# WITHIN THE SCHOOL WALLS: Reflection of a High School Teacher with a Child Life Specialist Certification

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School is a go-to topic of conversation with children. When meeting patients in the hospital, child life specialists often ask what grade the patient is in or what school they attend as a way to build rapport. Education plays an important role in molding children's identities and helping them reach socioemotional and intellectual milestones. In Ontario, Canada, during the 2019-2020 school year, 194 days are mandated for instruction (Ontario Ministry of Education, 2017); this means that over 1500 school days are completed by the time a student reaches secondary school!

In the Fall 2019 issue of *ACLP Bulletin*, Courtney Rosborough, MSc, CCLS, wrote about the benefits of her child life education in her role as a school-based emotional behavioral specialist. As a teacher in secondary education, I too have noticed the benefits of my child life training. Because of my background in child life, I bring additional strengths to the table when supporting youth in school, including identifying reactions to healthcare-related stress and opportunities for stress reduction, being adaptable with teaching materials to reach more students, an increased awareness of cultural and developmental diversity, and an increased understanding of psychosocial needs impacting student growth.

# **Stress in Relation to Healthcare Experiences**

I have observed several instances of stressful medical circumstances among students in the classroom, including students experiencing an acute hospital visit, students whose parents or family members are hospitalized suddenly, and students with close friends who are grieving. In cases where students have experienced a short-term hospital stay, I provide opportunities to debrief on the sequence of events, discuss the roles of individuals who provided care, and speak to the strategies they employed to minimize their stress. I also invite these students to share their medical experiences with the class, which often prompts others to share similiarities or differences of their own hospital experiences.

Similarly, in cases where students' parents are hospitalized, I facilitate opportunities to discuss their feelings about the hospital and offer the space to listen, noting what information requires more clarification. During these times of stress, I reaffirm with students the importance of expressing their feelings to their family, asking questions, and engaging in expressive exercises like drawing or journaling. I actively strive to assess my students' responses to stressful moments in their lives and empower these students to use coping strategies beyond medical events and share them with their friends.

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# **Curriculum and Content**

My colleagues and I strive to use materials beyond slideshows and paper handouts to increase engagement and explore real world connections. When I teach courses like biology or child development, I bring in child life materials such as body systems books, anatomy aprons, and interactive iPad apps as an organic way to teach about illnesses and diseases that are prevalent in today's society.

As an example, when I facilitated a lesson on cells, I took the opportunity to speak about the psychosocial implications of rapidly dividing cells in a diagnosis of cancer. In one instance, I connected with a student whose aunt was hospitalized due to breast cancer. This student was quite distressed about visiting her aunt in the hospital and was worried about why this happened to her aunt. During our interactions, I clarified physiological differences between cancer occurring in children and adults, and asserted the scientific and unknown causes of cancer. I make sure to provide space to speak one-on-one with students about their personal experiences with cancer and include opportunities for them to navigate feelings about cancer-related illness while learning about the scientific content. It is a valued characteristic of teachers to hold space for students to process the meaning of new content, and I feel humbled to infuse moments of clarity and emotional understanding into my lessons.

## **Cultural Competency**

The school setting is an important place of cultural richness. In current Canadian teacher education programs, teachers participate in classes about the diversity found within our country, and the importance of creating connections between Canadian curriculum and multicultural traditions. Because I have spent time in the hospital setting with patients and families of many cultures, creeds, gender identities, and religions, I am aware of the need to participate in cultural education regarding situations like using preferred names, requests behind male or female doctors, cultural practices such as smudging ceremonies, and many more considerations.

At the school level, my board encourages students to form groups such as faith-based groups or groups for students who identify as LGBT. Teacher advisors support these students and their emerging voices. Recently, I took on the role as the Muslim Student Association teacher advisor at my school. My additional child life training in advocacy has been a strength in this position. During my time with these students, we discussed the physical barriers to their faith in school, such as no available appropriate spaces for prayer rooms or food-free areas during Ramadan (a period of fasting for Muslims). With guidance from the student group, I raised these concerns directly with the principal and school staff. As a result, I was given the opportunity to provide an in-service discussing misconceptions regarding Ramadan, infused with students' suggestions of ways teachers can provide emotional support. My experience as a child life specialist gave me the confidence to advocate for an environment that helps all students and educators feel a sense of belonging to their school community.

### **Psychosocial Needs**

Teachers promote social and emotional understanding in their classrooms, in addition to facilitating learning (Craig, 2009; Verhoeven et al., 2018). Every day, I work alongside teachers who continuously observe how their students are emotionally and mentally entering their learning environment. Teachers embrace the role they play in creating a healthy social environment, as this leads to higher outcomes of academic success (DeAngelis & Presley, 2011).

I advocate for time to share observations and strategies for students having a difficult time coping with school, which is a voice I strengthened during hospital team rounds. In the classroom, I make an extra effort to check in with how students are arriving emotionally, highlighting any small victories of the day. Just as a child life specialist reminds a patient of the small coping victories, I use positive prompts to help students build their self-esteem to achieve academic success.

As the needs of our students are increasingly identified and addressed, schools are excited to bring the expertise of a child life specialist on in order to share their child development knowledge, compassion, and advocacy to create better outcomes of academic success for all students that walk through our school doors. \*

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