If you have never had a child hospitalized in a major medical center, you probably have never encountered the division of Child Life Services.

Imagine a kind, empathetic teacher who spends time with a sick or hospitalized child in order to help the child acquire new coping skills to better deal with the situation, and you can imagine the best that Child Life has to offer.

We do not need a research study to tell us that children do not enjoy being sick or in the hospital. The ever-increasing ability of modern healthcare to provide more and more complex medical interventions has led to children spending longer durations as inpatients in the hospital and their increased exposure to intensive medical treatments. Most pediatric hospitals or large pediatric programs have Child Life divisions to help combat the challenges that come along with these advances in pediatric therapy. In fact, the number of Child Life programs has doubled since 1988 in order to provide therapeutic intervention for children coping with the emotional demands of modern medicine.

Someone Who Cares

Child Life programs are the standard for pediatric inpatient facilities and for many pediatric outpatient centers. Sub-specialty divisions such as oncology and pediatric neurology may employ their own Child Life practitioners as well. Child Life professionals provide many critical services to the pediatric patient and family including:

- Play experiences
- Developmentally appropriate information regarding medical tests and procedures
- Assistance establishing a therapeutic relationship with the pediatric patient in order to provide support during the course of the illness or hospital stay

The Child Life practitioner has a unique role on the healthcare team, serving as a supportive advocate whose sole purpose is to be on the child’s side.

“Child Life is here to help the child with scary tests and procedures, but not to actually perform the tests,” explained Adina Bodolay, Child Life practitioner for UCLA outpatient pediatrics. “The Child Life provider is a non-threatening person who never has to do anything painful to the child. The child trusts us completely, and through this relationship we are able to support the child and help them to be less fearful—through play and other activities.”

Bodolay recounted an experience with a child who was experiencing panic-like fear prior to an intravenous start. Through discussion and play, Bodolay was able to work through the child’s emotions and discover they were the result of a previous IV start. “The child had been held tight at his upper arm during the IV start in such a way that he felt trapped and violated,” Bodolay said. Working as the Child Life professional, she was able to share this fear with the nursing staff and they were able to coach the child through the IV start with a less fearful and calmer result.
Play Time

Play is an integral component in any Child Life program. This does not mean to convey that the primary function of the trained staff is to merely manage the play and activity rooms or provide toys. This would be a vast understatement of the myriad services provided by the compassionate and educated Child Life staff. Yes, the Child Life staff does manage the playrooms and activity areas in the inpatient and outpatient settings, but the goals of these areas are not only for play and distraction, but also to provide a semblance of normalcy and safety for the child patient. Through these areas of safety, where the child cannot be hurt or tested in any way, the Child Life staff is able to bond with the child and pave the way for communication in a developmentally appropriate way.

Children are often more likely to discuss fears and concerns with a Child Life professional through the daily childhood play activities, such as coloring or doll play. In this way the Child Life practitioner becomes an integral part of the child's medical support system and the bonds formed are often very strong.

Medical Play

Medical play involves the child in a directed activity led by the Child Life professional, using medical themes and common healthcare items such as syringes and Band-Aids. Through the use of medical play, the child may engage dolls with medical themes or make art projects with the medical items. In this way, the child may become more at ease in the medical setting. The child also is able to feel some control over the new items such as gauze or syringes, and feels less frightened when the medical equipment is used on them.

Scary Procedures

Medical procedures, whether the procedure is having an IV placed or being prepared for surgery, can be extremely frightening for anyone, but especially so for a child. Most Child Life programs use the Child Life professional in preparation for potentially scary procedures to help reduce pre-procedural anxiety in the child.

New research from Miller Children’s Hospital in Long Beach, Calif., demonstrates that children who received Child Life intervention prior to painful procedures showed a reduction in feelings of fear and anxiety during the procedure. The research study also demonstrates that pre-procedural anxiety levels increase with the child’s age. These data are relevant as they validate the need for comprehensive Child Life programs that attend to both younger and older children’s fears and concerns. It is not only the youngest of children who develop fearful responses to new and scary medical procedures.

Children who have experienced Child Life intervention have demonstrated a decreased need for analgesia during procedures and improvement in recovery time. Other documented positive outcomes include better coping, easier adjustments and decreased stress levels in children. Research and anecdotal experiences demonstrate that Child Life is a valuable part of the healthcare team, engendering increased trust between the child and the healthcare practitioner.

Child Life Qualifications

Child Life professionals may have differing qualifications within the Child Life division. Certified Child Life specialists are certified through the Child Life Council after they have successfully completed 480 hours of supervised clinical interaction with pediatric patients and an objective exam. Their educational background includes the completion of a bachelor’s degree in early education, child development or psychology. Individuals involved in Child Life programs should possess empathy, kindness, good communication skills, patience and the personal desire to improve the pediatric patient’s experiences during times of stress and illness.

Get Tapped Into Child Life

If you are unsure if your facility has a Child Life program, ask your child’s healthcare provider or nursing staff. If your child has never been hospitalized, you may not have made contact with anyone in your hospital’s Child Life program. Many children who are treated as outpatients do not receive Child Life Services unless a healthcare provider or parent requests them.

With so much data to support the benefits of Child Life interventions, don’t you think it is time that you and your child explore the Child Life team in your facility? Want more information? Visit www.childlife.org.

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