | Key Initiatives, Takeaways, & Reflections. <https://www.childlife.org/docs/default-source/publications/bulletin/fall-2020.pdf>
- Association of Child Life Professionals (ACLP) (2021). CHILD LIFE'S STUDENT-TO-PROFESSIONAL PIPELINE AND THE COVID-19 PANDEMIC: A Call to Reconsider Student Selection Practices. https://www.childlife.org/docs/default-source/publications/bulletin/aclpbulletinvol39no2_final.pdf
- Brdarević-Čeljo, A., Ahmetović, E., & Bajić, E. (2024). Variation in attitudes towards codeswitching and codeswitching frequency among multilingual speakers. *Journal of Multilingual and Multicultural Development*, 45(5), 1493-1508.
- Child Life Council (CLC) (2003). CLC Member Needs Assessment Survey Results – Part 1. https://www.childlife.org/docs/default-source/Publications/Bulletin/2003---summer-bulletin.pdf?sfvrsn=63debe4d_2
- Hammond et al. (2023). DIVERSIFYING THE FIELD Supporting the Development of Child Life Academic Programs at Historically Black Colleges & Universities and Hispanic-Serving Institutions. *ACLP Bulletin*, WINTER 2023 (41), 28-33. [Diversifying the field supporting development of CL at HBCU and HSI Winter 2023 \(childlife.org\)](https://www.childlife.org/docs/default-source/publications/bulletin/winter-2023-diversifying-the-field-supporting-development-of-cl-at-hbcu-and-hsi.pdf)
- Flory, J. A., Leibbrandt, A., Rott, C., & Stoddard, O. (2021). Increasing workplace diversity: Evidence from a recruiting experiment at a Fortune 500 company. *Journal of Human Resources*, 56(1), 73-92.
- Gomez, L. E., & Bernet, P. (2019). Diversity improves performance and outcomes. *Journal of the National Medical Association*, 111(4), 383-392.
- Khan, A., Moreira, J., Taghvaiee, J., Benjamin, A., Lorentz II, K. G., Mallinson, D. J., ... & Strachan, J. C. (2022). Concerns for BIPOC Students and Scholars and a Model for Inclusive Excellence. *Strategies for Navigating Graduate School and Beyond*, 363-70.
- Nair, L., & Adetayo, O. A. (2019). Cultural competence and ethnic diversity in healthcare. *Plastic and Reconstructive Surgery–Global Open*, 7(5), e2219.
- Sisk, C., PhD, & Wittenberg, P., CCLS, CFLE. (2021). CHILD LIFE'S STUDENT-TO-PROFESSIONAL PIPELINE AND THE COVID-19 PANDEMIC: A Call to Reconsider Student Selection Practices. Association of Child Life Professionals. Retrieved August 13, 2024, from https://www.childlife.org/docs/default-source/publications/bulletin/aclpbulletinvol39no2_final.pdf
- Tenhulzen, K. A., Claridge, A. M., Baker, K., & Carlson, K. (2023). There is no “One right way”: Perfectionism, imposterism, and well-being in child life training and practice. *The Journal of Child Life: Psychosocial Theory and Practice*, 4(2).

Should I Stay or Should I Go? Making a Move within the Child Life Profession

Shelby Strauser, MA, CCLS

Just as people's path to becoming a Certified Child Life Specialist (CCLS) is different, the same is often true for their career trajectory. Look at any established child life team across the country and there will be variety in the experiences of each specialist. The field of child life offers the unique ability to work the same role in a different setting, a tool specialists utilize for various reasons. Whether it be feelings of burnout, organizational differences or personal needs, the ability for a person to work as a CCLS on a different unit can prolong their child life career. After four years as a CCLS working nights in the Emergency Center, I began to long for new challenges in my professional life and consider the possibility of a change. Just as the 1981 hit from the punk rock band The Clash says, I realized it was time to ask myself "Should I Stay, or Should I Go?"

Deciding to Make a Move

Some might assume that it will be clear when change is necessary; however, more often individuals may report feelings of uncertainty. Personally, I found myself wondering, "What does it mean to *know* it is time for a change?" I questioned if there would be a specific patient interaction or intervention that would *tell* me it was time to move, or if there was a *feeling* of knowing it was time that I just had not experienced yet. Instead, it was the accumulation of emotions and circumstances over time that signaled a change was necessary. Through reflection, I realized it is more common that people experience multiple factors over time that leads them to a decision. These experiences could include having interest in a different population, wanting opportunities for professional growth, or having feelings of burnout and dissatisfaction within a current role.

Understanding that these factors exist is simple, but it is another to identify them in yourself and your work. In my experience, I related to the desire for professional growth. I found myself feeling as if I had "mastered" my role in the Emergency Center, and novel patient interactions became rare. Not encountering new challenges often led to a complacency that decreased my drive to seek out patient interventions. I remember feeling as if each shift was a repeat of the last, which then allowed feelings of dissatisfaction to creep in. That being said, having these kinds of thoughts once or twice after rough days should not always prompt further action. "One-offs" and hard days are normal for anyone, even those who are in positions where they truly believe they belong. It is when someone experiences these feelings repeatedly or with increased intensity over a longer period of time, and they are not resolved by other small changes, that a bigger change should be considered. Personally, as these emotions continued to present themselves over a period of 3-4 months, I knew it was time for a deeper reflection on what I could do to prolong my career as a CCLS.

Like any other major decision, choosing to change positions within the child life field must come with careful consideration. While the scope of the job and the role within the professional team stays the same from outpatient clinics to the pediatric intensive care unit, many other aspects will differ. Some of the more obvious changes include a difference in pay, hours, teammates or team dynamic, leadership structure and responsibilities. This information is vital as it all affects a person's day-to-day life at work and at home. Beyond those changes, a person should also seek to understand how this new role could increase their fulfillment, satisfaction and passion. When I was considering the move to an Acute Care CCLS/facility dog handler role, my first action was to connect with those currently holding that position to hear their own description of the day-to-day work. I came prepared with questions and engaged in thoughtful conversations with these individuals. By speaking with my teammates, I was able to gain a better understanding of what the new role entails and make an informed decision about moving forward.

Questions to ask a colleague in a role that interests you:

- **What aspect of this role do you enjoy the most?**
- **What aspect do you enjoy the least?**
- **Is there any part of a previous child life role that you miss now that you are in this position?**
- **What do you wish someone understood about the everyday work you do in this role?**
- **Do you see yourself staying in this role for the rest of your career? If no, then why not?**

Challenges of Moving Roles

Excitement, relief and joy were all emotions I expected after officially accepting a new position but guilt, doubt and fear were not. I felt guilty for my Emergency Center child life co-workers, who would have to cover my position until it was filled by a new hire. I doubted myself nearly immediately, questioned my decision, and wondered if I would regret it. I know now that I am not alone in feelings this way. As a CCLS, I am used to being the one to relieve feelings of distress in others, but in these moments, I felt as though my decisions may cause distress others. Being a "helping professional" comes with the never-ending internal struggle to remember it is okay to put one's own needs above the needs of others.

Most people acknowledge that learning a new role requires time and effort, but many may be quick to forget how it also requires grace and patience. No matter if this is a person's first time changing roles or their fifth, expecting excellence on day one is simply not reasonable.

Unrealistic expectations are most often set by the individual, and the best tools to combat these expectations are patience and understanding. In the moments where doubt creeps in and finding grace for oneself difficult, the next best option is to receive it from others.

A strong support system is also crucial in navigating a professional role transition. As I was gaining independence in my new role and struggling to balance my own expectations, I found myself overwhelmed and emotional. After communicating this with my teammates, I realized that what I needed was someone to tell me that even though I made the decision to change positions, I could still embrace the difficult emotions I was experiencing as a result. This lesson continued to carry me throughout my transition, and it is one of the driving factors for sharing my experiences with others.

The emotions and overwhelming moments that come from changing positions are fleeting, quickly replaced by new opportunities and experiences. When I changed roles, I experienced a huge life change. I was now the proud owner of a new dog named Crosby! Crosby's presence both in my role at work and in my personal life has brought joy and happiness I could never have fathomed beforehand. Other experiences may not come with as tangible (or furry) of gifts, but they are valuable just the same. Some will find themselves with the gift of time, when a new position comes with shift hours that will better serve a lifestyle or family needs. Others may receive the gift of money, if the new position includes a salary increase or new financial opportunities. Many find themselves with the gift of newfound passion for their new population or unit, and new personal goals and growth that increases their job satisfaction. These changes often provide the validation a person needs to know they made the right choice, even in the face of prior uncertainty and doubt.

A CCLS's impact on the lives of patients and families is not limited by the unit where they work, the amount of experience they have, or the number of positions they have held previously. What can diminish their influence are feelings of burn out, doubt, regret or stagnation. These emotions can leave someone without the desire to go to work each day and perform successful child life interventions. Recognizing the signs that change could be beneficial will take self-reflection and awareness but can be the beginning of a happier and more fulfilling period of a child life career.

My hope is that any person who is considering a change, in the midst of a change or starting a new role will find support from my experiences. Those who devote themselves to continued growth and sustained passion make the field of child life better. For some, this looks like making the brave decision for change in the face of uncertainty. Still, this decision can lead to new opportunities and experiences, or in my case, a new paw to hold!

The Gender Divide: A Parent's Perspective

Kelly W. Kemp, CCLS

Five years ago, one of my children was diagnosed with gender dysphoria. My husband and I were completely caught by surprise at this news, and like any other health diagnosis, a million questions entered our minds. “What now? How do we help this child?” (who was at that time 18, exiting pediatric medicine, and our ability to have a say as parents). What does a road map for gender dysphoria look like? We also faced pressing, social questions. “How will people react to this news?” “Will we lose friends and family members?” “What do I do with a lifetime of pictures, Christmas Tree ornaments, memories?” “Will someone target my brilliant, creative, funny, kind baby for political gain?” “Will my child become a target for a hate crime?” I wrote the following letter in 2020 to close family and friends to inform them of the change in our family dynamic. I chose to use the form of a letter so that there would be written documentation of clear guidelines and boundaries where Hunter, my son, was concerned. We also live across the country from many of our family members, so a letter seemed to be the best way to communicate this news to them. The letter was received well by most, and with heartbreak by others.

I have not spoken publicly about this, because quite frankly, all our focus needed to be on loving and supporting our family. This journey has been the hardest thing that I have ever known. The pain of having a child with gender dysphoria is not the child-it is the world. It is a society that constantly says “You don’t exist. You should not exist. You are wrong. You were born a girl; you cannot be a boy.” It is the constant questions from people when they hear about my child. “Are you going to let him have a sex change? Are you going to mutilate your child’s body?” I have also heard that I am a child abuser for allowing my now adult child to live his most authentic life. It is the quiet grief of unspoken words, knowing that all I can do is be present for my child when he struggles in a world that does not welcome him. It is also the joy of discovery, as I have learned to see the world with a completely different lens. One that is inclusively beautiful in ways that I never imagined.

As a child life specialist, I know that my child’s emotional development is paramount to his health journey. As a mom, I never expected to carry a heart that is so torn between love and grief, pride and fear. Torn between the deep joy of knowing my child exactly as they are, and the unbearable pain of watching society struggle to do the same. The pain comes in the deep loneliness of feeling like no one understands how hard this can be, how much we love him, and how hard we are trying. It also comes in the form of tasteless and cruel social media posts from people without any knowledge of what this journey is like for families. If I can feel the stares, whispered comments, and judgement, what does my child feel?

My child is brave, incredibly talented, and focused. He is living an authentic life in college and is thriving. I have hopes that one day, my child will be able to live as freely as any other American citizen. Until that time, I will use my voice to advocate. There are so many brave parents who advocate daily for their children. They serve as uncommon heroes in a society that consistently seeks to deny their children’s basic rights. Happy Pride.

Letter to Family and Friends

Family and friends,

We hope this letter finds you and your loved ones well. If you are receiving this, it means that you and maybe even your child are very important to our family. We wanted to share some news that is deeply personal and involves Victoria, who you all know and love. We apologize for the impersonal nature of this, however it is impossible to talk to each and every one of you individually about such a personal and complex matter.

Many of you have known Lance and I all of our lives. You have watched and supported us as we wed, became one, and raised 3 wonderful children. The past few years have been life altering for us. Have you ever lost your child? I don't mean like did you leave them at Target when they were little (still sorry for this Kenny). I mean, have you ever lost them, have you ever woke up and the child that's sitting at the kitchen table is just a shell of the child you raised. Have you ever watched your child have some internal battle but they can't explain what that battle is. Have you ever watched your child slip down into a hole so deep that you were afraid you would never be able to pull them back? Have you ever had to brace yourself before you opened their bedroom door for the pure fear that you would find your child dead? I have done all of these things. I watched a happy, vibrant child who was full of life rapidly slip away. I knew that all of her risky behavior was a sign of something much deeper, but I was powerless to stop what was happening. We were terrified to lose our middle child. In March, we sent her to Alaska to live with Her Uncle Michael. He saved our precious child's life. I am forever grateful to him.

We have big news. For Lance and I it has been the source of an "aha, that makes sense". It is also the beginning of a wild, joyful adventure. Victoria is transgender, and will now go by the name Hunter. Our initial response to this was "we are behind you 100%. We will figure this out together. You are amazing and strong, and we love you. Thanks for trusting us with this."

Of course, as most of you know, our home has been filling with rainbows for a while as we have read, prayed, researched, and come to affirm the LGBTQ people that we are blessed to know. We are thankful for that, never more than now. We are blessed to be in a church that is willing to walk this journey with us, constantly showing the face of Jesus.

Here is what we found in our research:

- Transgender adolescents are not just going through a phase. There is much research that I will include in this letter to support this.*
- Transgender kids need acceptance and support, especially from family. Need. Full stop. Without it, they are at enormous risk for depression, self-harm, risk-taking behavior, and suicide. With support trans kids have close to the same risks as any other teen. Being a teen is hard. Being a trans teen without support is deadly.*

In the last few months, we have seen our child come out of a very dark place, as with the help of medical specialists, therapists, and gender specialists we will do what is needed for our child to feel truly seen and known, supported and celebrated as every child should be.

So while Victoria Louise Kemp's life is ending, Hunter Luis Kemp's life is just beginning. We understand that for many of you this comes as a surprise. We know that for some of you, this is very hard news. We also understand that you will need to process this information and figure out how it fits in to what you know about life and love and family and faith. Besides the work we had already done to becoming LGBTQ affirming, we've had a full two months to adjust to our new understanding of our child. Hunter has had even longer. It can be challenging to wrap your head around and to see someone with new eyes, and we honor you as you figure out how you can best support Hunter.

In the meantime, and as we continue this journey together, here's what we'd like to ask of you:

- The number one thing listed by transgender people as being hurtful for them is when family refuses to use the new name and pronouns. So, because Hunter needs your support at such a critical time in his life, we ask that from this day forward, you will do all in your power to name him with the name he and we have chosen and to refer to him as the gender he knows himself to be- boy, he, him, brother, son, grandson, nephew. We know this is difficult. If you slip up, apologize and correct yourself. If for some reason you cannot chose to do this, we ask that you do not contact Hunter until you feel ready to speak to him in this way.*
- We ask that you learn about gender identity. I will be including links to websites, videos, podcasts, support groups, books, pamphlets. Pick whatever seems the most helpful to you and do the work to understand.*
- Once you have looked at the resources we have offered, if you still have questions about how best to support Hunter and our family, we'd love to answer your questions. We want to help! But- please don't use us as a sounding board for negative opinions. If you need help processing difficult emotions, please contact the support groups that we have listed. Also, we will not engage in debate.*

We are looking forward to a time when we can see many of you, and I am personally looking forward with hope to more support for Hunter and for us from the people who have consistently loved us best.

We know you love us.

We love you too.

Lance, Kelly, Kenny, Hunter, and Olivia.

Specialized Resource: Gender-Affirming Healthcare in the United States

Nikki Orkoskey, MA, CCLS

As advocates for children and youth in healthcare, child life specialists who work in the United States should be aware of gender-affirming healthcare laws that may impact the patients and families that we serve. While this resource is specific to the United States, it is recommended that child life professionals in other countries remain aware of the healthcare laws related to gender-affirming care in their countries as well. There are approximately 300,000 youth between the ages of 13 and 17 who identify as transgender in the United States (Herman et al., 2022). Many youths who identify as transgender experience *gender dysphoria*, which is a term used to describe a marked incongruence between one's experienced or expressed gender and the gender they were assigned at birth. According to the DSM-5-TR, gender dysphoria should have a duration of 6 months or more prior to diagnosis (American Psychiatric Association, 2022).

Many people with gender dysphoria or distress related to gender seek gender-affirming healthcare, which includes both medical and non-medical interventions. Non-medical interventions are considered *social transition*, and may include choice of name, pronouns, clothing and hairstyle that correspond with the youth's identified gender. Medical interventions for youth may include puberty blockers to suppress pubertal body changes for the assigned birth gender and the provision of hormones to promote gender-affirming puberty (The Trevor Project, 2020). All major medical associations support gender-affirming care, including the American Academy of Pediatrics, the American Psychological Association, and the American Academy of Child and Adolescent Psychiatry (Logan, 2024).

Research has shown that youth who identify as transgender or gender diverse experience more mental health concerns, including depression, anxiety, suicidal ideation and self-harm than their cisgender peers. On the other hand, youth who identify as gender diverse and have access to gender-affirming healthcare report less depression and anxiety (Abreu et al., 2022). Parents or caregivers have expressed concern for the mental health of youth who identify as gender diverse if they are denied gender-affirming healthcare. In a study conducted by Abreu et al. (2022), the parent of a 10-year-old child who is gender-nonconforming stated, "By denying gender-affirming healthcare to transgender youth, you are directly responsible for the increase in suicide attempts and completions." Furthermore, the parent of a 17-year-old transmasculine teenager discussed the effects of her parental rights being taken away by the passage of one of these laws: "By removing my right to provide him with medical services that help resolve the dysphoria, he has now begun struggling again with his eating disorder" (Abreu et al., 2022). Medical providers have expressed worry about the mental and physical health of youth who identify as gender diverse if denied access to gender-affirming care. One provider from Massachusetts stated, "I fear it would lead to increased suicide attempts and completed suicides as well as a search for illegal means of getting the medications which are a normal, evidence-based part of healthcare for trans youth" (Hughes et al., 2021). The public debate about gender-affirming care also leads to an increase in minority stress among transgender and gender diverse youth, which can further worsen mental health outcomes (Logan, 2024).

As advocates for the mental health of children and youth, both within and outside of the healthcare setting, child life specialists should remain cognizant of laws, both local and national, that can have an impact on mental health. Legislation seeking to ban, or limit, gender-affirming care is one such area that child life specialists should remain aware of and advocate for medical care that is in the best interest of the mental health of the children and youth that they serve.

Organizations That Support the Transgender and Gender Diverse Community

- GLSEN -organization that works to ensure that LGBTQ+ students are able to learn and grow in a school environment free from bullying and harassment
- Human Rights Campaign -organization that works to make equality, equity and liberation a reality for all lesbian, gay, bisexual, transgender and queer people
- PFLAG -organization dedicated to supporting, educating, and advocating for LGBTQ+ people and those who love them
- Trans Lifeline -organization offering direct emotional and financial support to trans people in crisis
- Trevor Project -the leading suicide prevention and crisis intervention organization for LGBTQ+ young people
- UCLA School of Law Williams Institute -provides interactive data about the number and distribution of transgender people in the United States

How to Be an Ally

- Be willing to learn
- Work through barriers
- Be an active ally all of the time
- Share your pronouns
 - In conversation
 - At the beginning of meetings
 - In email signature, on Teams, on your badge
- Speak up when you hear transphobic comments/remarks
- Advocate for additional education in your workplace, as needed
- Remain aware of legislation and the effects of that legislation on where you live and work
- **translegislation.com** - tracks legislation that seeks to block trans* people from receiving healthcare, education, legal recognition, the ability to participate in sports, use public restrooms that align with their identified gender and many other legislative issues
- **pluralpolicy.com** - allows you to track bills, review upcoming legislation, and see how your local and federal representatives are voting. Provides contact information for your representatives so that you can contact them about legislation

Terms Related to Gender

Term	Definition
Transgender	<p>a person whose gender identity does not match their gender assigned at birth</p> <p>Assigned Female at Birth (AFAB) or Assigned Male at Birth (AMAB) -terms to use when speaking about someone who identifies as transgender or non-binary only IF you need to state the gender they were assigned at birth. Used most often in healthcare setting. <i>Should NOT be used to describe a person's identity</i></p>
Cisgender	a person who has a gender identity that matches the gender assigned at birth
Gender diverse	general term describing gender behaviors, expressions or identities that are different than those culturally assigned at birth
Transgender and Gender Diverse (TGD)	broad and comprehensive term used to describe people with gender identities or expressions that differ from the gender assigned to them at birth
Gender identity	a person's innermost concept of self as male, female, a blend of both or neither, how individuals perceive themselves and what they call themselves
Gender expression	external appearance of one's gender identity
Gender binary	a system in which gender is constructed into two strict categories of male and female
Trans*	an umbrella term that refers to all of the identities within the gender identity spectrum who transcend conventional expectations of gender identity or expression
LGBTQIA+	an acronym standing for lesbian, gay, bisexual, queer/questioning, intersex, asexual and all other sexual and gender identities not specifically mentioned

*Adapted from <https://pflag.org/glossary/> (May 2025)

**Note that terms can change over time and from person to person. If you do not understand a term that someone is using ask them to explain what that term means to them.

References and Links

Legislation Tracker- translegislation.com

Legislation Tracker and Advocacy Items- <https://open.pluralpolicy.com/>

Abreu, R.L., Sostre, J.P., Gonzalez, K.A., Lockett, G.M., Matsuno, E. & Mosley, D.V. (2022). Impact of gender-affirming care bans on transgender and gender diverse youth: Parental figures' perspective. *Journal of Family Psychology*, 36 (5), 643-652.

American Psychiatric Association. (2022). *Diagnostic and statistical manual of mental disorders (5th ed., text rev.)*.

Herman, J.L., Flores, A.R., & O'Neill, K.K. (2022 June). *How many adults and youth identify as transgender in the United States?* The Williams Institute.

Hughes, L.D., Kidd, K.M., Gamarel, K.E., Operario, D., & Dowshen, N. (2021 December). "These laws will be devastating": Provider perspectives on legislation banning gender-affirming care for transgender adolescents. *Journal of Adolescent Health*, 69(6), 976-982.

Logan, J. (2024). *A public health law response to gender-affirming care bans*. *Connecticut Public Interest Law Journal*, 23 (2), 78-97.

The Trevor Project. (2020 January). *The Trevor Project research brief: Gender-affirming care for youth*.