

CHAPTER 4

STANDARDS OF CLINICAL PRACTICE

The Standards of Clinical Practice establish criteria for child life services with infants, children, youth and families in circumstances where stress may occur. To this end, the standards:

- promote psychosocial care at the highest professional level.
- define the function of child life services in the provision of psychosocial care.
- establish professional expectations for the administration and implementation of child life services.
- provide guidance for organizations and individuals in developing child life programs and services.

I. PLAN FOR CHILD LIFE SERVICES

Standard

Individuals or organizations that provide child life care will have a written plan for providing services.

Interpretation

The plan will:

- reflect the content of the *Official Documents of the Child Life Council 2002*.
- be created by a certified child life specialist (CCLS) with demonstrated ability in program development and management.
- clearly delineate the scope, objectives and organization of child life services.
- describe child life goals and objectives and relevance to the population(s) served.

II. CHILD LIFE ADMINISTRATION

Standard

A certified child life specialist with demonstrated administrative and supervisory skills will be accountable for the planning and implementation of child life services.

In organizations where there are combined services under the direction of an administrator who is not a certified child life specialist, this individual will demonstrate a working knowledge of the *Official Documents of the Child Life Council 2002*.

Interpretation

Administrative responsibilities include:

- implementation of services based on a written plan
- selection, training, supervision and evaluation of staff members, volunteers and students
- development of written policies and protocols based on the *Guidelines for the Development of Child Life Programs in Health Care Settings* (Child Life Council), regulatory agencies and relevant institutional requirements
- review of the quality and effectiveness of services
- maintenance of child life service data and, where applicable, billing records
- establishment and implementation of a service improvement plan
- allocation of budget and other resources
- participation in policy decisions that affect children* and families
- evaluation of evidence-based practice and integration of new knowledge into child life practice
- participation in environmental planning
- participation in reciprocal in-service education and consultation
- communication and collaboration with other professionals, administrators and community organizations, as necessary

III. CHILD LIFE SERVICE

Standard

Child life services will include direct care, consultation, supervision, education, advocacy, and environmental planning.

Interpretation

Child life services include, but are not limited to, the following:

- opportunities for a variety of play, activities and other interactions which promote self-healing, self-expression, understanding and mastery
- care plans for individuals or groups based on assessment of the child's development, temperament, coping style, culture, spirituality, potential stressors, family needs and social supports

*Unless modified, refers to infants, children and youth

- developmental assessments based on formal or informal techniques
- therapeutic play
- the practice of family-centered care
- orientation to the setting where care will occur
- psychological preparation for potentially stressful experiences
- support during identified stress points
- stress reduction techniques to facilitate adaptive coping
- normalization of the environment
- consultation regarding the unique needs of children and families to promote healthy coping with potentially stressful events and circumstances
- provision of prevention, health maintenance and lifestyle information
- education of families and professionals regarding child development and psychosocial care
- provision of child life care that is delivered to children and families based on trusting relationships
- follow-up care with children and families, where necessary and appropriate

IV. EDUCATION OF CHILD LIFE STUDENTS

Standard

Child life students will be supervised by a child life specialist who provides a clinical placement experience that meets the guidelines as set out in the *Official Documents of the Child Life Council 2002*.

Interpretation

Refer to the Standards for Academic and Clinical Preparation Programs, found on pages 13 - 21.

V. STAFFING

Standard

Child life staff will be available to assess, plan, evaluate and safely provide comprehensive child life services for infants, children, youth and family members.

Interpretation

Staffing ratios are determined by the goals and objectives of the services provided and by the volume and characteristics of the population(s) served. The following factors are assessed to determine a safe and effective level of staffing for the population(s) served:

- number of children and families served
- degree of illness, injury, disability, stress, and psychosocial needs
- presence of chronic or disabling conditions
- physical and emotional safety
- extent of immobility or isolation
- developmental vulnerability
- repeated, intense or extended stressful situations
- life-changing events
- social support
- coping style, skills and strengths of the child and family
- sociocultural factors
- facility configuration
- staff development and training needs
- evidence-based practice activities

Under the direct supervision of a certified child life specialist, assistants may be employed to implement assigned aspects of programming. The time required for orientation and supervision of students and volunteers is factored into the overall staffing pattern. A classification system may be helpful in determining the degree to which child life interventions are required to achieve therapeutic goals.

VI. PROFESSIONAL PREPARATION AND DEVELOPMENT

Standard

Child life personnel will be prepared through education, supervision and evaluation as recommended in the *Official Documents of the Child Life Council 2002*. Ongoing professional development is recommended for all staff, and required for the certified child life specialist.

Interpretation

All personnel receive education and orientation of sufficient duration and substance to prepare them for their functions and responsibilities. Child life staff members identify a plan for professional development and maintain a portfolio that reflects professional skills and activities. Opportunities to learn from other disciplines are sought when appropriate and available. Supervision and evaluation are based on the *Official Documents of the Child Life Council 2002*, in addition to regulatory and organizational requirements.

VII. COLLABORATIVE APPROACH TO SERVICES

Standard

Child life professionals will participate in a collaborative approach to services.

Interpretation

Child life services that are collaborative promote healing and mitigate significant developmental disruption and psychosocial distress. Family members are essential to the well-being of children and should be encouraged and supported as participants in all aspects of care. Whenever possible, children will be encouraged to take an active role in their own care and will be involved in decisions regarding health and wellness. A collaborative approach to care includes all members of the team: children, families, health professionals, and the community.

VIII. DOCUMENTATION

Standard

Child life interventions will be documented in the records of infants, children, youth and families. Confidentiality, security and integrity of data and information will be maintained according to the policies of the organization, regulatory agencies and the Child Life Code of Ethical Responsibility (Page 3).

Interpretation

Documentation of interventions is an integral part of child life service. The cyclical process of assessment, plan, intervention and evaluation is documented in the care record. Accurate, concise and objective entries convey relevant information to others involved in care. Service is documented in accordance with the standards of the setting and regulatory agencies.

IX. FUNDING AND FACILITIES

Standard

Sufficient budget, facilities and resources will be provided to meet the clinical, educational, research and administrative goals of child life services.

Interpretation

The annual operating budget for services includes funds for staff salaries, benefits and staff development, administrative costs, equipment, and supplies. Furnishings and equipment

are available that contribute to the healing process, comply with safety and infection control standards and are appropriate for the population(s) served.

Adequate play space is provided to ensure safety, according to developmental needs, physical abilities and requirements of regulatory agencies. Play and activity spaces are appropriate to fulfill the therapeutic purposes of child life service. A certified child life specialist advocates for the space, resources and environmental design for child life care. Office, conference and storage spaces are provided to meet the needs of child life staff and to ensure privacy and confidentiality when staff members meet with colleagues, students, children or families.

X. RESEARCH

Standard

Participation in evidence-based practice is an expected function of child life specialists in the planning, implementation and evaluation of child life services. Involvement in research activities and projects is a desirable and appropriate function of child life practice.

Interpretation

Child life specialists will continually update and enhance their understanding of the children and families they serve, and the impact of their clinical services, through evidence-based practice activities.

Child life specialists will acquire the knowledge and skills that facilitate participation in scholarly inquiry, recognizing their responsibility for ethical practice in research. Research includes clinical research, program review, and evidence-based practice activities. Standards and guidelines are established by organizational and Ethics Review Boards, by regulatory agencies, and in the *Official Documents of the Child Life Council*. Adherence to standards and regulations is required of all child life professionals engaged in research.

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