What Style CCLS Are You?

By Jacquie Rahm, CCLS, CTRS-C, YMHFA

In honor of Child Life Month, a quiz below will help you identify your potential child life style.

I was recently asked my opinion on play- versus procedure-based programs, which reminded me of the ongoing conversation regarding the shift in the field from being play-based to procedure-based. I argue that there doesn't need to be a "shift" at all. We each, as specialists, tend to naturally lean towards one style over another due to a combination of personality, interests, and preferred aspects of child life services. I believe that all styles of child life are valid, effective, and able to meet the same goals. The challenge is when we become stuck in our natural way of implementing services and forget to incorporate important aspects of other styles to best meet the needs of the children and families we are working with.

In honor of Child Life Month, I want to explore these styles and brainstorm ways to incorporate aspects of each into well-rounded child life care. Below is a quiz to help you identify your potential style of child life. Try to choose answers that represent you most accurately, often, or are your initial instinct. Take note of your answers to score at the end. The quiz isn't validated in any way, but the small sample of CCLSs I asked to proofread it for me said their results were correct for them!

So...what style CCLS are you?

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1 **My elevator speech most closely resembles...**

a.) I use developmentally appropriate play interventions to help children cope with their medical/stressful experiences.

b.) I help children cope by prepping for and supporting the through procedures and stressful experiences.

c.) I help children understand everything they are experiencing to reduce stress and promote coping.

2 **When I take a patient to the playroom, I ...**

a.) Let them choose their toys and talk about Peppa Pig the rest of the afternoon.

b.) Ask them how their MRI was from earlier while we push monster trucks around the room.

c.) Talk about the medical play corner and ask if the child's ever seen any of the equipment before.

3 **When I'm consulted for "happiness," I like to...**

a.) Spend time engaging in play at the bedside, gathering essential assessment details and building rapport with the child and their family.

b.) Ask a volunteer to visit the patient and run down the hall to the screaming toddler getting an IV.

c.) Check in to see how the child is doing and if they have any questions, making sure they understand why they're here and how I can help make it easier.

4 **My go-to prep materials are...**

a.) Toys, medical play, and anything I can use to make it fun!

b.) Pictures, sounds, models, and my coping plan sheet.

c.) A MedKin or cloth doll and the medical supplies so they can practice what's going to happen on the doll.

5 **I love working with school-agers because...**

a.) They are so creative in their play and expression, and I can help give them an escape in the middle of the stress.

b.) They can actively participate in creating their coping plan, and I can help give them a voice in their care.

c.) They ask the best questions!

6 **When I am in the ED, the first thing I do is...**

a.) Check in with the psych holds and make sure they have activities to keep them calm and engaged. Escalation should not be accepted as inevitable.

b.) Run towards the room with the loudest screaming.

c.) Prioritize the child who just received a new diagnosis so they can better understand what's happening and why they need all these additional tests.

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7 **When I get a patient with a new diagnosis, I ...**

a.) Get to know them and their family. We will be spending a lot of time together over the course of their treatment.

b.) Prepare them for the procedures they are about to have because it is going to be a lot over the next few days.

c.) Grab a teaching doll and anatomy book to talk about what's going on in their body and why their diagnosis is affecting them the way it is.

8 **In the NICU, I ...**

a.) Do milestones and make sure the babies get appropriate stimulation to psychosocially develop.

b.) Follow the eye doctor like a hawk to make sure the babies aren't too overstimulated from the exam.

c.) Teach parents and siblings about the baby's stress signals and empower them to engage in developmentally supportive ways.

9 **To support siblings, I ...**

a.) Bring siblings and the patient to the playroom to make a poster for the bedside. This will help the siblings feel connected even though they have to be separated during the admission.

b.) Tell them the patient has been so strong and brave with all the needle pokes!

c.) Do an activity to teach about the patient's diagnosis and why the patient has to stay in the hospital for now.

10 **When my chronic patient discharges, I make sure...**

a.) All the staff sign their discharge posters and line the halls to send them off! They were so brave and strong and this milestone needs to be celebrated!

b.) They remember their beads of courage. They wen through a lot of hard procedures and they deserve all he recognition for that!

c.) Their resources are in their discharge packet in case they have questions or worries after they get home!

11 **My favorite medical play activity is ...**

a.) Role playing doctor and patient.

b.) Making water squirters with IV's.

c.) Building a body out of tongue depressors and band-aids.

12 **My favorite type of intervention is ...**

a.) Therapeutic play activities.

b.) Prepping for and supporting procedures.

c.) Diagnosis education.

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Scoring Rubric : Use the rubric below to mark your answer choice for each question.

	A	B	C
Question 1			
Question 2			
Question 3			
Question 4			
Question 5			
Question 6			
Question 7			
Question 8			
Question 9			
Question 10			
Question 11			
Question 12			

If you answered mostly As, you may be more play-focused.
If you answered mostly Bs, you may be more procedure-focused.
If you answered mostly Cs, you may be more education-focused.

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Play-focused: Play and therapeutic relationships are the focus. Normalization, rapport, and opportunities to escape from stress and engage in fun is at the center of interventions. Therapeutic activities to promote expression, building rapport, and healthy development are important, as these interventions create the safe and trusting relationships necessary when dealing with stressful topics. To incorporate more play-focus into your interventions, start by altering current practices to incorporate more playful aspects. Make sure to allow more time to play for the purposes of building rapport and gaining a deeper assessment of child interests and needs. Try not to take time away from play to instead talk about the hospital, procedure, or otherwise stressful thing that brought the child to you in the first place.

EXAMPLES: Using more playful techniques for preps (e.g. medical play and puppets), use a "just play" session to inform a coping plan (ex: "remember how we played with those trucks earlier? Do you want to play with those during the procedure too?"), set the goal for yourself to learn one rapport-building fact about the child and/or family on every interaction to make sure you're allowing time for play, help the interdisciplinary team incorporate more play by implementing programming such as a “Joke of the Day.”

Procedure-focused: Stressful experiences are the focus, typically procedures in the medical setting. Ensuring children are appropriately prepared for and supported during procedures and other stressful experiences is the priority. When engaging in normalizing activities, the topic of procedures and other medically/situationally relevant information is often incorporated. To incorporate more procedure focus into your interventions, ensure the child’s medical experiences are your priority. Take natural opportunities to incorporate more medical play or medical questions into normalizing and educational interactions. Try not to take time away from prepping for, distracting from, and otherwise addressing the stressful experience to play or teach.

EXAMPLES: Spend the majority of the time pre- and post-procedure discussing the coping plan and procedure itself. Take a moment or two post-procedure to debrief with the child and family before escaping to play or educating about more general concepts like the purpose behind doing the procedure. Use aspects of a play or teaching session to inform coping plans for future similar experiences. Ask interdisciplinary team members to explain and/or if you can shadow them for procedures you are unfamiliar with to expand your knowledge and confidence in supporting children during those procedures in the future.

Pedagogy-focused (teaching): Teaching to promote understanding and mastery is the focus. Developmentally appropriate teaching opportunities are incorporated into almost every intervention. Interactions are approached from a lens of, “what information is missing that could help this child/family/staff member better understand the situation?” To incorporate more pedagogy-focus into your interventions, don’t forget to explain the WHY of the procedure, hospitalization, etc. Incorporate more general information on body function, procedure goals, and other relevant topics before narrowing the scope to the child’s specific situation.

EXAMPLES: Incorporate something the child likes into teaching activities to make them more playful and engaging (ex: the anatomy of Chase from Paw Patrol). When prepping, incorporate a teaching doll or short description of WHY physiologically this procedure is happening (ex: you need labs because of your xyz diagnosis that does xyz thing in your body. Getting a little bit of blood will help your doctor know how your body is doing on the inside and if your medicine is helping), play the “but why” game with yourself to get to the root of a topic (ex: You need an MRI [why] to look at your brain [why] because the doctors think you had a seizure [why] because your arms were twitching [why] because your brain got confused and told your body to do something it didn’t need to, so this MRI camera will take a picture of your brain to show the doctor if your brain is hurt).

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Implications for Practice

All of these styles are connected and have overlap (quiz questions 7 and 12 highlight the differences well). However, if you are stuck in your natural style, you may notice yourself really only doing interventions that align with your style. You may avoid situations that require a different style intervention, and you may insert interventions relevant to your natural style at unnatural times in an interaction. You may only get excited about a consult or intervention if it is within your natural style. Because of this, you may start feeling burnt out if you feel you are only getting opportunities to provide interventions outside of your natural style.

These styles look very similar in both the medical and community settings. Ask yourself, do I take the time to play, build rapport, and slowly get into the stressful experience? Do I jump right into the stressful experience, working in play and rapport as I go? Or, do I jump right into explaining why I am there and why the child is getting a visit from me, discussing the stressful experience and incorporating play later in my interaction? Play-focused professionals of all kinds can be intentional in prioritizing just as much time for the stressful experience and the WHY of the interaction as they do for play. Procedure-focused professionals can allow more time for play, as well as deeper explanation of WHY, in their interactions to ensure the child feels safe and understands the big picture. Pedagogy-focused professionals can incorporate more time to “just play” for rapport and safety and “just prep” for the immediate stressful experience without taking time away to talk about the WHY behind it all.

At the end of the day, all of these aspects are important to child life practice. Play helps us gather important assessment details and gives children and family a safe escape from the stress they are experiencing. Preparing for and supporting stressful experiences are vital in reducing anticipatory anxiety and promoting positive coping in the moment and in future similar situations. Teaching children about the WHY behind the stressful situation is helpful for mastery and understanding of the world around them. Whatever style you naturally lean towards, you are valid, you are effective, and you are providing meaningful child life care to the children and families you serve.

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