

# CHILD LIFE BEYOND THE HOSPITAL:

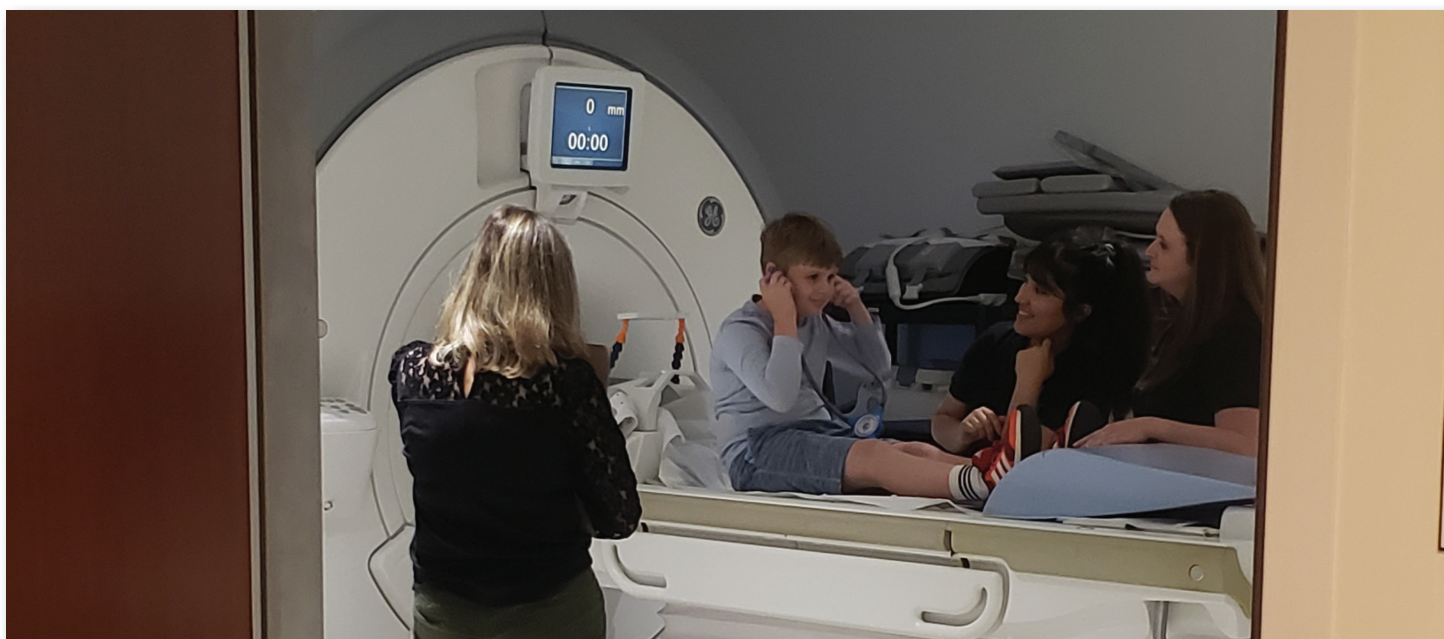
## How One University is Utilizing Child Life Services in Research

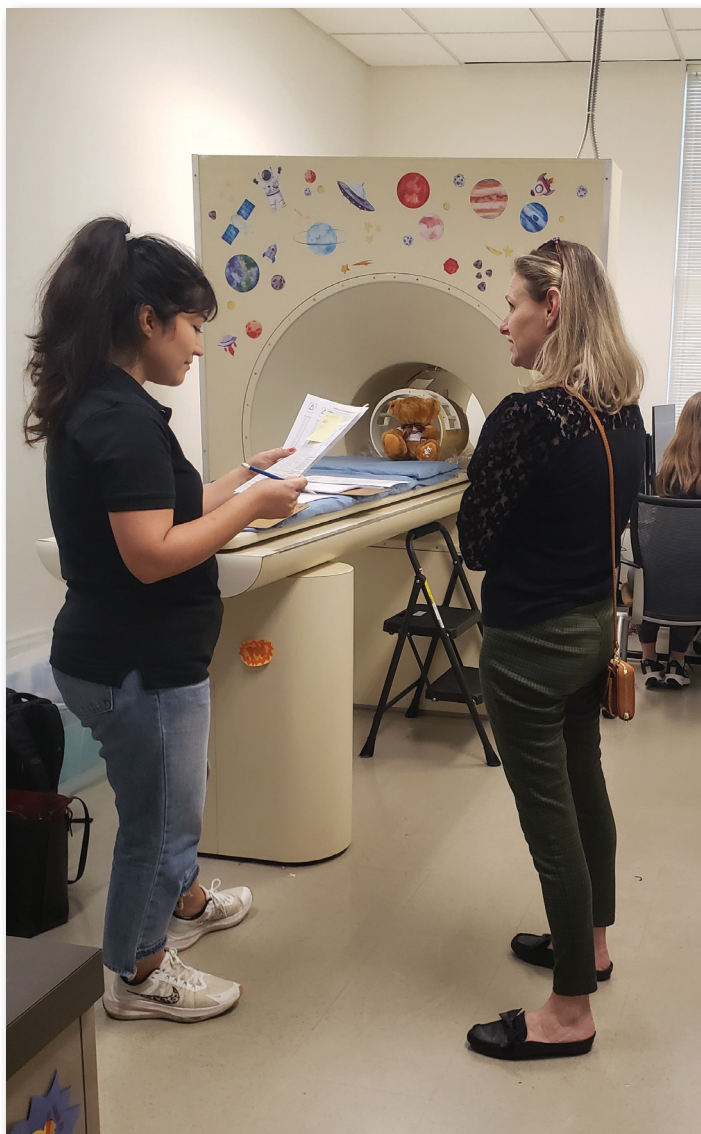
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As the reach of child life services goes beyond the hospital setting, professionals continue to explore how the skills and experiences of child life specialists can support children and families within our communities and internationally. Concurrently, as a relatively young profession, child life's involvement in research is vital to our progression. This article will explore the experiences of a child life specialist serving as part of a research team at a large university system.

### The Youth Development Institute

The Youth Development Institute at the University of Georgia focuses on research related to neurobiological development, resiliency, and adolescent risk and drug use. Recently, the team received a grant from the National Institute of Health (NIH) to conduct a study with low-income, rural youth ages 6-8. This study explores how psychological factors, biological markers, and environmental impacts interact to influence resiliency. The first part of this longitudinal study involves two phases: a home visit and a visit to





the imaging center on campus for a non-sedated MRI. The primary investigators (PIs), Dr. Assaf Oshri and Dr. Charles Geier, professors within the Department of Human Development and Family Science felt strongly that they wanted to hire a child life specialist to work with the participants, specifically during the MRI scan phase of the study. Dr. Assaf Oshri stated: "I have had the privilege of training and teaching many child life specialists. I have long recognized the potential benefits of having a child life specialist on board to alleviate the challenges faced by participants during the fMRI process... This decision was driven by a commitment to not only advance our research but also ensure the well-being and comfort of our young participants."

Dr. Oshri reached out to the Child Life Program Director at the university to inquire about potential

child life specialists in the area who might be interested in working within the research lab, and I was one of the professionals contacted. When I received the inquiry from the research lab, I was immediately intrigued. In my experience, many child life specialists have to advocate for their non-hospital role. This position was unique in that they reached out to me, having already recognized the value that a child life specialist could bring to their project. The need for child life services in non-sedated MRI scans is well documented (Rudder et al., 2019; Tyson, et al., 2014; Kinnebrew et al., 2020), but what about in the context of a research setting working with young children?

As I walked into the research lab a few weeks later to start my new role, I realized that I would be a one-person team. Additionally, because the study was waiting for official Institutional Review Board approval, I was a child life specialist with no children or families to work with yet. Fortunately, this allowed me time to begin planning and to decide how to develop the child life services designed for the study.

## Developing a child life program for research support

I spent the first few months developing the child life support program. As with other child life roles, some services are very standard, such as implementing a documentation system, creating preparation materials, and reaching out to non-profits for supplies. One example of a unique preparation strategy I've been able to implement is a pre-visit MRI "play and learn" session. Before each visit, I invite the participant and their caregiver to join me on a Zoom call where we play a game, look at pictures of the imaging center, and listen to the MRI sounds. This allows me to build rapport, provide education, and begin the preparation process before the child arrives.

Another typical child life responsibility is to make the environment more child friendly. The imaging center on campus is used by many research groups, including animals, and our study is bringing in some of the youngest participants. I've created an interactive, child-friendly bulletin board that welcomes families into the center.

We've also purchased an area rug and child-friendly sheets for the MRI scan room. I have also found a lot of support from non-profit organizations. Hope For Henry provides an MRI gameboard paired with popular prizes that I use during the MRI preparation portion of the visit. The Starlight Foundation donated MRI-safe gowns for participants as well as toys that have been helpful for siblings who come to the visits. Additionally, Hugaroo and Bear Givers have both donated stuffed animals so that every child who comes in has the option to carry a comfort item with them in the MRI machine. These additional items have helped me to create a robust and supportive program for children and their families.

On the other hand, as the only child life specialist on the team, I've been tasked with some unique jobs. When I first began, we frequently talked about the logistics of the study and how we could build rapport and establish long-term working relationships with our participants. I was able to offer small but impactful tweaks here and there to help improve family relationships and humanize the research experience. For example, the study includes the use of eye-tracking glasses, so I suggested getting glasses for everyone in the room to wear so that the experience is inclusive and fun for everyone. Additionally, we implemented "Sibling Kits" where we created bins with materials that mimic the study design so siblings present at the home visit can be involved and engaged. This small attention to detail is where child life can be extremely helpful when it comes to working with families and creating positive relationships.

Educating and collaborating with a diverse team has become a priority as my role has evolved. Our research team comprises graduate students, undergraduate students, and part-time and full-time research staff. Workers and students come from various backgrounds, including healthcare, psychology, human development, and family science. I've been able to focus on educating our team members on how to work with children in stressful situations and how to incorporate emotional regulation activities into the research protocol. Specifically, we implemented two games at the beginning of the visit to help the child ease into the visit and allow the researcher to build

rapport with the child. Additionally, I have helped to ensure our child surveys use developmentally appropriate language, incorporate visual cues, and provide alternative definitions if a child does not understand a survey item. The more I work with the team on the study logistics, the more I see how the goals and skills of a child life specialist are valuable in this setting.

Program development also involved support from child life organizations and individuals as I navigated developing a one-person program. Through the Child Life on Call circle community and app, I have continued support and feel like I have my own child life team. Being connected to a university with a child life academic program has also provided a unique partnership. The graduate students have had the opportunity to tour the center, learn about my work, and contribute ideas



to the program development. They identified a particular need to support siblings who may attend the imaging center and have provided me with materials and ideas for engaging siblings during this visit.

As with many child life roles, my day-to-day schedule varies. Each day when I come in, I prioritize the tasks that need to be done first. My highest priority is to make sure that we are prepared for our next family visit. This could mean printing out sibling activity packets, preparing MRI game boards, restocking supplies, and ensuring roles and responsibilities are outlined for each member of the team. My next priority is assisting with our community engagement team. This may include helping put together activities for a community STEAM event, reaching out to potential participants, or attending community events. In addition, large research projects such as this one require many protocols to ensure we are ethically compliant, efficient, and consistent. With each new visit, we find ways to improve our process. and every small change or improvement requires several hours of work to update our protocols and communicate those changes to the team. This has allowed me to learn a lot about the research process and how I can continue to utilize my skill set throughout the lab.

## Expanding the role of child life services

My experience demonstrates that research support is another opportunity for the expansion of child life services outside of the hospital. Many universities have imaging centers on campus with research labs that are working with children and families. This role also gives aspiring child life students at the university an opportunity to observe child life and apply what they are learning in a different setting. Additionally, through this role, I will have access to certain data points regarding the potential impacts that preparation, education, and the involvement of a child life specialist can have on the ability of a child to complete an MRI scan without sedation. My goal is to be able to utilize that data to continue demonstrating the invaluable work that child life specialists do and contribute to the expanding body of research on child life services.

Importantly, child life involvement can improve the research process for children and families in much the same way as child life specialists working in the hospital setting. As Dr. Oshri explains, "I recommend hiring a Certified Child Life Specialist (CCLS) for a research team because their specialized training in child development and stress management is crucial for creating a supportive environment for young participants. Their presence can significantly enhance participant engagement and data quality and integrity, ensuring that the research process is both ethical and effective".

## References:

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Kinnebrew, S.L., Dove, C.G., Midwin, C.M., Olson, T.M., Guimaraes, C. V. A. (2020). The role of child life in pediatric radiology. *Pediatric Radiology* 50, 1509–1513. <https://doi.org/10.1007/s00247-020-04795-x>

Rudder, B.S., Easley, S.J., Robinson, A.L., Noel-MacDonnell J.R. & Nielsen, D.B. (2019). Effects of an MRI Try Without program on patient access. *Pediatric Radiology* 49, 1712–1717. <https://doi.org/10.1007/s00247-019-04487-1>

Tyson, M. E., Bohl, D. D., & Blickman, J. G. (2014). A randomized controlled trial: Child Life Services in Pediatric Imaging. *Pediatric Radiology*, 44(11), 1426–1432. <https://doi.org/10.1007/s00247-014-3005-1>