

Child Life: A Standard of Care within Pediatric Healthcare

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Mission, Vision, and Values

Our Mission:

To foster excellence in child life professionals through engagement in education, scientific inquiry, and innovation.

Our Vision:

Children and families of every race, identity, and community understand, navigate, and cope with serious life events.

Our Values:

Integrity, Equity, Inclusivity, Collaboration, and Excellence

**Association of Child Life
Professionals**



Presentation Overview

- Direct and downstream impact of child life service
- Child life specialist staffing ratios
- Emotional Safety Initiative and framework
 - Stress point assessment
 - Clinical and therapeutic interventions
 - Environment
 - Staff communication, education & training
- Integrating hospital play specialists into the medical team with ease
 - Interdisciplinary collaboration & education
- Critical clinical areas to integrate child life/hospital play services
- Interdisciplinary child life departments
- Child Life in community settings
- Questions

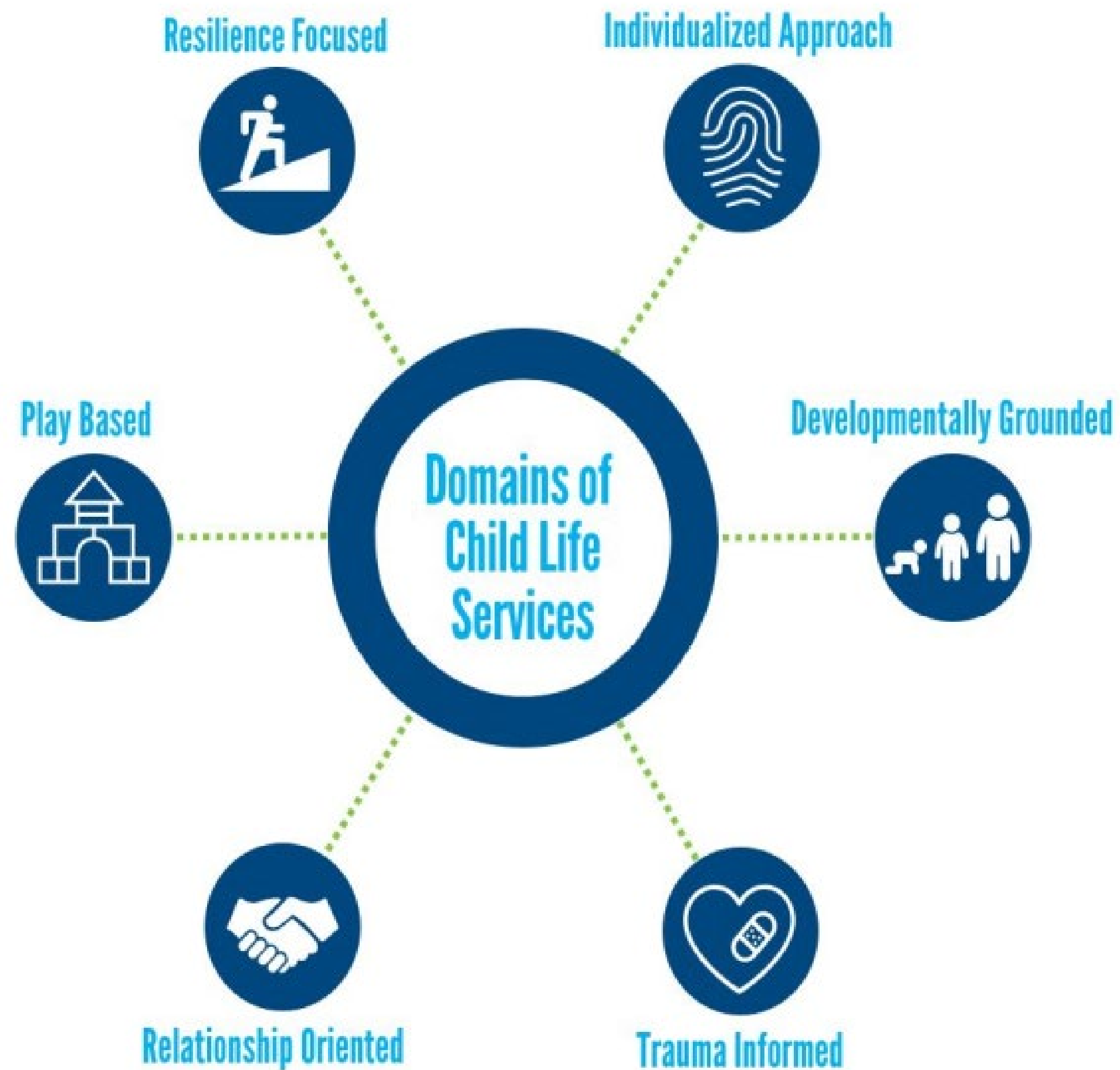


Value of Certified Child Life Specialists:

Direct and Downstream Optimization of
Pediatric Patient and Family Outcomes

Boles, J., Fraser, C.C., Bennett, C.K., Jones, C.M., Dunbar, C.J., Woodburn, CA., Gill, C.M.A, Duplechain, M.A., Munn, M.E.K., Hoskins, C.K. (2020).
The value of certified child life specialists: direct and downstream optimization of pediatric patient and family outcomes.
<https://www.childlife.org/docs/default-source/the-child-life-profession/value-of-cclss-full-report.pdf>





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Child Life Staffing Ratios

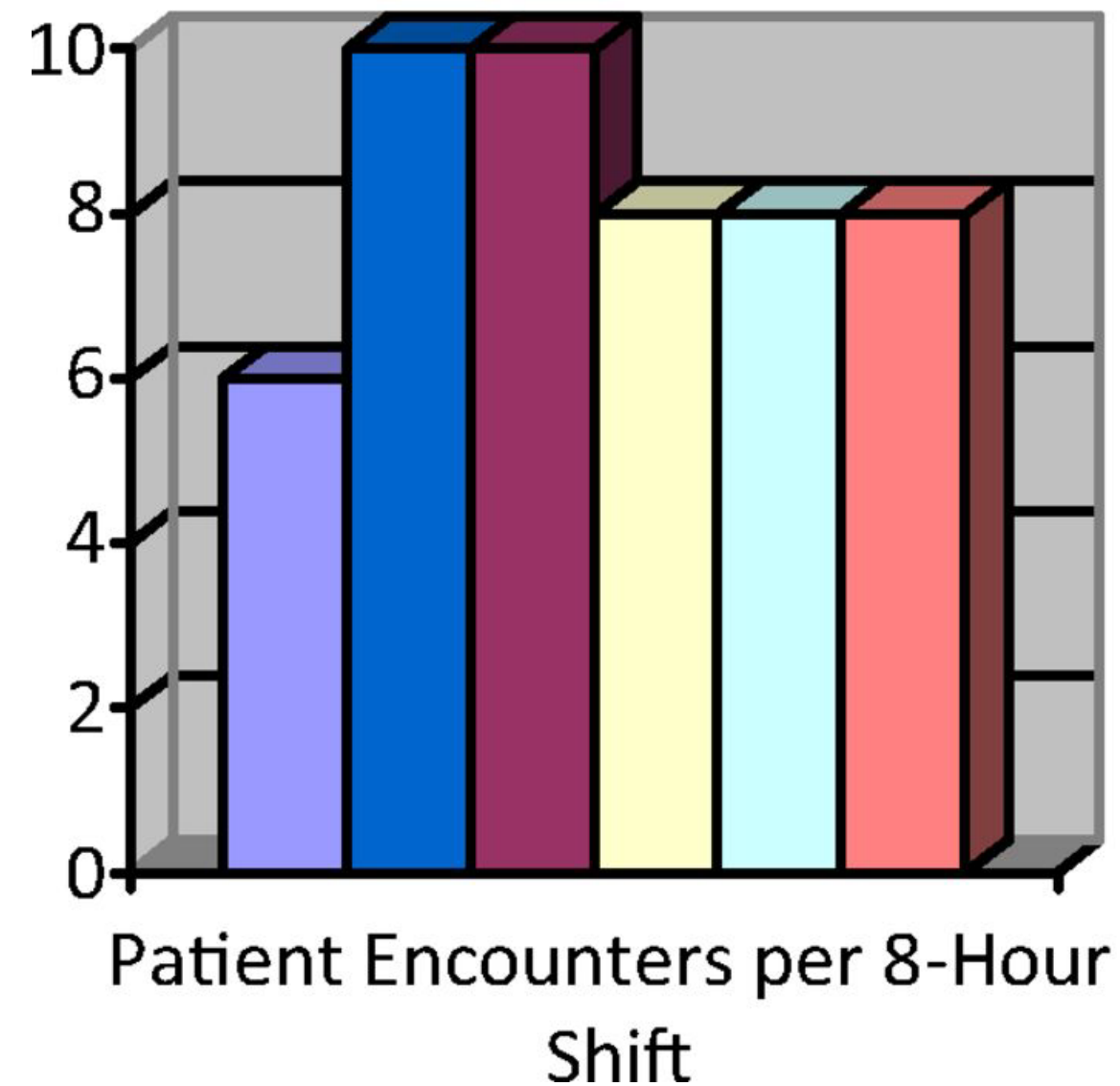
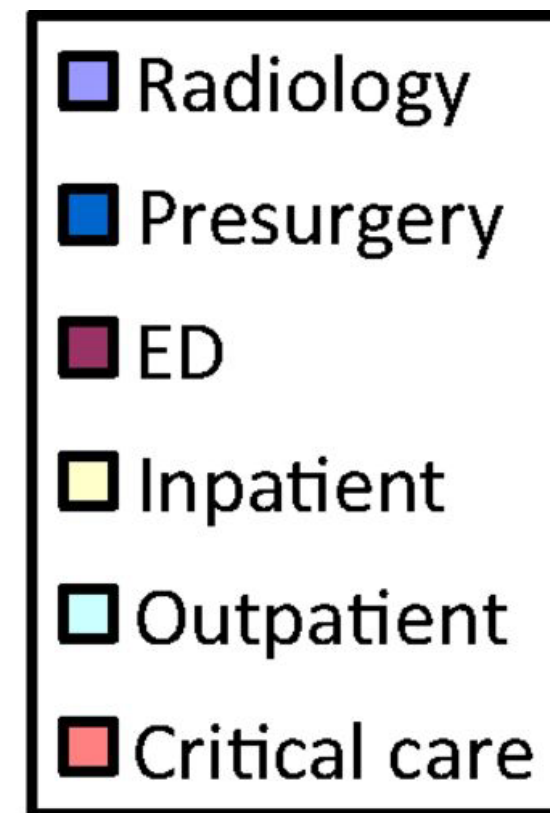
Figure Legend:

Average patient/family encounters per 8-hour shift for child life specialists in various hospital settings.

American Academy
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN®





emotional SAFETY INITIATIVE

Gordon, J. et al. (2021). Emotional Safety in Pediatrics. *Emotional Safety Initiative, Association of Child Life Professionals.*
[Emotional-Safety-Paper_DIGITAL-3.18.21.pdf](#)





Emotional Safety
is the intentional
multidisciplinary
practice to
promote
resiliency,
healing, and trust
for pediatric
patients and their
families during
medical
experiences.

Gordon, J. et al. (2021). Emotional Safety in Pediatrics.
*Emotional Safety Initiative, Association of Child Life
Professionals.*

[Emotional-Safety-Paper DIGITAL-3.18.21.pdf](#)



SCREENING AND ASSESSMENT

GOAL: Healthcare treatment plans should be informed by and catered to the individual needs and strengths of each patient and their family. Our goal is to better identify those needs, effectively communicate them to all appropriate healthcare staff, and implement interventions that prioritize, respect, and protect the emotional well-being of all patients throughout the healthcare experience.

INTERVENTION

GOAL: Ensure children feel comfortable and understand all medical encounters and procedures. Use emotionally safe, evidence-based best practices with each patient or family encounter.

STAFF COMMUNICATION, EDUCATION, AND TRAINING

GOAL: Educate all teams about emotionally safe standards. Prioritize collaboration and effective communication among the interdisciplinary team, patient, and their support systems. Use open dialog and understanding to better advocate for children and families within the hospital environment.

ENVIRONMENT

GOAL: Use evidence-based practices to build safe and reliable environments that minimize stress and promote emotional safety for patients, families, and staff.

Emotional Safety Framework

Gordon, J. et al. (2021). Emotional Safety in Pediatrics. *Emotional Safety Initiative, Association of Child Life Professionals*.
[Emotional-Safety-Paper_DIGITAL-3.18.21.pdf](#)

We owe it to the future not to harm our children in their hearts, and minds while we cure their diseases and repair their broken bones.

- ASSOCIATION FOR THE CARE OF CHILDREN'S HEALTH





Stress Point Assessment

1. Healthcare Variables

Illness variables

- Diagnosis (*chronic vs. acute*)
- Length of hospitalization
- Physical response to illness/injury
- Treatment/Prognosis
- Pain

Medical experiences

- Invasive procedures
- Previous hospitalizations
- Number/Characteristics of professionals involved



Stress Point Assessment

2 . Child Variables

- Temperament
- Coping style (avoidant vs. vigilant)
- Age/Development
- History of separation
- Level of communication and functionality
- Fears/Concerns
- Cultural beliefs





Stress Point Assessment

3 . Family Variables

- Family anxiety/distress
- Family characteristics
- Socioeconomic status
- Family presence/involvement
- Outside family needs
- Awareness of child's needs/situation
- Cultural values
- Ability to communicate with healthcare professionals





**Psychological
Preparation &
Diagnosis Education**

Child Life



Procedural Support

**Clinical & Therapeutic
Interventions**



**Non-pharmacological
Pain Management**





Therapeutic Play



Sibling/Family Support



End of Life & Bereavement Support

Child Life

Clinical & Therapeutic Interventions





Creating a Healing Environment

Staff Communication, Education & Training



Integrating Child Life into the Medical Team



Through Interdisciplinary Collaboration & Education



Integrating into the Medical Team: Interdisciplinary Collaboration

- Patient rounds
 - Seat at the table with active participation
 - Clinical contributions:
 - Assessment of psychosocial strengths and risk factors
 - Recommendation for plan of care
 - Patient and family-centered, developmentally appropriate & emotionally safe approaches to care



Integrating into the Medical Team: Interdisciplinary Collaboration

- Unit communication and inclusion
 - Staff meetings
 - Daily huddles
 - Email distribution
 - Newsletters
 - Committee involvement (i.e., quality improvement, pain management, bereavement)
 - Patient education/Resource development





Integrating into the Medical Team: Interdisciplinary Collaboration

- Daily integration
 - Access to independently review patient census and determine which patients to see
 - Prioritization of clinical work
- Consults – may come from any discipline
 - Phone/Pager
 - In person
 - Team meetings
 - Automated pages
- Documentation in medical records
 - Child Life flow sheet
 - Multidisciplinary pain & education documentation



Time taken: 2/3/2023 1446 Responsible

Show Row Info Show Last Filed Value Show Details

Child Life Assessment

Time Spent (min) Referred by

Location of Service - C&W (inpatient) Location of Service - UH & CVC

Location of Service - C&W (outpatient) Location of Service - Offsite

Intervention Requested For/Provided To

pediatric patient
 sibling
 parent of patient
 adult patient
 family member of patient

Intervention

<input type="checkbox"/> end of life/bereavement support	<input type="checkbox"/> developmentally appropriate play	<input type="checkbox"/> diagnosis education	<input type="checkbox"/> infant massage education
<input type="checkbox"/> introduction of services	<input type="checkbox"/> medical play	<input type="checkbox"/> non-pharmacological pain management	<input type="checkbox"/> procedure preparation
<input checked="" type="checkbox"/> procedure support	<input type="checkbox"/> psychosocial support		

Other Intervention

Present During Interaction

mother
 father
 family
 grandmother
 grandfather
 sibling
 no family present
 interpreter
 caregiver

other(comment)

Procedure Preparation For

<input type="checkbox"/> allergy skin prick testing	<input type="checkbox"/> anesthesia induction	<input type="checkbox"/> blood draw	<input type="checkbox"/> BMA	<input type="checkbox"/> cast removal	<input type="checkbox"/> chest tube removal	<input type="checkbox"/> CMG
<input type="checkbox"/> CT scan	<input type="checkbox"/> dressing change	<input type="checkbox"/> echocardiogram	<input type="checkbox"/> enema	<input type="checkbox"/> EP	<input type="checkbox"/> eye exam	<input type="checkbox"/> heart catheterization
<input type="checkbox"/> injection	<input type="checkbox"/> IV	<input type="checkbox"/> LP	<input type="checkbox"/> medicine/pill swallowing	<input type="checkbox"/> MRI	<input type="checkbox"/> NG-tube placement	<input type="checkbox"/> PICC line
<input type="checkbox"/> port access	<input type="checkbox"/> radiation therapy	<input type="checkbox"/> surgery	<input type="checkbox"/> sutures	<input type="checkbox"/> ultrasound	<input type="checkbox"/> upper GI	<input type="checkbox"/> urinary catheterization
<input type="checkbox"/> VCUG	<input type="checkbox"/> nasal swab	<input type="checkbox"/> other(comment)				

Procedure Support For

<input type="checkbox"/> allergy skin prick testing	<input type="checkbox"/> anesthesia induction	<input type="checkbox"/> blood draw	<input type="checkbox"/> BMA	<input type="checkbox"/> cast removal	<input type="checkbox"/> chest tube removal	<input type="checkbox"/> CMG
<input type="checkbox"/> CT scan	<input type="checkbox"/> dressing change	<input type="checkbox"/> echocardiogram	<input type="checkbox"/> enema	<input type="checkbox"/> EP	<input type="checkbox"/> eye exam	<input type="checkbox"/> heart catheterization
<input type="checkbox"/> injection	<input type="checkbox"/> IV	<input type="checkbox"/> LP	<input type="checkbox"/> medicine/pill swallowing	<input type="checkbox"/> MRI	<input type="checkbox"/> NG-tube placement	<input type="checkbox"/> PICC line
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<input type="checkbox"/> VCUG	<input type="checkbox"/> nasal swab	<input type="checkbox"/> other(comment)				

Support Techniques

<input type="checkbox"/> Buzzy	<input type="checkbox"/> comfort positioning	<input type="checkbox"/> distraction	<input type="checkbox"/> familiar comfort item encouraged	<input type="checkbox"/> guided imagery
<input type="checkbox"/> parental presence	<input type="checkbox"/> relaxation/deep breathing	<input type="checkbox"/> soothing touch	<input type="checkbox"/> verbal reassurance	<input type="checkbox"/> other(comment)

Procedure Preparation

<input type="checkbox"/> medical play/education	<input type="checkbox"/> patient familiar with procedure
<input type="checkbox"/> preparation book	<input type="checkbox"/> preparation video
<input type="checkbox"/> rehearsal of coping techniques	<input type="checkbox"/> tour
<input type="checkbox"/> verbal explanation using developmentally appropriate language	

Goals

<input checked="" type="checkbox"/> teach and encourage coping techniques	<input type="checkbox"/> enhance understanding of procedure/diagnosis	<input type="checkbox"/> provide alternate focus for procedure
<input type="checkbox"/> support developmental milestones	<input type="checkbox"/> provide appropriate choices	<input type="checkbox"/> support expression of feelings
<input type="checkbox"/> provide comfort for patient and family	<input type="checkbox"/> provide non-pharmacological pain management	<input type="checkbox"/> reduce fears and anxiety
<input type="checkbox"/> promote positive coping	<input type="checkbox"/> promote socialization	<input type="checkbox"/> support family-centered care
<input type="checkbox"/> normalize hospital environment		

Other Goals

Made Referral To

<input type="checkbox"/> art therapy	<input type="checkbox"/> education specialist	<input type="checkbox"/> music therapy	<input type="checkbox"/> pet therapy	<input type="checkbox"/> social work	<input type="checkbox"/> spiritual care	<input type="checkbox"/> other(comment)
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Follow Up

<input type="checkbox"/> Child life will provide support as needed	<input type="checkbox"/> Child life will follow throughout admission as needed
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Other Follow Up

⏪ Restore

✓ Close

✗ Cancel

↑ Previous

↓ Next

Integrating into the Medical Team: Interdisciplinary Education

- Evidence-based practice
 - Sharing child life research, data, patient stories, case studies
 - Inclusion in interprofessional research studies
- Formal training for interdisciplinary staff – grand rounds, nursing rounds, unit-based meetings, new employee orientation (hospital and unit), nursing pain management continuing education
- Informal training – shadowing
- Medical student/nursing student curriculum – integration in coursework, guest lecturer opportunities, shadowing



Expansion of Child Life Services

- Basic coverage: inpatient units, accident & emergency, surgery, radiology/MRI, radiation/oncology, ambulatory clinics, palliative care, weekend services, holiday coverage (activity rooms & clinical needs)
- Other considerations: 24/7 coverage, children of adult patients, satellite locations, temp pool/contingent staff



Pathway to the Child Life Profession



1. Child Life Coursework



2. Clinical internship training



3. Certification Exam



Child Life Coursework

Option 1:

1. Bachelor's degree in any field of study

-AND-

2. Coursework: must successfully complete 10 college/university courses as follows:

- 1) Child life course taught by a CCLS
- 2) A minimum of 2 child development courses that cover ages birth -18
- 3) Family systems course
- 4) Play course
- 5) Loss/bereavement or death/dying course
- 6) Research course
- 7) 3 additional courses in related content areas

-OR-

Option 2:

Degree from an ACLP-Endorsed Academic Program (an eligibility assessment must still be completed)



Clinical training

- Child Life internship requirements – 600 hours under the clinical supervision of a Certified Child Life Specialist with a minimum of 2 years of paid experience
- ACLP internship curriculum/modules





Ongoing Professional Development

- 60 professional development units every 5 years
- Traditional professional development (conference sessions, college courses, workshops, seminars)
- Independent study
- Presenting
- Internship supervision
- Publishing
- Professional service



Child Life Departments

Child Life Assistants

Music Therapy

Art Therapy

Pet Therapy

Recreation Therapy

School Teachers

Patient Technology



Child abuse centers

Foster care

Hospice centers/Grief support groups

Funeral homes

Private practice

Schools & early childhood centers

Therapeutic camps

Dentist offices

Behavioral health clinics

Non-profit organizations (i.e., wish organizations, organ donation)

Trauma/Crisis intervention

Prenatal & Women's care

Child advocacy centers

Child Life in Community Settings





Questions



"THE FUTURE BELONGS
TO THOSE WHO
BELIEVE IN THE BEAUTY
OF THEIR DREAMS."

— Eleanor Roosevelt

