

AMERICAN ACADEMY OF PEDIATRICS

Child Life Programs

Committee on Hospital Care

Child life programs have become the standard in pediatric settings to address the psychosocial concerns that accompany hospitalization and medical care. Child life specialists facilitate coping and the adjustment of children and families by providing play experiences, presenting information about events and procedures, and establishing supportive relationships with children and parents to encourage family involvement in each child's medical care.

These activities are shared by other members of the health care team. The role of the child life specialist, however, is unique because it combines each of these services as the primary duty. The child life specialist focuses on the strengths and health of children.¹ Most major hospitals for children have child life programs, and the number of these has doubled since 1965.

The patient-to-staff ratio should not exceed 15 patients to 1 child life specialist. Child life or similar services should be offered by all hospitals. Most child life specialists work in inpatient settings, but they are increasingly serving outpatient populations. Certification of child life specialists is available through the Child Life Certifying Commission, which was established in 1986.

PLAY

Play is the core of the child life program. Play activities are offered both in group settings and individual sessions. Play opportunities in health care settings communicate a respect for and understanding of children. Play helps eliminate the distinction between the comfortable and familiar setting outside the hospital and the foreign and intimidating hospital environment.

Play contributes to the child's adjustment in several important ways. By providing age-appropriate activities, the possibility that hospitalization may disrupt normal development is minimized. This function of play is especially important during extended hospitalizations or procedures that involve restraint or isolation of the child. Opportunities for cognitive growth, physical challenge, and social interaction are

provided, with necessary adaptations to compensate for a child's medical condition.

Through free-play experiences, children can be active and exert control over their endeavors. Difficult or threatening aspects of their condition, such as separation from parents or isolation, may be recreated, approached, and addressed through play. Such play episodes allow children to process their concerns in a manageable fashion and alter undesirable outcomes. Observation of play episodes offers a child life specialist insight into the patient's concerns and facilitates adjustment to medical care.

Fear of painful treatment and intrusive procedures is a common concern. Play activities incorporating medical themes, equipment, and artwork can be used by a child life specialist to enable the child to cope with these concerns. The play may involve non-directive exploration of medical equipment, dramatic play in which situations encountered by the child are reenacted, use of games or puzzles incorporating medical themes, or the production of artwork using materials employed in the care of the child. Such activities allow a child to approach a threatening situation with greater understanding and develop a sense of mastery over it.

Clinical data support the value of play in reducing the emotional disturbance of children in hospitals and clinics.² Supervised play sessions moderate children's anxiety levels during hospitalization. In these sessions a child life specialist monitors the child's ability to play and intervenes when necessary to encourage and support activity among those reluctant to participate. Child life specialists increase levels of play among children in such diverse settings as outpatient clinics, intensive care units, and emergency departments. Oncology clinics especially have utilized child life specialists to help children who are uncertain about the next medical procedure to realize that they will have a lot of support.³⁻⁵ The waiting time provides opportunities to present educational videos and literature that are helpful to both children and their families.

PREPARATION

Hospitals and other health care facilities have developed preparation programs that introduce children and their families to the circumstances and procedures they will encounter. These programs reduce emotional disturbances in hospitalized children.^{2,6,7} Preparation of children for the experiences they will face is a second major area of child life support. Child life specialists typically work with other health care

The recommendations in this statement do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

Received for publication Nov 23, 1992; accepted Nov 24, 1992.

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workers to inform the child in an age-appropriate and comprehensible manner. While adolescents facing open-heart surgery may worry about death and the implications of surgery for the future, a young child is more concerned about the absence of parents during the operation or the preoperative injection.

In making information accessible to children, child life specialists incorporate descriptions of the sensations children will experience, provide opportunities for children to examine and manipulate equipment used in their care, and encourage rehearsal of impending events with dolls or other props. Booklets and audiovisual materials are often used to present concepts or to provide models for successful coping. Instruction in specific coping strategies, for periods of greatest stress, may also be used. These techniques are often reinforced by a child life specialist accompanying a child to a procedure.

FAMILY SUPPORT

The third major area of child life activity involves interactions with parents and other family members. Parental presence has an important, positive effect on a child's adjustment to hospitalization. It is also recognized that anxiety experienced by parents in health care settings can be transmitted to children. Family resource centers with pamphlets, books, cassettes, and videos help many parents avoid this problem.

Pediatric health care teams commonly provide support services designed to involve families in the care of their children. Child life specialists are important agents for the delivery of these services. Their frequent, informal contacts with family members enable them to form supportive relationships, monitor responses to events, and provide timely information.

ADDITIONAL CONTRIBUTIONS

Knowledge of growth and development and interactions with children through play make child life specialists an important resource for the health care team. During the nonthreatening activity of play, children may demonstrate a higher level of functioning than is observed at other times, or they may reveal specific fears and discontents about their condition that can be conveyed to other health care professionals.

A child life program is a valuable training site for students in medical and other human service programs.

The child life specialists' repeated contact with children, adolescents, and parents makes them well aware of problems and limitations from the patient's perspective. This enables the child life specialist to provide sometimes critical information to the attending and medical team regarding the needs of specific individuals. Moreover, this information may be the basis for the child life specialist to advocate for more fundamental changes in an individual patient's program or in hospital policies and procedures. Awareness of the perspective and concerns of children and their families makes child life specialists valuable consultants on the physical environment of pediatric

settings and on the impact of those settings on the behavior and adaptation of children.

THE FUTURE OF CHILD LIFE

Advances in medical science save many infants and children and extend the lives of chronically ill children. The age distribution of hospitalized patients has shifted, with an increasing proportion of infants and adolescents in pediatric units.⁸ The heightened acuity levels and shifting demographics of inpatients necessitate modifications in the practice of child life. Children currently helped by child life specialists are less mobile and have more complex problems than those previously served. As a result, fewer group interactions are possible and greater individualization of care is needed. Humor therapy is being used more frequently. Furthermore, the special needs of diverse cultural groups must be learned and adapted. Attention must be given to the special needs of chronically ill children, hospitalized infants, and adolescents. For these children the hospital becomes "home" and the challenges are to meet the child's developmental and educational needs and to provide as normal a life as possible in a technology-dominated milieu.

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Child Life Programs
Pediatrics 1993;91;671

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OFFICIAL JOURNAL OF THE AMERICAN ACADEMY OF PEDIATRICS

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Pediatrics 1993;91;671

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