

ACLCP Bulletin

A PUBLICATION OF THE ASSOCIATION OF CHILD LIFE PROFESSIONALS

WINTER 2024 | VOL. 42 NO. 1



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Competition Among Child Life Students

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Internship-Readiness Recommendations

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Decreasing the Price of Fame

ASSOCIATION OF
**Child Life
Professionals**



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CEO Shares

by Alison E. Heron, MBA, CAE

As we entered the new year, the ACLP staff grew and changed. We welcomed Alexandra Campbell, Director of Education; Sylvie Messavussu, Manager of Education; and Stephanie Schultz, Senior Manager of Conference and Meetings. Recently, we said farewell to Ame Enright, Director of Certification. Ame has played a pivotal role in the certification program for over 16 years. While we are sad to see her leave, we are thankful for our time together, both personally and professionally.

In recent months, the ACLP staff has encountered challenges and doubts regarding our contributions to the child life community. Recognizing the emotional toll that criticism and skepticism can take is essential. Despite these hurdles, our team has remained steadfast, but it's important to acknowledge that it hasn't been

without its difficulties. There were moments when we had to rely on each other for support, leaning in to safeguard our mental and emotional well-being.

We are deeply invested in the well-being of the child life community and continuously strive to improve and enhance our contributions. Our dedication to this cause remains unwavering, and we are grateful for the opportunity to serve alongside such passionate individuals.

We are a small team of 13 individuals managing over 4,800 members, over 6,000 Certified Child Life Specialists certifications, more than 25 committees, task forces, and work groups, as well as other programming such as scholarships, awards, education, and more. While CLCC is legally and financially separated from the parent organization, ACLP, the Commission cannot sustain itself independently without shared resources from ACLP, such as staff, office space, office equipment, technology, etc.

Each team member brings unique association management skills, knowledge, and abilities, such as marketing, education, membership, and governance. While we may not all be child life professionals, we are dedicated association professionals who take great pride in our continued education and training to carry out our responsibilities effectively. Many staff members hold credentials and certifications in their specialty and rely on organizations like the American Society of Association Executives (ASAE), the American Marketing Association (AMA), and the Institute for Credentialing Excellence (ICE) for their continuing education, networking, and resources. We are committed to executing and implementing products and services approved by the ACLP Board of Directors, understanding their critical role in supporting the child life community.

The ACLP team, volunteer committee leaders, and Board of Directors are working towards initiatives to enrich our community and

empower professionals in the field of child life. As CEO, I am delighted to share a preview of what lies ahead, including our upcoming annual Child Life Conference, meetups and class calls, and the forthcoming call for volunteers.

First and foremost, I am thrilled to announce the 2024 Child Life Conference, a cornerstone event that serves as a platform for collaboration, learning, and innovation in child life practice. Scheduled May 23-26 in San Antonio, Texas, the conference promises to be a transformative experience for attendees, featuring engaging workshops, thought-provoking presentations, and networking opportunities with fellow professionals. Registration is now open, and I encourage all members of the child life community to secure their spot early and take advantage of this unparalleled learning opportunity.

Furthermore, I am pleased to announce the continuation of several member benefits that will enhance our community's professional development and connectivity. One such benefit is our series of ACLP Class Calls, a virtual session ACLP staff offers. During these dynamic sessions, we cover topics ranging from certification and eligibility to membership benefits and other opportunities ACLP provides. Academic leaders can request a Class Call for your students today, and we can inspire future child life specialists together!

Additionally, we are reintroducing Affinity Groups (formerly known as Meet Ups) that provide

a welcoming space where individuals with shared identities, experiences, or interests can connect to support and empower each other within the shared community.

As we approach Child Life Month in March, I am filled with gratitude and admiration for the incredible work you do daily to support children and families in need. This month serves as a poignant reminder of the importance of our mission and its impact on the lives of those we serve.

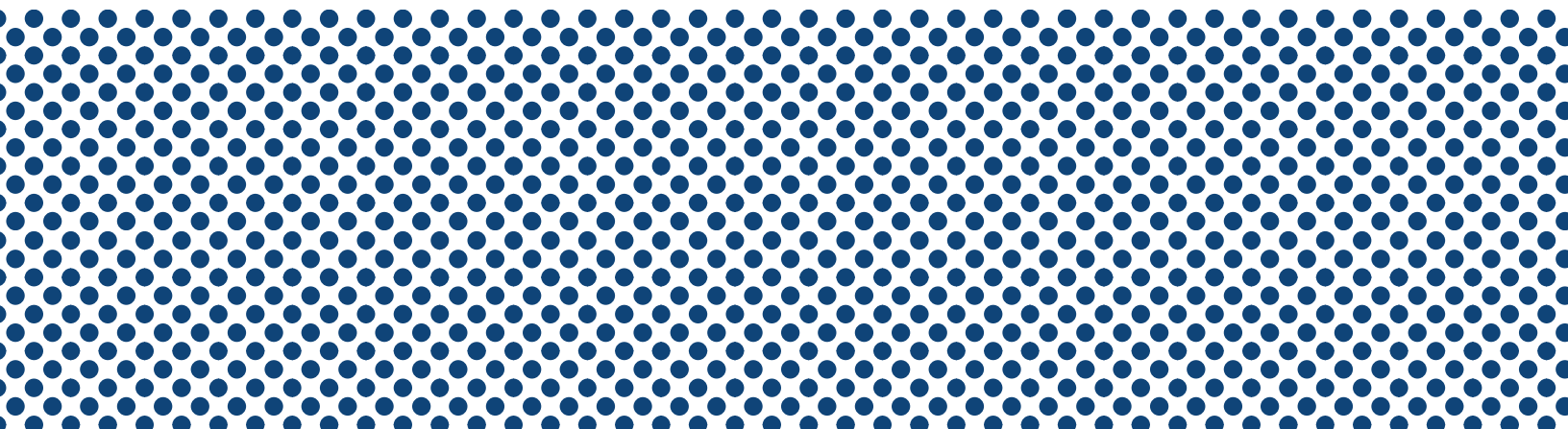
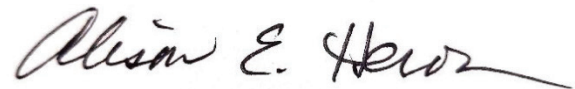
Looking ahead to spring, our annual ACLP Call for Volunteers will occur in April. Volunteerism lies at the heart of our association, embodying our community's compassion and selflessness. Whether you're a seasoned professional or new to the field, there are countless ways to get involved and make a difference.

In closing, I invite all members of the child life community to join us in embracing the opportunities that lie ahead. Whether by attending our conference, volunteering for a committee or workgroup, or participating in our member benefits, let us continue to support one another with empathy and understanding.

Together, we will continue to advance the field of child life, championing excellence, advocacy, and inclusivity at every step.

Thank you for your continued trust and support as we navigate this journey together.

Warm regards,





President's Perspective

by Alisha Saavedra, MA, CCLS

As the new year began, it brought with it a unique opportunity to grow and stretch in different ways. During the last week of January, ACLP held its first-ever Member Solution Sessions. Over 300 individuals were in attendance during the four scheduled sessions which were facilitated by volunteers from the Board of Directors, past presidents, Child Life Certification Commission (CLCC) chairs and staff. Through active listening and engagement, these sessions and a corresponding survey have provided invaluable insights into the needs, concerns, and wants of our members.

Input from the solution sessions and the survey have captured a range of themes, such as interest in additional information about the new Child Life Leadership Development Task Force, navigating challenges when using the Child Life Professional Data Center, the need for critical data with a roadmap to demonstrate that child life services are essential and linked to decreased costs in pediatric care, and many more. Overall, participants expressed a positive response and an interest in increased relationship building opportunities between ACLP and stakeholders in addition to seeking clarity about ACLP's advocacy efforts and understanding the distinction between ACLP and the CLCC.

It was a remarkable experience for ACLP leadership and staff to foster deeper connections and understanding between our organization and its members. At the February meeting, the Board of Directors is primed to keep a strong focus on the feedback gathered from our members and the child life community while exploring how ACLP can be a strong voice of advocacy in addressing the challenges that stakeholders are currently experiencing. One primary topic of discussion is the development of a pilot program for regional meetings with members. This was a Staffing Crisis and Pathway to the Profession Think Tank recommendation in addition to being shared by attendees during the Solution Sessions. We are at the threshold of possibility and have an opportunity to enhance member satisfaction through continued relationship building, strengthening trust, and driving positive change within our profession.

Additionally, during the February board meeting, the board will begin discussing preparations for the upcoming 2025-2027 strategic planning meeting taking place prior to the 2024 Child Life Conference. As a Board, our duty of care reminds us to be forward-thinking and strategic while supporting the well-being of our members.

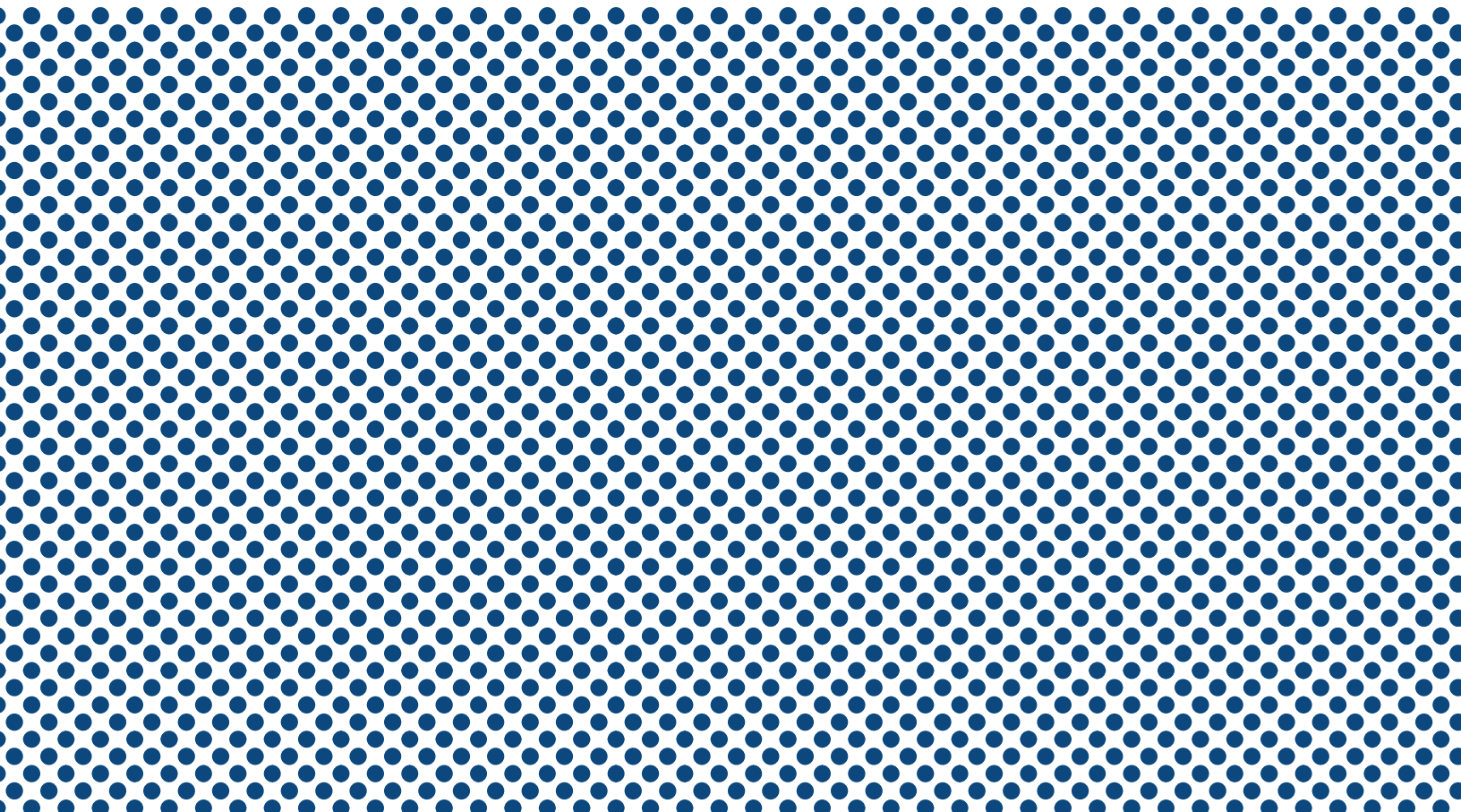
The process for filling positions for the 2024-

2025 ACLP Board of Directors is also currently underway. The four open positions are President-Elect, Secretary, and two Directors. Leadership reviewed the current composition of the Board matrix and found key criteria to be prioritized for the current cycle of applications. To support diverse representation on the board, the following criteria were identified: a CCLS with 6-15 years of experience, male, non-binary/non-gender conforming, racial diversity, Southeast United States region, CCLS from small programs or one-person programs, and child life director or child life program leader at the director level. Following the October board application deadline, the Nominations Committee has reviewed applications and completed all candidate interviews. The Board of Directors slate will be made public for a membership vote on March 1st.

March is quickly approaching, and we proudly recognize and celebrate Child Life Month. This is a special time dedicated to honoring

the extraordinary contributions of child life specialists in healthcare, academic institutions, and community-based settings around the world. I am continuously inspired by the dedication and care provided by the child life community as they support children and families experiencing stressful life events. Your expertise makes a profound difference during their healing journey, helping to bring normalcy, coping support, and comfort during times of crisis and uncertainty. This Child Life Month, join me in expressing heartfelt appreciation for the invaluable work of child life specialists, academicians, and aspiring professionals whose compassion and commitment to providing psychosocial care embody the true spirit of caring and advocacy for children's health and happiness.

With Gratitude and Appreciation,
Alisha Saavedra MA, CCLS





From the Executive Editor

by Shannon Dier, MS, CCLS

As I considered what to write for this column, I thought about how the articles in this Winter issue are, in many ways, reflective of the current state of the child life field. Across different topics, there are clear themes of advocacy and professional growth, as child life specialists describe supporting adolescents in crisis, integrating their services into palliative care in Kuwait, and considering a role for child life specialists supporting children in the arts and entertainment industry. The articles showcase how our field is constantly working to better meet the needs of children, youth and families, constantly striving to grow and expand and redefine itself. At the same time, several articles

address ongoing challenges in the field, like examining ways to improve internship readiness and supporting new professionals to transition out of a competitive student mindset.

It's a complicated picture. To hold in mind the incredible growth and potential of the field and at the same time a sense of strain and fragility, a fraying around the edges, a weight bearing down. There are challenges now, to be sure, systemic problems that will require systemic efforts and time to address. But in some ways, this is not new. The child life field has always faced uphill battles to define and establish itself, and the profession is arguably stronger in numbers and recognition than it has been in the past. So why does it all seem to feel so bad right now?

I think in part this is the legacy of a worldwide pandemic that never really "ended" and the collective disenfranchised grief over so much change and loss. Moreover, in so many industries, the pandemic ignited a desire for better balance so that less time and emotional energy was spent at work. Within child life, this has been reflected in high rates of staff turnover, position changes, and movement into private practice or community positions. It has also been reflected in the number of individuals leaving the child life field altogether. To be clear, it's not a bad thing for people to seek opportunities for growth and change, to take another role that will enable a better balance of work and home life, or to seek a job that compensates them well.

But I think there is something else going on that contributes to burnout, especially among emerging professionals who have worked so hard to enter the field. We need to remind ourselves and one another, early and often, of the most important boundary of all:

Child life is what you do; it's not who you are. Like all helping professions, child life attracts individuals who are eager to serve, who are motivated by ideals and passion. It is what makes us so very good at what we do – and it is

the reason that so many of us cannot make this a forever career. Still, we owe it to ourselves to do better. I think we can support our students, our colleagues, and ourselves to remember that our sense of self-worth is not defined by how many patients we have seen today, how many children had difficulty coping despite all our best efforts, or how many staff called us by name versus “child life.”

It is common practice in our culture to focus on what someone does for work as a key marker of identity. Your dad is a teacher; your neighbor is a financial planner; your cousin is the manager of a retail store. This tendency is not unique to child life, but the demands of our work exacerbate the negative consequence of over-identifying with the profession.

It is critical that we take assessment of how our sense of self is defined and make the mental shift to see ourselves as more than the work that we have committed to do. More importantly, we need to help students and emerging professionals do this well from the start. It won't solve all the challenges of the field, but I think it will create space for us to work on these issues without it feeling like our personal identity and self-worth is constantly on the line.

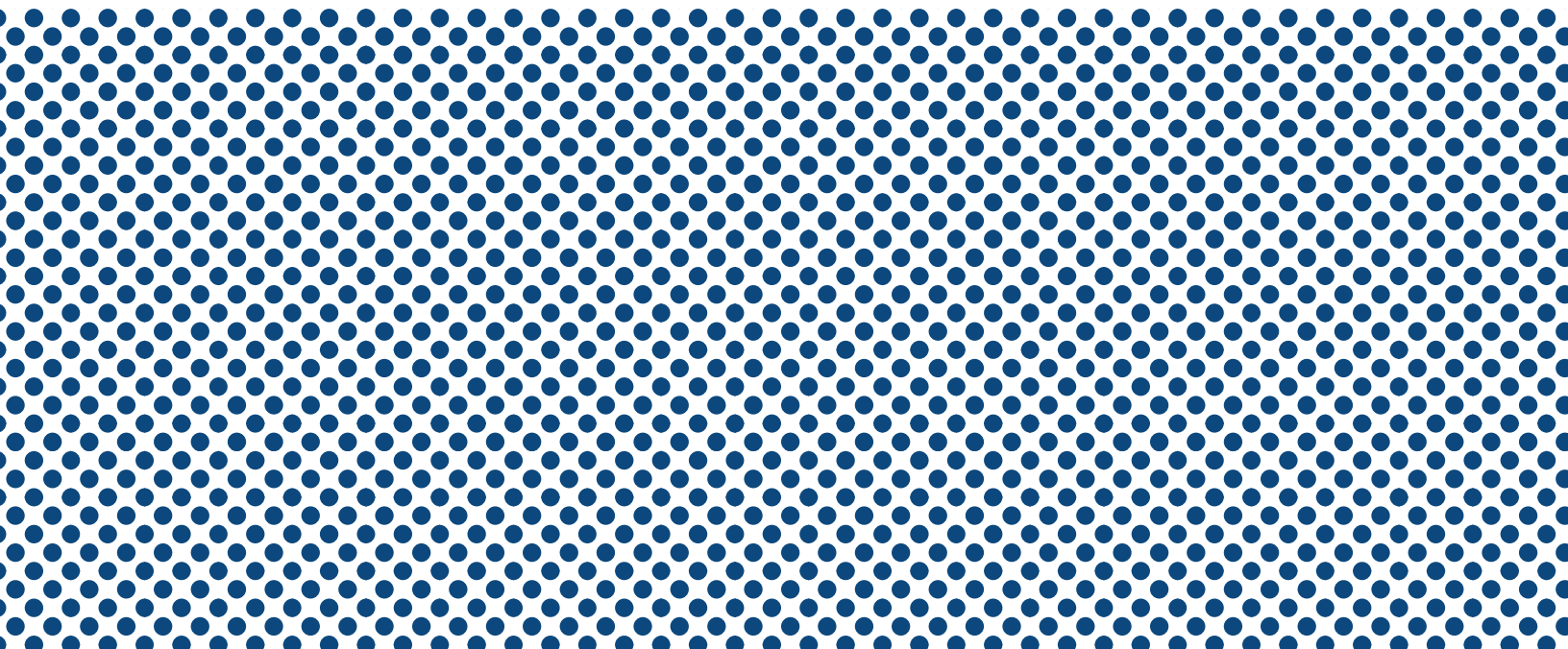
The recommendations for how to address this will sound familiar and overly simple: create space between work and life. Yet perhaps framing these ideas as separating self from work will provide a new sense of urgency. In a TIME100 article, Oprah Winfrey and Arthur Brooks boil it down to just two things: take time away from work (read: use your PTO and go on a real vacation) and make some friends who don't share your work (read: outside your child life and nursing peeps).

Ironically, these are the very same strategies a therapist recommended to me two years into my clinical role as I sought help to process the complicated grief and joy of working with critically ill patients. At the time, I felt she just didn't understand the unique work of child life. In hindsight, I wish she would have been more blunt and told me the truth I needed to hear, what I hope you can hear now:

You are more than the work that you do. You are more than your title. You are more than your unit. You are more than a child life specialist. You are more, and you deserve a life outside your work that is rich and full of joy.

Warmly,

Shannon



WELCOME TO THE BOARD ROOM

November 2023 Board Meeting Recap

by Lindsay Heering, MS, CCLS,
ACLP Immediate Past President

Preparing for a Board Meeting

For two days, twice a year, the ACLP Board of Directors meets in person for the board meeting. One month before the board meeting, all ACLP committees, task forces, and work groups comprising volunteer Certified Child Life Specialists and aspiring professionals are expected to submit Board reports. Through these reports, they can share the progress of their work, seek direction or clarification, and/or request board approval for their recommendations or financial considerations. Board members review each report and come prepared with questions and considerations for each discussion item.



Structure of a Board Meeting

Each in-person board meeting adheres to association best practices and Robert's Rules of Order when conducting a meeting. The agenda for each board meeting is as follows:

1. Roll call for all attendees and recognize a quorum.
2. Calling the meeting to order. This includes the reading of ACLP's Inclusivity Goals and a Land Acknowledgement.
3. Approval of the consent agenda and past meeting minutes. Past meeting minutes include those from the previous board meeting, executive committee meetings, and presidents' meetings.
4. Headquarters report
5. Treasurer's report
6. Committee, task force, or workgroup reports and discussion
 - ◊ If a committee, task force, or workgroup presents a motion in their report, the following steps occur:
 - The board liaison provides an overview of the report and responds to questions from the board
 - A board member obtains the floor and makes a motion
 - Another board member seconds the motion
 - The President states the motion and invites further discussion
 - The President requests affirmative votes followed by opposing votes
 - The majority of votes, to affirm or oppose the motion, determines whether the motion carries
 - The President announces the results of the vote and next steps for the motion
7. Strategic discussions
8. Meeting is adjourned

Below are highlights of Board discussions and motions that were presented during the November Board meeting.

Highlights of the November 2023 Board Meeting Motions

Publications Committee

A motion was approved for the Guidelines and Procedures for all Publications of the Association of Child Life Professionals to be implemented with edits on a trial basis for one year.

Headquarters (HQ) Report

The HQ report is a standing Board agenda item. Alison Heron, MBA, CAE, CEO, prepared the HQ report with the support of ACLP staff. This report provides a comprehensive overview of the following: strategic plan updates, marketing and communication campaigns (i.e., launch of the new ACLP website, branding guidelines, social media strategy), education updates (i.e., courses, webinars, annual conference), Emotional Safety Summit II, certification updates (i.e., job analysis, Code of Ethics, Institute for Credentialing Excellence conference), membership (i.e., campaigns, retention, waivers, mentorship program, meet ups), program standards, and staffing updates. The Board continues to be impressed by the ACLP staff and the breadth, quality, and impact of their work.

ACLP & The Child Life Certification Commission (CLCC) Budget

At each board meeting, treasurer and finance committee reports are shared. In addition, at each November board meeting, the CEO shares the draft budget for the upcoming year. With the separation of CLCC, separate budgets were presented for ACLP and CLCC.

The examples below showcase the types of items included in each budget:

- CLCC: nominal increase in certification fees

to offset expenses for accounting, audit consultants, and credit card fees.

- ACLP: increase for conference registration and exhibitor fees. Food and beverage expenses and other associated conference costs continue to increase substantially. Prices for the Conference Lighting Pass and intensives were reduced to increase accessibility and engagement.
- ACLP has partnered with The YGS Group – Association Solutions to expand media and advertising to boost conference attendance.

To enhance our fiscal accountability, the 2025-2027 Strategic Planning meeting will take place in May 2024 to consolidate the need for board travel. The motion to approve the 2024 budget carried.

Governance Committee

The Governance Committee requested approval for revisions to the 1) Documentation Retention and Destruction, 2) Relationship, and 3) Gift Acceptance policies; all of which were approved.

Diversity, Equity & Inclusion (DEI) Committee

A motion was brought to the floor to approve the new ACLP DEI statement with edits. This motion carried.

Awards Committee

The backgrounds and accomplishments for the 2024 Mary Barkey Clinical Excellence Award and Distinguished Service Award winners were shared with the Board. A motion to approve these award recipients carried.

Community-Based Practice Committee

A request was made for this committee to propose revision recommendations for the Community-Based Practice Position Statement and the Standards and Guidelines for Child Life Practice in Community-Based & Non-Traditional Settings document.

Additionally, the Board requested this committee to conduct a gap analysis, using the new child life certification exam content outline, and propose recommendations for community-based pathways to the profession.

Patient & Family Experience (PFX) Committee

Since the Emotional Safety Summit II in June 2023, emotional safety presentation requests from other organizations have increased. The board asked this committee to curate a standardized emotional safety presentation to ensure consistent messaging, ACLP branding, and to capitalize on an influx of opportunities to build new partnerships and strengthen existing ones.

Strategic Discussions

Child Life Certification Commission

A motion was brought forward to task the CLCC with revising the existing child life competencies with ad hoc support from ACLP. This motion carried.

Academic Endorsement Program

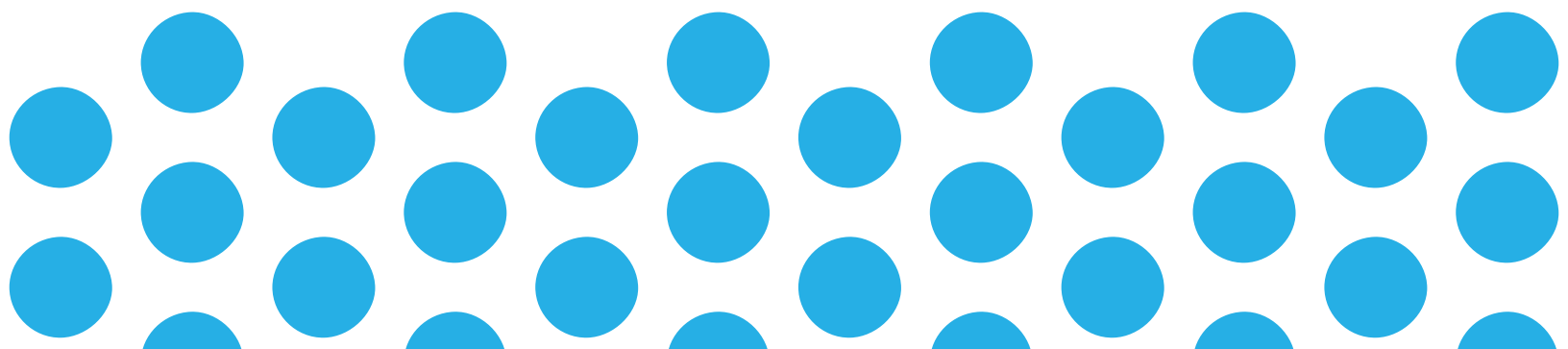
At the June 2023 board meeting, the board voted to explore the strategic, operational, and financial impact of academic accreditation. The findings from this exploration, informed by insights from a programmatic accreditor of health sciences professions education, have determined that establishing an accreditation program for child life academic programs is not financially feasible or sustainable for our organization. There is a high likelihood that the organization may struggle to sustain this endeavor long-term.

A motion was made to resume the academic endorsement programs in late Fall or early 2025. This motion carried.

Action Steps after a Board Meeting

Following each board meeting, the secretary has two weeks to finalize the meeting minutes, which are then reviewed by the board. Once the minutes are approved, board liaisons then share updates with their respective committees, task forces, and work groups regarding decisions and direction related to their board reports. If revisions are needed, that committee is expected to make the necessary adjustments.

Once a motion has been approved by the board, ACLP staff then executes the operational aspects of that motion (i.e. branding of resources, website updates, implementation of new software).



COMPETITION AMONG CHILD LIFE STUDENTS

And How to Support Entry to the Field

Laurel Johnson, CCLS, Child Life Specialist and Student Supervisor,
Nemours Children's Hospital, Florida

Jenna Read, MS, CCLS, Supervisor of Child Life and Creative Arts
Therapies and Education Coordinator, Nemours Children's Hospital,
Florida

Child life students and emerging professionals face many adversities: a highly competitive entrance into the field, a lack of support for their role from the multidisciplinary team once practicing, and a lack of support for each other due to their engrained competitiveness. High turnover of child life specialists exists due to role stress, compassion fatigue, and the emotional burden of the profession. This turnover has only become more prevalent since the COVID-19 pandemic as child life specialists were not immune to the stress of working in healthcare

during a pandemic, and, unfortunately, many left the field.

We've heard an analogy used over the last few years in various presentations that the current state of the child life profession exists within an hourglass of opportunity. In this hourglass, there are an abundance of students at the top that somehow must make it through a narrow funnel (i.e. competitively securing unpaid clinical experiences) to then be deposited into a vast pool of open child life positions. The pool of positions is so large that child life students are being head-



hunted not even halfway through their internships, well before they pass their certification exams, and are being offered higher salaries and sign-on bonuses than ever before. At the same time, we have emerging professionals entering the field with disdain for their colleagues and burning out in their first five years. How did we get here?

As two professionals with varying experiences, we have observed the current student-to-workforce pipeline as being an additional source of stress for students that perpetuates poor coping and increased competition among students. We have identified several factors that can contribute to student competition and have implemented strategies to aid in student and emerging professionals' coping.

The Developmental Limitations of Emerging Adulthood Years

As child development experts, we are inclined to assess and analyze the developmental stages of children and adolescents who are struggling to cope. If we analyze the age group where most students fall, they could be categorized in the "emerging adulthood" stage of development. This stage from 18 to 25 years of age is characterized by identity exploration, instability, self-focus, and a feeling of "in-between", as well as possibilities and optimism (Arnett, 2014). During this developmental stage, the brain is still going through myelination or "rewiring," a process that is not complete until the age of 25 (Arain et al., 2013). Brain plasticity during this time provides an opportunity for young adults to develop talents and lifelong interests; however, neurotoxic insults, such as chronic stress, can have a negative impact during this sensitive time of brain maturation (Arain et al., 2013).

Knowing this, let's think of our 'typical' child life internship candidate. Their brain is highly plastic and susceptible to damage from stressful situations. Meanwhile, they're enduring constant neurotoxic insults, such as competing with their friends for an internship spot and often being denied multiple times. Imagine the potential threat this poses to their developmental resolution into adulthood. Emerging adults pursuing child life

as a career are dedicating so much of their time and mental energy to becoming a Certified Child Life Specialist that they may struggle to form an identity outside of their career. If these students successfully make it through the hourglass and into this career they fought so hard for, it is likely to become the part of their identity they are most proud of. Forming an identity around your career to this degree can be detrimental to not only professional boundaries but also longevity in the field. These factors along with the competitive nature and emotional burden of the profession increase the likelihood of burnout as well as a lack of healthy coping skills for this age group.

We acknowledge that not all child life students are in this age or stage of development, and the difficulties students experience entering the profession can differ depending on their age. However, we chose to highlight the "emerging adulthood" stage as a reflection point due to the large number of students that fall within this category who are susceptible to the developmental impacts of pursuing a competitive field during a time of brain maturation. We do want to recognize that all child life students, regardless of age, face similar difficulties entering the field, such as competition, stress, and perfectionism.



Former Student Perspective – Laurel

Like many, my time as an emerging adult and child life student was during the height of the COVID-19 pandemic. Practicums were canceled, volunteer opportunities were scarce, and the world, including our small child life world, was put on hold. I had plans to go overseas to complete my practicum; however, due to travel bans, I was left without a practicum and felt defeated in the face of uncertainty. The bottleneck of the child life student cohort was only narrowed as hospitals struggled with maintaining student opportunities under the ever-evolving confines of the pandemic.

This narrowed probability of placement heightened competitive tendencies. I distinctly remember this situation activating my fight-or-flight response. Why? Because every child life student in my cohort resembled me on paper and the opportunities to differentiate myself and diversify my portfolio were nonexistent. My self-care plummeted as I struggled to cope with making myself stand out while program after program was canceling student opportunities. I lost hope as I began to compare myself to other applicants and doubt my abilities. I wanted to do whatever I could to make myself stand out above the rest, instilling within me an unrealistic expectation of perfection. I observed firsthand that I wasn't the only one who was struggling to cope, and others confided that they too were finding themselves escalated. I felt like I was in survival mode. It felt as though something I desired, the goal I had poured blood, sweat, and tears into, was drifting farther away.

On internship offer day, I was a mess. I was filled with anxiety, constantly checking which of my peers had gotten offers. I quickly saw that others were struggling just as much as I was. Our shared feelings of anxiety, stress, and disappointment were displaced and projected onto each other and ourselves. On top of feeling disheartened by the climate of the child life student cohort and the overall

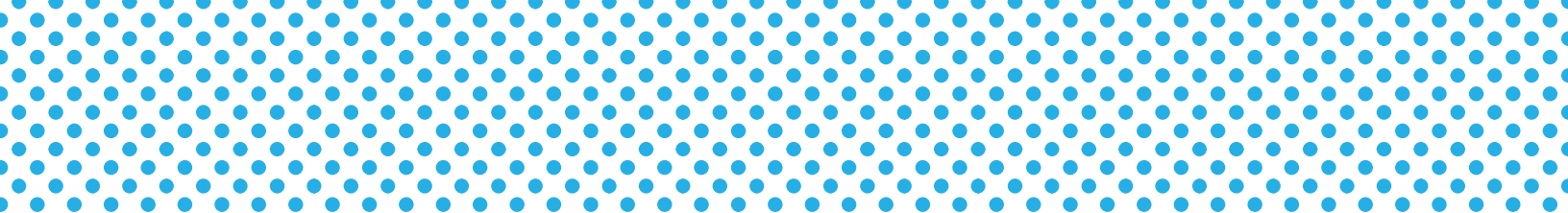
sense of 'compete and defeat', I did not secure an internship this first round. If only I had known that the internship I ended up securing down the road would lead to a career and professional success beyond what I fathomed.

Unfortunately, the seeds of survival sown by this intense experience of competition during my time as a student had already taken root. I have spent the first, and arguably the formative, years of my career working towards reshaping my coping skills. At times, it may seem like a solely systemic issue that is untouchable, but as I like to say to my patients, "there is always something we can try!" to take control of our life. I have learned that there is a place for every child life student at the table. Ultimately, we are all on the same team striving to help children cope and to reduce medically induced trauma and deserving of achieving our dreams.

Supervisor Perspective – Jenna

I transitioned from a new child life specialist to a student supervisor to an academician to a team leader all in 5 years. I attribute this rapid career growth to burnout in the field and seasoned specialists leaving for other opportunities. On this trajectory, I have been able to work with and mentor child life students in many fashions, and I have seen our field breed competitiveness and extrinsic motivation to be the best – because that's how you get an internship. When students graduate, pass their certification exam, and enter the field, this ferocity is difficult to unlearn and let go of. I often tell new emerging professionals entering our department, "You did it! You're here! It's time to be proud of all you've accomplished and now settle into your role as a child life specialist." Yet, I but am often met with their need to immediately over-achieve and strive for perfection.

Think of yourself and the other child life specialists you know. Were you a star student with a high GPA? Did you complete one



practicum, two even? Did you volunteer at more than three places so you could “diversify” your resume? All while attending school and possibly even working so you could afford to do all of these things deemed necessary to enter the field you’re passionate about? How can we ask students to do these things while also preaching the importance of professional boundaries and self-care? It is no wonder our attrition rate of child life specialists leaving the field in their first few years has been so high. We are setting them up for failure. Even as a leader in our field, I still feel the presence of competition. Constantly being asked how many openings do you have in your department? How much turnover have you had? What is your attrition rate? Student success rate? This self-deprecation and comparison to others is so ingrained in us at every level that, even as a leader, I am maxing myself out to do more, be more, to serve my team, my organization, and our field.

I believe that one value all child life specialists share is a love of teaching, whether that be teaching the next generation of child life students or our patients. We can assess where someone’s understanding is and scaffold them to the next level with the goal being mastery of a subject. I have found myself over the last few years being blown away by incoming interns’ strong foundational understanding of child development and awareness of child life interventions. Truthfully, not much scaffolding has been needed because their zone of proximal development has been so much broader than I’ve ever seen, to the point it seems they’ve prematurely mastered internship-level clinical skills

(such as preparation and bedside support) before stepping foot in their clinical learning experiences. I’ve reflected on whether it has been drilled into these students how imperative these skills are or if this is due to the need to set themselves apart as a means of survival. The interpersonal skills I’ve noticed they are lacking are self-awareness, breadth of scope, and the ability to leverage separate realities. Even more unfortunate, I believe incoming students have learned maladaptive coping skills (such as comparison and perfectionism) in their fight to become a child life specialist, to survive entrance into our field.

I have had to adapt and rethink how best to support this new generation of students, who need less clinical scaffolding and more support in building resilience and interpersonal relationship building. We are fortunate in that our organization holds associates accountable for having interpersonal standards of behavior. Some of these include having courageous conversations, respecting and leveraging separate realities, being accountable, and remaining curious versus judgmental. We believe these standards to be crucial in breaking down the competitive confines we find within our field. I have been able to utilize these standards when coaching students and emerging professionals to engage in greater self-reflection and the development of stronger interpersonal skills. Within our student program, we have also implemented the Internship Readiness application from the ACLP, and this has helped in decreasing bias and not promoting the over-extension of student’s abilities.

Recommendations for Student Supervisors

As child life specialists we are developmental experts, and unfortunately, we know our students may be susceptible to exacerbated stress symptoms due to the rigorous demands of pursuing and entering the field. Knowing that brain development is still taking place in emerging adulthood and the ingrained competition we are forced to endure, let's end the cycle! It's time to help students counteract the negative insults that are byproducts of a competitive field and create new neural pathways toward healthier coping. Based on our experiences as student supervisors and mentors, we have developed recommendations for working with child life students.

- Encourage student reflection on entrance into the child life field, focusing on any challenges or competition faced.
 - ◊ This could take place through establishing mentorships among young professionals and seasoned staff.
- Identify barriers to healthy professional coping and how they may manifest as new clinicians.

- Help students identify and continually reflect on maladaptive coping skills they've utilized to deal with competition and help them discover new productive coping skills.
 - ◊ Identify sources of intrinsic motivation, shift the cognitive narrative from extrinsic reactions to intrinsic control.
 - ◊ Practice self-awareness and taking accountability when in stressful situations.
 - ◊ Encourage utilization of stress-first aid (the early identification of signs of stress reactions in self in an ongoing way) (Roffman, 2023).
- Remove the stressor to prevent further harm.
- Create a self-care coping plan to utilize.

From all standpoints- as students, clinicians, and leaders – the effects of the rigors of the certification process are seen and felt. However, the plasticity of the emerging adult brain can be used in our favor as there are definitive ways that we can rewire the brain and form more productive coping. Unhealthy competition and comparison are the thieves of joy. Child life can and should be a field where individual success is not only attainable but a field where there is room for everyone at the table.

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DECREASING THE PRICE OF FAME:

A Proposal for the Novel Use of Child Life Specialists in the Entertainment Industry

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I moved to New York City in 2011 to pursue a lifelong dream of dancing and performing professionally. I had wonderful opportunities to perform for stage, TV, and film, and after my first year in the big city, I accepted a job teaching dance to young children. I have since instructed dance to both recreational and professional children, teens, and adults from all over the world at one of the top training studios in New York City. After eleven years of dancing in Manhattan, I decided to utilize the skill and knowledge base I acquired through teaching dance and explore a new career path through Bank Street's Child Life Master's Program. While learning about child development and trauma-informed care during my first semester at Bank Street, I realized there was an overlap between what child life specialists offer and what child stars in the arts and entertainment industry need, and I propose that the unique expertise of a child life specialist could be beneficial to children in the entertainment industry.

Children in entertainment often work professionally during important stages of childhood, risking missed opportunities for peer

socialization as well as the development of skills and personal agency. Play deprivation can have negative impacts on a child's development, and child performers miss out on age-appropriate opportunities for play while engaging in what may be viewed as the adult responsibilities of memorizing lines and maintaining a professional appearance and demeanor (Wenner, 2009).





Children in the entertainment industry are also exposed to a range of stressors that could complicate their development, such as rejection from auditions and potential jobs, responsibility for their finances, and separation from caregivers, siblings, and their home environment (Lakritz, 2022). Child life has been shown in medical settings to decrease trauma and anxiety and increase a child's understanding of and coping with their environment (Burns-Nader & Hernandez-Reif, 2016). Due to the high-stress, adult-centered nature of production, involving child life specialists in the entertainment industry could produce the same results for the child performers and help address the potential impact of both the stressors of working in the arts and the impact of play deprivation.

Child life specialists' unique knowledge base has the potential to be beneficial to children and families outside of the clinical setting in many ways. In entertainment, child life specialists could ensure the working environment for the child performer is conducive to meeting their developmental needs. While it is mandatory for children under the age of 16 years old to have a guardian on set with them, a child life specialist could add value to the guardian/child relationship by educating the caregiver on what child behavior is most developmentally typical and facilitating interventions for bonding and connection. Child

life specialists could teach child performers coping skills to use when they are experiencing anxiety, stress, or are facing rejection or jealousy from missed performance opportunities. By acknowledging that child performers are still kids, child life specialists could offer play outlets catered to their developmental needs, such as times to play outside for younger children or card games for adolescents to connect with their peers and guardians. Child life could also offer activities to encourage independence and socialization, two things that the child performers might not naturally learn while in the world of entertainment. Young performers would also benefit from outlets for self-expression not associated with their professional craft, which would aid in the development of their emotional intelligence and autonomy between rehearsing, performing, and attending school on set.

While on set, child life specialists could offer interventions both conducive to the environment and unique to the developmental needs of the child. One stressor a child star might experience is the separation from family, friends, and their home environment. To minimize the psychosocial impact of this separation, a child life specialist could encourage child performers to write 'pen pal' correspondence letters to the family and peers at home. Child life specialists could also encourage child performers to maintain a connection with their family and friends by making videos for them to share their daily lives on set. These videos could inspire conversations about the child's experiences, and with increased connection to and understanding from their home environment, aid in the child's transition to life outside of entertainment.

The presence of a child life specialist on set could provide the child performers with a sense of comfort, achievement, and control in the stressful setting of working professionally. Addressing the crucial developmental skills and needs of the child and adolescent in entertainment through both play and offering developmentally appropriate information could lead to not only lessened anxiety, better preparation, and increased understanding of expectations on set but also benefits that would affect the child's performance

and world outside of the arts. Child life specialists are skilled in being a part of collaborative, interdisciplinary teams, and could work jointly with the production team and directors to ensure child stars fulfill their roles on set without added distraction from child life interventions. With this collaboration, child life could be in the position of leading advocacy for child development and coping in professional entertainment.

The use of child life in production would also allow the child to continue in the entertainment field in a developmentally appropriate manner, potentially avoiding the experiences of certain maladaptive traits presented by former child stars (Kaddoura et al., 2013). Child life specialists could identify stressors of the environment, such as the presence of strangers and the fast-paced nature of the industry and serve as an advocate for the child's best interests. Child life could also educate the young performers on understanding personal boundaries and social rules and help them learn how to advocate for themselves and their privacy in times such as costume changes. For children involved in the entertainment industry, problematic exposures to potentially traumatic events and the stressors on a child's development may not be recognized by untrained observers

until a negative physical or mental health issue develops (Behrens- Horrell, 2011), but allowing child life specialists to use their specialized training in this environment could potentially reduce the adverse outcomes experienced by young participants in the entertainment industry.

Children will continue to be involved in the arts. They choose to participate in the arts and entertainment because of their talent and passion, without knowing the potential risks to their development from growing up in an adult-centered industry. As child life specialists, we are in a unique position to be qualified to speak on children's behalf in this challenging environment and ensure that children in the arts can pursue their passions without repercussions to their development. I never expected my artistic experiences and my passion for child life to combine. But now I recognize a need for child life in the entertainment industry and an opportunity to serve children experiencing potentially stressful circumstances in an environment that has yet to experience the benefit of child life specialists.

My future research will focus specifically on which child life modalities may be most beneficial and will include discussions with entertainment industry professionals regarding needs and how to



incorporate our knowledge, interventions, and continued research into the field. I plan to interview former child performers to discuss the impact their childhood experiences had on their development and their wishes as to what kind of advocacy and play opportunities were available. Through these methods, I will explore the role child life could have on set and demonstrate that including a Certified Child Life Specialist in the multidisciplinary team of entertainment production could effectively mitigate potential adverse experiences in these young stars and aid in their development both on and off set.

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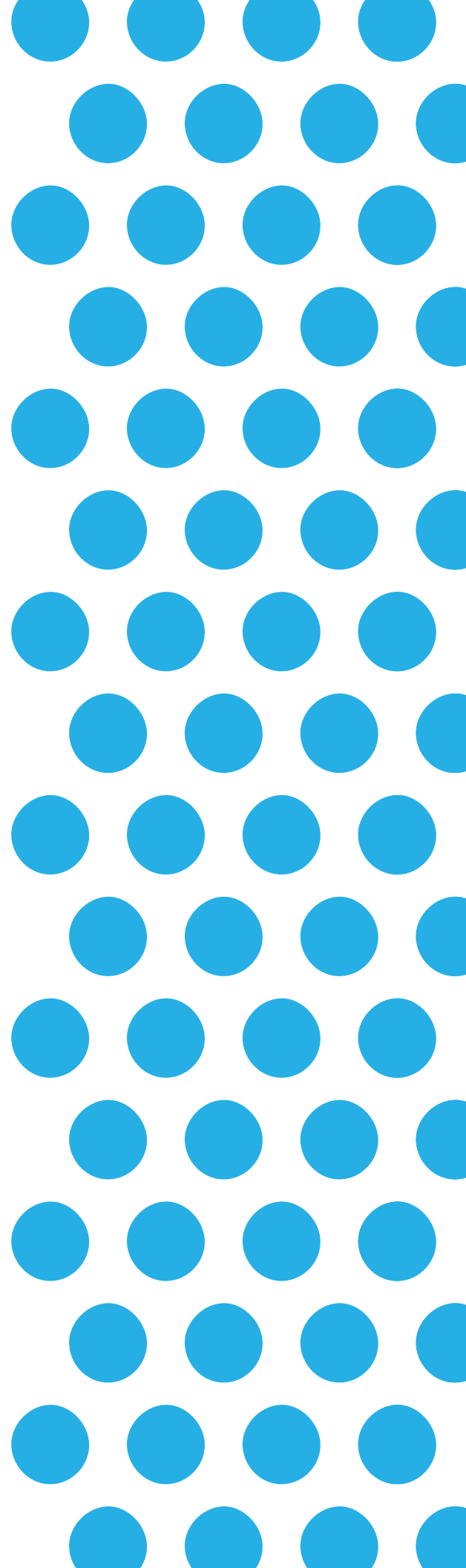
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INTERNSHIP-READINESS RECOMMENDATIONS

For Child Life Based on Recent Findings

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There is a current staffing crisis in the child life community with a lack of Certified Child Life Specialists (CCLSs) ready to fill open positions (Heering, 2022). One potential reason for this gap could be at the internship level. The COVID-19 pandemic resulted in difficulties for students seeking internships (Sisk & Wittenberg, 2021), and students have shared that they are needing to apply to multiple rounds to acquire an internship position. Boles et al. (2024)

found 32% of internship applicants in 2022 had applied to multiple rounds of internship, with 3% applying more than four times. However, the process of acquiring a child life internship has not been studied empirically so the profession is lacking data to better understand what would help students acquire internships and ultimately address the staffing shortage. In order to provide the profession with a starting point for future research, we conducted a mixed methods study in 2021, and full results are published in *The Journal of Child Life: Psychosocial Theory and Practice* (Sisk et al., 2023; Wittenberg Camp et al., 2023). Here we summarize our main findings, focusing on what the outcomes mean for future recommendations.

Our Study

We decided to start with understanding what makes an internship candidate "ready." With this question answered, we can better understand why some candidates might be struggling to acquire an internship. Among the 40 clinical child life internship coordinators and supervisors we surveyed, the most cited variables that suggest a candidate is qualified for internship were previous experience, developmental knowledge, communication skills, and a willingness to learn (Sisk et al., 2023). When looking at the factors that suggest a candidate is unqualified for





internship, the most noted variables were lack of developmental theory knowledge, lack of previous experiences with hospitalized children, weak written and verbal communication skills, and poor interpersonal skills. Each internship site used a different process for selecting interns, and each sites' rubric prioritized different experiences, knowledge, skills, and abilities.

We also asked participants to include how many internship positions were filled or unfilled by students per year. On average, hospital programs had 2.95 child life interns per year, which included the spring, summer, and fall semesters (Range = 0 to 9). On average, hospital programs had 0.59 child life internship positions go unfilled per year (Range = 0 to 5). Filling these open positions could be a step toward improving the staffing crisis.

We also surveyed 18 child life academics to answer similar questions about internship readiness (Wittenberg Camp et al., 2023). Like internship coordinators and supervisors, academics see an ability to apply developmental theory as the main indicator suggesting a student is ready for internship. In addition, strong communication skills and an ability to develop rapport with children and adults were mentioned frequently as indicators. Academics reported spending time helping students to remediate their ability to apply theory to practice as well as improve their communication skills. Participants also reported holding individual and group

advising appointments, integrating internship preparation into course requirements, and hosting a specific workshop devoted to the internship application.

On average, child life academics recalled that students applied to 1.72 application rounds before obtaining an internship offer (or leaving the field of child life). Findings also suggested a significant change in the number of students getting internship offers after one round with students in 2020 significantly less likely to receive an internship offer on their first attempt compared to students in 2015. When asked why students were applying to more than one round, the most salient theme was competitiveness, including the supply and demand, of the child life internship. When students are unable to secure an internship, there are a number of academic alternatives to ensure students still graduate, including encouraging students to switch majors or degree programs, accepting alternative field experiences for graduation, or delaying graduation until an internship is secured.

Next Steps for Child Life

It is encouraging that both child life internship coordinators/supervisors and child life academics look for the same readiness indicators as it suggests both clinical and academic child life professionals prioritize similar knowledge, skills, and abilities. The quality most often mentioned

by both samples, theory application, is included in ACLP's (2021) Internship Readiness Knowledge, Skills, and Abilities document that has been distributed to the community.

A way to further ensure that there is consistency across the profession is to consider standardizing the internship selection process. One concerning finding was that each internship site uses a different process for selecting interns, and each sites' rubric prioritizes different knowledge, skills, and abilities. For example, 43% of participants in our study shared that previous experience with children scored the most points whereas 35% shared that essay questions accounted for the most points on their intern selection rubric. The community has made strides in recent years to standardize the application process to decrease bias. Standardizing the selection process would decrease likelihood of bias and make it easier for students to prepare. Continuing on this path by standardizing the selection process and curriculum could also help. An additional recommendation would be that when a hospital has the capacity to supervise an intern, no position should go unfilled, even if a candidate does not seem to be an ideal fit for the institution.

Another concerning finding was the increase in number of students needing to apply for more than one round internship from 2015-2020. Participants in our study suggest that competitiveness might be driving this trend. Such concerns are echoed in other recent publications which suggest that acquiring an internship is increasingly difficult (Boles et al., 2024) and that competitiveness may contribute to perfectionism, imposterism, and lower well-being among child life students and professionals (Tenhulzen et al., 2023). As the authors note, "perfectionism is associated with competitiveness (e.g., Klein et al., 2020) which is an important consideration given the competitive nature of the child life field, particularly for students during their academic and clinical training" (Tenhulzen et al., 2023, p. 6). The internship application process is also reported as a significant barrier among child life students of color (Gourley et al., 2023). Ten out of twelve (83.3%) participants of color pointed to the internship application process as a significant

barrier. One participant reflected on the internship application process, its competitiveness, and the instinct to compare oneself to peers:

I went through maybe three rounds of internship interviews, and I didn't get anything until the very... final round. And so it was really difficult for me to kind of sit back and see that my counterparts... were receiving all of these internships and getting all these offers...in the back of my mind, knowing that I had way more experience than them...It was really kind of this process of me questioning whether this is a field that I would like to be entering into, and why is this happening to me?" (Gourley et al., 2023, p. 3)

As we begin to consider what our findings might mean for recommendations for the profession, it is important to acknowledge the stress and responsibility that comes with supervising a child life intern. Coordinators and supervisors are tasked with bringing the knowledge, skills, and abilities discussed in a classroom setting to life and are often the professionals making the difficult decisions about whether an intern meets the child life competencies. Holley et al. (2024) interviewed 13 first-time internship supervisors to explore the thoughts, feelings, and experiences associated with being a first-time supervisor. The participants suggested that a training program would be helpful for preparing first-time clinical rotation supervisors. In addition, standardizing the internship experience for students would also help supervisors. This endeavor has begun with the Child Life Clinical Internship Curriculum and adoption across all internship sites should be encouraged.

Considering our outcomes and the recent findings from our colleagues, we recommend a few tasks that could help the profession address the staffing crisis from the internship level. In Table 1, we break down possible steps and assign them across the four components of child life: the academic discipline, the field of inquiry, the profession, and the professional organization (Sisk & Cantrell, 2021). We would love to hear ideas from community members and encourage a dialogue about ways to improve the internship process for students.

Table 1. Recommendations for child life based on recent research

Component	Recommendation
Academic	Focus academic efforts on teaching child life application of theory to practice.
	Offer academic field experiences for students to engage with children and families in various settings, including healthcare, to rehearse applying theory to practice.
Field of Inquiry	Study student expectations regarding the KSAs needed for entering the profession.
	Study practicum readiness and identify which child life domain is responsible for preparing the KSAs needed for pre-internship experiences.
	Study internship outcomes, the KSAs learned during internship, and future employment status.
Profession	Consideration of a singular rubric or set of selection criteria to support the community's efforts to diversify the profession and decrease risk of bias.
	Inclusion of the Knowledge, Skills, and Abilities outlined by the Internship Readiness initiative (ACLP, 2021) in internship selection rubrics.
	Consider alternatives to the previous hospital experience requirement should future pandemics, or other events, disrupt the student-to-professional pathway.
	Focus on filling all open internship positions.
Association	Provide affordable supervision training.
	Incentivize research into the internship process.
	Support for more open dialogue between each group contributing to the student-to-professional pathway such as a think tank including clinical and academic communities (Hammon, 2022).

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ADVANCING PALLIATIVE CARE IN KUWAIT:

A Global Perspective

by Maryam AlBahar, MS, CCLS

My country of Kuwait is home to approximately 4 million people from different backgrounds, races, religions and ethnicities. A small but vibrant country, it is situated in the heart of the Middle East. Its healthcare system, characterized by a combination of public and private services, plays a pivotal role in ensuring the well-being of its citizens. However, within healthcare, pediatric palliative care (PPC) services remain a slow, emerging field, presenting both unique challenges and opportunities. This article aims to delve into the landscape of PPC in Kuwait, addressing the barriers, discussing cultural perspectives, the progress of PPC and services available to patients and families, exploring the role and challenges of Child Life Services, and charting the path towards a promising future in pediatric palliative care within the country.

Barriers to Pediatric Palliative Care in Kuwait

Providing PPC in Kuwait faces significant challenges rooted in cultural, societal, and healthcare system factors. A notable issue is the limited availability of PPC-specific educational and training opportunities within Kuwait. Kuwait University's School of Medicine, for instance, lacks courses in palliative care, and there are no training programs for medical students or residents interested in this field. To pursue palliative specialization, specialists must seek education and training abroad, resulting in a shortage of qualified

PPC professionals in Kuwait, including doctors, nurses, and child life specialists. Moreover, the lack of local research and data on PPC complicates matters, with a limited number of studies



Sultan was diagnosed with Sanjad Sakati Syndrome and recently passed away in December 2023 at the age of 24. The photograph below was taken in 2019



Author Maryam AlBahar, MS, CCLS supporting a child during a procedure

conducted in Kuwait. As of 2023, there are only two studies on PPC services in Kuwait, making it challenging to develop evidence-based practices tailored to Kuwait's unique context.

Cultural Perspectives

While Kuwait boasts modernity and grants its residents considerable lifestyle freedom, it remains rooted in cultural conservatism when viewed through a Western lens. Certain cultural norms persist, such as gender-segregated schooling and the influence of patriarchal values, particularly prominent in nomadic and Bedouin communities. Traditionally, the preference for familial support over seeking assistance from outsiders has been paramount, with discussions surrounding mental health support only recently gaining traction after the COVID-19 pandemic.

Cultural perspectives in Kuwait significantly influence the acceptance of PPC. To ensure effective PPC in this region, it is crucial to

comprehend these cultural dynamics that influence healthcare decisions and preferences. For many professionals, palliative care is connected with treatment failure or thought of interchangeably with the practice of “do not resuscitate” (DNR), raising moral, spiritual, and legal concerns. Other misconceptions about PPC from caregivers, such as associating it exclusively with adult care or hospital settings, can impede access to necessary services for pediatric patients and families.

The belief that PPC only provides medical support and the reluctance to seek help from unfamiliar sources are other reasons families are reluctant to embrace PPC. A revealing incident with a concerned mother at the beginning of my career underscores the need for corrective measures. As I excitedly shared the possibility of obtaining a hospice referral for her child at the cancer hospital, I was met with a terrified whisper from a mother. “That’s where children go to die,” she worriedly shared, “even if they were doing better. All the mothers talk about it, and it’s best to stay away from that place.” In these cases, parents may delay PPC, and a child’s mental and physical health may deteriorate unnecessarily without proper palliative care. These deep-rooted misconceptions must be met with appropriate education, support and information.

Progress of Pediatric Palliative Care in Kuwait

Significant strides have been made in advancing PPC within Kuwait’s healthcare landscape. Currently, there are three specialized Pediatric Palliative Care professionals from Kuwait, including Dr. Ahmad Jaafar, Dr. Emma Alkhabaz, and Dr. Qutaibah AlOtaibi, each with a distinct international training background. Notably, Dr. Salman AlTowalla, the Head of the Pediatrics Department at Al-Adan Hospital, a local government hospital, introduced a specialized in-hospital pediatric palliative care unit called the “Complex Care Unit” in collaboration with Dr. AlOtaibi, marking a momentous achievement. Furthermore, Bayt Abdullah’s Children’s Hospice (BACCH), founded in 2012 by philanthropists Dame Margaret and Dr. Hilal AlSayer, is one of

a handful of hubs for pediatric palliative care in the Gulf region. BACCH offers comprehensive, multidisciplinary care to all children in Kuwait, irrespective of their background or residency, and does so free of charge. Medical professionals in other government hospitals, such as Farwaniya Hospital's Pediatric Intensive Care Unit (PICU) and Neonatal Intensive Care Unit (NICU), as well as general pediatric departments at Sabah and Jahra Hospitals, are increasingly enthusiastic about integrating pediatric palliative care into their services. This growing interest signifies a promising shift towards a more holistic approach to healthcare for children in Kuwait.

PPC Services

In addition to medical care, PPC services also include emotional, social, and psychological support for the child and their family, particularly during end-of-life care. Music therapy, physical therapy, art experiences, child life, medical staff, psychologists, and volunteers are included. Although some families came from stricter religious backgrounds and may not have received music therapy well, families were pleasantly surprised by our services; music therapy was new to them and well-received.

Family-centered care is a cornerstone of PPC. It acknowledges that the family is a crucial component of the care team for the child and includes them in the decision-making process, giving them a sense of being heard and valued. This method recognizes that families need assistance and resources as they negotiate the difficulties of caring for a child with a life-limiting or terminal disease. In addition to medical care, PPC services also include emotional, social, and psychological support for the child and their family, particularly during end-of-life care.

Experiences of CCLS in PPC in Kuwait

Child Life Specialists (CLS) in PPC in Kuwait make invaluable contributions to the care landscape. Their role is multifaceted and indispensable, and their involvement has led to significant milestones. In 2021, I had the honor of introducing the first

psychosocial referral in our pediatric hospice's history, which had previously only accommodated medical referrals. This initiative aimed to address the essential emotional and psychological needs of young patients and their families during the early stages of the disease, as opposed to solely focusing on later stages. Moreover, during my tenure as Acting CLS there, our teams were able to transition services to Zoom to provide psychosocial support and individual and group play during the COVID-19 pandemic.

Through my extensive engagement with PPC families and caregivers, it becomes evident that they have an intense yearning for normalcy amidst the challenges of caring for a child with a life-limiting illness. These families seek moments of routine and everyday life, allowing them to create cherished memories and experiences, involving both the patient and their siblings. PPC services play a pivotal role in facilitating these opportunities by addressing the child's specific needs and abilities, as well as the broader family needs. This includes organizing outings, events, birthdays, and other activities that create positive



Author Maryam AlBahar, MS, CCLS supporting a child in the hospital playroom

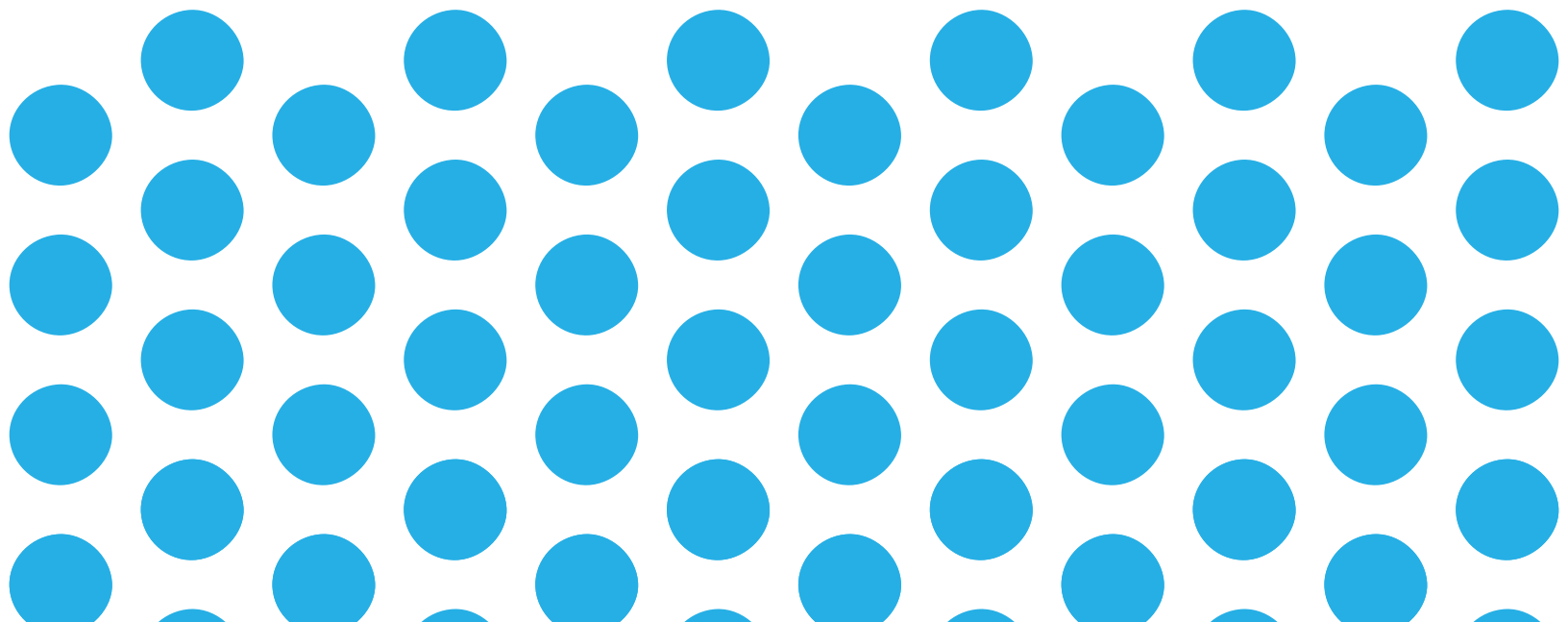
memories and legacy-building opportunities for these families.

CLS professionals in Kuwait have also been proactive in awareness campaigns and organizing engaging events, such as teddy bear clinics, to foster comfort and understanding among children facing complex medical conditions. CLS professionals excel at planning activities that normalize family experiences and memory creation. They advocate for each child's unique needs, organize respite weekends, and collaborate closely with medical and physiotherapy teams. Moreover, they liaise with kitchen staff to ensure meals align with young patients' dietary requirements and preferences.

However, CLS professionals face challenges. Adapting their schedules to meet the evolving medical needs of young patients can be demanding. Occasional difficulties in collaborating with certain medical staff members are encountered. Additionally, recognition and career growth for psychosocial staff remain areas of improvement within the workplace. Nevertheless, despite these challenges, CLS professionals remain dedicated to instilling joy and positivity in the lives of PPC patients and their families, offering hope amidst the complex landscape of PPC in Kuwait.

Advancing Pediatric Palliative Care in Kuwait

The future of PPC services in Kuwait is brimming with promise. Both private and government hospitals can significantly benefit from adding PPC specialists to bolster the workforce. Expanding the numbers of CLS and enhancing psychosocial services, including incorporating specialists like Music Therapists and Art Therapists, represents a significant stride forward. A key component of this advancement involves fostering collaboration with regional and international colleagues and organizations, as this is paramount for knowledge exchange and global networking. Enlisting experts to provide training for medical teams and support local CLS internships and training initiatives will further fortify the field. Lastly, investing in research that is specifically focused on the unique needs of regional patients will pave the way for the delivery of truly customized care to our children and their families. Together, these strategic measures can position regional healthcare services on the forefront of progressive pediatric palliative care, ensuring a brighter and healthier future for our community.



BOOK REVIEW:

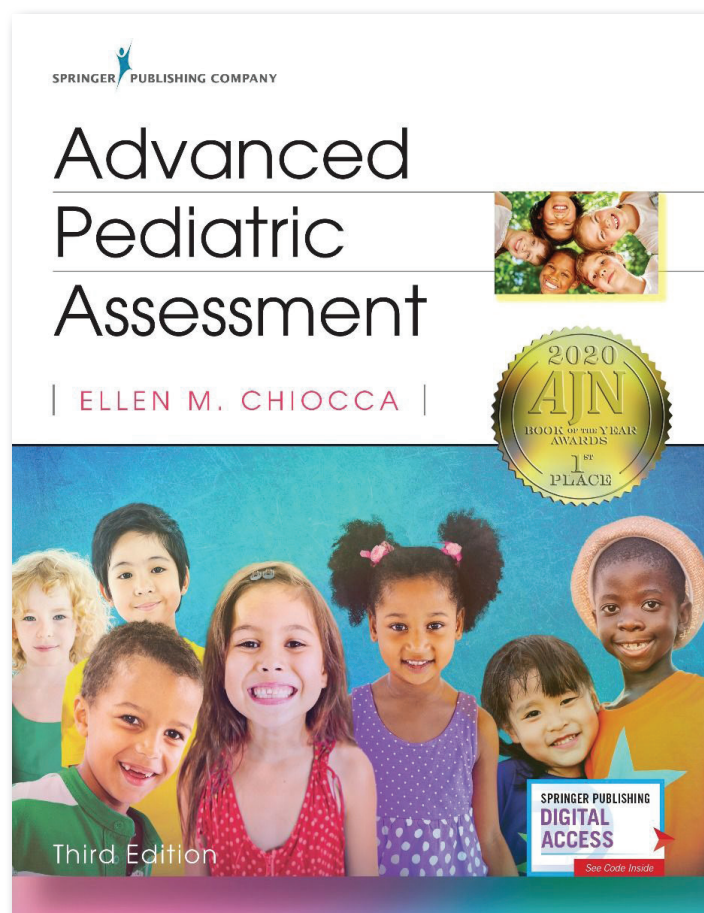
Advanced Pediatric Assessment (3rd Ed.)

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In 2020, Ellen W. Chiocca released her third edition of *Advanced Pediatric Assessment*, a reference book intended to provide specialized knowledge and skills to accurately assess children during health and illness. This resource is comprehensive and detailed, featuring updated clinical practice guidelines with an emphasis on evidence-based practice. It explores toxic stress, the impact of witnessing violent acts on children, and the importance of trauma-informed care when working with pediatric patients and their families. *Advanced Pediatric Assessment* serves as a foundational resource for child life students and child life professionals, working in both clinical and academic settings, who are seeking to enhance and deepen their knowledge of assessment of children and families affected by health care. Additionally, this resource provides new features, which facilitate quick access to key information, along with new instructor and student resources.

Using a body system approach that highlights developmental and cultural considerations, this text examines the physical and psychosocial principles of growth and development with a focus on health promotion and wellness. The main text is comprised of four units, equaling 26 chapters. The units explore four main themes: the foundations of child health assessment, the pediatric history and physical examination, assessment of child mental health and welfare, and synthesizing the components of the pediatric health assessment. Additional strengths include call-out boxes, which summarize key information, charts depicting commonly encountered findings, and summary boxes emphasizing essential areas of examination.

The first unit, the foundations of child health assessment, contains chapters that are especially relevant to child life work. The first chapter addresses pediatric health variations, communication skills necessary for working with children, obtaining a pediatric health history, understanding the caregiver-child relationship, and the role of the pediatric healthcare provider. The second chapter, "Assessment of Child Development and Behavior," provides an overview of child development, theories of child development, and characteristics of temperament. Additionally, this chapter serves as a guide to



risk factors contributing to developmental delay and developmental “red flags” in children. The third chapter examines helpful communication techniques when assessing children of various ages and developmental levels. Chapter 4, “Assessment of the Family,” emphasizes the importance of family assessment, assessment from a strengths-based perspective, the characteristics of healthy families, the impact of family structure, stages in family development, and family assessment strategies.

In the chapter “Cultural Assessment of Children and Families,” the author discusses the role of culture in assessment. While one might argue for cultural humility, rather than “cultural competence,” the strengths of this chapter include the influences of cross-cultural differences on our healthcare interactions, cross-cultural communication, and cross-cultural health beliefs and practices that may influence our interactions when engaging in a cultural assessment of children and families. The insight provided by this chapter further equips us to provide culturally sensitive support to those in our care. Moreover, as child life specialists continue to expand into settings in which we provide psychosocial services, an incredibly relevant and current topic contained

within this chapter is assessing immigrant and refugee children.

These are just a few of the chapters directly related to our work. The information contained within this text deepens our understanding of assessment, the assessment methods available, and how the professional integrates and applies what is learned to provide the most effective and useful interventions for pediatric patients and families. Although this text is not specifically directed to child life specialists, the information contained is relevant to our work, integrating both a deeper level of conversation regarding assessment with a review of medical terminology and anatomy and physiology. Although this text is expensive, which may be a barrier for some, the information included is well worth the purchase. Regardless of experience level or setting, this text serves as a valuable resource for those engaged in assessing the needs of the child and family affected by health care and responsible for developing and implementing a psychosocial plan of care. As a result, this text will remain an extremely vital resource for our profession and is recommended as a resource for one’s professional and personal reference libraries.

References:

Chiocca, E.M. (2020). *Advanced Pediatric Assessment* (3rd Ed.). New York, NY: Springer Publishing



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