

ACLP Bulletin

A PUBLICATION OF THE ASSOCIATION OF CHILD LIFE

SUMMER 2022 | VOL. 40 NO. 3

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ASSOCIATION OF
Child Life
Professionals



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Summer 2022 | Vol. 40 No. 3

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Published quarterly in January (Winter issue), April (Spring Issue), July (Summer issue), and October (Fall issue). Submission deadlines for consideration for each issue are as follows: Winter - October 1, Spring - January 1, Summer - April 1, Fall - July 1. For more information on submitting articles, please see [Submission Guidelines](#) in the ACLP Bulletin section of the ACLP website.

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CEO Shares

by Alison E. Heron, MBA,
CAE

Greetings!

The past few months were quite busy at ACLP! We had a successful launch of our 2022-2024 strategic plan in April followed by an engaging town hall meeting in early May. Many thanks to those who participated, asked questions, and volunteered on committees this year. The work of the strategic plan will be operationalized by staff and the work of ACLP Committees. Beginning this summer, our staff and board liaisons will partner with the committees to lead the work on our five (5) strategic priority areas such as:

- Promote awareness of the value of child life & emotional safety with key healthcare decision-makers and the public.
- Increase transparency in the scope and decision-making process of the organization at all levels to build trust among the child life community.
- Investigate and pursue approaches to recognize high-quality education for aspiring CCLSs.
- Assess member needs to engage meaningfully with data, research, and evidence-based practice and develop programming to meet those needs.
- Conduct governance audit and job analysis to identify systems, gaps, and barriers in ACLP's policies and processes, certification requirements and volunteer structures.

I'm excited about all the work, commitment, and stakeholder involvement in the Internship Readiness Project. The project, outlined in our new strategic plan, focused on the need to reexamine, and revise the internship application process to identify potential barriers and ensure alignment with the internship

readiness knowledge, skills, and abilities (KSA's). The work initially began in 2020 at the Internship Think Tank and brought together key stakeholders to identify and discuss pain points within the internship process. There was a clear need to define internship readiness to support the child life community in navigating the path to certification. The work has progressed over the past few years.

Recently, ACLP has partnered with three internship sites to pilot the new Common Child Life Internship application. ACLP will be conducting listening sessions, Town Hall meetings in the Fall as well as releasing resources later this summer/fall in preparation for the launch of the common app in early 2023. I encourage you to participate in the feedback sessions, read the resources, ask questions, and check the webpage dedicated to the project for the latest news and updates.

As excited as I was for my first annual child life conference, I recognize how recent events that negatively impact children and families (gun violence, anti-trans laws, etc.) also impact the mental health of our entire country. Now, more than ever, the emotionally safe care that CCLSs provide is critical and can have a lasting effect on the most vulnerable populations. I am proud of the way the profession has adapted to adversity and a healthcare landscape that is forever changed by Covid, and yet you continue to show up for the children and families you serve.

For forty years, our organization and the child life community have been coming together to share knowledge that has made a global impact on children and families. I want to sincerely thank all of you that attended our 40th Annual Child Life Conference, our exhibitors, and sponsors

for a wonderful event and for making my first child life conference a success! I want to note that I have been inspired by so many of our presenters. The conference has always been a great time to network - see old friends and connect with new colleagues.

Next year our annual conference will be held in Grapevine, Texas in June 2023 and we need your expertise to further advance the child life profession. Our 2023 Professional Development Call for Proposals provides a myriad of opportunities to share your expertise by submitting an article for the ACLP Bulletin, speaking engagements at our annual conference, or facilitating a webinar.

On behalf of the ACLP staff, I want to express my gratitude and appreciation to each of you.

Respectfully,

Alison E. Heron, MBA, CAE



President's Perspective

by Lindsey Heering, MS, CCLS

I am honored to be serving as your new ACLP Board of Directors President - especially alongside my esteemed colleagues on the board, who all bring such strong and diverse knowledge, experience, and expertise. What an exciting time to step into this position! With the rollout of our new strategic plan, I am looking forward to working with each of you to reach the goals we have set out to achieve over the next three years and beyond.

The strategic plan will serve as a roadmap for our entire profession - to guide us all, no matter our roles, in planning and conducting the most consequential work, optimizing the use of our available resources, and delivering results for our most important stakeholders, the children and families we serve. The Board will continue to remain focused on our strategic plan's resonating themes of diversity, equity, and inclusion (DEI), financial sustainability, and scientific inquiry and innovation to better serve the profession, but the Board cannot do this work alone.

I ask you to join us in working together to create an ACLP that is inclusive, transparent, and welcomes all voices. Whether it is by volunteering on an ACLP committee, educating your interdisciplinary colleagues on emotional safety, or implementing what you have learned through antiracism and DEI trainings into your daily work, each action taken will advance the work outlined in our key strategic priority areas. Together, we can achieve these goals.

In our May board meeting, we reviewed the incredible work our ACLP committees are doing and helped provide

direction, reduce barriers, and encourage collaboration between committees. To share more insight, I'll highlight a few topics of discussion. To develop minimum standards for internship readiness, the Internship Readiness Task Force reviewed results from 1,200+ who completed a survey to create internship readiness knowledge, skills, and abilities (KSAs). A digital internship application was subsequently created, with content aligning with these KSAs, which is currently being piloted at three hospitals. This work group is examining bias, transparency, consistency, and the cost/time for completing the application with intention to disseminate a new common application after evaluation of this pilot. You may read more about all the work that has gone into the internship readiness project on page 15.

Vernetta D. Walker, president and CEO of Walker & Associates Consulting and senior advisor on DEI at BoardSource is conducting a governance audit for ACLP and joined our board meeting. She recognized the great work our board and committees have done to integrate DEI and racial equity into our work and shared opportunities to improve some of our systems, structures, and policies to create a more welcoming and inclusive environment and a sense of belonging for our members from underrepresented groups. Our nominating committee and board diversification task force, for example, have been working on recommendations to improve our nominations process to see more leaders from underrepresented groups at the board level to expand our diversity of thought, which will allow us to make a deeper impact on our strategic goals.

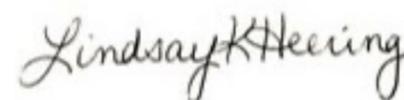
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Our closing conference keynote, Tevin Lucas, founder and CEO of The Hope and Love Foundation, shared a message that tied into many of our board's conversations around cultivating an ACLP environment and culture where all members can thrive, participate, model, and lead. His foundation hosts events and has curriculum for middle and high schools around the topics of mental illness, suicide, bullying, and overcoming which have reached over 500,000 students worldwide. Tevin's message of building a community of kindness resonated with me as that has been a top priority for the ACLP Board. To build a community of kindness in child life, we must foster a welcoming and inclusive culture for everyone. Just as the Child Life Code of Ethics calls on us to maintain a respectful environment for the children and families we serve, it is imperative that this level of dignity and respect be extended to one another. It is important to pause and reflect on our humanity and how we show up in the world. Words and actions hold power - they can heal, but they can also hurt. We aspire to create an environment where our members feel a sense of belonging and connection to ACLP and its membership. Our organization is only as good as its culture. Building an inclusive environment where everyone feels a sense of physical and emotional safety will be a shared responsibility of all

ACLP members. Together, we can create a community that celebrates our diverse experiences and values all individuals equally.

In closing, Tevin's continual message of hope also touched me. We have been so proud of our profession's ongoing response to the pandemic as it truly reflects the core values of child life. Each of you have stepped up in big ways to make sure ACLP and the child life profession remained strong. Tevin encouraged us to stay in the fight for hope and to stay in the fight for love. Each day you go to work, you show up for your patients, families, and colleagues. You have changed lives and you have saved lives through the impact of your work. Your work matters. The fight can be long and hard, but it is worth it. We're fortunate to have strong purpose in our work. We hope you relish in the positive, uplifting days and hold tight to your purpose and our mission on the days that require your resiliency.

Sincerely,



Lindsey Heering, MS, CCLS



From the Executive Editor

by Shannon Dier, MS, CCLS

One of the challenges of editing ACLP Bulletin is how long it takes to move an issue to publication; one of the privileges of becoming Executive Editor is the opportunity to update this column at the last minute. My first draft, some of which remains below, was composed in late May in the hours before I heard the news of the mass shooting in Uvalde, Texas. As this issue's articles were sent off to prepare for publication, *Roe v. Wade* was officially overruled, and many states moved within hours to initiate restrictive laws that have already had wide-reaching effects on the delivery of health care. I felt I needed to acknowledge the deep distress I feel along with my child life colleagues and friends, as we continue to navigate an ongoing pandemic, increasing economic strain, and continual news reports of violence and marginalization on multiple fronts.

As we know from working with children and families under stress, it is hard for us to manage these changes and events when our capacity to tolerate stress is already diminished. Some of us become irritable and angry, lashing out to protect ourselves. We may grow anxious, wishing we could run away, or become numb and detached, seeking to escape through avoidance. Personally, my reactions have oscillated among all three. Allowing myself to "feel my feelings" but not sink into cynicism and defeat is an ongoing challenge. As a recovering perfectionist, I wish I knew the right thing to do, the right thing to say. I know that I don't.

Yet, I keep coming back to a quote from Angela Davis: "You have to act as if it were possible to radically transform the world.

And you have to do it all the time." It is not a matter of knowing what to do; it is knowing that what you do matters. How often as child life specialists are we in this situation? We always wish we knew more about the family or the procedure, wish we had different resources or more staff, wish we had more time. But that doesn't stop us from doing what we know we need to do – assessing, playing, preparing, supporting, educating, and advocating. Even though we can never reach every child, even though we can rarely make it "all better," we still try because we believe it matters. We believe that our work, in the moment and in the long run, makes a difference.

Our patients and their families need us as advocates more than ever. Whatever you are feeling these days, I urge to give yourself compassion, to lead with kindness, and to find something you can do. Even when it seems small. Even when it seems not enough. Even when it won't make all better all at once. Choose the issues that matter to you, focus your energy, and act like it is possible to radically transform the world. Because we can do hard things, one step at a time.

...

As I move into the role of Executive Editor, I reflect with gratitude on how much I have learned in the last two years under the expert leadership of outgoing editor Kathleen McCue. I also eagerly welcome Morgan E. Morgan as our new Associate Editor, whose insight as a Bulletin committee member the last six years has demonstrated she is more than ready to take on this new role.

Part of the mission of ACLP Bulletin is to be "a valuable and timely professional resource focusing on issues of interest to ACLP members." One way we accomplish this goal is by publishing updates from the staff and leaders of ACLP. In this issue, you'll find brief updates from many of the ACLP committees, task forces, and working groups, including details of the ongoing internship readiness project. Incoming Board President Lindsay Heering and ACLP CEO Alison Heron also share key takeaways from the May Board meeting, and there is a quick recap from Child Life Conference for those of us not able to attend this year.

However, Bulletin is first and foremost a member publication, not only for the members but by the members. The majority of the articles in every issue are written by child life specialists and students. As stated on our webpage, our "aim is to provide content that encourages the continued clinical development of child life professionals, and a forum for highlighting their milestones, challenges, innovations, and successes." In this issue, you'll find articles exemplifying each of these.

First, we celebrate Lois Pearson who was honored with the Distinguished Service Award at the 40th Annual Child Life Conference. Not only is this award an incredible milestone in itself, but Lois was also at the forefront of establishing multiple child life programs over her career. Looking to the future of the field, two articles discuss challenges for child life students. Rebecca Gordan discusses the importance of providing explicit education and support to prevent burnout



for students and young professionals. Rachel Rock shares her experience navigating an internship as a person with different abilities and challenges all of us to consider how we may unintentionally perpetuate barriers to accessibility for students and colleagues. When it comes to innovations and successes, Sarah Barrientos describes developing a transition education program for adolescents with chronic conditions preparing to move to adult services, and Heather Gianatassio discusses strategies that helped her manage the workload of a one-person child life program.

As you read this issue, I encourage you to consider what it might look like to write an article yourself or in collaboration with your colleagues. What interventions are you implementing that are working well for patients and families? What challenges in the field do we need to be talking about more? What stories do you have to share? Consider what you've discussed recently with child life peers, in-person or on social media. We would love to bring these conversations to the attention of the wider child life community. If you would like to submit an article, discuss an idea for a topic, or simply have a question, please contact us at bulletin@childlife.org.

Finally, we need your help. Our committee has some decisions to make in the coming months about the format of ACLP Bulletin, and we need to understand what is working (or not working) when it comes to accessing, reading, and sharing articles. We invite you to take a few minutes to provide your feedback in this [online survey](#).

CONFERENCE HIGHLIGHTS

40TH ANNUAL CHILD LIFE CONFERENCE IN-PERSON RECAP

- Over 300 attendees
- 60 speakers from across the United States
- Celebration of 40 years of Child Life conferences at the opening general session
- Self-care sessions that included facility dogs, yoga, mandalas, and more
- New networking opportunities with a Networking Champion Competition
- Honored the 2022 Award Winners:
 - Distinguished Service Award: Lois J. Pearson, M.Ed, CCLS
 - Mary Barkey Clinical Excellence Award Winner: Lisa A. Ciarrocca
 - Professional Research Award Winners: Anna Schmitz, MS, CCLS, Sherwood Burns-Nader, PhD, CCLS, Blake Berryhill, PhD, LMFT, ECMH-E, Julie Parker, PhD, CCLS
 - Student Research Award Winner: Emily Goldstein, MS, CCLS





VIRTUAL CONFERENCE HIGHLIGHTS

- Almost 1,000 attendees
- Five days of conference that included 12 sessions, on-demand keynotes, and virtual poster presentations
- Open networking opportunities for research discussion, conference takeaways, and members of color
- Almost 30 exhibitors showcased their products and services

CALL FOR 2023 PROFESSIONAL DEVELOPMENT ABSTRACT PROPOSALS

ACLP is committed to providing members with relevant and high-quality professional development. If you have an idea for a 2023 Annual Child Life Conference presentation, 2023 ACLP Webinar, or ACLP Bulletin article please click on the form link below. As a reminder, members can earn PDUs for presenting/publishing.

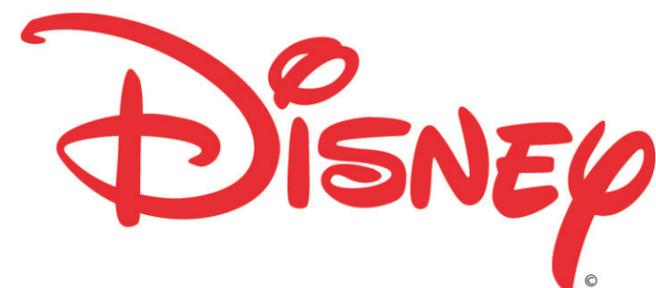
Proposals are accepted from July 6th –August 31st, 2022. Submissions will be evaluated by ACLP staff to ensure alignment with the current Exam Content Outline, and ACLP's current professional development programming needs. If your submission is selected to be a part of our professional development for 2023, a member of our ACLP staff will follow up with you via email by October 31st.

[Submit Your Proposal](#)



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WELCOME TO THE BOARD ROOM

UPDATES FROM ACLP COMMITTEES, WORKING GROUPS, AND TASK FORCES

Archives

In the past quarter, we have streamlined our processes and accessibility with more prominent locations for important documents and files for ACLP members. We have established new practices to include: retired professionals, clinical programs, and academic programs. We aim to continue to increase involvement from the child life community and celebrating milestones within the profession.

Bulletin

We continue to focus on organizational transparency, familiarization with ACLP initiatives, community building and the encouragement of new and beginning authors.

Board Diversification Task Force

We have worked hard to move quickly into aligning with the work of the Nominating Committee members; and have fully embraced all aspects of these opportunities with intentionality, focus, and optimism for change.

Awards

We work to review award nominations and applications for seven different awards and scholarships throughout the year, selecting recipients that are either recognized for their work and contributions to the field of child life or are awarded opportunities to advance further within the field.

Benchmarking / Research Datacenter

As the ACLP begins to own the onboarding of new programs into the datacenter, the benchmarking committee will focus on supporting child life departments on increasing knowledge of all components of the datacenter. The committee will also support leaders to use the datacenter information along with internal organizational data to strengthen their advocacy for positions.

CLCC

As one of its strategic goals, ACLP has set its sights on NCCA accreditation of the certification program. The NCCA, National Commission of Certifying Agencies, is the accrediting body for the Institute for Credentialing Excellence which promotes standards for the credentialing industry. ACLP and CLCC believe in following best practices in all their endeavors. Adhering to the NCCA standards is a major step towards this CLCC goal. CLCC plans to submit application for accreditation in January of 2024.

Community Based Practice

The work of our committee supports child life professionals in community-based practice settings. We are currently working on a community-based practice tool kit for child life specialists and the academic community.

Education and Training

We continue to work diligently to support students, clinical practicum and internship programs, and academics. We strive to be a trusted source of up-to-date information surrounding academic and clinical training programs. We also strive to provide resources and webinars for students to provide transparent, clear, and helpful tips when navigating the path to becoming a child life specialist.

Governance

In addition to policy review and updates, we identified the need for guidance in the request to use committee/task force/Board work in personal presentation or publishing. We agreed to reference these guidelines in the COI and Intellectual Property policies and create a formal "Code of Conduct". This will include things we already have in place but not yet linked together (Inclusivity goals, mission vision, code of ethics, diversity statement, professional relationship guidelines, etc.)

Conference Program

Attendance at the 2022 ACLP Annual Conference is lower than we had hoped. As of this report we have less than 400 attendees. We attribute this low number to continued travel bans by some institutions and economic constraints of the members. We hope this will provide attendees a more intimate conference experience with opportunities for self care and reflective growth.

Finance

As treasurer, I am pleased to share with membership that despite the financial stresses of the pandemic, our organization remains financially healthy. Partnerships with donors and grant-givers have been vital to allow us to continue to invest in vital programs and initiatives to serve our members during these challenging times.

Internship Accreditation Oversight Committee

While the internship accreditation program is highly valued, the Board of Directors and the IAOC have been committed to exploring its scope and direction as we move forward into the future. The IAOC, with support of ACLP leadership, is collaborating with ad hoc members to conduct a DEI review of the learning modules to ensure that aspiring professionals receive a strong foundation of clinical preparation which promotes delivering high quality clinical care to children and families of every race, identity, and community.

D.E.I.

Though race has been the central focus of our work in the last year, the committee is committed to expanding its attention to the influence of non-racial diversity factors on the experiences of child life specialists. With this commitment, we look to the BOD and ACLP leadership to provide ongoing counsel on our level of consciousness, accuracy, and inclusivity.

Journal of Child Life

The most recent issue of the Journal of Child Life was published in March. This issue featured research articles on CCLSs utilizing pediatric ethics committees, compassion fatigue and burnout among CCLSs, attitudes of CCLSs towards telehealth, and perceived screen use in children. Also, all Journal of Child Life articles now have a DOI assigned to them. The Journal of Child Life will be pursuing scientific indexing next.

Nominating

We have reviewed applications, interviewed candidates, and put forth a slate that has been approved by the membership. We recognize that this process is not perfect and have been excited to partner with the Board Diversification Task Force as they shadowed each step of our process. This has allowed us to review our practices with an anti-racist lens and identify areas where potential bias exists. Following our nomination process, we have spent time reviewing and improving materials and processes to ensure that we are creating space for diverse voices to represent our membership on the Board of Directors.

Professional Resources

Committee members are passionate and skilled at creating, editing, and analyzing written works for inclusion in ACLP publications and sharing with the community. Members also work tirelessly to monitor child life communities and critique resources for professional relevance and inclusion into the resource library.

The Mentorship Program

We continue to evaluate program structure and content to ensure the professional growth opportunities meet the needs of both mentees and mentors. This committee strives to promote a collaborative learning environment through conference presentations, with this year's conference presentations being focused on empowerment. Applications for the 2023 year will open in August, so be sure to stay tuned to the Mentorship Program of the website for the most up to date information.

Patient and Family Experience

Our PX committee continues to work to elevate Best Practice in Emotional Safety, and to see it prioritized at the same level as physical safety in all pediatric medical experiences. We believe that Emotional Safety promotes resiliency, healing and trust for pediatric patients and their families during medical procedures.

Staffing Analytics

CLPDC Staffing Calculator and educational resources are now available to membership. However, continued education and mentorship for membership interested in utilizing the CLPDC Staffing Calculator is critical to its success.

Volunteer Recognition and Engagement

We take every opportunity to review how we engage and recognize volunteers within the ACLP. Currently our biggest lift for ACLP is the 'Get Connected'/Child Life at Play at conference, followed by maintaining the volunteer spotlight calendar.

Web and Online Networking Committee

We support the work of the ACLP marketing and communications teams. Committee members work together to promote social media engagement, child life month, the ACLP conference, the ACLP Bulletin, webinars, the Journal of Child Life, and ACLP Connect.

WE NEED YOUR FEEDBACK...

We strive to make *ACLP Bulletin* a vital member benefit. In order for this publication to best serve our members, we are carefully examining the value of *ACLP Bulletin* with plans to make changes to this publication in 2023.

Your insight and feedback will help us navigate the future direction of *ACLP Bulletin*. This survey is anonymous and should take less than 5 minutes to complete.

[TAKE THE SURVEY](#)

INTERNSHIP READINESS PROJECT UPDATE

Internship Readiness Project



Improving the Internship Process Experience



The internship process is a key factor to the certification path and access into the profession. Several major pain points have been identified over the past several years regarding the internship process. Evaluation of materials, review of expectations, and alignment of needs surrounding internship have been key priorities for ACLP, especially as it relates to goals of diversifying the membership and strengthening a vital component of initiation into the professional community.

To address these pain points, ACLP formed several groups, including the Internship Readiness Work Group, to improve the internship process experience. This work group consisted of members of the child life community from across the country in various roles. The process to improve the internship experience was divided into five steps: Internship Think Tank, development of Internship Readiness Knowledge, Skills, and Abilities (KSAs), construction of a common application, pilot program of the new common application, and finally implementation of the new common application by the child life community.

Below is a high-level overview of the work that has been done on each of these steps.

1. Internship Think Tank (2020)

This intensive, three-session, facilitated discussion brought together key stakeholders to identify and discuss pain points within the internship process. As a result of these intensive sessions, ACLP identified a clear need to define internship readiness to support the child life community in navigating the path to certification. Attendee composition at these sessions included the Chairs of ACLP's Education & Training Committee, Academic Review Committee, Internship Accreditation Oversight Committee, leadership from the Diversity, Equity, and Inclusion Task Force, and the Child Life Certification Commission. The group also included two students that recently went through the application and selection process, academics, CCLS leaders of endorsed and non-endorsed programs, clinical coordinators and leaders of accredited and non-accredited programs, and key staff and board members.

How were the Internship Readiness KSAs Developed?



2. Development of Internship Readiness Knowledge, Skills, and Abilities (KSAs) (2021)

ACLP contracted with Alpine Testing Solutions, Inc. to facilitate a domain analysis for the Certified Child Life Specialist (CCLS) internship readiness process. The purpose of the analysis was to identify and prioritize critical competencies necessary for success as an intern. The analysis consisted of a series of virtual meetings, followed by a large-scale survey, then a virtual meeting to finalize the competencies and relative weights.

How were the Internship Readiness KSAs Developed?

- Identification of subject matter experts
 - Partnered with Alpine to facilitate work and provide psychometric services

- Identified 12-15 SMEs representing a diversity of backgrounds, experiences, and demographics
- Defining minimal competence
 - Leveraging the expertise of our SMEs and Alpine we began by defining minimal competence
 - With this definition in place, the group applied the psychometric process to identify what internship readiness looks like for a minimally qualified internship candidate
- Validation from the child life community
 - To validate the work of our expert group, ACLP sent out a validation survey in November of 2021. The survey was completed by over 1,200 individuals and affirmed the newly developed KSAs as valid.

Internship Readiness KSAs

The CCLS Internship Readiness Domain Blueprint is a document that outlines the knowledge, skills, and abilities (KSAs) of a minimally qualified child life internship candidate.

The three domains below define the knowledge, skills, and abilities (KSAs) of a minimally qualified internship candidate.

- Awareness
 - Awareness of / growth mindset relating to DEI and cultural humility
 - Awareness of the Child Life Code of Ethics
 - Understand how theory and evidence guide child life practice
 - Awareness of child life specialist's role in providing coping support for families experiencing grief and/or loss

- Familiarity with the concept of health disparities and child life specialist's role in promoting health equity
- Knowledge
 - Knowledge of the scope of child life practice
 - Recognize the value of therapeutic relationships with children and families
 - Recognize the importance of assessing child, healthcare, psychosocial and family variables
 - Knowledge of child development and how each developmental stage is impacted by illness, stress, and hospitalization
 - Familiarity with working in a healthcare environment

- Implementation
 - Experience working with well and sick children
 - Ability to engage children of all ages and abilities in developmentally appropriate normative play
 - Ability to build rapport and employ effective communication
 - Ability to self-reflect on one's learning, goals, openness to feedback, self-care and professional boundaries and their implications for practice
 - Demonstrate flexibility and time management skills to adapt to changing situations

3. Internship Readiness Common Application (2021-2022)

After development of the Internship Readiness KSAs, ACLP identified a need to review the common application requirements for internships for expectations, reasonableness, and fairness. Alpine Testing Solutions, Inc. facilitated an Internship Requirement Alignment Study as well as the revision process for the CCLS internship application.

Internship Requirement Alignment Study: Review of the Application Elements

The Internship Requirement Alignment study consisted of three, 3-hour virtual meetings. A panel of twelve SMEs convened virtually to participate in the Internship Alignment Study. Prior to the first meeting, the participants were asked to rate the internship application elements, identified by ACLP, for expectations, reasonableness, and fairness. The survey results were then used as a starting point for the participants' discussion on which elements should be kept and which elements should be eliminated.

The second meeting consisted of a review of the application elements selected and how each element is aligned with the new Internship Readiness KSAs. Participants were also asked to rank each of the remaining application elements from most to least important.

The final meeting discussed the results of the ranking activity. The SMEs used that information to prioritize the application elements. The results of this discussion are that it was evident that experience with well children, essay questions, and experience with children in stressful situations are the most important application elements. Three application elements were also



considered essential for reducing biases and increasing fairness: blind application review, unofficial transcripts, and electronic submission.

Development of an Updated Common Internship Application

After the application elements were identified, the next step was to revise the common application. This process consisted of three virtual meetings in which twelve SMEs participated. The first meeting consisted of a review of application elements, Internship Readiness KSAs, and more. A guided discussion ensued for the development and guidelines of a new CCLS Common Application. By the end of the second meeting, a rough draft of the application had been created. The third meeting was then used to review, adjust, and discuss roll out plans of the new common application.

4. Pilot Program (2022)

ACLP partnered with three internship sites to pilot the new Internship Readiness Common Application. These sites will utilize the new application, with the intention of submitting feedback on the application and process. That

feedback will be collected by ACLP to make any final adjustments before the launch of the common application in January 2023.

5. Implementation of the Internship Readiness Common Application (2023)

The current plan is to launch the new Internship Readiness Common Application in January 2023 for use by the entire child life community. For this rollout to be a success, we need YOUR help. ACLP will be creating resources and guides that we ask everyone to review in full detail before the new application is released. ACLP will also be hosting a variety of town halls and listening sessions this fall as an opportunity to learn more about the new application as well as to ask questions. We encourage you to participate in these opportunities to have a full understanding of the new process before the new applications is rolled out in January 2023.

Internship Requirement Alignment Study



Meeting 1:

SME rated the internship application elements for expectations, reasonableness, and fairness. Survey results drove the initial discussion on which elements should be kept and eliminated.



Meeting 2:

SME did a review of the application elements selected and how each element aligned with the new Internship Readiness KSAs and ranked each element from most to least important.



Meeting 3:

SME discussed the results of the ranking activity to prioritize application elements.

DISTINGUISHED SERVICE AWARD WINNER

LOIS PEARSON: 2022 DISTINGUISHED SERVICE AWARD RECIPIENT

by Alexis Plumb, MEd, CCLS

Co-Endorsers: Katie Glass, Ed.D, CCLS; Sue Berg, BS, CCLS; Alison Chrisler, PhD, CCLS



Lois Pearson is an outstanding member of our child life community – and has been for over 40 years. Her contributions to the field of child life and the number of lives she has and will continue to touch through the legacy of her work are what make her so incredibly deserving of the 2022 Distinguished Service Award. Over this period of time, Lois has proven not only her commitment to the field of child life but her willingness to stretch her practice beyond the walls of the pediatric hospital and into the realms of historical archives, academia, adult health care, and service to the profession.

Lois' daughter had a hospitalization when she was young, and the experience she and her daughter had always stayed with her. While she was studying to obtain her Master's degree, she became aware of the child life profession. Even though child life was not well known in the Midwest at that time, she was determined to become involved. She proposed to Community Memorial Hospital, now Froedert Hospital in Milwaukee, that she initiate a volunteer position as a child life specialist on a pediatric unit. They accepted her, and after seeing the great need for child life services during her first year, the hospital hired Lois. Lois was later asked to write a letter of proposal for a child life program at Children's Hospital

of Milwaukee, now Children's Hospital of Wisconsin. That proposal was accepted, and Lois became part of the Children's Hospital of Wisconsin staff for 25 years. Following her work there, Lois was the first CCLS to be hired into a position to support children of adult patients at Froedert Hospital and tripled the size of that program prior to her retirement in 2016. For many

“I have been able to witness first-hand the integrity of Lois. Having her first as a mentor, second as a colleague, I have visualized the integrity she shows both within the child life community as well as her greater geographical community. If it wasn't for the integrity and positive reputation that Lois demonstrated, her success in program development would not have been as strong.”

-Sue Berg

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“It is through her commitment to our field that we as a profession will always know how our profession has progressed through the decades.”
-Alison Chrisler

“Lois isn’t a loud, in your face, “force to be reckoned with” type of child life specialist and leader. She is impactful, intelligent, motivated, insightful, and above all else selfless. As a quiet leader, she has demonstrated these skills to countless students, patients, families, medical team members, and child life specialists throughout her career.”
-Katie Glass

years, in addition to her professional full-time work, she provided support for children from the greater Milwaukee area, facilitating two ongoing support groups for children. Even though Lois could have retired from her clinical work, she continued to provide child life services because of her love for her patients, families, and the job.

Lois has also served as a strong leader in the Association for the Care of Children’s Health, then Child Life Council, and now Association of Child Life Professionals, for decades through her Archives Management work. Her vast understanding, knowledge, and early interest in the roots of child life have been instrumental in her involvement in the ACLP Archives committee, which she co-chaired and managed for a significant number of years. Lois has been committed to preserving the history of our profession as an influence on our future growth. Lois, in collaboration with Civita Brown, played a large role in the production of the series of child life videos documenting the history of child life (“Following the Dream”; “Yesterday, Today and Tomorrow”; “Celebrating 30 Years: A Monumental Year, A Monumental Profession”). This series is just one example of her commitment to preserving our professional history.

In 1985, Lois became an instructor at Edgewood College and assisted in the development of the undergraduate course curriculum for the child life program. During Lois’ tenure at Edgewood College, she taught six different courses, totaling 64 sections, and supervised hundreds of interns. Her last professional endeavor at Edgewood College was to create and teach the country’s first ever History of Child Life class. With Lois’ vast understanding of the child life archives and history of our profession, she created this course

for both the graduate and undergraduate levels. She documented and taught our history to assure the interest of future child life specialists in how our field has transformed over time.

Very few of our child life pioneers have extended so far and reached beyond the parameters of child life practice to touch the minds of child life specialists everywhere. However, Lois can be credited with establishing a record of child life scholarship that most likely has influenced each and every member of the child life community. Lois Pearson has contributed to seminal child life texts, including the *Handbook of Child Life (2nd Edition)*, *Meeting the Psychosocial Needs of Children and Families Across the Health Care Continuum (2nd Edition)*, *The Pips of Child Life: Early Play Programs in Hospitals*, and *The Pips of Child Life: The Middle Years of Play in Hospitals*. In total, Lois can be credited with the publication of 11 articles or chapter contributions. Her legacy lives, not only through her published work, but notably through the patients, coworkers, and students she has influenced.

Lois Pearson has demonstrated herself to be an exemplary child life professional who has made her mark on the field and contributed a lasting legacy through her work. She is a humble advocate, consistent in her determination to influence and enhance child life practice, education, literature, and the preservation of our profession. It is an honor to share Lois’ accomplishments and to have been personally impacted by her commitment to the growth and success of the child life field.



KINDLING THE FLAME

A PRECEPTOR'S ROLE IN PREVENTING STUDENT BURNOUT DURING CLINICAL CHILD LIFE EXPERIENCES

by Rebecca Gordon, MA, CCLS, Norton Children's Hospital, Louisville, KY

Imagine you are a student on the first day of your child life internship. You listen with eager ears, hanging onto every word your preceptor shares while trying to memorize every detail, thought-process, and theory behind it. You practice your introduction of services until the words are perfected, trial new diagnosis activities for every scenario you can think of, even speak out loud by yourself to make sure your IV preparation is flawless before you're allowed to finally try with your first patient. From the moment an individual decides to pursue child life, a fire is lit from the passion it takes to become a child life specialist. This excitement and passion behind the practice of child life is what acts as a driving force of our field. For students, there is a continual effort that is exerted to keep this flame ignited and burning in the midst of foundational child life clinical experiences, even when considering the potential obstacles caused by the nature of the child life profession. For those educating students during their clinical training, we as professionals have to contemplate the question of what a preceptor's role is in kindling that flame and preventing burnout for current students and future child life specialists.

Some of the most memorable words I can recall from my journey into the child life profession were from a previous internship student and current child life specialist who stated "at some point during your internship you are going to

completely question if you even want to be a child life specialist, but that's just the stress of internship talking." While in that moment, those words gave a sense of relief and a feeling of connectedness, they now worry me as a child life specialist who has experienced the signs of burnout in my professional practice. The emotions that can often be identified as a warning sign for burnout as a professional are "overwhelming exhaustion, feelings of cynicism and detachment from the job, and a sense of ineffectiveness and lack of accomplishment," (Maslach & Leiter, 2016), feelings generally expected as a part of stress of being a student. For many students, however, the normalization of these emotions, a fear of failure, and the competitive nature in the field of child life could prevent conversations that may shape the lifelong practice of incoming child life professionals.

Take a moment to consider the skills you acquired during your own clinical training. For many incoming child life specialists, their practice begins as a mirror image of their preceptors' techniques and eventually evolves over time to become an individualized version of those learned skills. It is essential to remind ourselves as preceptors in clinical training that we are not merely educating a student, but rather a future clinical child life specialist, and early education on burnout could have a significant impact on the success of a student. For those working

with child life students, it is crucial to recall that while diverse volunteer, work, educational, and healthcare experiences are entry-level requirements for students applying for clinical training experiences, a foundational knowledge of self-care practices to prevent burnout is not. For many students, feelings related to burnout can even be seen prior to entering clinical training experiences. When sharing about her personal experiences with burnout during the Child Life Wild Life podcast, Jess Cheung expressed that her feelings of burnout were noticeable as early as her practicum application period and heightened as she progressed throughout her clinical training (Lewin, 2021.) For non-clinical and clinical educators alike, when providing education on self-care and burnout, the goal is not to eliminate the inevitable stress from clinical training experiences, but rather provide students with lifelong tools to better manage that stress.

Research has shown that "a child life specialist's unique position within a complex health care system places them at high risk for experiencing burnout," (Hoelscher & Ravert, 2021, p. 16).

Programs should consider methods that could potentially educate and foster self-care in clinical training environments. Self-care for child life students and specialists alike should be treated as a preventative system, rather than one that is utilized as a response to stress. Engaging in self-care practices goes beyond simply



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References:

Hoelscher, L. R., & Ravert, R. D. (2021). Workplace relationships and professional burnout among Certified Child Life Specialists. *Journal of Child Life: Psychosocial Theory and Practice*, 2, 15–25.

Lewin, J. (Host). (2021, August). The wild life of burnout as a student and professional with Jess Cheung [Audio podcast episode]. In *Child Life Wild Life Podcast*.

Maslach, C., & Leiter, M. P. (2016). Understanding the burnout experience: recent research and its implications for psychiatry. *World Psychiatry*, 15 (2), 103–11.

“taking a break” and reasonably emphasizes the feeling that it is openly acceptable to take time for yourself prior to and in the midst of stressful circumstances. To foster this mentality with students, preceptors should consider having thoughtful and honest conversations with students throughout their clinical training about burnout and self-care and should process interactions that may elicit strong emotional responses as an incoming professional.

As a professional, at times it can be difficult to recognize that taking 5 minutes after a stressful interaction or intervention to sit down, have a drink of water, breathe, and process is a necessary skill. However, students can gain greater insight into moments such as these in recognizing your own limits and how to cope with those emotions. Preceptors should consider intermittently asking students about which self-care activities they engaged in each week and reflect on the effectiveness of those activities in aiding in their stress. Consistent reinforcement of purposeful self-care habits offers a space for reflection and application of these skills in a controlled environment during clinical training. At a program level, coordinators should consider the value of building in additional flexibility in hours for students in circumstances when half or full self-care days may be beneficial to the mental health of a student. Furthermore, integrating prearranged 15-30 minute self-care activities with members of the child life team, or a student’s direct supervisor, throughout a

student’s clinical experience, could also be an additional opportunity for truly integrating self-care into foundational practice. For students lacking established in-house peer support from fellow students, this can also serve as an opportunity for creating an early established network outside of a student’s immediate preceptor. This not only offers benefits for the student, but also preceptors, while giving respite, differing perspectives, and team camaraderie to all individuals involved.

The factors that influence a student’s success in preventing burnout at an early stage are not just of those that take place within the hospital, but also the elements effecting a student’s life outside. Students can face a range of factors that may contribute to additional stress during their clinical training. These elements could include relocation, insufficient or unfamiliar social support, financial uncertainties caused by an inability to work, health concerns or disabilities, a lack in diversity represented within the child life or hospital environment, and an inability to adequately practice self-care due to clinical and non-clinical workloads. Preceptors should be aware of these factors and evaluate their own biases when students appear overwhelmed or are unable to take advantage of additional opportunities beyond scheduled hours.

As educators, preceptors, and role models, we have a duty to the students we encounter to provide a foundational education on the realities of the child life profession. While this article is primarily focused

towards those educating future child life specialists, all of us have a responsibility to accurately present all aspects of the profession to those considering the field. Each of us within the child life profession are able to recognize that individuals have more opportunities to establish positive coping when they are fully informed, given time to process, and are introduced to positive coping strategies early on. Kindling a student’s flame through educating, implementing, and nurturing self-care and preventative burnout strategies works to offer long-term solutions, beyond the classroom, in realistic clinical environments. By doing so, students have the potential to utilize an essential skillset in their life-long child life practice and allow their passion to burn during and far beyond their clinical training period.

INCREASING ACCESS

FOR STUDENTS WITH DIFFERENT ABILITIES IN ENTRY TO THE CHILD LIFE PROFESSION

by Rachel Rock, Child Life Intern, Mayo Clinic Children's Center



When I began my child life internship, I had a significant change in my ability to hear in the months leading up to the sought-after spot. As a student in a competitive field, I had trouble deciding if I should pass up the internship opportunity because of this change in hearing. I had concerns about asking for an accommodation as a student because I knew an internship site could easily pick someone else, equally or more qualified. I ultimately decided to step into my internship as a student with a relatively new, "profound hearing loss." I soon learned I wasn't the only one with reservations about entering the healthcare field. Individuals with a disability are greatly underrepresented in the healthcare workplace, at 4.8%, compared with the general population employed with a disability, at 10.9% (Bulk et al., 2018). Why is this?

Imagine standing in a bustling pediatric intensive care unit on the first day of your child life internship. A patient codes within hours of stepping onto the unit, and a flurry of activity follows. All you take in is a swarm of scrubs rushing into a room. Then you hear a faint, soft, disordered beeping hum. However, you can't differentiate the sounds or detect the location of where it

is coming from. Looking everywhere for a visual indicator or light to inform you of what is occurring but coming up short. This was my first day of internship. I took a deep breath, and my supervisor pulled me aside to a quiet hall and explained what is happening and what I can look for during different codes on the unit. As someone who is hard of hearing, I quickly learned people running is the best visual cue things aren't going well in the ICU, because there is no indicator light for a code.

A qualitative study, controlling for visibility and onset of disability, found a common theme in why individuals with a disability were facing barriers to entering their chosen field. Academic and clinical training programs rely on a biomedical model of disability to train healthcare professionals (Bulk et al., 2018). The biomedical model promotes that the person experiencing the illness, injury, or diagnosis is the problem that must be changed for that person to fit within society. This cookie-cutter approach lacks flexibility and disregards the nuanced and individual nature of disability and accommodation. An additional theme that was found among students and healthcare professionals was a hesitancy to self-advocate for accommodations, citing the competitiveness of the field (Bulk et al.,

2018). The Americans with Disabilities Act, prohibiting education and workplace discrimination went into effect in 1990. Yet, the majority of those in the academic and workplace setting only choose to disclose their disability once they feel they no longer have "the capacity to conceal" (Santuzzi & Waltz, 2016). A move from a biomedical model to the social model of disability in academic and clinical programs could be a piece of the solution at greater representation. A social model of disability examines "what is not working in the environment for this individual to be successful?" rather than "what is not working with this individual?" (Burchardt, 2004)

As a child life student, I felt similar reservations echoed by allied healthcare workers who have a disability. I wondered if I would lose my internship if I shared that I was hard of hearing. I was luckily surprised that wasn't the case. Instead, I met virtually with an access coordinator at the hospital where I was accepted for internship who explained there was nothing wrong with my abilities but the environment was not conducive to my abilities. This reflected a social model of disability, focusing on how we could make the environment more conducive to

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a new hearing loss. She coordinated the use of clear masks to be available for lip reading, ensured video materials would be accurately closed captioned and that supervision meetings would occur in a quiet space. I felt confident I would be successful and that communication would not be a barrier as I began my internship. I was fortunate to be a part of a clinical training program that would account for my individual needs rather than merely providing a list of accommodations someone assumed a student who is hard of hearing would need.

However, little did I know how unprepared I was for the reality of mixed staff responses facing comments such as, “must be nice you can’t hear kids scream” to “do you ever pretend you can’t hear someone?” I continued to have to try to advocate for myself for the use of the communication tools I needed. I became exhausted advocating for myself. I felt a new level of empathy for the patients and families I was simultaneously working with; self-advocacy can be exhausting. While the organization and the coordinator of my internship had a social model of disability in mind, there was still opportunity for growth for individual healthcare professionals.

I was fortunate to have mentors who continued to encourage me in my child life journey despite the obstacles I faced from staff and the nature of the setting. My internship coordinator connected me with a pediatric resident who was also hard of hearing and routinely checked in with me. It was beneficial to have a connection with someone who understood the unique barriers for individuals in healthcare who are hard of hearing, specifically in a pandemic, where masks limit sound and lip-reading. She encouraged me that patients and families need to see themselves reflected in the staff serving them. The children we were working with need to see that they are also capable and able to have goals, regardless of their physical abilities. This made me wonder, how as the child life profession can we create more access for students like me? How can we create an inclusive workplace that is more representative of the children and families we serve?

Child life departments can consider how to support students of varying abilities to gain access to the profession,

increasing representation within the child life profession to reflect the populations served. In my experience, I was fortunate to have an academic and clinical program do the following:

- Include a history of disability policy and rights in the curriculum for internships and in required course materials. Consider the Harvard Implicit Association Test; this was a part of my orientation week at my internship site. Did you know there are many options to choose from to assess your biases and growth areas, including disability?
- When a student with a different ability asks for an adaptation, such as an environment modification, help the student identify resources within the organization and support them through the process to ensure the modification is made.
- Encourage students with varying ability levels to apply, and discuss in your program how you will meet those needs before they arrive for their first day. I was fortunate my academic and clinical sites were able to coordinate this with me.
- Avoid overgeneralizations and stereotyping. Ask what is helpful for that individual, and don’t assume you know.
- Consider what a student with different abilities might offer your internship program beyond representation. Might this student have strong advocacy skills, empathy, creative problem-solving solutions, or extra tenacity because of their differing abilities?
- Celebrate the unique strengths of team members, and don’t count people out.
- Stay open! Be adaptable!

Adapting is what child life specialists do best. Remember to stay open to students with a different ability or background than you. While it is not always easy to stay open to promoting and ensuring inclusivity in a program or department, it is worth it.

References:

Bulk, L. Y., Tikhonova, J., Gagnon, J. M., Battalova, A., Mayer, Y., Krupa, T., Lee, M., Nimmon, L., & Jarus, T. (2019). Disabled healthcare professionals’ diverse, embodied, and socially embedded experiences. *Advances in Health Sciences Education, 25*(1), 111–129. <https://doi.org/10.1007/s10459-019-09912-6>

Burchardt, T. (2004). Capabilities and disability: The capabilities framework and the social model of disability. *Disability & Society, 19*(7), 735–751. <https://doi.org/10.1080/0968759042000284213>

Santuzzi, A. M., & Waltz, P. R. (2016). Disability in the Workplace. *Journal of Management, 42*(5), 1111–1135. <https://doi.org/10.1177/0149206315626269>.



STARTING A HEALTH CARE TRANSITION PROGRAM

by Sarah Barrientos, MS, CCLS, Dell Children's Medical Group, Austin, TX

Health care transition support has become a hot topic in recent years leading to more conversations about the role child life specialists can play in preparing pediatric patients for adult care. As a child life specialist working in several specialty care clinics, I often provide support to pediatric patients with chronic illness. As they grow older, not only will they have to navigate the ups and downs of emerging adulthood, but they will also have to learn to independently manage their health. Inspired by the journeys of my patients, I became passionate about how our rheumatology clinic could improve transition support. Unsure of where to start, I set out to implement a structured program to promote safe and effective transition. Through collaboration with the interdisciplinary team, we have created a stable process to identify patients in need of transition support, disseminate the transition readiness assessment every six months, and provide ongoing transition education. The following is a step-by-step of my journey as a key player in starting a health care transition program and how my role as a child life specialist has evolved.

Gaining Management and Provider Support

I started off by researching the current literature on transition support, successful implementation, and benefits of transition programs in pediatric settings. As a child life specialist, the value of transition support seemed obvious but in preparation for talking to management, I knew I needed data to back me up. For example, a systematic review of 19 articles about implementing structured transition processes concluded that 84% had statistically significant positive outcomes (Schmidt et al., 2020). Yet, according to the 2019-2020 National Survey of Children's Health, only 22.5% of children with special health care needs received transition

services nationwide (Child and Adolescent Health Measurement Initiative, 2020). This information and more like it is detailed on the website for Got Transition, a national organization that continually shares up-to-date research findings. I searched their website, the websites of other children's hospitals, and various online search engines to gather enough information to make my case. Next, I sat down with my direct child life supervisor to discuss the data and my vision to

implement a structured transition process. With his approval, I had a similar conversation with the rheumatology clinic manager and providers. I explained to them what I hoped to provide to their patients and from there the transition team was built.



Building a Team

This next step was to find the people within my organization that share my vision. Starting a program is hard work, but it is made easier when you have a team that believes in it. Fortunately, one of the rheumatology physicians had previous clinical research experience and a passion for transition support so she eagerly agreed to join me. She helped recruit a physician assistant, and we became the transition team. Although transition process changes are ultimately decided by the three of us, there is ongoing communication with all clinic staff, including social workers, medical assistants, nurses, psychologists, front-desk staff, and other providers, to ensure that decisions are being made from the perspective of everyone who will be involved. Nonetheless, it can be challenging to find time when everyone can meet, so it has been helpful to utilize various methods of communication to accommodate everyone's schedules (i.e., email, in-person and virtual meetings, secure text-messaging). Each person plays an important role in making sure that the transition process goes smoothly. It truly takes a village.

Becoming a Transition Educator

The best part of this journey has been working directly with patients to provide healthcare transition support. With the training I've been given as a child life specialist, providing transition services feels natural and intuitive. Starting at age 14, I meet with patients and families to assess for transition readiness by using a questionnaire to decipher which skills the patient is excelling in and where they may need some additional education. We then tackle a few topics at a time (e.g., talking with providers, managing medications, etc.) and work together to set

goals towards improving their skillset. We also discuss possible barriers to transition success by addressing any areas in their life that may make it more difficult for them to manage their own health. Using this information, I collaborate with other members of my team, such as social work and psychology, to appropriately address these concerns. I continue to meet with patients at least every 6 months to improve their readiness for transfer to adult services, which usually happens around age 18.

Although I still engage in my typical child life duties, I am now the clinic transition educator as well. For the most part, I provide child life services and transition services separately, but sometimes they are provided in tandem. For example, diagnosis education, treatment adherence, and coping strategies fall within the realm of both job titles. Looking through the transition lens has helped me to adopt a more holistic approach. As I promote ongoing understanding and positive coping skills, I am now able to focus on the logistics behind managing the healthcare system that can so greatly affect their medical experience. We discuss the how-to's of scheduling appointments, managing prescriptions, and navigating the complicated world of health insurance, to name a few. The support I provide, whether as a child life specialist or transition educator, is to teach my patients the skills they need to successfully and safely manage their own healthcare long after their time in pediatrics has come to an end.

Quality Improvement

Part of my role has been to keep track of the patients that are being seen and receiving transition services. As process changes are being implemented over time, I am also responsible for analyzing whether these changes are leading to improvement.

Although I took the required research classes in college, I went into this experience with very little knowledge of quality improvement (QI) methodology. My passion for healthcare transition got me started, but I quickly realized that I didn't understand the logistics behind process implementation. Turns out, it takes a lot more than an eagerness for change. This has been one of the greatest challenges. My best advice is to lean on the people and resources around you. Talk with your team. We had meetings about once a month to discuss process ideas and outcomes with ongoing communication in between. Seek out more information; Google became my best friend as I used it religiously to learn more about QI. This is not to say that child life specialists should always be the data analyst of transition. The great thing about starting a transition program is that your team gets to decide what role each person will play based on what works best for your team and your patient population.

Conclusion

If you're anything like me, you're probably wondering how being a child life specialist makes you the right person to start a transition program. I had moments of self-doubt, but our expertise in child development and coping lends itself well to conversations around transition and makes us uniquely qualified to provide transition-related education, even if we aren't quality improvement gurus. I hope that this article has given you some direction to start a transition program within your own clinic or hospital as we work to spread this much-needed support to pediatric patients everywhere.



References:

Schmidt, A., Ilango, S. M., McManus, M. A., Rogers, K. K., & White, P. H. (2020). Outcomes of pediatric to adult health care transition interventions: an updated systematic review. *Journal of Pediatric Nursing, 51*, 92-107. doi: 10.1016/j.pedn.2020.01.002.

Child and Adolescent Health Measurement Initiative. 2019-2020 National Survey of Children's Health. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). www.childhealthdata.org.

MANAGING WORKLOADS IN ONE-PERSON PROGRAMS

by Heather Gianatassio, MS, CCLS, GCCA-C

One-person child life programs are becoming more common as the child life profession expands. The child life specialist in these programs has many responsibilities, and it can be uniquely challenging to balance them when you're on your own. For seven years, I worked in a one-person child life program and covered many different areas, including an inpatient unit, a pediatric emergency room, a special care nursery, pre-operative and post-operative services, and an inpatient mental health unit. I found the following strategies helped me overcome some of the biggest challenges faced while being the sole child life specialist in my hospital. Many of these tips might be used by a child life specialist in any size program, but they are especially important when you are working in a one-person program.

Creating your own peer support network

One of the potential disadvantages to being the only child life specialist on staff is that you do not have a team of peers to collaborate with when there are questions or after a tough experience with a child and their family. Consider who you can turn to in your local area and professional network. There are a few ways in which you can have a relationship with others and gain support from other child life specialists and professionals.

- Connect with child life programs at other hospitals in your region. Even if there is not a children's hospital nearby, many large health care systems have child life specialists at satellite locations. You can ask to shadow their programs for a day and invite them to your location to give a tour of the hospital and your program. You can even try hosting a professional development session for your peers.
- Think back to your internship or university experience. Is there anyone (i.e., college professor, rotation supervisor, internship coordinator) you could talk with if you have questions? These professionals know you and your style of providing care. They may be able to remind you of things you learned or experiences you had success with while a student or intern.
- Don't be a stranger to the ACLP Connect forums. There are many different groups that you can subscribe to through the ACLP website. They range from bereavement support to specialists working in community settings. This is a place where child life specialists can ask questions on specific topics and receive responses from those who have experience with the issue.

Once you have made some connections, reach out regularly by phone or email. Ask your peers questions or share information that you have



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learned as a result of working with a patient and family. These conversations can help with gaining insight into specific challenges you and your peers may be having. It is also a way to share successes!

Building relationships with medical staff and supervisors

It is also important to build strong positive relationships with those you work with daily in the hospital. Talk with staff frequently. Although most child life specialists already do this, it becomes increasingly important with one-person programs. Collaborate with staff to discuss a particular patient issue or procedure. You might be surprised as to what philosophies and practices can be added to your own daily practice. It's also a great opportunity to discuss your own thoughts and informally educate them about child life and your work style. In addition to checking in with staff to inquire about patients and families in need of support, take time to build rapport. This may include games or fun activities for staff similar to what many child life specialists put together during Child Life Month. For example, I would place a box in the general area of the unit asking staff to write down what their favorite toy is or what new produce they discovered at the grocery store. At the end of the week, I put together a chart with answers and add my own to it. I have found that creating something new each week helps and is worth the small amount of time it takes. Getting small glimpses of their interests and personalities through these activities has given me more knowledge about how to work with specific staff compared to simply asking them.

Often in one-person programs, there is no child life supervision or management. I have worked in programs where I reported to a nurse, a physical therapist, or a social worker. At first, my reaction was: "How do I make this work? They know nothing about child life!" To start, it is helpful to learn more about the person's profession as it relates to their role within the hospital. This has become a way that I have used to both understand their expertise as well as give them an opportunity to

learn more about me and my role. Discuss their supervisory style and what their expectations are for you and the program. Be willing to talk about your own expectations and needs as well. These discussions are critical in terms of gaining support in times of need as well as building a positive working relationship. By doing these things, misconceptions can be cleared up and situations that may cause conflict can be avoided.

Planning ahead for when you can't be two places at once

Child life work is unpredictable, and often we are called for urgent patient needs when we already have planned to do something else. In one-person programs, this can be especially challenging and requires you to be even more purposeful when implementing solutions. Pre-planning allows for you to prioritize when situations arise at the same time.

- Prepare what you can in advance. This applies to holidays and special events as well as birthday celebrations and playroom groups. Utilize a calendar to keep track of common events and set reminders at certain times (i.e., one month before, a few days before) to prepare the things you need to do ahead of time like ordering supplies, requesting catering, or gathering materials that will be needed.
- Set up an activity of the day. This could be done in the playroom, but it is more practical to set up the activity so that staff can distribute it. You can purchase activity kits or create your own by putting all of the materials into sandwich bags. By creating these activities ahead of time, you will be able to meet immediate patient needs as well as promote play and creativity. The great thing about a daily activity is that nurses, doctors, social workers and other staff can participate in handing these out, which helps build strong and trusting relationships with children and families.
- Build distraction toolkits for staff to use when child life is unavailable. Try to provide a toolkit

of readily available distraction items for staff members to use. Keep in mind that these should be basic distraction items, such as bubbles, "I Spy" books, fidget toys, and stress balls.

Maximizing your reach with students and volunteers

Many times, I have run into situations where seeing an urgent patient takes priority over checking in with patients I have already met or whose needs are less emergent. While this scenario is common in child life, a specialist in a one-person program may need to think differently about how to utilize resources to meet some patient needs. We need to be mindful that volunteers and students are not a substitute for professional child life services, but they can expand play and support opportunities when you are not immediately available.

Volunteers can be the most important people in terms of helping you prioritize because they often have more time to spend with patients and families. They can be helpful for engaging patients or siblings in play, inviting patients to the playroom or events, or providing parents with breaks. Because volunteers may often be interacting with families without direct supervision, training becomes imperative. Collaborate with the volunteer department to provide a session during orientation, which will allow you to prepare several volunteers at the same time and minimize the impact on your limited time. What things would you like the volunteers to be especially aware of? What is important for them to understand in terms of your program or working with children and families? Consider investing time in adding information to your organization's volunteer manual about what the role of child life is within the hospital and give some tips about working with children and families. In the past, I have included crossword puzzles or scavenger hunts of different items and people they may see in a pediatric versus an adult unit.

If you take on students in your one-person



program, ensure that the interactions with patients are appropriate while you are not available. For example, students can easily help with setting up for group and may be able to provide play opportunities independently, which also gives them the opportunity to practice planning developmentally appropriate activities. However, many students do not know how to respond to staff when they are asked to do something that is beyond their abilities. In a one-person program, this happens much more frequently, as you may not be around as often to overhear conversations or clear up misconceptions. The most common question from staff has been asking a student to prepare for an emergency surgery without me present. Giving students ways they can respond not only teaches staff about the student role, but also educates staff on why a child life specialist may be more suited to handle a specific situation.

Prioritizing self-care when you're on your own

“Help! I’m feeling overwhelmed and stressed!” Does this sound like you? I know that the stress of working in a one-person program has sometimes caused anxiety and an inability to concentrate for me. I cannot stress (no pun intended) how crucial it is to know when it is time to focus on yourself. Get into the habit of doing some or all of these every day.

- Prioritize taking a break and eating during your workday. The amount of time for breaks can vary, but they should be no less than 15-20 minutes. I learned a certain timeframe (i.e., 1:00-2:00 p.m.) worked best in my setting to take a break. This may change based on the needs of children and families, and that is okay. The key is to find a way to ensure that you sit, rest, and nourish your body and brain so that you can continue to be highly effective throughout the day
- Encourage staff to respect your break time. One of the things I used to do is tell staff that while I am in the general break area,

I should not be disturbed (except for an emergency). Leaving the staff’s line of sight also reduces the chances of you being located and interrupted during a break. I would sometimes even put up a sign or a “break” clock at the nurse’s station informing staff of the time I am expected back.

- Reduce the temptation to work while on a break. You may want to turn your pager or phone off and sit away from computers. No matter what, some staff members always seem to try to reach you during breaks, and this sends a message that you are unavailable. Remember, you need to take care of yourself before being able to care for others. Avoid using this time to catch up on email and other work on your computer, even though it may seem easier to do so during a break. If your brain is working during your break, exhaustion can set in quickly, leaving you drained by the end of the day.
 - Find a way to wind down when the workday ends. Some of us continue to think about certain children and families when we get home, and others may be catching their breath after a day filled with grief and loss. Whatever the scenario, find a way to relax and enjoy the time you have off. It could be as simple as taking a bath or hot shower, watching a favorite television show or spending some time with family and friends. Just remember that you are not going to be useful to anyone if the burnout and stress catch up with you.
- I hope that learning about the things that have worked for me can be a good starting point for you and your program. We are able to use our child life skills in so many ways to be purposeful and creative as informers, teachers, providers and playmakers, and this makes the challenges outlined above easier to combat. Use the information and ideas described here to create solutions that work for you and the unique challenges of your setting.

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CALENDAR

UPCOMING EVENTS AND IMPORTANT DATES

JULY / AUGUST

JULY 6 - AUGUST 31: Open Call for Abstracts for 2023 Professional Development Content

AUGUST 8: ACLP Webinar, Being the Calm in the Storm: Child Life's Impact in the Trauma Room (1.5 PDUs, Intervention)

AUGUST 10: Registration deadline for the Certification Exam

AUGUST 15-30: Testing window for the Certification Exam

AUGUST 15: 2023 Mentorship Program Application opens

AUGUST 22: ACLP Webinar: Foundations of Racially Conscious Collaboration (3.0 PDUs, Any Domain)

AUGUST 24: ACLP Webinar: Creating Ethical Trauma-Informed Institutions for Clinicians (1.5 PDUs, Ethics)

AUGUST 24: Transcripts and other documentation due to ACLP office for Winter/Spring 2023 Internships

AUGUST 31: Applications close for 2023 Professional Development Abstract Submissions

SEPTEMBER

SEPTEMBER 1: 2023 Distinguished Service Award and Mary Barkey Award Nominations open

SEPTEMBER 7: Application deadline for the Winter/Spring Internship 2023

SEPTEMBER 15: ACLP Webinar: "It's Out of My Control:" How Mental Health Admissions Can Impact Adolescent Development (1.0 PDUs, Assessment)

SEPTEMBER 16: DSA and MBA Award Applications due

SEPTEMBER 19: ACLP Webinar: Foundations of Racially Conscious Collaboration (3.0 PDUs, Any Domain)

SEPTEMBER 29: ACLP Webinar: The Invisible Child: Providing Support to Chronically Ill Siblings from a Distance (1.5 PDUs, Intervention)

OCTOBER

OCTOBER 3: 2023 Professional and Student Research Recognition Award Applications open

OCTOBER 4: ACLP Webinar: Foundations of Racially Conscious Collaboration (3.0 PDUs, Any Domain)

OCTOBER 12: Initial Offer Date for Winter/Spring 2023 Internships

OCTOBER 12: ACLP Webinar: Viral Fatigue: How to Survive Burnout and Thrive in a Toxic World (1.0 PDU, Professional Responsibility)

OCTOBER 13: Acceptance Date for Winter/Spring 2023 Internships

OCTOBER 14: 2nd Offer Date for Winter/Spring 2023 Internships

OCTOBER 21: Applications Open for Winter/Spring 2023 Diversity Scholarship