Child Life Services in Alternative Settings

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Table of Contents

SECTION I: The Problem
SECTION II: Literature Review
SECTION III: Procedure
SECTION IV: Evaluation
REFERENCE LIST

APPENDIX- Community Child Life Directory Creative Project
Section I: The Problem

Purpose of the Project

Child Life Specialists most commonly work in inpatient and ambulatory hospital settings. The knowledge, skills and expertise that CLS have are also valuable outside the typical healthcare environment as well as in their unique roles within the hospital. The options and opportunities for child life role in non-hospital and alternative settings are based upon the assessment of child and family needs, excising caregiver roles and skills, and the transferable child life competencies and interventions (Wilson, Palm & Skinner, 2006).

Child Life Specialists continue to deliver valuable services to children and families in healthcare settings. However, as the role of the Child Life Specialist within the hospital setting has become better established, many Child Life Specialists have sought to expand to outside the hospital in alternative settings. There are many reasons Child Life Specialists have decided to expand their services outside the hospital, but the most common reason for this trend is the desire to help more children and families. Child Life Specialists can offer the same therapeutic and creative approaches and services to families and children in a variety of settings outside of the hospital.

The purpose of this creative project is to provide Child Life Specialists with alternative settings outside the hospital environment. The National Child Life Community directory includes the programs and settings where child life practice may be incorporated and delivered in a variety of settings nationwide. This directory provides CLS with a hands-on resource for exploring the endless opportunities open to Child Life Specialists.
Abstract

Child Life practice outside of the hospital setting is a growing interest to many Child Life Specialists delivering services to families and children. Many CLS are looking to take their knowledge and expertise working with families and children in the healthcare setting and applying those skills in alternative settings. There are no studies on child life services outside the hospital. This literature review will provide awareness on how Child Life Specialists can provide services to families and children in alternative settings.
SECTION II: Literature Review

Child Life Beyond the Hospital

As the role of Child Life Specialists in the hospital setting has become well established, many specialists have sought ways to extend their reach of practice. There are many reasons for this; among them is the desire to reach more children and families, a wish to grow as a professional, and search for increased job opportunities for Child Life Specialists (Hicks, 2005). There are many opportunities for Child Life Specialists to branch into different practice arenas.

As the skills and competencies of child life professionals become better documented and more accepted in healthcare, the responsibilities and areas where Child Life Specialists can practice has expanded. Child Life professionals have a place working with children beyond the hospital setting, working with children at risk in other settings. The need for psychosocial services for children outside of the hospital was first documented in nontraditional settings such as outpatient clinics, dental services, community health services, the emergency department and even in an illness-specific summer camps (McCue & Hicks, 2007).

The work of Child Life Specialists originally focused specifically in health care, but Child life services are needed and can be implemented in any area where children and families are experiencing stressful or traumatic life events and situations that affect the development health and wellbeing of any individual. The intent was not to minimize or discount the commitment of the profession to the traditional pediatric health setting, but rather to embrace children at risk wherever they may be (McCue & Hicks, 2007).

Bereavement Programs

Child Life Specialists work with children and families in the hospital setting working with issues of loss, identity, independence, function, limb and life. The experience and skill set of a CLS especially one with hospital experience in settings where grief and loss are common, are well suited to working with families and children experiencing loss through death.

Children grieve in ways that are both similar to and different from adults. Their grief is thought of as cyclical rather than linear. Children are great at taking their grief in bits and pieces as opposed all at once. Possessing an understanding of a child’s grief is important as many times adults underestimate their child’s grief. The unique perspective offered by Child Life Specialists working with children in grief settings is based on the beliefs of grief and childhood grief in particular(Wood, 2008). Possessing an understanding of how children grieve, as well as the tasks they face in their grief work, is essential to working with children in bereavement settings. Child Life Specialists are equipped with this understanding through their training and experiences with hospitalized children and families.
There are many ways for Child Life Specialists to provide bereavement services outside the hospital setting. Some hospice programs and funeral homes hire Child Life Specialists to provide bereavement support services. In these settings, Child Life Specialists help prepare children for impending events, such as a death or a funeral service, and also offer therapeutic activities that promote expression of feelings and coping (Wood, 2008). Some hospitals employ a bereavement coordinator, a position that can be filled by a CLS. Child and family bereavement services are often provided within a peer support group such as The Dougy Center in Portland, Oregon. The focus of centers such as The Dougy Center is to offer peer support groups for children and families experiencing loss through death. A benefit of this type of center is the entire family is included and may receive support and services. The role of a CLS in this type of center could be the executive director, program director, or volunteer coordinator.

Child Life Specialists have the knowledge, skills and expertise to work in bereavement settings. A CLS can work in any setting where children are dealing with death. The role of a Child Life Specialist is to help children and families cope with stressful experiences such as the loss of a love one. With their knowledge of development, training, supervision requirements, and childhood coping, as well as their experience supporting children and their families in stressful situations, Child Life Specialists are well equipped to take on various professional roles in bereavement settings (Wood, 2008).

**Camp Programs**

Camp programs allow children of all ages, cultures, and abilities to experience the fun life has to offer and help them learn the skills that will be helpful for them to grow into mature adults. Research has shown that going to camp improves children’s self-esteem, independence, social skills, and spirituality (Philliber Research Associates & American Camping Association, 2005). The diagnosis of a chronic illness should not be any reason for a child not to attend a camp because they can too benefit from the camp experience.

There are many camps available to meet the unique needs of children with special medical conditions or challenges. The American Camping Association reports that there are more than 200 camps for children with special medical conditions (Mayo, 2002). For children with chronic medical conditions, camp offers many positive benefits such as helping them address the psychosocial effects of the illness, body changes, and self-perception. The camp environment can help promote developmental tasks such as socialization, mastery and control and allows children to have normal life experiences similar to those of their peers (Hicks, 2008).

One major advantage of a camp program is that children are away from those whom they usually depend on most. Consequently they find they can meet the challenge of a new environment and at the same time know that there are people who are able to help and
support them (Shields, Abrams, & Siegel, 1985). As independence grows, so does self-confidence and children realize they are able to do things that never thought possible. Many children are ostracized from their peers because of the physical signs of cancer, at camp all the children have gone through similar experiences. A summer camp program is not only beneficial for children, but for their parents as well. Parents of children with cancer tend to be very overprotective of their child. Parents of children at camp expressed the brief separation at camp not only helped them, but they could see the change in their child as well (Shields et al., 1985).

Child Life Specialists can play an important role in the camping environment, they can assist in many aspects of camp planning, programing, and implementation and they are a valuable addition to the camp staff. CLS can help clarify misconceptions that may be noted among campers and can assess a child’s coping skills. Child development issues such as homesickness, behavioral issues and the promotion of peer interaction can be addressed by Child Life Specialists (Hicks, 2008). Child Life Specialists play an important part of camps because they can provide Child Life services and skills so that the program directors and other professional staff can focus on the camp aspects.

For Child Life Specialists considering alternative setting in which to use their skills, the camp environment is a great option. Special needs camps vary in population served types of programs, and duration. Not only do the camps vary, but the roles that Child Life Specialist can play within them differ as well. The CLS can make valuable contributions to camp settings, particularly those for children with special medical needs (Hicks, 2008).

Child Life in a Nonprofit Community Support Agency

Nonprofit community support agencies provide protection and service to those in need. These organizations come in many sizes and structures, they may be local or national, they may be free or charge a fee, and they may be volunteer based or have paid employees. The areas of specialization for Child life, specifically coping with healthcare issues and the needs of children under stress, are represented in many, nonprofit community-based organizations (McCue, 2008).

The Gathering Place, a support center for those touched by cancer is an example of the role of Child Life in a community-based support agency. The Gathering Place is a cancer support center whose mission is to support, educate, and encourage people working to overcome the effects of cancer in their lives (McCue, 2008). All programs are provided free of charge and services are provided to all those touched by cancer- adult cancer patients and their children and grandchildren as well as pediatric cancer patients and the siblings, friends and
adults in their lives. All the programs focus on the social, emotional, physical and spiritual needs of individuals with cancer.

A Child Life Specialist’s role working in an organization such as the Gathering Place is to provide Child life services to families and children who are coping with cancer. The same skills CLS use to help parents assist their own children in understanding any medical diagnosis or treatment can be used to help a family cope with cancer. There may be value in providing services to participants in the community rather than the hospital. Although there is no specific data available, feedback from participants indicates that they would prefer to receive these support services in a home-like environment such as the Gathering Place over the hospital setting (McCue, 2008).

There is a great deal of potential for child life to expand into the area of nonprofit services. Any issues that have an effect on children and families and impact their lives could be an area where child life services could be utilized. A Child Life Specialist could assist families who have children dealing with any type of overwhelming life events.

There is little that is more rewarding than working with children and family who are facing some different obstacles in their lives, and helping them manage not only the crisis but also to develop some skills that they can apply to future life challenges. At the Gathering Place, staff teaches children ways to feel better when they are worried, afraid and angry.

**Pediatric Dental Settings**

The way that the dental staff deals with a child during their first visit can influence the way the child responds to dental visits for the rest of their life. A child’s experience could turn out to be just as they were anticipating—very frightening—or it could turn out to be much easier than they experienced, if they are provided with the tools they need to have a comfortable experience. The American Dental Association defines pediatric dentistry as “an age-defined specialty that provides primary and comprehensive preventive and therapeutic oral health care for infants and children through adolescence, including those with special health care needs” (McDonald, 2008).

While pediatric dentists are well-trained to meet the needs of children and adolescents, meeting the psychosocial and emotional needs of their patients is another story. While it is likely that most pediatric dentists choose that particular specialty because they love children, it may not be as likely that they have had much training on managing the stress and anxiety of the children they serve (McDonald, 2008). That is why the pediatric dental practice is wonderful example of an alternative setting in which a Child Life Specialist could be an invaluable asset.
The dental setting can be a frightening place for a child. The unfamiliar surroundings, noises, smells, people and the overall new experience can be overwhelming for a child. Child Life Specialists have unique educational and practical experiences that allow them to implement individualized preparation, support, distraction, and comfort strategies designed to greatly reduce the child’s anxiety and increase his or her comfort before, during and after dental procedures (McDonald, 2008). Child Life Specialists are valued team members in pediatric medical settings and with time, energy and dedication the same may someday be true in pediatric dental settings.

The work of Child Life Specialists with young dental patients most often occurs when the child is hospitalized or when the child is treated as an outpatient in the hospital’s dental clinic. Fear of the unknown is a major concern children have in any situation. In the dental setting a child’s fear can be heightened by not knowing or understanding what is going to happen. A Child Life Specialist can use therapeutic play interventions to help a child as well as the parent increase their understanding (Glasrud & Feigal, 1984). Creative uses of preparatory “dental play” both in dental hospital settings and in private dental offices and clinics may provide alternatives to pharmalogic and physical restraint strategies, thereby increasing the likelihood of establishing lifelong positive attitudes toward dental care during childhood (Glasrud & Feigal, 1984).

Over the past few years, Certified Child Life Specialist and Registered Dental Hygienist Cindy McDonald has been a key player in a study exploring the use of child life in dentistry. The study, initiated by a team of professors at Texas A&M Health Science Center Baylor College of Dentistry, examined the effectiveness of child life interventions in uncooperative children ages 4 to 8. The group teamed up with McDonald to develop a series of child life tools and interventions customized to the pediatric dental setting. In her sessions with children participating in the study, McDonald used tools including a homemade teaching book, model dental instruments, and special dolls to help children prepare for procedures (Thomas, 2008).

The preliminary data “reveals positive outcomes for children receiving a child life intervention—including enhanced coping skills, decreased anxiety and improved cooperation—as well as positive feedback from parents” (Thomas, 2008, p. 25). Data from the research shows that children life intervention can be effective in alleviating fear in children ages 4 to 8 who have never experienced a traumatic dental procedure. The children in the study “when compared to children who did not receive child life therapy, exhibited superior coping skills to tolerate invasive dental treatment” (Thomas, 2008, p. 26).

Child life services in the dental setting empowers children by letting them know what the dental experience will be like. Child life services help children understand and prepare themselves for the what, where, when and why of dental settings. Child life therapy in dentistry
could have many positive outcomes, such as the development of confident, cooperative patients.

**Pediatric Home Care Programs**

Pediatric home care programs provide comprehensive care to infants, children, and adolescents who are experiencing life-limiting conditions, congenital anomalies or genetic diseases (Clark, Collins & McDonald, 2008). Home care programs also help a child’s family. Child Life Specialists can target the unique psychosocial issues the affect the patients and their families by developing coping strategies for stressors related to the condition.

A primary consideration for home care work is that a child’s home always feels safe for the patient and siblings living there. When healthcare workers come into a family’s house to “do things to them” they may no longer feel safe. When children lose a sense of control over their environment they no longer feel safe. Fears may develop about medical procedures and anxiety may increase due to the fears and stress from lack of control. These issues can leave the family and child feeling frustrated, exhausted and overwhelmed. To assist with coping, the Child Life Specialist can work with the child, family and team members to establish a designed place within the home where treatments or procedures are completed, so that the child maintains a sense of control over the environment and continues to feel safe in the home (Clark, et al., 2008).

A qualitative study done in King County in Washington State found that “Pediatric home health care is one of the fastest growing segments of our health care system” (Clemens & Davis, 1997). During the past decade, home health care has become a frequently used alternative to hospital care in the United States. “In 1995, more than 17,000 home health care agencies provided services to 7 million individuals, currently, more than 50,000 children use home health care services daily” (Clemens & Davis, p. 581, 1997). The study concluded that Pediatric home health care has great potential as a means of health care delivery. However, more research is clearly needed to define and evaluate home health care services to children, and stricter guidelines must be considered to ensure the safety of the child (Clemens & Davis, 1997).

A pediatric home care program offers children and families the opportunity to maintain more typical lifestyle despite the child’s conditions, than can be realized within the confines of a hospital. Children feel more comfortable in their homes in an environment that they are familiar with. The Child Life Specialist in the pediatric home care program has the unique opportunity to more closely observe the family dynamics in a natural environment and offer support, education and interventions designed to address specific needs (Clark, et al., 2008).
Child Life Specialists are a natural fit in a pediatric home care program. The skills acquired through traditional hospital or medical care experience can transfer easily to this alternative setting and add immeasurable value to the program and to the families served by that program (Clark et al., 2008).

**Pediatric Hospice Programs**

While pediatric home care provides support to children who are undergoing curative treatment for their conditions, there may come a point when the medical team recognizes that a cure is not likely (Clark, Collins & McDonald, 2008).

There is a large gap in the supportive system for children from the time they are diagnosed with a potentially chronic life threatening illness until the child has reached the end stages of their illness and placed in hospice care (Jennings, 2005). At Saint John’s Hospital in Detroit, MI a pediatric palliative care support team was organized to provide care for children and their families undergoing life-limiting illness. There are many members on this multidisciplinary team one being a Child Life Specialist who is trained in working with ill children. CLS provide communication with schools, assessment of educational needs and assist children in developing coping skills (relaxation, imagery etc.) for use of managing anxiety and/or pain (Jennings, 2005).

A pediatric hospice program is designed to meet unique needs and provide support and pain management as the patient approaches end of life. The role of a Child Life Specialists working in pediatric hospice is to offer the families support, preparation and education. The underlying focus of child life interventions is to help minimize a child’s distress and fear and to find alternative means of providing physical comfort, as needed (Clark et al, 2008). These interventions could include positioning for comfort and facilitating the goodbye process.

A Child Life Specialist may encounter a multitude of scenarios when working in a hospice setting. In addition to providing therapeutic art and play experiences, CLS can help families create lasting memories. There is not always a great deal of time to develop a relationship with a child or family receiving hospice care, but Child Life Specialists can be a valuable resource to the family by walking the path with them.

**The School Setting**

Child life in the school setting is unique to one place in Central New York, Sauquoit Valley school district. The district’s School Wellness Center, was designed to meet the needs of children and families within the community to provide necessary intervention. Child life services are provided in a center located within the school building.
The child life services offered through the Wellness Center seek to moderate the impact of stressful or traumatic life events and other situations that may affect the development of health, and well-being of children and families (Brown, 2008). Research has shown the effectiveness of preparing children for upcoming procedures. Children who are prepared for medical procedures are less anxious and the use of medical play can reduce the anxiety even more.

The Child Life Specialists at the Wellness Center use a combination of dramatic, medical, and expressive play to assist the children in coping with stressful life events. Storytelling, drawing, scrapbooking, music, and relaxation activities all have been very effective and teaching the children coping strategies to cope with their present challenges enables them to deal with future life events.

School will always be an integral part of a child’s life. To have a successful child life program in a school setting, the CLS must work closely with the school social worker and work in cooperation with other school staff. Communications with school professionals, and the creation of a team approach to deal with the stressful events in a child’s life, are important for a successful child life service program within a school district (Brown, 2008).

The profession of child life can play an important role in the transition of children with special healthcare needs from the hospital, to home and eventually back to school. If child life specialists take the lead and assist families in navigating the complex educational system, more children will receive the services needed and ones in which they are entitled for (Thompson, 2009). School is an important part of a child’s life and Child Life Specialists can help prepare children for school reentry by providing them for the needed education and tools in the hospital to be successful in the school setting.

**Bereavement in the School Setting**

Children coping with grief and loss require assistance and support in helping them work through their grief. Research has shown that children who have experienced the death of a love one experience anxiety during school and that anxiety affects their school achievement (Brown, 2008). Anxiety is a factor in underachievement during the bereavement period.

Child life services provide children with an opportunity to work through their feelings of grief and loss by using interventions such as storytelling and artwork. Working with children who are grieving is a gradual process and children continue to need support at each stage of development. Child Life Specialists working with children with grief and loss will follow the children through their school years, while maintaining contact with the parent, guardian, or grandparent (Brown, 2008). Therapeutic groups to help children understand that they are not alone and that their feelings are normal are important interventions for children coping with
bereavement in the school setting. Helping children understand they are not alone in the grieving process is important in the healing process.

A case study, using surveys in schools across England from 1993-1995 where parents filled out questionnaires regarding bereavement, school, family history, school attendance and illness. The purpose of the study was to examine how children did in school after someone in their family died. “Results of the study indicate that children, who are bereaved, scored an average half a grade below their peers” (Abdelnoor, & Hollins, 2004).

The study suggests that the effect of bereavement may be prolonged and that intermittent support could be needed throughout secondary and perhaps tertiary education. The study found that children younger than 5 and above 12 years may be more affected by bereavement in the school setting. “Schools should make a point of asking students about any recent deaths in the family especially with new students because they may feel the issue of bereavement makes them stand out more as a new student”(Abdelnoor, & Hollins, 2004).

Bereavement support in schools for children in important because school is a place where children feel comfortable and secure, where they learn and grow, and where expression is encouraged (Brown, 2008). Child life services within the school environment are essential in helping children cope with everyday stress and trauma of life, but also with grief and loss due to a death of a loved one. Child Life Specialists have the opportunity to work with the same child throughout their loss. Working with the same child helps the child feel comfortable returning to the same person with whom they have already built a trusting, supportive relationship.

**Child Life and Procedural Preparation**

A child should be prepared for hospitalization and informed about any medical procedure or treatment they may encounter in the hospital. A Child Life Specialists goal is to provide children and their families with the appropriate information to help make any type of setting more comfortable and less stressful.

A qualitative study conducted at two county hospitals in Sweden with twenty-three children, (6-11 years, 9 boys and 14 girls), admitted to a pediatric day care department for a planned diagnostic procedure was done to investigate the children’s level of knowledge regarding a current diagnostic procedure. All of the children were scheduled to have an intravenous cannula inserted for a blood specimen and an X-ray or a blood specimen and hormone examination. The children were split into different age groups (younger children (6-8 years old) and older children (9-11 years old). Only three of the younger children could give a coherent picture of why they were having the planned examination. Five of the younger children answered indirectly or that they did not know why they had to visit the hospital.
of the older children could give a fragmental picture, but no details of the procedure. Ten of the older children could give a detailed logical explanation (Runeson, Mårtenson, & Enskär, 2007).

None of the children could give a logical and consistent picture of the planned course of events. They were mainly informed by their parents. In the questionnaire, some parents commented on the difficulties of informing their child due to their own lack of knowledge. The children did not know if they were going to suffer from pain during the hospital stay. They expressed a desire to know more about having injections and blood tests. Some children were afraid that the X-ray procedure might be painful. There were children who did know how long they would have to stay at the hospital, which raises the question of whether or not the parents knew (Runeson, Mårtenson, & Enskär, 2007).

If a Child Life Specialist was present in this pediatric day care department many of these issues, from not knowing what was going to happen while in the hospital to providing information as to why the procedure was being done, if the procedure was going to hurt, etc. Children and their families would greatly benefit from child life services in preparing them for what they may encounter in the hospital setting.

In the study’s conclusion the need to address children in preparing them for long and short hospital stays was seen as important and needed in the healthcare setting. Many parents stated they did not know themselves what was to occur and only one of the families chose to attend the hospital orientation program. Limited knowledge in the general public about the benefits of pre-procedural care for children was stated as a limitation of the study.

Preparing children and their families with information and support in important in any child life setting as well as in alternative settings. This study showed the lack of preparing children for what they would encounter while in the pediatric day care department. Child Life Specialists can provide children and families with support and education whether it be for an upcoming procedure, what they expect at camp, how to prepare for a dying loved one etc. Overall child life’s role is to educate, support and provide children and their families with the important information they need to make any setting or environment less stressful.

**Pediatric Palliative Care**

Palliative care for children is the active total care of the child’s body, mind and spirit, and also involves giving support to the family. It begins when illness is diagnosed, and continues regardless of whether or not a child receives treatment directed at the disease” (International Children’s Palliative Care Network, 2008).

A pilot study of twenty parents whose child were patients in the palliative care outpatient department of a tertiary cancer specialty hospital in western India were interviewed
by a social worker. The objective of the study was to “examine the concerns of parents of children having advanced incurable cancers and to identify the attitudes of the parents toward disclosing the diagnosis and prognosis to the patient and siblings” (Dighe, Jadhav, Muckaden, & Sovani, 2008, p.16). The study aimed to find out why parents were reluctant to tell their child about their diagnosis. Some of the responses were “that patient would not survive if told, parents felt protective and hence would not disclose, that the child would feel sad and hopeless or that the child was too young to understand” (Dighe et al., 2008, p. 20). Along with many of the children not being told about their illness, siblings were not educated or informed about their brother or sisters diagnosis either.

One theme that emerged in the study was that the pediatric patients did not have adequate opportunity to interact with any health care professionals on their own. It is important for children to have individual support and education regarding their diagnosis, treatment, procedures and care. This allows the Child Life Specialists to not only build a trusting and therapeutic relationship with the child, but clear up any misconceptions the child may have regarding their cancer treatment.

The study also found the lack of support and care from healthcare workers such as “specially trained personnel like child life support workers who have made valuable contributions to care in institutions where they work” (Dighe et al., 2008, p 22). Child Life Specialists role in helping the patients and families in the palliative care setting would be education, support and providing interventions such as pain management therapies.

Sibling education is another Child Life role that needs to be addressed because in the study siblings were not educated about their brother or sisters cancer treatment. Child Life could offer education, support and interventions to siblings to help them cope with their brother or sisters diagnosis.

Section III- Procedure

This National Community Child Life Directory is an original creative project that has never be created before. I thought of the idea of creating a Child Life Directory of alternative settings outside the hospital because it is an area I am passionate about. I wanted to create a directory in which myself as a future Child Life Specialist and other CLS could use to find alternative settings in which child life services could be beneficial to children and families. The development of the directory was thought of by me, but under the help and guidance of my child life professor, Leslie Young ideas for what to include where suggested by her.

Leslie Young helped me in the developmental process by suggesting what chapters to include in the directory. I asked Leslie for ideas and suggestions to better my directory because she has been in the child life field for over twenty-five years. I knew many of the settings and
areas where I thought child life services would be beneficial to families and children, but Leslie helped me with creating chapters which included more specific areas. For example in my bereavement chapter, Leslie suggested I include bereavement in schools.

My creative project will be implemented by hopefully publishing the directory through the Child Life Council. I would like the directory to be published in hard-copy form so Child Life Specialists may purchase the directory, but also an online version of the directory where CLS can access the directory via a website through the Child Life Council.

As a future Child Life Specialist I plan on using the directory as a resource for alternative settings outside the hospital where child life services could benefit children and their families. The directory is a hands-on tool for me as well as Child Life Specialists to have as a resource for information on settings where child life services could be implemented. The main goal of the directory was to create a resource where Child Life Specialists could go to find not only settings outside the hospital where child life services could be useful, but hopefully areas where Child Life Specialists could find jobs as well.

**Section IV- Evaluation**

Dr. Leslie Anne Young, MS, CCLS. Child Life Master’s Program Professor at The University of La Verne.

Evaluation of Katie Fesenmaier- Community Child Life Directory by Dr. Leslie Anne Young

**Strengths and Improvements**

- It was suggested that the student not only create a state directory but to Think Outside of the Box (which this student does exceptional well) and by her thought process the student has created a thorough and comprehensive peek at Child Life in a community setting on a National level.
- To improve and make the directory more inclusive it was suggested that the student include a comprehensive introduction and instructions at the beginning of the book to help the reader navigate the directory of community Child Life Jobs on a National and Global basis.
- To enhance each chapter to make each chapter easier to understand it was also suggest that the student create an introduction to each chapter/community out- reach program.
- It was suggested to the student to include visuals representing each chapter within the directory.
- It was suggested to the student to include a comprehensive table of contents and a summary introduction and instructions on the uses of the directory.
- I also like that the student include a separate introduction for each chapter. Well Done!
It was suggested to briefly include in the introduction that this directory can be used by all cultures, genders and generations. I feel this well make the directory user friendly to all and I also suggested that the student make the directory location friendly. So this directory is user friendly on a local level and a national level. I also believe that local, national and international students can use this directory to help locate possible Child Life internship sites.

- It was suggested to add a chapter on National organizations and support groups
- It was recommend to the student to make sure that within the structure of the directory to make sure that the structure is user friendly. For example is the structure going to be more user friendly dividing the national directory per chapters into 3 regions or keeping the chapters on a whole nationally level.

**To my knowledge this is the first directory of its kind in the field of Child Life.**

I have communicated to Katie that I highly recommend that she look into publishing this directory through Child Life Council Publications and other sources.

- A suggestion that I would have to enhance the book for publication would be to add a chapter on national organizations and support groups.

This student has created a highly innovated and research based tool in practical application for Certified Child Life Specialists.

I included Leslie Young’s feedback to me so you can see the exact comments and suggestions she made before and after looking at my creative project. I took her feedback and implemented it into my project. The only suggestion that Leslie pointed it out was to add a chapter on national organizations and support groups. Overall Leslie’s feedback was very helpful for me in creating my National Community Child Life Directory. I am thankful to have a professor that took the time to not only evaluate my directory, but provide me with useful feedback and comments.

Chloe Krikac MS, CCLS

Certified Child Life Specialist

CHOC Children’s Hospital – Orange, CA

I am so impressed with this creative project. Not only is the idea groundbreaking, but the execution of the project is professional and user-friendly. This directory provides useful resources for child life specialists who are interested in alternative settings. This guide is
practical for those currently in the field, as well as students who are looking into various options for their careers.

Currently, you use the abbreviation “CLS” throughout the directory. While those of us in the field know what you are referring to, I think it would be beneficial to simply define it in the introduction of the directory. By defining abbreviations to your audience, you are setting up clear guidelines for your project. I would also consider adding a section at the end with an alphabetized list of all organizations that you gathered information from. Your table of contents provides a nice introduction to sections, but adding a “bibliography” of resources will enhance your reader’s experience and provide a place to access quick contact information.

This structure of the project is both creative, and pleasing to the eye. Your pictures are fantastic, and truly represent each section that you are speaking about. You are able to provide information in a conversational, yet professional manner. You have done a fantastic job in speaking directly to your intended audience. I hope that you look into getting this directory published or accessible online so that all child life specialists across the nation will have this at their fingertips.

I included Chloe’s feedback because I wanted you to see how her feedback differed from Leslie’s. Chloe is currently a Child Life Specialist at CHOC and it was great to have a CLS working in the child life field’s input on my creative project. As Leslie had said Chloe thinks I should have my directory published so other Child Life Specialists have access to the directory. I will definitely look into having my directory published in the future, it would be helpful as I progress as a child life student to have more suggestions/feedback and comments about my directory before having it published.

Chloe also suggested I explain the abbreviation “CLS” in my directory as some people in the child life field may not be familiar with the term. This suggestion is great because I just assumed people in the child life field would recognize and understand the term CLS. I took this suggestion into account and explained it in my introduction to my directory.

The most helpful suggestion from Chloe was adding an alphabetized resource list of all the organizations I had gathered information from. Having an alphabetized list would be an easy way for child life professionals to quickly assess contact information. I am thankful I was able to get a current Child Life Specialists feedback on my directory.
References


