

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

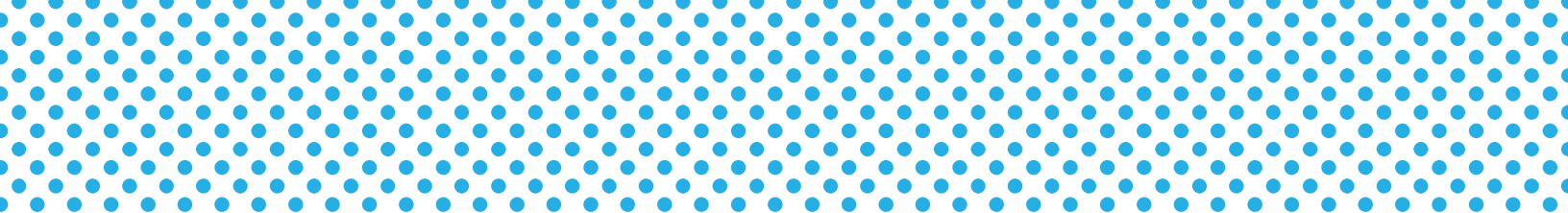
sense of 'compete and defeat', I did not secure an internship this first round. If only I had known that the internship I ended up securing down the road would lead to a career and professional success beyond what I fathomed.

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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