

Module 1 Development of the Child Life Profession

Clinical Learning Goals:

The participant will have an understanding of and appreciation for both the history of the Child Life profession, and the Child Life program in which their training is being served. This will provide a foundation for effective implementation of Child Life services and development of professional relationships.

Objectives:

In the process of completing this module the participant will:

- Articulate an understanding of the history of the Child Life profession.
- Describe the evolution of the currently assigned Child Life department/program.
- Distinguish the roles that comprise the interdisciplinary care team, particularly the role of the Child Life therapist within that team.

Required Activities:

The participant will:

1. Investigate the background and reporting structure of the department/program where the participant is engaged, and write a brief (no more than one page) history of this department.
2. Interview two individuals from other disciplines who are part of the care team, write a brief summary of their roles and responsibilities, and describe ways in which this discipline interfaces with the Child Life therapist/program (maximum one page).

Required Readings:

- Wojtasik, S.P. & White, C. (2009). The story of child life. In R. H. Thompson (Ed.), *The Handbook of Child Life* (pp. 3-22). Springfield, IL: Charles C. Thomas. (Chapter 1, pp. 3-22).
- Child life overview and program administration. In J. M. Wilson, S. Palm, & L. Skinner (Eds., 2006), *Guidelines for Development of Child Life Programs in Health Care Settings* (pp.1-3, 49). Rockville, MD: Child Life Council, Inc. (pp. 1-3 & 49)
- The Child Life Profession: Timeline. Retrieved from: <http://www.childlife.org/The%20Child%20Life%20Profession/timeline.cfm> Accessed February 18, 2011.
- The Child Life Profession: Mission, Values, and Vision. Retrieved from: <http://www.childlife.org/The%20Child%20Life%20Profession/ProfessionMissionVisionValuesPositionStatements.com> Accessed March 24, 2011.

Highly Recommended Readings:

- Rollins, J. A. (2005). Relationships in children's health-care settings. In J. A. Rollins, R. Bolig, & C. C. Mahan (Eds.), *Meeting Children's Psychosocial Needs Across the Health-Care Continuum* (pp. 493-515). Austin, TX: PRO-ED, Inc. (Chapter 12, pp. 493-515)

Suggested Readings:

- Child Life Council & Committee on Hospital Care (2006). Child life services. *Paediatrics*, 118(4), 1757-1763. (A policy statement of the American Academy of Paediatrics; also available at: www.aap.org) [Also required reading for Module 7 (Medical/Health Care Play)]

- Child Life Council Archives at Utica College. Retrieved from:
<http://www.childlife.org/Archives/AccessArchives.cfm> Accessed February 21, 2011.
- Child Life Council (2007). *Yesterday, Today and Tomorrow*. Rockville, MD: Child Life Council, Inc. (DVD Celebrating 25 years of Child Life Council)
- Relations with Other Professionals. In R.H. Thompson & G. Stanford (1981), *Child Life in Hospitals: Theory and Practice* (pp. 163-193). Springfield, IL: Charles C. Thomas Publisher, LTD. (Chapter 8, pp. 163-193)
- The Evolution of the Child Life Profession in North America. Retrieved from:
<http://www.childlife.org/The%20Child%20Life%20Profession/HistoryoftheProfession.com> Accessed February 18, 2011.

Module 2

Child Development: Applying Theory to Practice

Clinical Learning Goals:

The participant will have a working knowledge of developmental theory as it applies to children and adolescents experiencing health care in varied settings. The participant will enhance her/his abilities to observe, recognise and articulate developmental needs and milestones, as well as to identify the ways in which children's development affects their understanding and responses to hospitalisation and illness, and how hospitalisation and illness may influence a child's development from infancy through adolescence.

Objectives:

In the process of completing this module the participant will:

- Apply knowledge of child development theory to interactions with children and adolescents.
- Verbalise and provide examples of how the children's development may be impacted by their health care experience.
- Demonstrate the ability to select appropriate activities and plan for therapeutic interventions based upon developmental assessment.
- Recognise safety as paramount in the playroom and bedside settings, demonstrating safety precautions according to developmental needs.
- Articulate reactions and understanding of illness for children and adolescents based upon knowledge of child development theory.

Required Activities:

The participant will:

1. Investigate and apply developmental theory into daily activities, journal entries and discussions with supervisor and inter-professional care team as appropriate. Discuss with mentor
2. Observe children and adolescents in both inpatient and outpatient health care settings, identifying how development is impacted by health care experiences. Discuss this with mentor
3. Observe a child at each developmental stage (infant, toddler, preschool, school age and adolescent) in the playroom and/or at bedside. Write a description of the child's behaviour, focusing on the observed stage of development and noting its impact on language; cognitive; social/emotional development; and physical changes. In addition, comment on safety precautions made related to the child's developmental needs in each setting.
4. Observe Supervisor (or Child Life Therapist who has completed training modules) providing preparation and support to children through a medical procedure, focusing on how the developmental stage impacts the language, materials and process of the session. Write a brief paragraph describing the interaction, focusing especially on the developmental needs addressed in the session and acknowledging the child's understanding of illness and reactions to his/her health care experiences.
5. Investigate programs for transition to adult care available for one chronic illness population. Discuss with mentor

Required Readings:

- Pearson, L. (2005). Children's hospitalization and other healthcare encounters. In J. A. Rollins, R. Bolig, & C. C. Mahan (Eds.), *Meeting Children's Psychosocial Needs Across the Health-Care Continuum* (pp. 1-41). New York, NY: PRO-ED, Inc. (Chapter 1, pp. 1-41)
- Hollon, E. & Skinner, L. (2009). Assessment and documentation in child life. In R.H. Thompson (Ed.), *The Handbook of Child Life: A Guide for Paediatric Psychosocial Care* (pp. 116 - 127). Springfield, IL: Charles C. Thomas Pub. Ltd. (Chapter 7, pp. 117-135) [Also required reading for Module 5 (Assessment: Developing a Plan of Care)]

Highly Recommended Readings:

- Turner, J. (2009). Theoretical foundations of child life practice. In R.H. Thompson (Ed.), *The Handbook of Child Life: A Guide for Paediatric Psychosocial Care* (pp. 23-35). Springfield, IL: Charles C. Thomas Pub. Ltd. (Chapter 2, pp. 23-35)
- Bibace, R. & Walsh, M.E. (1980). Development of children's concepts of illness. *Paediatrics*, 66(6), 912-917.
- Thompson, R.H., & Vernon, D.T.A. (1993). Research on children's behaviour after hospitalization: A review and synthesis. *Developmental and Behavioural Paediatrics*. 14, 28-35.

Suggested Readings:

- Reactions of children to hospitalization. In R.H. Thompson & G. Stanford (1981), *Child Life in Hospitals: Theory and Practice* (pp. 15-36). Springfield, IL: Charles C. Thomas Publisher, LTD. (Chapter 2, pp. 15-36)
- Vernon, D.T.A., Schulman, J.L., & Foley, J.M. (1966). Changes in children's behaviour after hospitalization. *American Journal of the Diseases of Children*, 111, 581-583. 13

Optional Activity for Additional Skill Enhancement:

1. Present an educational session on the developmental impact of paediatric health care experiences to a group of nursing students or medical students, acknowledging ways in which health care providers can facilitate attention to developmental needs and effective use of child-friendly language. Highlight research and evidence-based practice with shared case examples from observations and internship experience. (Patient- and Family-Centred Care module has a similar activity).

Module 3 Documentation

Clinical Learning Goals:

The participant will provide accurate, insightful documentation in the patient's medical record that contributes to the plan of care.

Objectives:

In the process of completing this module, the participant will:

- Demonstrate understanding of the Child Life Process through written sample chart notes.
- Describe and define the SOAP and APIE formats as they pertain to the process used for documentation.
- Become familiar with the documentation policies of the organisation and the guidelines and process utilised within the training site.

Required Activities

The participant will:

1. The participant will review an admission note for a patient. From that information, the participant will compose an initial Child Life assessment note, identifying at least two treatment goals deduced from the developmental and other identified concerns to be addressed during future Child Life interventions.
2. The participant will provide interventions and compose notes for documentation of those interventions and review them with Supervisor. Interventions should include but are not limited to: introduction of child life services; assessment of perception of illness; level of coping; preparation and/or procedural support; family support including siblings, etc.
3. Using *Child Life Education Series: Child life charting: Skills and strategies for effective documentation in the medical record* as a guide, the participant will compose a mock/practice note utilising the following case study and will present to the supervisor:

John is a four-year-old experiencing his first hospitalisation. In report, his nurse states that he is fearful of medical staff and screams when staff enters his room, crying and clinging to his mother who remains at bedside. John needs to have blood drawn later in the morning and staff is enlisting your help.

- a. Exercise 1: Communicating in a brief note
- b. Exercise 2: SOAP format
- c. Exercise 3: APIE format

Required Readings:

- Hollon, E. and Skinner, L. (2009). Assessment and documentation in child life. In R. H. Thompson (Ed.), *The Handbook of Child Life*, (pp. 116-127) Springfield, IL: Charles C. Thomas Publisher, LTD. (Chapter 7, 116-127) [Also required reading for Module 2 (Lifespan Development: Applying Theory to Practice) and Module 5(Assessment: Developing a Plan of Care)]
- The child life process. In J. M. Wilson, S. Palm, S. and L. Skinner (Eds., 2006), *Guidelines for Development of Child Life Programs in Health Care Settings*, (pp. 9-12) Rockville, MD: Child Life Council, Inc. Singletary, G., & Francis, S. (Revised 1998). *Child Life Education Series. Child life charting: Skills and strategies for effective documentation in the medical record*. Dallas, TX:

Suggested Readings:

- Skalko, T.K. (1984). Documentation: Key to Survival in Child Life Services. *Children's Health Care*, 1532-6888, Volume 13, Issue 2, Pages 85 – 88.
- Child Life Council, Inc. (2000). *Making Ethical Decisions in Child Life Practice*. Rockville, MD: Child Life Council, Inc.[Also required reading for Module 14 (Professional Development)]

Optional Activities for Additional Skill Enhancement:

Using the *Making Ethical Decisions in Child Life Practice* publication, the child life intern will choose at least two complex case studies to complete the following exercises and will present to the Supervisor:

Case Study 1

- Exercise 1: Communicating in a brief note
- Exercise 2: SOAP format
- Exercise 3: APIE format

Case Study 2

- Exercise 1: Communicating in a brief note
- Exercise 2: SOAP format
- Exercise 3: APIE format

Module 4

Assessment: Developing a Plan of Care

Clinical Learning Goals:

The participant will:

- Demonstrate knowledge of the factors relevant to assessing a child's and family's ability to cope with hospitalisation, illness, or treatment, and the child's risk of negative psychological outcomes related to the experience.
- Demonstrate the ability to gather relevant data in order to assess the coping style and needs of the child/family using a variety of strategies such as play, observation, interview/collaboration, professional discourse, reading chart materials etc.
- Demonstrate critical thinking in the process of gathering and articulating assessment data.

Demonstrate the ability to convert assessment data into a needs statement and plan of care.

Objectives:

In the process of completing this module the participant will:

- Demonstrate knowledge of the factors to be considered in assessment, including developmental abilities, temperament, coping style, family variables, and experience.
- Engage in communication with the child and family in order to understand family identified needs.
- Identify assessment-relevant questions, content and behaviours within a play situation.
- Articulate observations and relevance of observed behaviours in terms of understanding the child's needs.
- Use appropriate sources to find material relevant to overall assessment.
- Incorporate appropriate and useful information, and filter irrelevant, biased or unreliable material when collecting information.
- Work with families to establish validity of information, relevance of needs statements and acceptable related objectives of care plans.
- Demonstrate the ability to prioritise patient care, based on the use of a patient classification system, acuity rating guideline, or the process in use by the organisation.

Required Activities:

The participant will:

1. Select a minimum of three (3) children of different ages to complete the following and discuss with mentor:
 - a. Review information provided with notes/report and identify key points for assessment.
 - b. Interview and collaborate with family members in order to best understand their perspectives and priorities (Including cultural perspectives).
 - c. Observe in play, daily activities, and/or potentially stressful situations and identify specific psychosocial needs, strengths, and methods of coping.
 - d. Identify patient behaviours that indicate typical and atypical developmental norms and milestones, include cultural considerations, and discuss the potential impact for expectations in terms of learning and coping.
 - e. Follow up with the child and/or family regarding the accuracy of initial and ongoing assessment.

2. Discuss with mentor how assessment is incorporated into daily activities through formal and informal routines and interactions with children and families.
3. Identify data related to the most important factors in assessment (development, temperament, coping style, family variables, and child's health care experiences). Discuss this with mentor
4. Develop written materials such as written assessments, statements of need, case notes, log notes, chart notes, progress notes, case presentations that reflect effective assessment skills.

Required Readings:

- Koller, D. (2008). *Child Life Council Evidence-Based Practice Statement: Child life assessment: Variables associated with a child's ability to cope with hospitalization*. Rockville, MD: Child Life Council. Retrieved from: <http://www.childlife.org/files/EBPAassessmentStatement-Complete.pdf> Accessed March 24, 2011.
- Hollon, E. & Skinner, L. (2009). Assessment and documentation in child life. In R.H. Thompson (Ed.), *The Handbook of Child Life: A Guide for Paediatric Psychosocial Care* (pp. 116 - 127). Springfield, IL: Charles C. Thomas Pub. Ltd. (Chapter 7, pp. 117-135) [Also required reading for Module 2 (Lifespan Development: Applying Theory to Practice) and Module 11 (Documentation)]

Highly Recommended Readings:

- Planning child life care. In L. Gaynard, J. Wolfer, J. Goldberger, R. Thompson, L. Redburn , & L. Laidley (Eds., 1998) *Psychosocial Care of Children in Hospitals: A Clinical Practice Manual from the ACCH Child Life Research Project* (pp. 39-46). Rockville, MD: Child Life Council. (Chapter 4, pp. 39-46).

Suggested Readings:

The full reference list of the studies reviewed in the process of developing the evidence based practice statement on assessment can be found within this online document and serves as an excellent resource for further reading and research:

- Koller, D. (2008). Child Life Council Evidence-Based Practice Statement: Child life assessment: Variables associated with a child's ability to cope with hospitalization. Retrieved from: <http://www.childlife.org/files/EBPAassessmentStatement-Complete.pdf>
- Ricks, F. & Charlesworth, J. (2003). *Emergent practice planning*. New York, NY: Kluwer Academic/Plenum Publishers.
- Turner, J. C., & Fralic, J. (2009). Making explicit the implicit: Child life specialists talk about their assessment process. *Child & Youth Care Forum, Springer Science + Business Media LLC* Retrieved from: <http://www.springerlink.com/content/nn70132v59331144/> Accessed March 24, 2011.

Optional Activities for Additional Skill Enhancement:

- Research cultural norms and collaborate with a family to understand their specific cultural perspectives and perceived influence on family and child health care coping.
- Compare and contrast child life assessment of needs in relation to other allied health team perspectives.
- Explain personal theoretical approach to assessment and experiences that have influenced that approach. Try changing perspectives and writing goal statements that fit a different theoretical lens. Compare needs statements from alternative perspectives.
- Ask children what their coping goals are and incorporate those goals into care planning.

Module 5

Person Centred Care

Clinical Learning Goals:

The participant will successfully gain a working knowledge of the philosophy and principles of -Person Centred care. This will involve consideration of the needs of the child or young person and their family or carers. In doing so, they will develop skills in parent education and working with families in times of crisis. This will include work with siblings, care givers and extended family in potentially high stress areas.

Objectives:

In the process of completing this module the participant will:

- Articulate the philosophy and principles of Person Centred care.
- Demonstrate an understanding of the impact of diversity, culture, spirituality and socioeconomic status on coping.
- Demonstrate an understanding of and appreciation for the variety of family dynamics and structures, and their impact on coping and learning
- Utilise appropriate language and teaching tools to best support the patient and family.
- Demonstrate successful and effective communication skills during patient and family interactions.
- Identify appropriate resources for patients and families which will support the family during the health care experience.
- Utilise appropriate developmental knowledge in formulating interventions and education across the life span.
- Incorporate knowledge of development and family systems to support siblings, individually and in groups.
- Identify effective and reflective methods of interaction during times of stress, including response to emotional, verbal and body language cues exhibited by families.

Required Activities:

The participant will:

1. Review and discuss the components of Person Centred care.
2. Recognise and describe examples of these in daily practice in given environment
3. Interview a family regarding their overall experience in the health care environment.
4. Develop and initiate a plan that incorporates support of and resources for sample family using Person Centred care principles.
5. Incorporate appropriate parent education opportunities into practice (include this in journal)
6. Observe a sibling interaction provided by the trainer/mentor. Discuss observations and evaluation of outcomes with them.
7. Plan, organise, implement and evaluate sibling interactions when able.
8. Attend a multidisciplinary/psychosocial meeting focusing on the elements of patient and family-centred care.
9. Visit and observe a critical care environment and reflect on its potential impact on the family.

Required Readings:

- Bell, J.L., Johnson, B.H., Desai, P.P., & McLeod, S.M. (2009). Family-centred care and the implications for child life practice. In R.H. Thompson (Ed.), *The Handbook of Child Life: A Guide for Paediatric Psychosocial Care* (pp. 95-115). Springfield, IL: Charles C. Thomas. (Chapter 6, pp. 95-115).
- McCue, K. (2009). Therapeutic relationships in child life. In R.H. Thompson (Ed.), *The Handbook of Child Life: A Guide for Paediatric Psychosocial Care* (pp. 57-77). Springfield, IL: Charles C. Thomas. (Chapter 4, pp. 57-77) [Also required reading for Module 10 (Psychological Preparation)]

Highly Recommended Readings

- Julian, T.W & Julian, D.A. (2005). Families in children's health-care settings. In J. A. Rollins, R. Bolig, & C. C. Mahan (Eds.), *Meeting Children's Psychosocial Needs Across the Health- Care Continuum* (pp. 277-312). Austin, TX: Pro-Ed. (Chapter 7, pp.277-312)
- Franck, L.S. & Carrery, P. (2004). Re-thinking family-centred care across the continuum of children's health care. *Child: Care, Health, and Development*, 30, 265-277.

Suggested Readings:

- American Academy of Paediatrics Committee on Hospital Care. (2003). Family-centred care and the paediatrician's role. *Paediatrics*, 112, 691-696.
- Buchwald, D., Caralis P.V., Gany F., et al (1994). Caring for patients in a multicultural society. *Patient Care*, June, 105-120.
- Fosarelli, P. (2003). Children and the development of faith: Implications for paediatric practice. *Contemporary Paediatrics*, 20(1), 85-98.
- Gursky, B. (2007). The effect of educational interventions with siblings of hospitalised children. *Journal of Developmental & Behavioural Paediatrics*, 28(5), 392-398.
- Institute for Patient- and Family-Centered Care (2002). Roles patients and families can play in changing policies and practice. In *Advances: Changing the Concept of Families as Visitors in Hospitals*, 8(1), 34-37.

General Resource:

Institute for Patient- and Family-Centred Care: www.ipfcc.org

Optional Activities for Additional Skill Enhancement:

- Observe Child Life practice in an intensive care environment. Document a care plan for Child Life intervention in this environment.
- Meet with members of the multidisciplinary staff (specifically - pastoral care, social work, patient relations, etc) for an extended understanding of patient- and family centred care from their perspective.
- Obtain a copy of the facility's current family bill of rights. Identify strengths and areas of possible improvement from the perspective of patient- and family-centred care principles.

- Review the facilities and/or Child Life department's policies and procedures as they relate to culture, diversity, spirituality and family dynamics. Identify components of Person Centred care.
- Attend a family and/or patient advisory committee meeting, if either exists at the facility. Reflect upon group dynamics, subject matter and family/staffing representation with mentor.

Module 6 Communication

Clinical Learning Goals:

The participant will develop and apply in practice a working knowledge of communication concepts and strategies that serve as a foundation for effective communication skills in supporting children and families. In addition, the participant will increase her/his understanding of communication styles and preferences within the health care team and incorporate this understanding in communicating and advocating for the needs of children and families.

Objectives:

In the process of completing this module the participant will:

- Examine different concepts and factors that influence effectiveness within the transaction and process of communication.
- Identify different communication styles, preferences, and needs.
- Develop skill in eliciting information from children and families using approaches that demonstrate sensitivity to individual developmental, emotional and cultural needs, as well as respect for the individual child's and family's experience.
- Demonstrate abilities in interpreting and effectively responding to individual cues within interactions with children, families, and professionals.
- Demonstrate skill in effectively adjusting communication approach and pacing when interacting with children and families with different developmental levels, emotional states, cultural issues, and primary language.
- Develop skill and comfort level in communicating with others within the health care team to obtain and share information, as well as to advocate for and educate around children's and families' needs and perspectives.
- Articulate the impact of their own communication style and behaviours on interactions with children, families, and other professionals.
- Establish professional presentation of self with regard to own verbal and nonverbal communication.

Required Activities:

The participant will:

1. Observe and discuss with mentor how to adapt approaches to introducing self and child life services to children, families, and staff according to relevant contextual factors.
2. Discuss with mentor and demonstrate diverse techniques to establish rapport with children and families.
3. Complete at least three (3) journal entries that focus on the participant's own experience of and reflection on:
 - a. Adaptation of their communication approach within an interaction
 - b. Communicating with sensitivity and empathy in a challenging situation
 - c. How building awareness of their own communication style and behaviours has influenced communication interactions with others (children, families, and staff).
4. Demonstrate skill in developmentally-appropriate communication and language by:
 - a. Effectively establishing rapport with children within each age group (infant, toddler, preschool, school-age, adolescent, young adult)

- b. Choosing three (3) diagnoses or procedures relevant to current patient population and articulate or write what and how to communicate an explanation of the condition/procedure with children of different ages (preschool, school-age, adolescent).
5. Journal entry describing observation then demonstration of effective and caring communication with children and families experiencing different emotional states, including but not limited to:
 - a. high stress/anxiety
 - b. sadness
 - c. happiness/excitement
 - d. anger
 - e. those with differing abilities
 - f. Those whose primary language is different from the participant's – with and without utilisation of interpreter services.
6. Articulate, establish, and maintain behaviours that reflect a professional presentation of self.

Required Readings:

- Klinzing, D.G. & Klinzing, D. (2009). Communication and child life. In R.H. Thompson (Ed.), *The Handbook of Child Life: A Guide for Psychosocial Care* (pp. 78-94). Springfield, IL: Charles C. Thomas. (Chapter 5: pp. 78-94).
- Building supportive relationships with children and families. In L. Gaynard, J. Wolfer, J. J. Goldberger, R. Thompson, L. Redburn, & L. Laidley (Eds., 1998) *Psychosocial Care of Children in Hospitals: A Clinical Practice Manual from the ACCH Child Life Research Project* (pp. 39-46). Rockville, MD: Child Life Council.
- Goldberger, R. Thompson, L. Redburn, & L. Laidley (Eds., 1998), *Psychosocial Care of Children in Hospitals: A Clinical Practice Manual from the ACCH Child Life Research Project* (pp. 47-56). Rockville, MD: Child Life Council. (Chapter 5, pp. 47-56) [Also a suggested reading for Module 6 (Play)]
- Talking with children and families about healthcare experiences. In L. Gaynard, J. Wolfer, J. Goldberger, R. Thompson, L. Redburn, & L. Laidley (Eds., 1998), *Psychosocial Care of Children in Hospitals: A Clinical Practice Manual from the ACCH Child Life Research Project* (pp. 57-66). Rockville, MD: Child Life Council. (Chapter 6, pp. 57-66; Includes Table B: Considerations in Choosing Language, pp. 62-65) [Also required reading for Module 7 (Medical/Health Care Play) and Module 10 (Psychological Preparation)]
- Rushforth, H. (1999). Practitioner review: Communicating with hospitalized children: Review and application of research pertaining to children's understanding of health and illness. *Journal of Child Psychology and Psychiatry*, 40, 683-691.

Suggested Readings:

- McCue, K. & Bonn, R. (1994). *How to Help Children Through a Parent's Serious Illness*. New York, NY: St. Martin's Press. Chapter 5: Preparing Children for Hospital Visits, (pp. 107-126), Chapter 7: When It Won't Get Better, (pp. 137- 158) and Chapter 8: When Things Get Very Bad, (pp. 159-190).
- Faber, A. & Mazlish, E. (1999). *How to Talk So Kids Will Listen & Listen So Kids Will Talk*. New York, NY: Avon Books. (Particularly Chapter 1: Helping Children Deal With Their Feelings; Chapter 2: Engaging Cooperation; and Chapter 5: Praise.)

Optional Activities for Additional Skill Enhancement:

- Complete a process recording/verbatim of an interaction for one or more of the following situations:
 - Meeting with a child or family to introduce services and develop initial assessment.
 - Engaging with a child in play (particularly helpful for clarifying communication that supports child-directed versus adult-directed behaviours in play).
 - Engaging a child or family in psychological preparation.
 - Providing procedural support.
 - Communicating within the health care team regarding key aspects of child/family experience or perspective and/or recommendations to improve provision of developmentally-appropriate care.

Resources:

Example of a Process Recording Template Narrative Internal Responses analysis/reflection Certified Child Life Specialist (CCLS) comments:

A running log of what was communicated during the interaction – both what was said by each participant along with any associated nonverbal behaviours (e.g., smiling, frowning, tearing up, hiding face in mom’s shoulder, etc.).

Your own internal responses at different points during the interaction (i.e., what you were feeling and what crossed your mind in the moment).

Your thoughts (upon reflection after) of what seemed effective/successful and what could be done to improve the clarity, sensitivity or responsiveness, caring/empathy, conciseness within the communication transaction. Useful when completing exercise in written format for observations, insights, or tips that your CCLS can share with you.

Module 7 Play

Clinical Learning Goals:

The participant will have a professional understanding of the theoretical framework of age-appropriate play and its role within paediatric health care settings; and successfully apply skills essential for effective facilitation of children's play in various settings and situations.

Objectives:

In the process of completing this module the participant will:

- Apply knowledge of play theories to interactions with children.
- Demonstrate the ability to utilise a variety of expressive modalities, such as music, art, drama, etc., in play activities with children.
- Verbalise and provide examples of recreational, health care, and therapeutic play.
- Use rapport-building techniques to establish therapeutic relationships.
- Recognise that safety is paramount in playroom setting
- demonstrate appropriate infection control techniques.

Required Activities:

The participant will:

1. Observe a Child Life Therapist mentor providing play sessions. Discuss observations and outcomes with this person
2. Research and become familiar with the paradigms of play and incorporate play theories into daily journals and discussions with Child Life Therapist mentor
3. Observe children at play and identify the type of play in which children are engaged: solitary, parallel, vicarious, etc. Discuss value of play with mentor.
4. Plan and supervise a minimum of three (3) play activities for groups of children that focus on developmentally supportive play, play as a normalisation activity, and child directed play.
5. Implement bedside play sessions, considering environmental components of the patient room, including assisting child with personalising hospital room.
6. Adapt a game or other play material for a child with differing abilities.
7. Observe a Music or Art Therapist providing play interventions for an individual or group of children.

Required Readings:

- Koller, D. (2008). *Child Life Council Evidence-Based Practice Statement: Therapeutic play in paediatric health care: The essence of child life practice*. Rockville, MD: Child Life Council. Retrieved from: <http://www.childlife.org/files/EBPPlayStatement-Complete.pdf> Accessed March 24, 2011. [Also required reading for Module 7 (Medical/Health Care Play)]

Highly Recommended Readings:

- Bolig, R. (2005). Play in children's health-care settings. In J. A. Rollins, R. Bolig & C. C.

- Mahan (Eds.) (2005). *Meeting Children's Psychosocial Needs Across the Health-Care Continuum* (pp. 221-275). Austin, TX, PRO-ED, Inc. (Chapter 3, pp. 77-117.)
- The importance of play to the hospitalized child. In R.H. Thompson & G. Stanford (1981), *Child Life in Hospitals: Theory and Practice* (pp. 60-85). Springfield, IL: Charles C. Thomas Publisher, LTD. (Chapter 4, pp. 60-85).
- Implementing a play program. In R.H. Thompson & G. Stanford (1981), *Child Life in Hospitals: Theory and Practice* (pp. 86-110). Springfield, IL: Charles C. Thomas Publisher, LTD. (Chapter 5, pp. 86-110)

Suggested Readings:

- Goldberger, J. (1998). Issue-specific play with infants and toddlers in hospitals: Rationale and intervention. *Children's Health Care*, 16 (3), 134-141. [Also a required reading for Module 8 (Therapeutic Play and Coping)]
- Building supportive relationships with children and families. In L. Gaynard, J. Wolfer, J.
- Goldberger, R. Thompson, L. Redburn, & L. Laidley (Eds., 1998), *Psychosocial Care of Children in Hospitals: A Clinical Practice Manual from the ACCH Child Life Research Project* (pp. 47-56). Rockville, MD: Child Life Council. (Chapter 5, pp. 47-56)
- *Children in Hospitals: A Clinical Practice Manual from the ACCH Child Life Research Project* (pp. 67-83). Washington, DC: Child Life Council. [Chapter 7, pp. 67-83] [Also a required reading for Module 4 (Communication)]

Optional Activities for Additional Skill Enhancement:

- Observe a Child Life Therapist or Play Therapist in an alternative setting interacting in play activities with children.
- Assist with a hospital wide special event for patients, pet therapy, bingo, etc. Discuss value of group play with mentor.

Module 8 Medical/Health Care Play

Clinical Learning Goals:

The participant will be able to independently provide medical/health care play interventions with children and adolescents in order to decrease stress and anxiety due to hospitalisation and increase opportunities for mastery of health care experiences.

Objectives:

In the process of completing this module the participant will:

- Become familiar with common procedures and equipment used in hospitals.
- Demonstrate an understanding of the importance of familiarising the patient and family with the medical environment and medical equipment.
- Demonstrate an understanding of age and developmentally-appropriate language to describe common medical terms, procedures, equipment, and diagnoses.
- Recognise importance of medical play in child's understanding and mastery of environment.
- Assess when medical play is no longer effective.
- Use rapport building techniques to establish therapeutic relationships.
- Recognise that safety is paramount in playroom setting
- Demonstrate appropriate infection control techniques.

Required Activities:

The participant will:

1. Observe a Child Life Therapist mentor providing a minimum of three (3) bedside or playroom medical play sessions. Discuss observations and outcomes with mentor.
2. Practice commonly used medical play techniques with supervising Child Life Therapist, and discuss any policies relating to the delivery of this within their setting, such as safe use of needle play
3. Plan and implement a minimum of two (2) health care play activities. Provide a written plan and state the goals of the activity. A list of supplies to carry out the activity will be given to the mentor two weeks prior to implementation. Supervision and feedback will be given by the mentor post-activity.
4. Plan and facilitate a minimum of two (2) individualised medical play sessions using feedback from mentor.

Required Readings:

- Koller, D. (2008). Therapeutic Play in Paediatric Health Care: The Essence of the Child Life Practice. Evidence-Based Practice Statement from the Child Life Council. Retrieved from: <http://www.childlife.org/files/EBPPlayStatement-Complete.pdf> Accessed March 27, 2011 [Also required reading for Module 6 (Play)].
- Child Life Council & Committee on Hospital Care (2006). Child life services. *Paediatrics*, 118(4), 1757-1763. (A policy statement of the American Academy of Paediatrics; also available at: www.aap.org)
[Also required reading for Module 1 (Development of the Child Life Profession)]

Highly Recommended Readings:

- Talking with children and families about health care experiences. In L. Gaynard, J. Wolfer, J. Goldberger, R. Thompson, L. Redburn , & L. Laidley (Eds., 1998), *Psychosocial Care of Children in Hospitals: A Clinical Practice Manual from the ACCH Child Life Research Project* (pp. 57-66). Rockville, MD: Child Life Council. (Chapter 6, pp. 57-66) [Also required reading for Module 4 (Communication)]
- Health care play. In L. Gaynard, J. Wolfer, J. Goldberger, R. Thompson, L. Redburn , & L. Laidley (Eds., 1998), *Psychosocial Care of Children in Hospitals: A Clinical Practice Manual from the ACCH Child Life Research Project* (pp. 67-84). Washington, DC: Child Life Council. (Chapter 7, pp. 67-84).
- Gaynard, L., Goldberger, J. & Laidley, L. (1991). The use of stuffed body outline dolls with hospitalized children and adolescents. *Children's Health Care*, 20(4), 216-224.
- McCue, K. (1988). Medical play: An expanded perspective. *Children's Health Care*, 16(3), 157- 161.

Suggested Readings:

- Ellerton, M.L., Caty S., & Ritchie JA et al. (1985). Helping young children master intrusive procedures through play. *Children's Health Care*, 13(4), 167-173.
- Ledbetter, B. (1988). In my opinion...needle play must reflect current public health issues. *Children's Health Care*, 20(4), 216-217. Play and the hospitalized child. In R.H. Thompson (1985). *Psychosocial Research on Paediatric Hospitalization and Health Care: A Review of the Literature*. Springfield, IL: Charles C Thomas (Chapter 9, pp. 213-236.)
- McGrath, P. & Huff, N. (2001). 'What is it?: findings on pre-schoolers' responses to play with medical equipment. *Child: Care, Health and Development*, 27(3), 451-462.
- Li, C.H.W. & Lopez, V. (2008). Effectiveness and appropriateness of therapeutic play intervention in preparing children for surgery: A randomized controlled trial study. *Journal for Specialists in Paediatric Nursing*, 13(2), 63-73.

Optional Activities for Additional Skill Enhancement:

- Become familiar with medical play games such as Adventure Park, Medical Jenga, and Blood Soup.
- Organise and facilitate a medical play area of the playroom.
- Plan and facilitate a medical craft activity.
- Explore a variety of media such as apps that may complement facilitated health care play activities

Module 9 Therapeutic Play and Coping

Clinical Learning Goals:

The participant will develop and successfully apply a working knowledge of how to use play in a therapeutic manner to support children in coping with a range of psychosocial issues.

Objectives:

In the process of completing this module the participant will:

- Articulate goals and rationale for specific therapeutic play activities.
- Develop and sustain therapeutic relationships within the play partnership.
- Demonstrate the use of play to support children's understanding and mastery of the environment and experiences.
- Facilitate play as a therapeutic modality for expression of emotions and support of coping.
- Educate families and staff regarding the benefits of issue-specific and therapeutic play.

Required Activities:

The participant will:

1. Observe a Child Life Therapist mentor facilitate therapeutic play opportunities with individual children and in groups. Discuss observations and questions with mentor.
2. Identify a minimum of three (3) therapeutic play activities that could be used as interventions for the support of coping within EACH of the following psychosocial concerns:
 - a. Separation (from primary caregiver, family, peers, community)
 - b. Anger/frustration
 - c. Loss (e.g. of sense of control, of self-esteem, of sense of self, of body part, of loved one).
3. Plan and implement a minimum of five (5) therapeutic play activities for children of different developmental levels, articulating (verbally or in writing):
 - a. Psychosocial issue to be addressed
 - b. Goals and objectives of activity
 - c. Materials required
 - d. Adaptations for children of different abilities and developmental levels
 - e. Evaluation of implementation.

Required Readings:

- Jessee, P.O. & Gaynard, L. (2009). Paradigms of play. In R.H. Thompson (Ed.), *The Handbook of Child Life: A Guide for Psychosocial Care*. Springfield, IL: Charles C. Thomas (pp. 136- 159). (Chapter 8, pp. 136-159.).

Highly Recommended Readings:

- Goldberger, J. (1988). Issue-specific play with infants and toddlers in hospitals: rationale and intervention. *Children's Health Care*, 16(3), 134-141.
- Interactions addressing separation issues. In L. Gaynard, J. Wolfer, J. Goldberger, R.Thompson, L. Redburn , & L. Laidley (Eds., 1998), *Psychosocial Care of Children in Hospitals: A Clinical Practice*

Manual from the ACCH Child Life Research Project (pp. 86- 91). Rockville, MD: Child Life Council.
(Chapter 8, pp. 86-91).

Suggested Readings:

- DelPo, E. & Frick, S. (1988, Spring). Directed and non-directed play as therapeutic modalities. *Children's Health Care*, 16(4), 261-267.
- Bolig, R., Fernie, D. & Klein, E. (1986). Unstructured play in hospital settings: An internal locus of control rationale. *Children's Health Care*, 15, 101-107.
- Heath, M.A., Sheen, D., Leavy, D., Young, E. & Money, K. (2005). Bibliotherapy: A resource to facilitate emotional healing and growth. *School Psychology International*, 26(5), 563- 580.

Optional Activities for Additional Skill Enhancement:

- Create a resource for families with ideas on how to use play therapeutically post discharge (activity ideas for the angry child or for the child dealing with grief)
- Identify three (3) children's books related to one of the following topics: anger, self-esteem issues, separation, or expression of feelings. Design an activity related to each of the books. Facilitate this activity with a patient
- Create a game designed to help children express their feelings about hospitalisation.

Module 10

Psychological Preparation

Clinical Learning Goals:

Participants will demonstrate a working knowledge of the process of psychological preparation and apply that knowledge to facilitation of psychological preparation with children and families for health care procedures and other potentially stressful events.

Objectives:

In the process of completing this module the participant will:

- Demonstrate knowledge of the organisation's admissions procedures.
- Identify typical developmentally-related fears/issues surrounding admission to health care facility.
- Become familiar with surgical environments and protocols, and observe induction/operating room or related procedures.
- Observe and understand common or frequent procedures in the health care setting.
- Become familiar with resources, techniques and learning aids available for preparation for specific procedures.
- Effectively use an acuity rating system or demonstrate prioritisation skills.

Required Activities:

The participant will:

1. Observe a minimum of three (3) procedures with each of the developmental groups (infant, toddler, pre-schooler, school age etc.) common to the unit or site, and discuss observations with the Child Life Therapist mentor, demonstrating an awareness of the child's responses, and coping. Discuss how and why specific preparation activities might alleviate stress for each of these procedures.
2. Observe and discuss a minimum of three (3) children's reactions to hospitalisation/illness/trauma with supervising Child Life Therapist mentor. Consider each child's temperament, developmental abilities, coping style, family variables and experience, and incorporate each child's strengths and interests into the preparation activities of the care plan.
3. Demonstrate effective utilisation of play within preparation activities with toddler, pre-schooler and school-age.
4. Demonstrate creativity in developing specific individualised preparation materials or activities as required.
5. Demonstrate effective communication skills with children and families.
6. Identify preparation needs in relation to case, treatment and/or intervention plan and prepare children and families for procedures as strategised, including adjustments to the plan in response to the child's immediate needs.
7. Evaluate effectiveness of preparation activities, and make changes to her/his own learning plan as needed.
8. Complete documentation as required by the organisation. .
9. Research and use alternative strategies to prepare children with common special needs such as Autism Spectrum Disorder, Attention Deficit Hyperactivity Disorder, Anxiety Disorders, or Learning Disabilities.

Required Readings:

- Goldberger, J., Mohl, A. L. & Thompson, R. H. (2009) Psychological preparation and coping. In R.H. Thompson (Ed.), *The Handbook of Child Life: A Guide for Psychosocial Care* (pp. 160-198).
- Koller, D. (2008). Preparing children and adolescents for medical procedures. Evidence-Based Practice Statement from the Child Life Council. Retrieved from: <http://www.childlife.org/files/EBPPreparationStatement-Complete.pdf> Accessed March 27, 2011.
- Klinzing, D.G. & Klinzing, D. (2009). Communication in child life. In R.H. Thompson (Ed.), *The Handbook of Child Life: A Guide for Psychosocial Care*. Springfield, Ill: Charles C.Thomas. [Also required reading for Module 4 (Communication)]
- McCue, K. (2009). Therapeutic relationships in child life. In R.H. Thompson (Ed.), *The Handbook of Child Life: A Guide for Psychosocial Care* (pp. 57-77). Springfield, IL: Charles C. Thomas. (Chapter 4, pp. 57-77) [Also required reading for Module 3 (Patient and Family-Centered Care)]

Highly Recommended Readings:

- Springfield, Ill: Charles C. Thomas. (Chapter 9, pp. 160-198) Preparing children and families for health care experiences. In L. Gaynard, J. Wolfer, J.Goldberger, R. Thompson, L. Redburn , & L. Laidley (Eds., 1998), *Psychosocial Care of Children in Hospitals: A Clinical Practice Manual from the ACCH Child Life Research Project* (pp. 93-110). Rockville, MD: Child Life Council. (Chapter 9, pp. 93-110).

Suggested Readings:

- Azarnoff, P. (1990). Teaching materials for paediatric health professionals. *Journal of Paediatric Health Care*, 4, 282-289.
- Bates, T., & Broome, M. (1986). Preparation of children for hospitalization and surgery: A review of literature. *Journal of Paediatric Nursing*, 1(4), 230-239.
- Bell, J.L., Johnson, B.H., Desai, P.P., & McLeod, S.M. Family-centred care and the implications for child life practice. In R.H. Thompson (Ed.), *The Handbook of Child Life: A Guide for Psychosocial Care* (pp. 95-115). Springfield, Ill: Charles C. Thomas. (Chapter 6, pp. 95-115) [Also a required reading for Module 3 (Patient and Family-Centered Care)]
- Jessee, P.O., & Gaynard, L. Paradigms of play. In R.H. Thompson (Ed.), *The Handbook of Child Life: A Guide for Psychosocial Care* (pp. 136-159). Springfield, Ill: Charles C. Thomas. (Chapter 8, pp. 136-159) [Also a required reading for Module 8 (Therapeutic Play and Coping)]
- Considerations in choosing language. In L. Gaynard, J. Wolfer, J. Goldberger, R. Thompson, L. Redburn , & L. Laidley (Eds., 1998), *Psychosocial Care of Children in Hospitals: A Clinical Practice Manual from the ACCH Child Life Research Project* (pp. 62-65). Rockville, MD: Child Life Council. (Chapter 6, pp. 62-65) [Also a required reading for Module 4 (Communication) and Module 7 (Medical/Health Care Play)]
- Goldberger, J., Gaynard, L., & Wolfer, J. (1990). Helping children cope with health care procedures. *Contemporary Paediatrics*, 7, 141-162. [Also a suggested reading for Module 9 (Coping with Pain and Distress)]

- Zuckerberg, A. (1994, Feb 1). Perioperative approach to children. *Paediatric Clinics of North America*, 41(1), 15-29.

Optional Activities for Additional Skill Enhancement:

- Increase number of observation experiences, both of preparation activities with children, and of children having procedures.
- Additional written assignments that demonstrate understanding and skill in facilitating preparation for health care and related experiences.
- Participation in research activities related to preparation.
- Hands-on practice communicating with children under stress.
- Case presentations focusing on the participant's own learning within preparation activities.
- Preparation materials development such as language tips, activity kits, and sibling activities related to preparation.
- Skill-specific coaching such as developing appropriate responses to a child's expression of fear/anxiety, acting out behaviour, a child that resists engagement.
- Prepare children for experiences with transitions, such as returning to home and community, going into foster care, transitioning to adult care.
- Prepare children for procedures being experienced by others, such as an ill parent or a sibling.
- Request feedback from families and other healthcare staff on their perception of the impact of preparation. Individual facilities may require approval prior to seeking formal feedback

Module 11

Coping with Pain and Distress

Clinical Learning Goals:

The participant will successfully recognise the elements related to pain, anxiety, distress and suffering. Further, the participant will identify and incorporate appropriate and effective coping techniques and interventions to support the well-being and resiliency of the patient and family.

Objectives:

In the process of completing this module the participant will:

- Articulate an understanding of the elements related to pain, anxiety, distress and suffering.
- Demonstrate an understanding and working knowledge of basic medical terminology, and pain assessment / management tools and transfer this into practice.
- Utilise appropriate, developmentally supportive communication skills to assist in the effective coping of the child and family.
- Identify developmental, individualised cues from which to base potential interventions.
- Demonstrate developmentally-appropriate strategies to support the patient and family during painful procedures.
- Demonstrate developmentally-appropriate strategies to support the patient and family during emotionally challenging, anxiety producing events.
- Identify and utilise Child Life tools to support the coping of the patient and family during challenging situations.
- Engage in self-reflection regarding the ways in which personal beliefs influence the participant's own responses when supporting those who are in pain or experiencing suffering.

Required Activities:

The participant will:

1. Articulate and demonstrate an understanding of the pain assessment tools and protocols utilised at placement site.
2. Observe an IV insertion and/or venepuncture. Reflect upon use of language, distraction and general support used by staff and family members present.
3. Observe Child Life Therapist mentor facilitate coping interventions during potentially painful and/or distressing procedures. Discuss observations and questions with Child Life Therapist.
4. Plan, initiate, evaluate and document individualised coping interventions during potentially painful procedures.
5. Observe Child Life Therapist and other professionals in interactions with children and families experiencing emotional distress or suffering. Discuss observations with Child Life Therapist mentor and consider alternative responses and future goals.
6. Develop a "coping kit" to be utilised to support patients under stress.
7. Practice support strategies such as comfort positions, imagery, story-telling, and relaxation techniques. Articulate assessment of physical and/or psychological distress and the goal(s) associated with selected strategies. *(Note: Some strategies require specialized training and should only be taught and incorporated into practice by an individual who has completed the relevant training.)*

Required Readings:

- Pain in children's lives. In L. Kuttner (2010), *A Child in Pain: What Health Professionals Can Do to Help* (pp. 7-37). CT: Crown House Publishing Ltd. (Chapter 1, pp. 7-37).
- Communicating with a child in pain. In L. Kuttner (2010), *A Child in Pain: What Health Professionals Can Do to Help* (pp. 71-112). CT: Crown House Publishing Ltd. (Chapter 3, pp. 71-112).
- Bandstra, N.F., Skinner, L., LeBlanc, C., Chambers, C., Hollon, E.C., Brennan, D., Beaver, C., (2008). The role of child life in paediatric pain management: A survey of child life specialists. *The Journal of Pain*, 9(4), Apr, 320-329.
- Mackenzie, A (2014), *Everybody stay calm: How to support your young child through medical test and procedures*. Mt Evelyn Victoria: Global Publishing group

Highly Recommended Readings:

- Stephens, B.K., Barkey, M.E., & Hall, H.R. (1999). Techniques to comfort children during stressful procedures. *Advances in Mind-Body Medicine*, 15(1), 49-60.
- Sparks, L. (2001). Taking the "ouch" out of injections for children: Using distraction to decrease pain. *MCN*, 26(2), 72-78.

Suggested Readings:

- Psychological methods to relieve pain. In L. Kuttner (2010), *A Child in Pain: What Health Professionals Can Do to Help* (pp. 147-182). CT: Crown House Publishing Ltd. (Chapter 5, pp. 147-182).
- McMurtry, C.M., Chambers, C.T., McGrath, P.J., Asp, E. (2010). When "don't worry" communicates fear: Children's perceptions of parental reassurance and distraction during a painful medical procedure. *Pain*, 150(1), Jul, 52-58.
- Stallard, P., Velleman, R., Lenton, S. & McGrath, P. (2002). Brief report: Behaviour identified by caregivers to detect pain in non-communicating children. *Journal of paediatric psychology*, 27(2). 209-214.
- *Betz, C. (1986). Post-procedural sessions for children. In, Fore, C. & Poster, E. (Eds.), *Meeting the Psychosocial Needs of Children and Families in Health Care*. Washington, DC: ACCH.
- Goldberger, J., Gaynard, L. & Wolfer, J. (1990). Helping children cope with health-care procedures. *Contemporary Paediatrics*, March, 141-162.
- *Poster, E. (1986). Stress Immunizations. In, Fore, C. & Poster, E. (Eds.), *Meeting the Psychosocial Needs of Children and Families in Health Care*. Washington, DC: ACCH.
- Lacey, C.M., Finkelstein, M., Thygeson, M.V. (2008). The impact of positioning on fear during immunizations: Supine versus sitting up. *Journal of Paediatric Nursing*, 23(3), 195-200.

- Sanghavi, D. (2003). *A Map of the Child: A Paediatrician's Tour of the Body*. New York, NY: Henry Holt and Co.

Optional Activities for Additional Skill Enhancement:

- Review and critique films “No Fear, No Tears” and/or “No Fear, No Tears: Thirteen Years Later”, reflecting upon child life practice.
- Develop and present to an interprofessional audience an educational session on developmentally-appropriate coping techniques.

Module 12

Palliative and End-of-Life Care

Clinical Learning Goals:

The participant will develop a working knowledge of the concepts of palliative and end of life care and the role of the Child Life Therapist in this practice. This will include assessing and supporting families' preferences related to involving children and adolescents in decision making and planning goals of care. In addition, the Child Life therapist will engage in activities related to the assessment and psychosocial support of children and families facing and/or experiencing loss in conjunction with the appropriate teams and/or supports in place in their healthcare institution.

NB: Each healthcare facility differs in the support team available to children, young people and families receiving palliative and end of life care. This module should be discussed with the Child Life Therapist mentor to ascertain the appropriate level of engagement with families in their facility

Objectives:

In the process of completing this module the participant will:

- Describe the variety of losses that may be experienced by families in health care and note examples of family grief as they are encountered during their training. Discuss appropriate provision of palliative care before end-of-life.
- Assess the needs of families who are grieving loss or entering end-of-life situations, demonstrating awareness of the cultural and familial strengths and vulnerabilities that may contribute to the families' coping styles.
- Assess family members' preferences related to the participation of their child in decision-making and identify ways to support the family in sharing all perspectives in the planning of care goals.
- Demonstrate the ability to collaborate with the family and care team to gather and share information pertinent the family's specific needs for support.
- Plan and provide appropriate psychosocial interventions for patient and family in conjunction with the care team.
- Evaluate efficacy of interventions provided, adapting as needed.
- Document Child Life interventions in the medical record.

Required Activities:

The participant will:

1. Observe and discuss with Child Life Therapist mentor various examples of loss experienced by families served, identifying families' expressions of grief and their coping strategies.
2. Discuss and /or demonstrate methods of gathering information from patients and families in order to assess their needs and wishes during a palliative care/bereavement situation.
3. Create a list of developmentally-appropriate interventions for explaining death and for encouraging expression of feelings when supporting children and adolescents in consultation with the care team in bereavement.
4. Assemble a personal bibliography of books and other effective materials that can be utilised to support children, adolescents and adults facing a variety of losses in addition to bereavement.
5. Identify cultural beliefs and traditions relating to end of life care that may contribute to families coping styles and impact upon interventions provided.

Note: Interns are expected to demonstrate beginning skills via discussion, portfolio documents, bibliography, and/or role play if they have no firsthand experience of a patient death during the internship.

Required Readings:

- Pearson, L. (2009). Child life interventions in critical care and at end of life. In R. H. Thompson (Ed.), *The Handbook of Child Life: A Guide for Psychosocial Care*. (pp. 220-256), Springfield, IL: Charles C. Thomas Publisher, LTD. (Chapter 11, pp. 220-237).
- Brown, C. (2009) Working with grieving children and families. In R. H. Thompson (Ed.), *The Handbook of Child Life: A Guide for Psychosocial Care*. (pp. 238-256), Springfield, IL: Charles C. Thomas Publisher, LTD. (Chapter 12, pp. 238=256).

Highly Recommended Readings:

- Pearson, L. (2005). The child who is dying. In J. A. Rollins, R. Bolig & C. C. Mahan (Eds) *Meeting Children's Psychosocial needs Across the Health-Care Continuum*. (pp. 221- 275), Austin, TX, PRO-ED, Inc. (Chapter 6, 221-275).
- American Academy of Paediatrics, Committee on Bioethics (1995). Informed consent, parental permission and assent in paediatric practice. *Paediatrics*, 95, 314-317. (A policy statement of the AAP, published in 1995 and reaffirmed in 2006; Available at: www.aap.org)

Supplementary Readings:

- Bearison, D.J. (2006). *When Treatment Fails: How medicine cares for dying children*. New York: Oxford University Press.
- Bell, J. & Esterling, L. (1986). *What will I tell the children?* Omaha, NE, University of Nebraska Medical Centre Child life Department.
- Bluebond-Langner, M. (1978). *The private worlds of dying children*. Princeton: Princeton University Press.
- Hays, R.M., Valentine, J., Haynes, G., Geyer, J.R., Villareale, N., McKinstry, B., Varni, J.W. & Churchill, S.S. (2006). The Seattle paediatric palliative care project: Effects on family satisfaction and health-related quality of life. *Journal of Palliative Medicine*, 9(3), 716- 728. [Introduces the use of the Decision-Making Tool (developed by the Paediatric Advanced Care Team at Children's Hospital and Regional Medical Centre in Seattle) as an approach to enhancing communication and involving patients and families as central in care planning.]

NOTE: Please refer also to the excellent resources provided by Chris Brown and Lois Pearson in the Reference Lists at the ends of their chapters, listed in the readings above.

Sample Books for Use with Children

- Fox, M. (1998). *Tough Boris*. Orlando: Harcourt Press.
- Hanson, W. (1997). *The next place*. Minneapolis: Waldman House Press.

- Mills, J. (2003a). *Gentle Willow: A story for children about dying*. Washington, DC: Magination Press.
- Mills, J. (2003b). *Little Tree: A story for children with serious medical problems*. Washington, DC: Magination Press.
- Rylant, C. (1995). *Dog heaven*. New York, NY: The Blue Sky Press.
- Sanford, D. (1985). *It must hurt a lot*. Portland, OR: Multnomah Press.
- Schweikert, P. & Deklyen, C. (1999). *Tear soup*. Portland, OR: Grief Watch.
- Viorst, J. (1988). *The tenth good thing about Barney*. New York, NY: Macmillan Press.

Module 13 Administration

Clinical Learning Goals:

Participants will recognise and document administrative responsibility including: volunteer/student supervision, school communication/planning, special events programming, materials management and statistics and workload reporting.

Objectives:

In the process of completing this module the participant will:

- Demonstrate knowledge and skill regarding student/volunteer procedures, orientation, supervision and evaluation.
- Demonstrate ability to match volunteer ability with tasks/assignments.
- Demonstrate knowledge regarding patient-school communication: needs, processes, content and follow up.
- Demonstrate an understanding of how special events are scheduled, facilitated, and evaluated.
- Demonstrate an understanding of donor relations, accepting donations and providing follow up as indicated.
- Become familiar with department and hospital resources, materials and equipment and demonstrate the ability to utilise in an efficient, safe and cost effective manner.
- Understand basic research and statistics as they apply to development and evaluation of Child Life services.
- Become familiar with organisation structure, policies and procedures, mission and goals.
- Become familiar with the impact of funding on the departmental budget.

Required Activities:

The participant will:

1. Assist with volunteer supervision and their daily assignments.
2. Supervise elements of student placement in consultation with supervisor
3. Observe and discuss school procedure for school communications during a patient's hospital stay as well as school re-entry procedures.
4. Observe and discuss process for scheduling, supervising and evaluating special events.
5. Facilitate at least one special event under the supervision of a Child Life Therapist.
6. Write a sample thank you letter for a donation.
7. Inventory one aspect of child life program supplies, materials and equipment.
8. Discuss with supervising Child Life Therapist child life statistics, record keeping, quality indicators and performance improvement initiatives.
9. Attend department and administrative meetings.
10. Review and discuss department and hospital policies and procedures, mission and goals. Review the Child Life program's scope of service document.
11. Understand the department's budget.

Required Readings:

- Wilson, J. M. and Cross, J. (2009). Program administration and supervision. In R. H. Thompson (Ed.), *The Handbook of Child Life*, (pp. 199-219). Springfield, IL: Charles C. Thomas Publisher, LTD. (Chapter 10, pp.199-219).
- Staffing Considerations, Incorporating the Services of Volunteers, Financial Considerations, Program Administration. In J. M. Wilson, S. Palm, S. and L. Skinner (Eds., 2006), *Guidelines for the development of child life programs in healthcare settings*. (pp.35 – 39, 43 -56), Rockville, MD: Child Life Council.
- Child Life Council & Committee on Hospital Care (2006). Child life services. *Paediatrics*, 106, 1156-1159. [Also required reading for Module 1 (Development of the Child Life Profession), Module 3 (Patient and Family centred Care) and Module 7 (Medical/Health Care Play)]

Highly Recommended Readings:

- Kiely, A.B. (1992). *Volunteers in child health: Management, selection, training & supervision*. (pp. 1-43, 79-129) Rockville, MD: Child Life Council.

Suggested Readings:

Brown, C. (2003). *Program review guidelines*. Rockville, MD: Child Life Council

Optional Activities for Additional Skill Enhancement

1. Visit at least one other setting with child life services and discusses similarities and differences in programming, structure, environment.

Module 14

Professional Development

Clinical Learning Goals:

The participant will establish a reflective approach to practice that supports their continued growth and self-awareness related to developing and maintaining sound professional boundaries, ethics, and self-care. In addition, the participant will complete activities in preparation for their next steps in the profession.

Objectives:

In the process of completing this module the participant will:

- Understand how one's beliefs toward authority, expression of emotions, social status, and conflict can affect her/his clinical work if not thoroughly explored.
- Describe the ethical responsibility of the Child Life Therapist in the health care setting and understand the process of ethical decision-making.
- Identify the difference between therapeutic, supportive relationships and appropriate professional boundaries and verbalise to the supervising Child Life Therapist over-involvement and under-involvement when working with children and families.
- Define and identify moral distress and compassion fatigue and their signs and symptoms to avoid professional burnout.
- Identify and describe the resources available to remain current in the Child Life and health care field.
- Practice professional interviewing skills.

Required Activities:

The participant will:

1. Under direction of the supervising Child Life Therapist, work through three (3) of the hypothetical case scenarios which start on page 19 of the CLC's *Making Ethical Decisions in Child Life Practice*.
2. Complete Appendix 1, below, as it relates to professional boundaries. Discuss answers with supervising Child Life Therapist.
3. Read the CLC *FOCUS* article *Burnout: Knowing the Symptoms & Learning How to Care for Yourself, Too*. Circle the items in the box *Symptoms and Signs of Burnout* that are applicable. Discuss results with supervising Child Life Therapist. Devise self-care plan with supervising Child Life Therapist.
4. If participant is a trainee or student, develop a cover letter and resume in application for a hypothetical general paediatrics child life specialist position at the internship site hospital. Provide cover letter and resume to supervising Child Life Therapist for feedback.

Required Readings:

- Hansen, K. (2008). *The Quintessential Guide to Behavioural Interviewing*. Quintessential Careers Press. Retrieved from http://www.quintcareers.com/Quintessential_Careers_Press/Behavioral_Interviewing_/TitlePage/
Accessed April 14, 2011

Highly Recommended Readings:

- Barsteiner, J.H. and Gillis-Donovan, J. (1990). Being related and separate: A Standard for therapeutic relationships. *MCN*, 15, 223-228.
- Child Life Council (2000). *Making Ethical Decisions in Child Life Practice*. Rockville, MD: Child Life Council, Inc. [Also a suggested reading for Module 10 (Documentation)]
- Gottlieb, D., Hennessy, L., & Squires, V. (2004). Burnout: Knowing the symptoms & learning how to care for yourself, too. *Child Life Focus*, 6(2), 1-4. Retrieved from: http://www.childlife.org/files/Spring_2004_Bulletin_-_FINAL.pdf Accessed March 27, 2011.

Suggested Readings:

- Heinrich, K. (1992). What to do when a patient becomes too special. *Nursing*, 63-64.
- Hylton-Rushton, C., Armstrong, L., and McEnhill, M. (1996). Establishing therapeutic boundaries as patient advocates. *Paediatric Nursing*, 22 (3), 185-189.
- American Psychological Association: www.apa.org - Search for keyword BURNOUT.
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Optional Activities for Additional Skill Enhancement:

- Attend a presentation or a team meeting in which ethics or ethical decision making is a focus.
- Complete a mock interview with the child life team as well as other members of the interdisciplinary team, interviewing for the hypothetical general paediatrics Child Life Therapist position at employment site. Ask for a time for feedback from the team after the mock interview.

Appendix 1: Professional Boundaries:

Patient/Family Scenarios:

You are sitting down to document before leaving for the day when a nurse pages you. She tells you that patient Sally is asking for you. Sally has been here for two weeks and spends most of her day alone. Her family lives far away and can no longer afford to visit. Sally loves to do crafts and you have spent two hours with her this morning. How do you handle the situation?

- Stay late to keep her company
- Gather crafts to keep her busy throughout the night and tell her you want to see them when you get to work tomorrow
- Have a volunteer or staff member bring her games/activities to keep her busy and stop by on your way out to tell her you'll see her and her new crafts in the morning.

You are working with a patient and the child asks you if they can tell you a secret. How do you handle this situation?

- Ask what the secret is then share one of your own
- Let the patient tell you the secret
- Explain that there are certain things you cannot keep a secret if he/she tells you

A patient/family looks you up on social media and requests your friendship

How do you handle this situation?

- A. Email them yes immediately, you really enjoyed this family
- B. Email them that you cannot be friends due to professional boundaries
- C. Ignore the email completely

A patient that is in and out of the hospital often is having her sweet sixteen birthday party and sends you an invitation. The party takes place on your day off and a few other staff members received invites as well.

How do you handle this situation?

- A. Thank her for the invite and ask if you can bring a friend
- B. Thank her for the invite and let her know you are not able to attend
- C. Thank her for the invite, let her know you cannot attend but you have a gift for her

Staff Scenarios:

You are consulted by a member of the medical team to prepare a patient for procedural sedation to set the patient's broken wrist. The doctor tells you he does not want the family present because he believes they will not be able to "handle it." How do you handle this situation?

- A. Don't say anything, the doctor's always the boss
- B. Ask politely if you can have an opportunity to talk with the family and prepare both the child and parents for the procedure so they are aware of what to expect and decide if they are comfortable being present
- C. Ask the doctor if the parents can stay until the sedation takes affect then have them leave once the child is has been sedated

Professional Boundaries:

Staff Scenarios:

You are in radiology with a toddler having an ultrasound. The parents were unable to be present and the child is crying for her Mummy and Daddy. The radiology tech helping with the test enters the room with a radiology student. He tells the student that they are going to need to set up the room and the child for the test. He informs the student that the toddler will need to be wrapped in order to get the child to cooperate with the test. You have worked with this child several times utilising comfort holds and distraction, and the child is very compliant. How do you handle this situation?

- A. Place the child on the table so the tech can wrap them
- B. Explain to the student why they should never use papoose boards
- C. Talk with the tech about your previous experiences with this child and ask to try the test without wrapping and offer child life interventions

You have been working with a patient and family all morning preparing them for their child's surgery. The child is very anxious about leaving her/his parents when it's time to go into the operating room. As part of the preparation you inform the patient and family that you will stay with the patient in the operating room until they are "asleep" for surgery. An anaesthesiologist you have never worked with shows up and as you are heading back to the operating theatre they tell you in front of the family that you are not coming into the operating room because you are not part of the essential care team. How do you handle this situation?

- A. Walk the parent to the waiting area and bad mouth the anaesthesiologist

- B.** Politely and quickly introduce yourself and role to the anaesthesiologist; maybe they have never worked with a Child Life Therapist. If the anaesthesiologist still says no, walk the parents to the waiting area, apologise for the misunderstanding, follow-up with your manager on the situation.
- C.** Refuse to leave, after all, it is your job.

Personal Boundaries:

What do you do to practice good self-care?

What do you do just for you?

How often do you go home and still think about work?

What do you do to reenergize yourself?

Overall Activities to be completed during the Internship

- Develop and present a case study of a long term hospitalised infant, child or adolescent, including how their development was impacted by the health care experience and how the participant's child life practice supported the child's normative development through therapeutic interventions.
- Observations of therapists conducting developmental play, therapeutic play, medical preparation, and planned procedure support (number of observations to be established with mentor)
- Write up journal entries for each week discussing experiences you have had, how it might influence your practice and knowledge or skills you are gaining.
- 1 article review per module
- 1 special project