



# ● CHILD LIFE 101:

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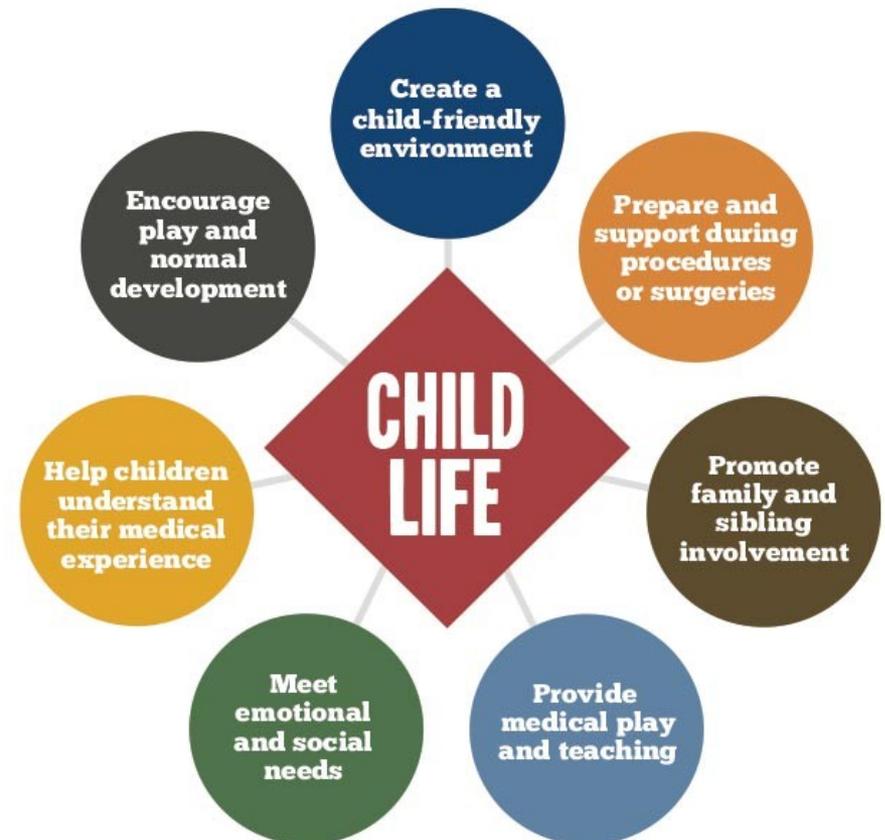
# OBJECTIVES:

- To understand the role of a Child Life Specialist
- To learn about areas Child Life Specialist work and about populations that a Child Life Specialist serves
- To gain an understanding of the process to become a Certified Child Life Specialist (CCLS)



# WHAT IS A CERTIFIED CHILD LIFE SPECIALIST?

- Trained professionals who provide Trauma-Informed Care
  - Support the emotional and psychosocial needs of families experiencing stress
- Educated and trained in the developmental impact of illness and injury
- Help to mitigate stress, anxiety, and emotional trauma associated with medical experiences



# DEVELOPMENT- WHY IS IT IMPORTANT?

- To make an accurate and valuable assessment of a patient and family.
- Allows us to address the psychosocial needs
- One of our goals as a CCLS is to promote healthy development

## ASSESSMENT PROCESS:

- Evaluating three things
  - Child Variables
  - Family Variables
  - Healthcare Variables
- Determines stress potential and child life plan



# THEORY-WHY DOES IT MATTER?

- Drives child life practice
- Guides our interactions with children and families
- Allows us to analyze our observations
- Gives us solutions to the problems we face on a daily basis



Age	Stage/Theorist	Issues	Impact of Hospitalization	Interventions
<b>Infant (0-12 months)</b>	<ul style="list-style-type: none"> <li>Stranger Awareness &amp; Anxiety – <i>Ainsworth</i></li> <li>Trust vs. Mistrust – <i>Erikson</i></li> <li>Oral – <i>Freud</i></li> <li>Sensorimotor – <i>Piaget</i></li> </ul>	<ul style="list-style-type: none"> <li>Learns about environment through exploring senses</li> <li>Developing sense of trust with caregivers</li> <li>Dramatic changes in physical growth</li> <li>Motor experience key to development</li> </ul>	<ul style="list-style-type: none"> <li><b>Key issues: disruption of routine and proper stimulation</b></li> <li>Stranger anxiety begins to develop at 6 months of age</li> <li>Sensitivity to abnormal stimulation (lights, sounds)</li> <li>Loss of security</li> <li>Parents' anxiety impacting parental role</li> </ul>	<ul style="list-style-type: none"> <li>Provide schedule/routine</li> <li>Consistent care giving</li> <li>Provide appropriate stimulation (soft music, turn off TV, dim lights)</li> <li>Encourage parents to bring comfort items from home</li> <li>Use tactile stimulation to comfort child (swaddling)</li> <li>Use of treatment room</li> </ul>
<b>Toddler (1-3 years)</b>	<ul style="list-style-type: none"> <li>Separation Anxiety - <i>Ainsworth</i></li> <li>Autonomy vs. Shame &amp; Doubt – <i>Erikson</i></li> <li>Anal – <i>Freud</i></li> <li>Pre-operational – <i>Piaget</i></li> </ul>	<ul style="list-style-type: none"> <li>Egocentric</li> <li>Focuses on the present</li> <li>Sees everything as good/bad, right/wrong</li> <li>Starting to make choices</li> <li>Change is difficult</li> <li>Motor skills developing quickly</li> </ul>	<ul style="list-style-type: none"> <li><b>Key issue: separation</b></li> <li>Loss of control</li> <li>May see the hospital as punishment for an action</li> <li>Regressive behaviors (bed wetting, thumb sucking, not doing things for self)</li> </ul>	<ul style="list-style-type: none"> <li>Medical play to provide familiarization/exploration</li> <li>Sensory and motor toys to promote development</li> <li>Provide schedule/routine</li> <li>Encourage play in playroom</li> <li>Use comfort positions in procedures</li> <li>Use of treatment room</li> </ul>
<b>Preschool (3-5 years)</b>	<ul style="list-style-type: none"> <li>Initiative vs. Guilt – <i>Erikson</i></li> <li>Phallic – <i>Freud</i></li> <li>Pre-operational - <i>Piaget</i></li> </ul>	<ul style="list-style-type: none"> <li>Egocentric</li> <li>Magical thinkers</li> <li>Fine motor skills improving</li> <li>Aware of gender role</li> <li>Improved language skills</li> <li>Cannot distinguish between fantasy and reality</li> </ul>	<ul style="list-style-type: none"> <li><b>Key issues: body mutilation and most vulnerable to hospital</b></li> <li>May see the hospital as punishment for an action</li> <li>Loss of control</li> <li>Regressive behaviors (tantrums, compliance, clingy)</li> <li>Fear of the unknown</li> </ul>	<ul style="list-style-type: none"> <li>Comfort items from home</li> <li>Provide schedule</li> <li>Encourage play in playroom</li> <li>Use of treatment room</li> <li>Explanation of hospitalization</li> <li>Medical play to provide familiarization &amp; decrease fear</li> <li>Encourage expressive play</li> <li>Give choices when appropriate</li> </ul>
<b>School Age (6-12 years)</b>	<ul style="list-style-type: none"> <li>Industry vs. Inferiority – <i>Erikson</i></li> <li>Latency – <i>Freud</i></li> <li>Concrete Operational - <i>Piaget</i></li> </ul>	<ul style="list-style-type: none"> <li>Wants to earn recognition and be successful</li> <li>Can understand through own experience</li> <li>Able to reason and compromise</li> <li>Plays with same sex</li> <li>Understands sequence of events</li> </ul>	<ul style="list-style-type: none"> <li><b>Key issue: loss of control, school</b></li> <li>May still see the hospital as punishment</li> <li>Missing school (friends, getting behind)</li> <li>Loss of control in decisions, routine</li> <li>Body image concerns</li> <li>Loss of privacy</li> <li>Fear of death, disability (media impact)</li> </ul>	<ul style="list-style-type: none"> <li>Encourage participation in care</li> <li>Explain/prepare for procedures</li> <li>Encourage privacy with staff</li> <li>Provide normalization activities that promote success</li> <li>Help write a letter to the school with pictures</li> <li>Explain misconceptions</li> <li>Give choices</li> </ul>
<b>Adolescent (12-18 years)</b>	<ul style="list-style-type: none"> <li>Imaginary Audience, Egocentrism – <i>Elkind</i></li> <li>Identity vs. Role Confusion – <i>Erikson</i></li> <li>Genital – <i>Freud</i></li> <li>Formal Operations – <i>Piaget</i></li> </ul>	<ul style="list-style-type: none"> <li>Can now think abstractly</li> <li>Trying to decide what to do with their life and where they fit in</li> <li>Very concerned about body image</li> <li>Wanting to be accepted by friends</li> <li>Striving for independence</li> <li>Needs privacy</li> <li>May rebel/test boundaries</li> <li>Starting to focus on the future</li> </ul>	<ul style="list-style-type: none"> <li><b>Key issue: body image, social groups</b></li> <li>Having to depend on others</li> <li>Loss of control</li> <li>Negative impact on self-esteem</li> <li>Lack of emotional support</li> <li>May withdrawal, become angry or isolated</li> <li>Feels identity is threatened</li> <li>Media impacts their perception</li> </ul>	<ul style="list-style-type: none"> <li>Encourage participation in care</li> <li>Encourage privacy/confidentiality</li> <li>Encourage same sex caregivers</li> <li>Provide opportunities for expression of feelings</li> <li>Provide opportunities for time with friends in the hospital</li> <li>Create a schedule</li> <li>Be honest</li> <li>Provide opportunity for questions</li> </ul>

# PARTS

of a

## Pediatric Patient

*ChildLifeology.com*

### Don't forget about **MY NOSE!**

The hospital smells different than my home and the medicine I might need to take may smell yucky too! Help me by telling me what things might smell like so I can be prepared.

There are so many new things in the hospital and some

### **LOOK SCARY!**

If I am having a test done, it helps to show me what the machine looks like beforehand, like that one machine that looks like a doughnut!

### I can use **MY MOUTH**

to sing or count during things that I don't like. Using my mouth to blow out air will help my muscles be more relaxed.

### **I HEAR** things differently than

a grown up so explain things to me in ways I can understand. Like what's a cat scan and why does my cat need one?

### I love to use **MY HANDS**

to play and playing with medical things can help me get used to them. I love to squirt paint out of a syringe!



# WHERE DO CHILD LIFE SPECIALISTS WORK?

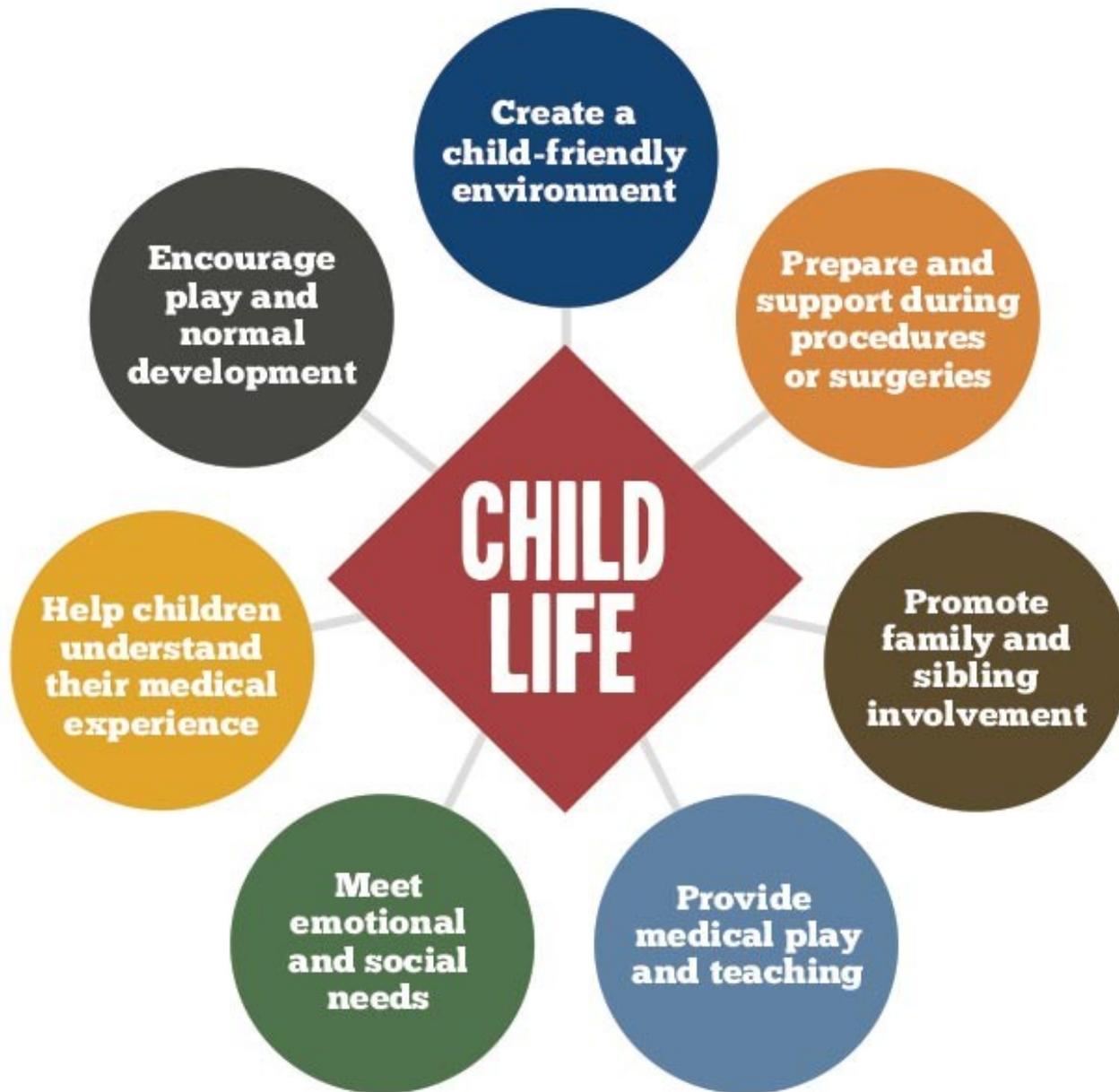
## In the hospital setting...

- Inpatient Units
- Outpatient Units
- Emergency Center
- Intensive Care Units (NICU, PICU, etc.)
- Surgery Centers
- Renal Dialysis Units
- Diagnostic Imaging
- Burn Units
- Women's Services (fetal medicine)
- Palliative Care Teams
- Adult ICU Units (children of adult patients)

## Outside the hospital setting...

- Dentist offices
- Rehabilitations Centers
- Therapeutic, medical or health related camp settings
- Hospice, grief, or support centers
- International programs
- Private practice
- Schools
- Child advocacy centers
- Court systems



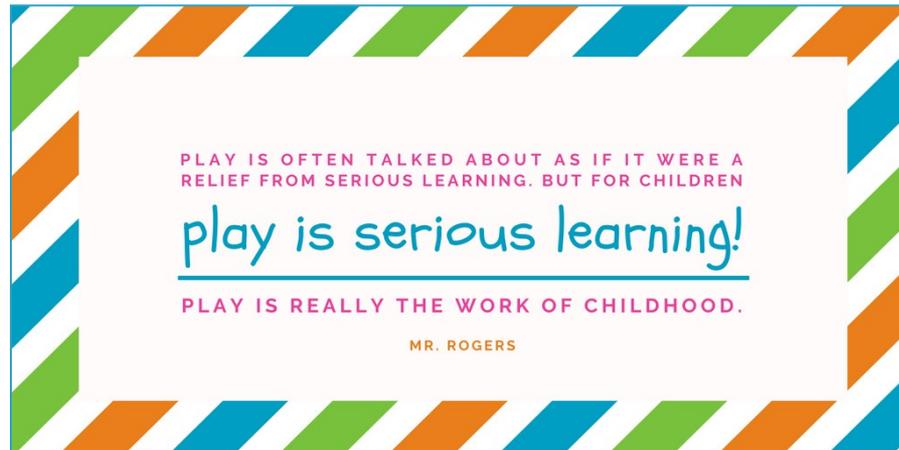


# CHILD LIFE SERVICES

- Diagnosis Teaching
- Sibling and Family Education
- Procedural Preparation
- Procedural Support
- Medical Play
- Therapeutic Play & Expressive Activities
- School Re-Entry & Community Outreach Support
- Bereavement Support
- Normalization

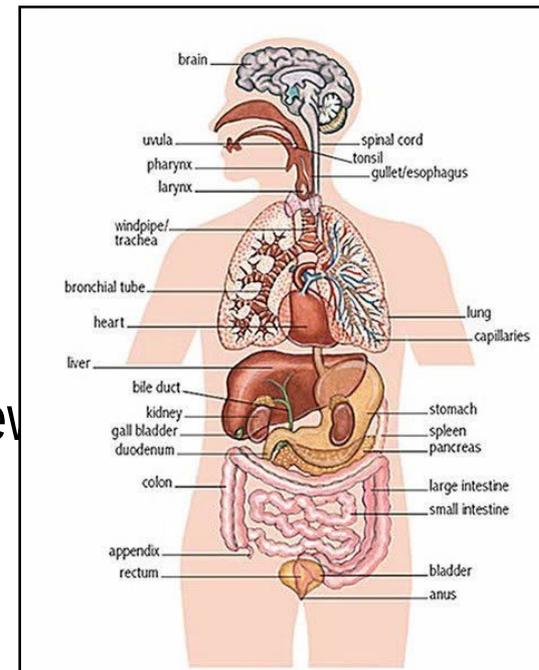
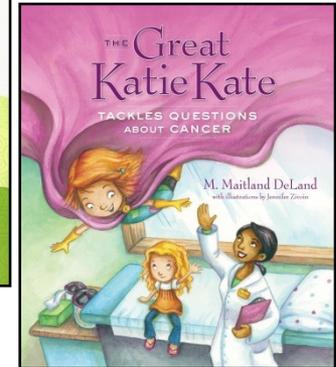
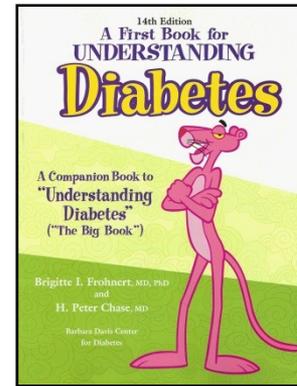


# PLAY IS A UNIVERSAL LANGUAGE FOR CHILDREN



# DIAGNOSIS TEACHING

- Developmentally appropriate explanation of a diagnosis
- Addressing diagnosis questions to eliminate misconceptions
- Information about treatments, medications, possible side effects and body changes
- Education about normal body functions
- Provide age appropriate resources on new diagnosis



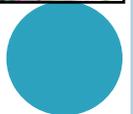
# SIBLING & FAMILY EDUCATION AND SUPPORT

- Information regarding normal developmental milestones
- Common reactions and concerns of parents' and siblings' to hospitalization
- Examples of how to involve siblings in the hospital experience
- Diagnosis teaching to family members



# PROCEDURAL PREPARATION & MEDICAL PLAY

- Utilize photos and/or medical equipment for preparation
- Developmentally appropriate information...
  - To familiarize patient and families with the sequence of events
  - Sensory information (see, hear, feel, touch, taste)
  - Medical equipment
  - Environment
  - Medical team



# MEDICAL PLAY ALLOWS...

- Emotional expression
- A nurturing environment to address patients' concerns
- Opportunities for control
- Practice examples of positive coping techniques
- Communicate questions, fears, and misconceptions



# PROCEDURAL SUPPORT

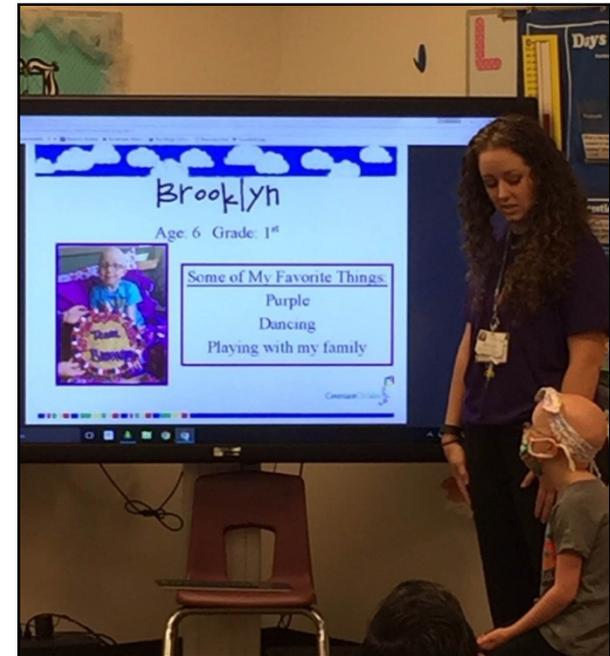
- Emotional support
- Positioning for comfort
- Positive coping techniques and distraction:
  - <https://youtu.be/3DejJo0la0I>
  - <https://youtu.be/lWX1WFxiWA4>





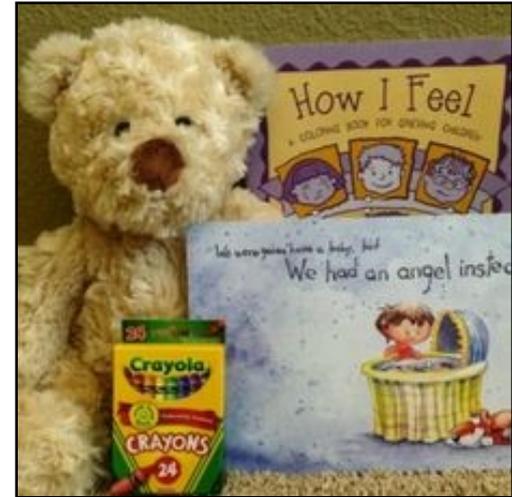
# SCHOOL RE-ENTRY & COMMUNITY OUTREACH SUPPORT

- Educate the community about the role of child life specialist
  - High School students
  - College Students
  - Social Media
  - Conferences
  - New Media
- Help with school re-entry for patients who have been absent for extended periods of time



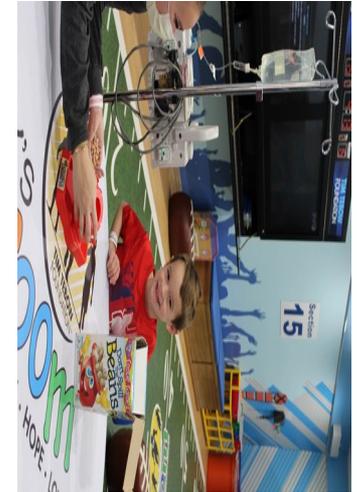
# BEREAVEMENT SUPPORT

- Comfort and support for patients and siblings during the death process
- Developmentally appropriate educational materials to address children and adolescents' concerns regarding death
- Resources for families after death
- Memory items for families
  - Locks of hair, handprints and footprints, keepsake box, heartbeat recording, etc.



# NORMALIZATION

- A schedules and routine
- Opportunities for patients to PLAY
- Socialization among peers
- Hospital actives and programs
- Sibling visits

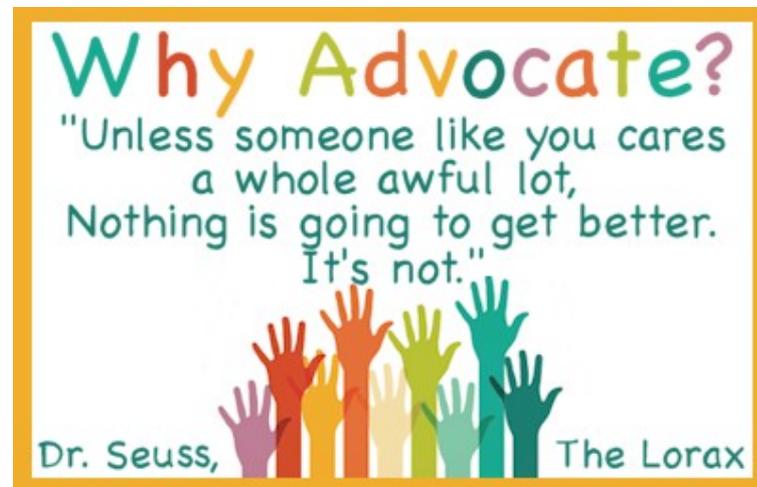


Xzavian's Daily Schedule



# ADVOCACY

- Helping to empower patients and families to speak up and ask questions
- Being “their voice”
  - Patient
  - Family
  - Profession



# OTHER RELATED PROFESSIONS FOUND IN CHILD LIFE DEPARTMENTS

- Therapeutic Play & Expressive Activities
  - Music Therapy
  - Art Therapy
  - Play Therapy
  - Recreational Therapy
  - Animal Assisted Therapy



# ASSOCIATION OF CHILD LIFE PROFESSIONALS (ACLP)



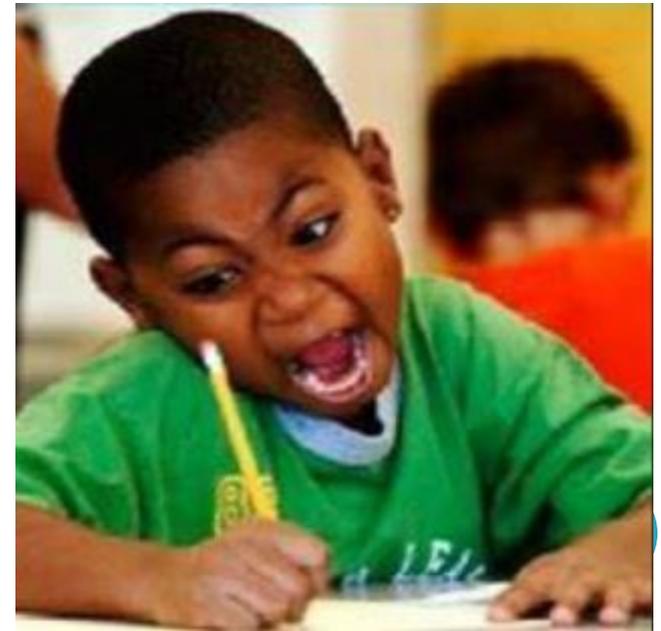
- Website: [www.childlife.org](http://www.childlife.org)
- International professional organization
- Role is to serve and support child life professionals
- Over 5, 000 ACLP member worldwide
  - 23 committees, workgroups, and task forces

(The Association of Child Life Professionals is formerly known as the Child Life Council)

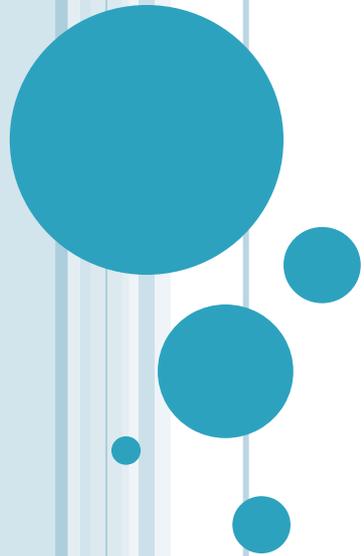


# PATH TO BECOMING A CHILD LIFE SPECIALIST

- Educational Requirements for Certification
  - Complete at least a Bachelor's degree in related field
    - Child Life
    - Human Growth & Development
    - Early Childhood Education
    - Psychology/Social Work
- Practicum (200+ hours)
- Internship (600+ hours)
- Certification



# QUESTIONS



I  Child life