

Makenzie Marwitz

HDFS 5403

Professor Cantrell

Child Life Philosophy

Child life is a profession that explores the physical, emotional, and spiritual aspects of a child who is experiencing stress that may result in a decline in their mental state which could take place in a variety of different environments such as hospitals, schools, or other facilities that offer child life needs for children. These professionals' role is to provide support, education, and interventions to help a child or family cope with their child's illness, injury, or medical procedures that may be taking place. Child life specialists coexist in a care team that includes nurses, doctors, and other members who are involved in the child's care. With that being said, child life specialists provide developmental age-appropriate activities that could benefit a child's development while being away from home.

Child life professionals have eight values that align with the ACLP code of practice. Their goal is to "reduce the negative impact of stressful or traumatic life events and situations that affect the development, health, and well-being of infants, children, youth and families" (2000). Their values include play, therapeutic relationships, communication, theoretical foundations of practice, professional collaboration, professional standards of practice, research, and infants, children, youth, and families. Based on these values and what I have learned throughout my child life career, the values that resonate with me the most are professional collaboration, therapeutic relationships, play, and infants, children, youth, and families. These specific values relate to my future work as a child life specialist because when being a part of a child's care team, you need to learn professional collaboration with the other caretakers. Whether that be a plan of care or other elements that are needed from the nurses. Therapeutic relationships and play coincide with one another based on how play is used. To build a therapeutic relationship that involves trust, respect, and professional competence with a future patient, you

need to play to defeat the boundaries of the unknown and create an environment for healing (Child Life Council, 2000).

Theories that influence work in children

Throughout this course, there have been a few theories that influenced my work with children in a hospital setting. The ones that stood out were Vygotsky's cultural theory, Bandura's social learning, and Piaget's cognitive development. Vygotsky's cultural theory is known for utilizing interaction, speech, and internalization. This is validating to use in a hospital setting due to the diverse use of interactions that could happen in a hospital setting. While Vygotsky relies on speech for his theory, he also utilizes biological and psychological processes that could influence his work. Bandura's social learning plays an important role in my future work because it emphasizes the importance of observational learning, imitation, and modeling in the process of child development (Cantrell, 2023). This theory explores how observational learning in the child life profession could help learn more about a child's mental state that they may be in. Modeling could also show how the child may need to be addressed medically if there are procedures that may be coming up. Modeling how a procedure may be happening beforehand could prepare and calm the child. The last theory that would influence my future work is Piaget's cognitive theory. This specific theory is defined as understanding the four main stages of child development, which is, the sensorimotor, preoperational, concrete, and formal operational stage (Newman et al., 2015). These stages can help child life specialists understand how to understand and assist the child in different age groups. Educating child life specialists regarding this theory could provide an understanding for the child. With this being said, it allows the child to feel as though they are receiving the accurate care that they are getting.

With child life being a new profession, there are not that many studies that provide in

depth research. With my future work in Oncology or hospice, there were articles that described the use of legacy building and distractions for cancer treatment that make an impact on these detrimental situations.

Based on two research articles by Jessika Boles, “Creating a Legacy For and with Hospitalized Children” and “National Survey of Children’s Hospitals on Legacy-Making Activities” by Foster et al, they go into depth regarding the importance of leaving a Legacy for families or other children who going through chronic illness after a child passes. Foster et al.’s article, describes Legacy building as “the terminal phase of an illness, children of all ages may wish to attend to unfinished business, such as delegating who will receive belongings after their death, writing letters, drawing pictures, or talking with significant people” (2012). In this article, they continuously state the importance of saying or doing something that is remembered (Foster et al., 2012). The findings of Foster et al.’s, article suggest that legacy-making has “positive effects for ill children’s opportunities to do or say something to be remembered, creating opportunities for ill children to express themselves or communicate about depth, providing a coping strategy for patients and family members (before and after death)” (2012). Another research article related to legacy-making for hospitalized children was Jessika Boles’s “Creating a Legacy for and with Hospitalized Children.” This article provides numerous ways that legacy making could be utilized in the hospital. She describes this as “journaling, scrapbooking, photography, video diaries, collections, handprints and molds, or writing letters, stories, and songs are just a few ways patients and families can engage in Legacy building” (2014). Within her article, she provides a personal approach to legacy building with families, while Foster et al.’s approach was wanting the children to leave their mark worldwide. The legacy-building approach is meaningful to me because not only do I want to work within a hospice setting, but it

allows me to provide and support terminally ill children with their self-esteem, confidence, and safety throughout their end-of-life.

The last research article that is meaningful to me by Dahlquist et al., is regarding cancer infusion treatments. Throughout this research article, they go into depth regarding Distractors for Children of Different Ages Who Undergo Repeated Needle Sticks (2002). While reading this article, the authors of this article describe different interventions for pain management and behavioral distress for children with chronic illnesses. Their ages ranged from two to eight years old. Research regarding this topic and providing the techniques for the distractions could educate me on how I could utilize these distractions for my future work in Oncology. Learning these techniques could play a domino effect on how I help the parents distract their children from being administered the needle. Based on the data from the article, not only was distraction training beneficial for the children, but it also helped coach their children through the procedure. Cancer is a chronic illness that has research to help understand the disease but needs all the education an individual could get to help the child who may be undergoing these lengthy procedures. Learning about the distractors that could decrease distress in a child would be beneficial to their treatment process.

In conclusion, the child life profession plays a crucial role in children and family care in a hospital setting, whether that be Oncology, hospice, or any other specialty. With their unique skill of providing empathy, creativity, and understanding of the child's illness. Child life specialists empower the children by allowing them to feel heard and express themselves through their hospital stay. They help build their confidence, and self-esteem, and provide safety throughout their treatment process. With the research that was discussed in the article, they

provide distractors, legacy building, and other approaches that could be beneficial to not only the children, but families' mental, physical, and emotional well-being. Being a positive role model by promoting positive outcomes for the children and families could provide a changed outcome for the children who may feel as though they do not have any hope.

References

ACLP Code of Practice. Child Life Council.

Boles, J. (2014). Creating a legacy for and with hospitalized children. *Pediatric Nursing*, 40(1), 43

Dahlquist, L. M., Busby, S. M., Slifer, K. J., Tucker, C. L., Eischen, S., Hilley, L., & Sulc, W. (2002). Distraction for children of different ages who undergo repeated needle sticks. *Journal of Pediatric Oncology Nursing*, 19(1), 22–34.

Foster, T. L., Dietrich, M. S., Friedman, D. L., Gordon, J. E., & Gilmer, M. J. (2012). National survey of children's hospitals on legacy-making activities. *Journal of Palliative Medicine*, 15(5), 573-578.

Newman, B. M., & Newman, P. R. (2015). *Theories of Human Development* (2nd ed.). New York: Taylor and Francis.

