# ACLP Bulletin

A PUBLICATION OF THE ASSOCIATION OF CHILD LIFE PROFESSIONALS

WINTER 2025 | VOL. 43 NO. 1



ASSOCIATION OF Child Life Professionals

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ASSOCIATION OF Child Life Professionals

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# CEO SHARES

**Dear ACLP Community,**

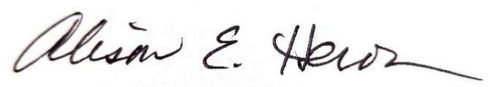
As we celebrate Child Life Month, I want to take a moment to recognize the incredible work of each of you and express my deepest gratitude for the profound difference you make in the lives of children and families every day. This month offers us the perfect opportunity to honor the dedication, compassion, and skill that every member of the profession brings to their practice.

At its core, child life is a profession rooted in understanding, empathy, and the belief that children are entitled to be heard, understood, and supported in their emotional and psychosocial development. You, as child life professionals, embody these values through your clinical practice, and your skilled support of children and families is unmatched. Your work may take many forms, whether you're supporting children through the anxiety of medical procedures, providing therapeutic play opportunities, or helping a family cope through trauma, but in each is a dedication to the psychosocial wellbeing of children and their families that is transformative across settings. In addition to recognizing the care you provide, I want to take a moment to acknowledge the unwavering commitment you show, even in the face of challenges. The work you do is not always easy—it requires creativity, patience, and the ability to be a calming presence in unpredictable situations. It requires a deep well of empathy, insightful assessment, and many, many hours of education and training. May each of you continue your work with confidence rooted in your own dedication and abilities. Your commitment is what drives this profession forward and makes all the difference in the lives you touch. Through your hard work, you provide the foundation for resilience and healing, not just for the children you work with, but for entire families.

This year, our Child Life Month celebration includes a free webinar for members, an opportunity to join our community at a reduced price, and story-sharing across our digital platforms. Members have an additional opportunity through our annual Call for Volunteers to join us in realizing our vision that children and families of every race, identity, and community understand, navigate, and cope with serious life events. Serving on a committee is an effective way to contribute to our profession while creating meaningful connections, earning professional development units, and making a lasting impact. Whether you are new to our community or have continued to support us through many years or decades, we invite you to walk alongside us as we strive for excellence in the profession.

Thank you for the commitment and strength you bring to your work. I am incredibly proud to be part of a community that continuously elevates the standard of care for children and families. Your impact is immeasurable, and this month, and every month, we celebrate you. Thank you for being the heart of this profession and for your ongoing dedication to the children and families who rely on you.

With deepest appreciation,



**Alison Heron, MBA, CAE**
CEO, Association of Child Life Professionals

# PRESIDENT'S PERSPECTIVE

**Dear Colleagues and Members,**

I am thrilled to share with the child life community about my recent visit to Riyadh, Saudi Arabia, where I had the privilege of being joined by ACLP CEO, Alison Heron, MBA, CAE. Together, we engaged in meaningful discussions with Abdulrahman's Oasis, a foundation dedicated to integrating child life services into healthcare systems across the country.

Abdulrahman's Oasis was founded by the family of Abdulrahman to honor and carry on the memory of his loving, joyful spirit and noble optimism even after his departure from the earth at a young age. The legacy of Abdulrahman and his family was palpable throughout our time there, reinforcing the profound impact of their advocacy. Meeting so many passionate individuals committed to the advancement of child life was truly a privilege. We had the opportunity to connect with healthcare leaders, educators, and child life professionals who are deeply dedicated to strengthening the field and prioritizing emotional safety in pediatric care across the region. One of the most inspiring aspects of this experience was witnessing the growing commitment to integrating child life services into healthcare systems across Saudi Arabia, driven by a long-term, sustainable vision.

The week concluded with a profoundly moving celebration—the graduation of the first cohort of child life students in the Kingdom of Saudi Arabia. Attending this milestone event was both humbling and emotional, as we had the opportunity to connect with the graduates and the broader community surrounding Abdulrahman's Oasis. The graduates' enthusiasm, coupled with the foundation's ongoing investment in developing comprehensive child life programs, signals a bright and sustainable future for the profession in Saudi Arabia.

This visit reinforced that child life is not just a profession—it is a movement that transcends borders and unites us in a collective mission to ensure that every child, no matter where they are in the world, receives the emotional and psychosocial support they need. I am excited for the future as we continue to work together to advance the field of child life. The growth of international child life programs, such as in Saudi Arabia, reflects the increasing recognition of child life on a global scale.

ACLP's collaboration with Abdulrahman's Oasis is just one example of how our second Key Priority Area in the 2025-2027 Strategic Plan Framework, Strengthening Partnerships and Collaborations, opens new doors for learning and innovation, and I am excited about what the future holds as we continue to share knowledge and expand our reach worldwide.

As President of ACLP, I am continually inspired by the dedication and passion of child life professionals worldwide. Your commitment to this profession is what makes progress possible. As Child Life Month begins, we not only celebrate our work but also reflect on the impact we have collectively made in the lives of children and families. Our new strategic framework presents all of us a unique opportunity to build on this impact, and I encourage each of you to consider how you can contribute. Whether it's joining an ACLP committee, mentoring a new professional, or advocating for child life services in your community, your involvement is essential in shaping the future of our profession.

Thank you for your unwavering commitment to child life. Together, we will continue to make a difference in the lives of children and families everywhere.

With gratitude and enthusiasm for the future,

**Sarah Patterson, MSc, CCLS**
President, Association of Child Life Professionals


# FROM THE EXECUTIVE EDITOR

**Dear Child Life Community,**

In today's diverse and ever-evolving world, the experiences of children and families navigating healthcare systems are shaped by more than just medical diagnoses. The concept of intersectionality, a term coined by Kimberlé Crenshaw, refers to the way various social identities—such as race, gender, class, and ability—collectively shape the way individuals experience the world. As child life specialists, we are very familiar with the ways in which the convergence of social identities creates a unique experience for each patient and family that we encounter. As we are assessing a child or a family, we understand the variety of factors that may be influencing the child's experience in their current situation, however, the intersectionality of identities that we hold as child life professionals is an element that can be easy to forget. The field of child life is often criticized for its homogeneity, and while there are groups who are certainly overrepresented within child life, we are encouraged by the ongoing work featured in this issue to build more inclusive spaces for child life students and professionals.

The theme of intersectionality and professional inclusivity emerged when Kim Corey, CCLS, MS and her colleagues submitted an article on the perspectives of BIPOC students seeking internships. In "BIPOC Child Life Students and BIPOC Student Perspectives When Applying to Internship Sites," the authors share the additional challenges in finding child life internships that they faced as people of color and first-generation college students. Their submission included such in-depth and valuable perspectives and suggestions that we will be publishing a second part to this article in the next issue.

We then received "Disabilities Don't Determine Professional Destinations" from Kendall Malkin, MS, CCLS and Sanasadat Marashi Shooshtari, MA, SVRC, QRP, who shed light on experiences of a child life specialist and child life student with disabilities and provide a comprehensive framework for discussing accommodations in the workplace. In working with these authors to edit and prepare their articles, we (Bulletin Editors) had to evaluate our feedback process for inclusivity and accessibility. Embracing diversity within the child life community requires us all to be willing to make changes to provide equitable experiences and opportunities for every professional.

Next, Morgan Brinson, MS, CCLS submitted "Proud To Be Me" about an innovative program at her hospital to highlight LGBTQIA+ perspectives and educate staff. She shares the challenges of putting together a program focused on a divisive topic and the ultimate benefit of her child life department learning how to lean into difficult conversations and understand diverse points of view.

When we received "Cultivating Community and Critical Thinking in the Child Life Classroom" from Kathryn Cantrell, PhD, CCLS, our issue's theme was solidified. Cantrell highlights the innovative ways in which she encourages connections between students of various backgrounds to promote their growth and learning during their time in her classes and shares a variety of ideas to help students build trust with one another and to learn from diverse perspectives.

I am proud of this issue and the opportunity it offers all of us to better understand our colleagues with diverse identities. While we are a long way from having a child life work force that matches the diversity of the patients we serve, these authors give new perspectives on the challenges they have faced by showing up as their whole selves. As you engage with this issue, I hope you continue to question your assumptions about these identities and takeaway a goal and ideas to create space for all identities in your workplace.

With appreciation and commitment to inclusivity,

**Morgan Morgan, MS, CCLS**
Executive Editor, ACLP Bulletin

# WELCOME TO THE BOARD ROOM

**Dear ACLP Members and Supporters,**

Strategic planning sessions are an essential component of association management that provide an opportunity to assess the current state of the association and profession, set future goals, and develop actionable plans. It is my pleasure to share the planning process and highlights from the recently released 2025-2027 ACLP Strategic Plan.

### PRE-PLANNING PHASE

The ACLP Board of Directors began laying the groundwork for the new strategic framework in early 2024. Pre-planning involved identifying an external facilitator, Lowell Aplebaum, EdD, FASAE, CAE, CPF from Vista Cova. Information was also gathered from 15 in-depth interviews and through a survey which was distributed to ACLP members and non-members. A virtual pre-meeting was also held with session participants including members from the board of directors and senior staff, and key individuals that represented ACLP members across stakeholder groups with various perspectives.

### THE STRATEGIC PLANNING SESSION

The format of the Strategic Planning Session generated an environment where strategic questions, active listening, and engagement from all participants were welcomed. Idea sharing and brainstorming were prompted during large and small group discussions, while also maintaining awareness of the survey data. To ensure all voices were captured, input from participants was documented and reviewed later by ACLP leadership while developing and operationalizing the strategic plan framework.

### MOVING TO ACTION

Following the Strategic Planning Session, the strategic plan framework was reviewed by ACLP staff and specific tasks were created for each key area. At the August 2024 board meeting the 2025-2027 ACLP Strategic Framework was presented for consideration and approved, with subsequent discussion occurring at the November 2024 board meeting where it was finalized.

### THE STRATEGIC FRAMEWORK

Mission, vision, and values statements are an essential component of nonprofit organizations and help explain their purpose, who they serve, what they do, and desired outcomes. Based on input from the Strategic Planning Session, the core values of ACLP remain unchanged, while the following updates were made to the ACLP Mission and Vision statements.

- **Mission:** To advance the field of child life through continuing education, scientific inquiry, and innovative practice.
- **Vision:** Children and families of every race, identity, and community navigate and cope with challenging life events.

Serving as a roadmap for successfully achieving ACLP's vision, three areas of focus were also identified to outline the most important short- and long-term objectives and will guide resource allocation.

- **Strengthen Identity and Belonging:** Establishing clear and consistent messaging supports enhancing the understanding of ACLP's identity and purview as a membership association who strives to build a culture that actively prioritizes diversity, equity, and inclusion and seeks to increase engagement with its members.
- **Partnerships and Collaborations:** Elevating the visibility of the child life profession and Emotional Safety through collaborative partnerships supports expansion of opportunities for scientific research and data collection that demonstrates the impact of the profession through evidence-based practices and innovation.
- **Excellence in Professional Practice and Training:** The ACLP aims to advance the expertise of child life professionals across all stakeholder groups by broadening professional education opportunities and leadership development, led by experts and in alignment with the latest research and data.

Lastly, two resonating themes were identified within the strategic framework - Financial Sustainability and Diversity, Equity, and Inclusion (DEI). Maintaining the financial health of ACLP is vital, including managing budgets effectively, seeking new revenue streams, and ensuring that financial resources are used strategically. Aiming to ensure long-term stability and growth while concurrently embedding DEI throughout association practices, policies, and processes, and ensuring that membership and leadership reflect diverse backgrounds and perspectives, reinforces ACLP's commitment to our members and community. These themes serve as overarching tenets which will drive ACLP initiatives and play a critical role in responding to the changing needs of child life professionals and those they serve.

### PUTTING THE FRAMEWORK INTO OPERATION

As ACLP implements this new Framework over the next three years, it must hold steadfast to the course that has been charted and continually measure its progress. In addition to translating the framework for staff and committees, the board of directors will use it as a basis for decision-making, ensuring ACLP meets and anticipates the critical impact our organization will continue to have.

If you have not taken a moment to review the 2025-2027 Strategic Framework, I invite you to read through the amazing work done by the Strategic Planning Session participants and ACLP Board of Directors and staff. Whether you are a frontline practitioner or clinical leader, academician, aspiring professional, or partner who is a champion for child life services and emotional safety, each of you has a very important role in moving ACLP and the profession forward into this next chapter.

With appreciation for your continued support,

**Alisha Saavedra, MA, CCLS**
ACLP Board of Directors,
Immediate-Past President

# Disabilities Should Not Determine Professional Destinations

**By Kendall Malkin, MS, CCLS and Sanasadat Marashi Shooshtari, MA, SVRC, QRP**

Child life professionals affirm the importance of providing inclusive family-centered care in developing therapeutic relationships. However, there is a substantial need for an increased awareness of the current barriers to the child life field for professionals with disabilities. The National Institute of Health (NIH, 2022) reports that one in four adults in the United States have at least one form of disability, whether it is apparent or invisible. According to NIH (2022), "disabilities can be associated with the mobility, vision, hearing, communication, intellect, learning, thinking, memory, mental health, or chronic health conditions." Disabilities can affect individuals uniquely at all life stages, whether it is congenital, permanent, progressive, temporary, or sudden (NIH, 2022). Due to the stark variety of disabilities, challenges arise for workplaces to tailor adaptations to the individual needs of professionals. Disabled individuals are marginalized and underrepresented as employed at 10.9% of the general population, but at 4.8% in the health care workplace (Bulk et al., 2018).

> *There is a substantial need for an increased awareness of the current barriers to the child life field for professionals with disabilities.*

Providing disability resources for those in need within the healthcare setting is a cornerstone to enhancing diversity in the child life field. This article is a call to action for child life leaders to engage in discussions and establish accommodations as a necessary tool for employees with disabilities. We believe that access to child life employment for disabled people can be better established if child life leaders understand barriers that employees may experience when requesting accommodations alongside implementation of a person-centered approach to understanding disability, engaging in and provide ongoing diversity education and training, and initiate inclusive disability discussions with employees.

## Understanding Barriers to Accommodation

Individuals frequently postpone requesting accommodations until they feel that their professional responsibilities cannot be met without reasonable accommodations. For job seekers, this could be in part due to fear that requesting accommodations could lead to hiring personnel selecting an equally, or more qualified, candidate who will need fewer resources to succeed (Rock, 2022). Employees often feel their disabilities need to be hidden to fit into the general population. The child life profession encourages self-care while meeting the needs of children and families. However, often times, it may not be considered that advocating for reasonable accommodations is a form of self-care.

Many healthcare workers find it challenging to identify resources and support networks related to attaining workplace accommodations. There is often a gap in continuity of accommodations between academic and employment sectors due to a lack of a disability resource provider in the workplace. Disability resource providers are professionals who help to navigate accommodations for individuals in need, but their knowledge and presence in the healthcare field are scarce (Moreland et al., 2022). According to a report on disability in medicine published by the Association of American Medical Colleges (2018), the lack of a specialized disability resource provider in the health care setting is an identified barrier to establishing successful outcomes in a professional's career. The shortcoming of knowledge about accommodations in a healthcare setting limits child life professionals' ability to make informed decisions concerning where to accept offers and when/how to request accommodations. When candidates accept professional roles without the necessary accommodations in place, barriers arise, posing challenges for meeting occupational expectations.

## Implementing a Person-Centered Approach

Child life leaders should reduce barriers to accommodation requests by recognizing and modifying approaches to various disabilities. There are two frameworks that describe varying perspectives of disability and its impact on society. The medical model signifies that the disabilities of individuals need to be treated in order to sustain living in the current society (NIH, 2022). The medical model conveys that the person needs to be "fixed", or meet the norms, to function in a society, placing blame on the disabled person for unavoidable needs. The social model, on the other hand, uses a person-centered approach to acknowledge that society needs to accommodate and advocate for individuals with a variety of abilities to reach their fullest potential. The social model empowers disabled individuals by addressing societal barriers that create obstacles to independence and success.

Experiences that align with either model can vary based on a disabled person's needs. To create an inclusive employment environment, child life leaders should adopt a person-centered approach, asking individuals with disabilities themselves to share about effective ways to provide support, and considering the social model of disability as their working foundation.

### Medical Model of Disability

Disease-centered approach

The individual's condition should be treated or "fixed" to meet norms and function in society.

Kendall has cochlear implants to help her process the sounds around her and communicate by listening and speaking.

Sana is a manual and power wheelchair user with cerebral palsy. This condition should be rectified such that a manual chair (in Sana's case) or smaller mobility aid (in other cases – e.g. crutches, walker, braces) can be used to navigate the crowded hospital environment.

### Social Model of Disability

Person-centered approach

Society / the environment should be adjusted to meet the individual's needs.

Kendall's first language is sign language. The hospital provides sign language interpreters and captioning to accommodate her needs as a child life specialist.

A power chair works best for Sana's physical limitations. As a child life student, the hospital arranged a virtual practicum opportunity to enable as much participation as possible.

## Offering Diversity Education & Training

Without an increase of diversity, equity, and inclusion in the field, the profession's growth will be hindered. Enriching diversity in the workplace using a strengths-based approach can enhance innovation and creativity for child life teams (Carucci, 2024). First, child life leaders should be involved in fostering a culture that values diversity, which is a catalyst to an increasingly well-rounded workplace. "Truly getting to know and understand the needs of each team member will ultimately be far more effective than a blanket statement on diversity," (Carucci, 2024). When leaders model respect for differences and continuous learning about the needs of others, staff grow in open attitudes and interpersonal competencies (Groggins & Ryan, 2013). This cultivates an inclusive working and learning environment for everyone.

Second, child life leaders should recommend specific education and training on diversity, education, and inclusion. Psychosocial staff report that diversity education is key to promoting a diverse culture in the healthcare workplace (Vermeulen, 2020). A child life team's awareness of everyone's experiences, regardless of limitations, enables the potential for open-minded thinking. When patients and families see themselves reflected in those caring for them, they can build stronger rapport with the healthcare team (Rock, 2022). Team members can play an active role in supporting disabled colleagues to express needs openly (Gill, 2023). All in all, diversity education leads to improved provisions of patient and family-centered care, which correlates to optimal outcomes for the well-being of patients, families, and professionals.

## Initiating Inclusive Disability Disclosures

While child life professionals serve as advocates for patients and families, employees and employers must also serve as advocates by initiating conversations about disabilities. Those who were effectively accommodated in academia may enter the workforce with more resources and capabilities to engage in discussions about disabilities (Moreland et al., 2022). Proactivity is crucial in building successful working relationships with team members about disability-related needs. When employees have confident and trusting relationships with their leaders, they are better able to discuss their needs. Disability disclosure can lead to increased motivation for accommodated employees to fulfill and even excel in work responsibilities.

> *Truly getting to know and understand the needs of each team member will ultimately be far more effective than a blanket statement on diversity.*

To prevent prolonging disability disclosure, hiring managers should invite open-ended discussions surrounding accessibility needs. This process may require identifying reasonable accommodations necessary to align a person's capabilities with their responsibilities. It is important to recognize effective timing and be aware of who will assist or be involved with navigating accessibility barriers. Some questions to consider when evaluating disability discussions are:

- What is the right approach to begin these discussions?
- How will providing or receiving accommodations impact job performance?
- When is the right time to inquire about or disclose potential needs for reasonable accommodations, whether in an interview, after a job offer, or already in the health care field?
- From whom do employers or employees seek support to address these questions within the workplace?

## Further Considerations

The information in this article is intended to serve as a discussion starter regarding the vast and broad topic of disability inclusivity in employment. Professionals with disabilities have an abundance of knowledge and experience to share with the child life community (Gill, 2023). As a growing profession, it is the responsibility of hiring managers and accommodation seekers to ensure equitable access. If accessibility barriers remains unaddressed, the child life profession will encounter hardships in adopting a growth mindset for the career as a whole. Disability diagnostic information will evolve based on advancements in medical and other technologies, and the nature of disabilities are unique and ever-changing. The child life field should be prepared to embrace and follow these advancements for the betterment of the child life profession. This means that conversations involving accessibility should never encounter an ending point.

## Disability & Accommodation Resources

Here is a non-exhaustive list of organizations that may aid in facilitating and maintaining person-centered discussions about disability diagnosis and reasonable accommodations:

- ADA.gov: U.S. Department of Justice Civil Rights Division
- The American Deafness and Rehabilitation Association (ADARA)
- The American Association of People with Disabilities (AAPD)
- American Council of the Blind (ACB)
- The Arc: For People With Intellectual and Developmental Disabilities
- The Association of Medical Professionals with Hearing Loss (AMPHL)
- Council of State Administrators of Vocational Rehabilitation (CSAVR)
- Disability: IN
- Employer Assistance and Resource Network on Disability Inclusion (EARN)
- Invisible Disabilities Association
- Job Accommodation Network (JAN)
- National Association of the Deaf (NAD)
- National Organization on Disability (NOD)
- TASH: Advancing Inclusion
- U.S. Department of Labor: Office of Disability Employment Policy

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# SPECIALIZED RESOURCES:
# Clubfoot Casting

**By Brie McDaniel BS, CCLS**

As a child life specialist working in an outpatient orthopedic clinic, I regularly work with the clubfoot population. Clubfoot is a congenital condition where a person's foot is turned inward and downward. Because clubfoot is a congenital condition, most of these patients are newborns. Families typically begin treatment for clubfoot immediately after a baby is born and will often present to clinic within a few weeks to begin the process of serial casting using soft fiberglass. Each week for about 6-8 consecutive weeks, parents bring their baby to clinic for casting. Upon arrival, the family is brought to our patient room that is designated for clubfoot casting. My institution has a specific room dedicated for clubfoot casting that allows for environmental modifications as well as minimizing exposure to germs to protect the infant's developing immune system. Before casting begins, I provide parents with a preparation book that helps them understand what clubfoot is and details what their journey is going to look like.

Like many procedural supports for infants, I focus on decreasing overwhelming sensory input and providing calming sensory input. For example, in our clubfoot casting room we use the natural light from the windows and have a sound machine running. The patients lay on top of a vibrating mat which provides a soothing tactile input, as well as having their top half swaddled with a donor-made swaddle(that way we don't ruin their personal swaddle with fiberglass). The patient's parents will stand or sit by the patient's head to provide a familiar presence and soothing touch and I will provide a pacifier with sucrose. All of this is done while the cast technician and the orthopedic surgeon are working together to cast the feet into different positions in order to correct the foot deformity. The casts are removed at home by the caregivers on the morning of their appointment. I always encourage families to massage and play with the baby's feet after cast removal so that they are getting positive stimulation and not just the stretching during casting.

The last step of the casting phase is a tenotomy. Not all babies require this procedure, however, most do in order to achieve the last position of casting. A tenotomy is a procedure in which the Achilles tendon is released. The baby then goes into their last cast for three weeks while the tendon heals in the lengthened position giving them a full range of motion. The tenotomy is completed in clinic. Prior to the procedure a numbing cream is applied to the back of the heel and secured first with press'n seal wrap and then a sock. Using press'n seal wrap instead of tegaderm allows us to remove the dressing without upsetting the baby like tegaderm often does. The sock ensures that the baby does not kick the wrap off while the numbing cream is activating. While we wait for the numbing cream, the baby stays with the parents in the waiting room. Once the numbing cream has been on for the appropriate amount of time, I bring the baby back to the clubfoot room where the set up mirrors the baby's regular casting appointments- the only difference is that the family waits in the waiting room as the tenotomy is a sterile procedure.

The goal of bringing the baby back myself is to reaffirm to the family that my only role is to care for the baby's well being and ensure the baby is coping positively. When the procedure is complete and the casts have been applied, myself and the orthopedic surgeon bring the baby back to the parents in the waiting room.

These casting appointments can be very challenging for families. Not only are they navigating life with a newborn, but they are accepting what is often an unexpected diagnosis and processing how newborn milestones may look a little differently than how they planned. Some therapeutic activities that I implement with families to help them cope with this are decorating the casts for holidays or interests and encouraging parents to create a scrapbook or shadow box of the baby's clubfoot journey. To decorate the casts, I use the Cricut to print and cut images on regular printer paper. These can be images to represent holidays, sibling interests, or parent interests. I place the images on the cast while the fiberglass is still wet and then wrap the casts with an ace bandage that has been dipped in water to help the images adhere to the fiberglass. Once the fiberglass is dry, I remove the ace bandage and seal the images with mod podge. In the past, I have made matching Christmas pajama casts, super bowl casts, Valentine's day casts, Bluey casts, and more. For documenting the baby's clubfoot journey, I encourage parents to create a clubfoot scrapbook that documents the baby's journey. Each week, we take a new picture of the baby's casts to document the progress being made. I encourage parents to include a journal entry with the picture to document what number cast the baby is on, how they are coping with the casts that week, what milestones they achieved despite the casts, and fun places they went to or fun things they did while in the casts.

For each baby with clubfoot, the parents and I create 3D molds of the baby's foot before clubfoot casting begins and after their last cast comes off. The molds are then put in a shadow box along with the donor-made swaddle and a piece of the casts and given to the parents to document the progress made and celebrate the end of the casting journey. I have also created ornaments as a way of scrapbooking for the parents. I take a small piece of the fiberglass from one of the casts and place it inside of a clear ornament. I then use the Cricut to cut out the baby's name and date out of vinyl which is placed on the outside of the ornament.

Additionally, parents may be working with siblings to help them cope with a new sibling who requires additional attention and special treatment. Clubfoot casting can only be done by highly specialized orthopedic surgeons and families may have to travel long distances to receive the care they need for their child. To support siblings, I encourage parents to include the sibling in the casting care. This includes having the sibling help keep the casts dry during sponge baths, removing the casts and massaging the baby's feet after the casts have been removed. Casting a doll or stuffed animal for the sibling is another helpful way that I support siblings.

During the second phase of treatment, the child goes to an outside orthotics and prosthetics vendor where they are fitted for boots and bars which is a brace that is worn ideally until the child is 4-5 years of age in order to maintain the position of the foot. The brace is worn at all times for the first three months and then is transitioned to being worn at bedtime and for naps. This phase is often considered the most important part of treatment because the families are no longer coming to clinic each week. Instead, parents are responsible for incorporating the braces into their daily routine and if the brace is not worn, the foot will revert back to the clubbed position while the child is growing, leading to difficulty with mobility and the need for future surgeries.

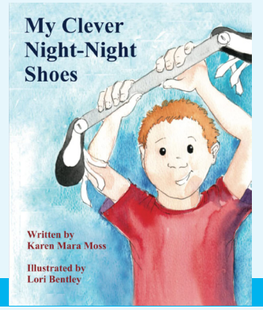
# MY FAVORITE RESOURCES WHEN WORKING WITH PATIENTS WITH CLUBFOOT AND THEIR FAMILIES


## VIBRATING MAT

During casting, the baby will lay on the vibrating mat, providing soothing, comfort, gentle motion, warmth, security, calmness, relaxation, and added reassurance. Not only does this promote positive coping, but when the baby can relax their body, the providers can get a better mold on the cast.

## MY CLEVER NIGHT NIGHT SHOES

This book teaches both the patient and sibling about what boots and bars are and why they are worn. Not only can this be used for understanding, but you can also have siblings read this with the baby in order to promote bonding.




## LUNA BEAN CASTING KIT

This is used as a therapeutic activity for the parents. Together, we create molds of the child's foot on the first and last day of casting. The molds are then displayed in a shadow box and gifted to families to document the progress made during the casting journey and celebrate the end of the first phase of treatment.


## TEACHING DOLL

Our patients often have siblings at home who are not only coping with a brand-new baby at home but one with an unfamiliar diagnosis and treatment. To help the siblings cope with this, we place casts on a doll or stuffed animal using casting material. If you cannot use actual soft cast material for this, Coban is a great alternative.

## 3D PRINTED BOOTS AND BARS

There are 3D printed boots and bars that we put on stuffed animals and gift to patients so that they have a comfort item that looks like them, offering reassurance, familiarity, and emotional support during treatment.

# Learning Activities that Cultivate Community and Critical Thinking in the Child Life Classroom

**By Kathryn Cantrell, PhD, CCLS**

Child life students are entering a profession that is known to be competitive, homogenous, and poorly compensated. To sit for certification, many students have to put off work to apply multiple rounds to acquire training placements (Boles et al., 2024; Wittenberg Camp et al., 2023), with some even needing to relocate. With these strains on the profession, I see it essential to approach child life education from a social justice stance. A social justice classroom creates a space where students are truly known, where students can be critical of the world, and where justice and activism are as valued as academic rigor. Paulo Freire (1970) argued that people need to develop critical conscientization and engage in praxis that incorporate theory, action, and reflection as a means to work toward social change and justice. *Critical conscientization*, or critical consciousness, involves recognizing and challenging oppressive systems. Similarly, *praxis* involves the work of a student or group of students acting on their environment in order to critically reflect on their reality and transform it through further action. By gaining these skills, students will have the tools needed for advocating for the profession.

Within this umbrella, I focus the most on cultivating a classroom that promotes two pieces of social justice education: community and critical thinking. Community for the peer support and networking required to pursue a competitive profession with high incidence of burnout and critical thinking for the profession's challenges related to diversity, internship access, and compensation. Freire (1970) promoted critical thinking in his classroom through dialogue and collaboration rather than traditional teacher-centered instruction. He promoted community in his teaching by seeing students as active participants in the learning process who develop knowledge and skills through relationship. In this way, he focused on cultivating dialogue between teacher and student as well as among students themselves. Similarly, bell hooks (1994) emphasized the importance of creating a nurturing and inclusive learning environment, where students feel safe to engage in dialogue and express their thoughts and experiences. Too, she believed in the integration of personal experience into the learning process, encouraging students to connect academic content with their lived realities.

As a child life academic, I am lucky to teach for a graduate child life program that is relatively affordable, flexible to students' work and caregiving schedules, and racially and ethnically diverse. Because the program is fully online, I am often wondering how to ensure my courses can promote critical thinking and community without the benefits of a shared, in-person space. In this paper, I provide examples of learning activities and approaches that have helped me stay focused on fostering critical thinking and community. Each section also considers additions for future semesters. The intent of this article is not to make suggestions; instead, it is my hope to create a dialogue with academics and students to hear what is working and what is safe to leave behind.

## Mirroring Community

A benefit of teaching in an online space is that I have the flexibility to lecture, grade, and meet with students on my own schedule, between school pick-ups. But this benefit is what also makes me miss the in-person interaction that sparked my interest in teaching. Students say the same thing: they would not have the capacity to get their masters without the flexibility of the online program and they feel they are missing out on the energy of a shared, in-person community. To help students feel more connected to one another, our program contains opportunities for cultivating community including opportunities to meet socially online, to provide peer review in small groups, to attend virtual presentations from practicing child life specialists, to interview one another for course assignments, and to provide peer support for practicum and internship applications. We encourage students to move beyond platitudes and truly connect with one another.

One of the most meaningful assignments in our program occurs during the grief course. Students meet synchronously in small groups throughout the semester to complete a collection of activities related to loss. Many of our students mention this assignment in the final portfolio defense, sharing that it helped them not only identify biases and beliefs regarding death that might impact their work, but it also gave them an opportunity to develop deep friendships with their peers, based on vulnerable reflection. Students take turns leading the activities to practice facilitating praxis, emotional safety, and trust in the group.

In our child life course, students develop a peer-review community. In lab assignments asking students to apply the knowledge gained from the course, students create meaningful family resources, intervention plans, and research proposals. Each student submits their own product and also provides detailed peer reviews on classmates' work. Students receive the most points on the assignment if they integrate the feedback given to them into an edited product. Throughout the semester, the groups become more trusting of one another and their feedback becomes more authentic and specific. Students often mention how the assignment helps them develop confidence in sharing their work with their community, a necessary skill when engaging in advocacy.

These assignments ask students to take risks with their peers by vulnerably sharing online. Modeling this work is a key component to social justice pedagogy. Recently, when considering my curriculum, I questioned whether I was also taking risks with my peers and being vulnerable. The answer is rarely and certainly not as often as an educator who embodies the social justice approach to teaching. In the future, while asking students to cultivate community, I would also like to be doing the same thing. I plan to do this by seeking out online communities to discuss pedagogy, sharing my work with peers who can provide feedback (like now!), and ensuring that the feedback I provide students strengthens our relationship. As a member of the Child Life Academic Society, I am hoping that this emerging community for academics will provide more opportunities for modeling the connections I require of my students.

## Experimenting with Format

In an online masters program, students write. Papers and assessments and discussion posts and observations and literature reviews and on and on, they are asked to hone their writing during the program. Our students graduate as skilled communicators and while this is helpful for their clinical work, both community and critical thinking can be cultivated by stepping outside the traditional paper format. We focus on reflexive practice when helping our students strengthen their critical thinking. Each course in the program offers opportunities for students to reflect deeply on their identities, their biases, and their past health experiences and what all of it means for their future work. In multiple courses, students are given freedom to use whatever format they would like to reflect on the course content. Some students submit audio files or videos or slide shows or paintings or poetry, whatever helps them communicate their ideas. While many still submit in the traditional paper-format, it is exciting to see a reflection that breaks this mold. When students experiment and get creative, I feel as though I know them more and can authentically see their growth.

In my developmental theories course, with each new theory students are asked to submit a reflection on how the theory aligns with (or contradicts) their own development. To ensure the reflections are not burdensome, I ask that students give themselves only 15 minutes to create their reflection. As a result, the discussion thread is alive with childhood photos, handwritten notes, short stories, collages, and comic strips. Students teach back their connection to theory in these short, creative formats and it helps me see their ability to teach outside of a traditional model. Students have shared that the flexibility helps them demonstrate their knowledge in a way that aligns with their strengths and values. I see the benefit of these creative reflection assignments when asking students to demonstrate their critical thinking. When students reflect on oppression and power in a case, students first position themselves within the details of the story to identify biases, beliefs, values, or experiences that might impact the way they approach the case. I also see it building community. As Beins (2016) writes, "in order to appreciate one's classmates in all their complexity and to begin forming relationships with them, it helps to view them as real people" and these learning activities help classmates see their classmates as rounded, alive, and complex (p. 158).

In an effort to embody the work I ask of my students, I am hoping to integrate more creative formats into my future teaching. Teaching with internship readiness and the certification exam in mind, I provide countless readings. But by mirroring the act of reflecting on the content in creative formats, I could help students who might not learn best by reading and those who need modeling before they can feel comfortable reflecting in new ways. bell hooks (1994) discussed how learning emphasizes silent, passive obedience, even in postsecondary schools. To support students in their efforts to build skills in activism, it can help to model breaking outside the expected norm. In in-person classrooms, small moments of chit chat can help support a learning community (Beins, 2016) so in future semesters, I am also considering how to infuse more socializing into my courses.

## Embracing Technology

Like all technology, teaching online has its advantages and disadvantages. In a similar vein, AI can also introduce positive and negative variables to teaching. When Chat GPT first launched in 2022, there was worry from fellow faculty that students would do less work and we would be grading mostly AI-generated papers in our courses. I learned that students were already using it as a tool, so it was already playing a role in child life education and training. Seeing how students engage with the tool helps me understand it more. In Butulis (2023), advantages of AI technology are discussed including how it can help save time, edit papers, and generate content like case studies. While the impact on student writing and course development is promising, I am most curious about how AI could be used to support critical thinking.

To experiment with the technology, I have replaced a learning activity in my child life course with one centered on critiquing an OpenAI-generated product. Students are asked to use ChatGPT, Google Bard, New Bing or others to design a legacy activity for a specific case. In small groups, they work together to critique the intervention for its ability to support coping and development. The legacy plans are surprisingly detailed and yet, there is much room for improvement; too, students find it easier to critique a robot compared to a peer, making it a helpful activity for scaffolding peer review. In future semesters, I plan on integrating more AI-generated activities. One learning activity could occur during our cultural humility module where students are asked to reflect on how their intersecting identities may lead to implicit bias when working with families from different backgrounds. When experimenting with ChatGPT, I used the prompt, *I am a healthy, able-bodied, middle-class, white, heterosexual, cis-gendered female. I just got a job working at a children's hospital. What implicit biases might come up in my work?*, and the result was a comprehensive list of implicit biases and how they could arise with patients and coworkers. Asking students to do this and then add anything ChatGPT forgot or left out, could be a helpful exercise when discussing bias.

In the future, I would like to include AI in each course to model the act of critically engaging with technology. This act helps students develop skills in questioning the utility of our profession's tools. They have experience with critically examining theory, research, and professional guidelines, why not add technology to the mix? I have a learning curve with the technology so I will be engaging in professional development to strengthen my AI muscle. If you would like to learn alongside me, I recommend reviewing the free AI trainings discussed by Kharbach (2023).

As the profession continues to cope with the strains of competition, poor compensation, and lack of diversity, education that emphasizes social justice can help our students learn to advocate for themselves and others. I am reminded of an assignment asking students to review a hospital website for hidden master narratives about stigma and ablism, and students found a long list of content that would be harmful. Just building this eye protects future patients and families. I am also reminded of an assignment asking students to play together online where one group, so tired after their work days, giggled for an entire forty minutes. It was so clear to see how much they needed that time to play. I see each of these small opportunities as ways of bringing social justice education to life, even if through a screen. While in this paper I have chronicled some of the ways I practice social justice pedagogy in my work, I conclude with a request for more ideas. Like my students, I would love to engage in a community dialogue with others to hear what has been most helpful.

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# Recruiting BIPOC Child Life Students and BIPOC Student Perspectives When Applying to Internship Sites


**By Kim Corey, CCLS, MS and Danyah Hassan, MS, CCLS, Ashley Lee, MS**


## Reasoning for increasing diversity within the child life profession

The benefits of increasing diversity within healthcare have been demonstrated to include performance, innovation, productivity, and patient outcomes (Gomez & Bernet, 2019). With 50% of the US population expected to be represented by minorities by 2050, it is imperative that healthcare continues to evolve to combat persistent racial and ethnic disparities, including in the field of child life (Nair and Adetayo, 2019). Both the American Academy of Pediatrics (AAP) and The Association of Child Life Professionals (ACLP) recognize the increased need to bring diversity to workforces, with the AAP reporting that "Maximizing the diversity of our members and leaders allows the AAP to benefit from the rich talents and different perspectives of these individuals" and the ACLP stating that increasing diversity within the field of "Certified Child Life Specialists is important because the effectiveness of many interventions is linked to a child life specialist's ability to create a relationship that engenders trust with the patient. Having more diversity in our workforce would benefit the children we are serving, as they typically are part of a diverse population" (AAP, 2017; ACLP, 2018).

> *"It is imperative that healthcare continues to evolve to combat persistent racial and ethnic disparities, including in the field of child life."*

According to the ACLP Member Survey, as of 2018, 91% of the responding members who are Certified Child Life Specialists (CCLSs) identify as Caucasian, with 1.5% identifying as Black/African American, 3% Hispanic, 2.5% Asian, 1% multiracial, and 1% other (ACLP Member Survey, 2018). Dismayingly, this statistic has not changed from 2003, when the member survey also reported that 91% of responding members identified as White (CLC, 2003). Clearly, diversifying the field of child life continues to be a challenge in many ways. Hammond et al. (2023) even stated that "many clinical supervisors" are "sharing that racial and ethnic diversity is not currently represented in applications received for clinical practicums and internships". With Hammond et al. and many others engaging in the important work of addressing the root barriers of entrance to the field, internship stands as a hurdle for many, especially candidates from diverse backgrounds that are already in their child life journey. Yet, there is limited research or insight into the experiences of Black, Indigenous, People of Color (BIPOC) child life students and CCLSs about their experiences applying for internship. With an internship being required for qualification as a CCLS, insight into these perspectives could help guide recruitment and support of BIPOC students through the internship experience, directly impacting the growth of diversity in the field of child life.

The perspectives mentioned in this article are each individual's own, and it must be acknowledged that they are not representative of every BIPOC child life student or child life specialist. When it comes to recruitment of BIPOC child life students, reviewers need to "Carefully consider how applications are reviewed or removed from the review pile and if these practices are equitable to students from underrepresented racial, ethnic, and SES backgrounds who do not have the same resources or opportunities as students from the majority culture" (Sisk & Wittenberg, 2021). The following perspectives are from two BIPOC CCLSs and a BIPOC child life student who recently went through the internship application process in spring 2024. By sharing these experiences, we aim to elevate some of the voices and needs of BIPOC child life individuals to give specific steps/guidance on how internship sites and child life specialists can increase diversity through the internship process.

## Reflections of a BIPOC CCLS on Applying to Internships in 2020

### Assessing Sites for DEI Awareness and Inclusivity

When I was applying to child life internships, the #BlackLivesMatter and #StopAsianHate movements were prominent. On one hand, it was empowering to see many people acknowledge racism and the effects of racism. On the other hand, these movements existed due to systematic racism and hatred. And that terrified me as a person of color (POC). I was lucky at the time to be living in a metropolitan city that had a very diverse population where I didn't feel like I stood out. However, there was no guarantee that I would be able to secure an internship site in that city (and I did not) due to the nature of child life internship acquisition. Knowing I had to expand my search, I was very intentional about applying to internship sites due to my *concerns and fears of being attacked for my race, and concern that if something did happen to me, would the hospital/internship site advocate for and support me?* Overall, I did not apply to internship sites in specific locations due to these fears concerning my physical and emotional safety. However, the few that I did apply to despite these fears demonstrated a few key things that made me feel like I could apply there.

1. **Diversity statements:** Whether the statements were specifically on the child life department's site or on the hospital site, I took these into account. However, a Diversity, Equity, and Inclusion (DEI) statement on a child life department website was especially noteworthy. While these statements didn't guarantee my safety, they did demonstrate a commitment to and awareness of the importance of DEI that I could point to and feel more secure.
2. **DEI Scholarships:** When a child life internship site prioritized and offered a DEI scholarship, this similarly demonstrated to me not only an awareness of the importance of DEI, but a commitment made through actions and not just words to support candidates from diverse backgrounds. The existence of these scholarships showed recognition of the hardships that many students of color face; hardships that are acknowledged to be exasperated due to COVID-19 by Sisk and Wittenberg (2021).
3. **DEI Related Questions:** While I know many people who lamented having extra questions to answer in internship applications, when I found an application that asked you to answer a question about DEI, that demonstrated to me that the internship site truly wanted to find candidates from diverse backgrounds and prioritized and cared about the values of DEI.

### Evaluating Offers with DEI Awareness and Inclusivity in Mind

Not everyone has the privilege of getting more than one internship offer, but I was someone who did. When it came time for me to choose where I selected, I considered:

1. **Specific DEI Interview Questions:** This was one of the biggest factors in determining the internship site that I chose. I appreciated and valued any hospital that asked candidates about their DEI experiences and viewpoints. Asking these questions demonstrated to me a respect for and value of DEI. What made my chosen internship site stand out to me is that they took it a step further and asked me a specific situational question related to DEI that I still remember to this day: "What would you do if you accidentally used the wrong pronoun for a patient?" I had no other program ask me a question like that, and the fact that they even recognized the importance of respecting and using pronouns stood out to me.
2. **Location and accessibility:** I did not have access to a car during internship. I assessed the following factors: availability of publication transportation, hospital location, safe walking paths, and the knowledgeability of the internship site on resources and offers of support.
3. **Representation on the interview panel:** I always felt a sense of relief and/or excitement to see someone who looked like me or another person of color. It reassured me that if I went to that internship site, there would be someone who could better understand my experience as a person of color and a potential resource for support.

## A BIPOC Student Assessment after utilizing the New ACLP Common Application in 2024

### Assessment of Sites and their Value of Diversity

1. **Staff and Population Diversity:** When it came to choosing where to apply, I often searched for hospitals where diversity was present not only among the child life team, but the hospital and the patients they serve. As a woman of color, it was important for me to find an environment where I would feel most comfortable and accepted, and where I could learn among a diverse pool of patients, families and staff.

Although I was aware that the field of child life is pre-dominantly made up of white professionals, finding a child life team at a hospital that had mentors that shared similar backgrounds to me or recognized the importance DEI was critical as well. I sought to find a location where the team's values aligned with my own.

2. **Location:** Additionally, my decision of applying/accepting internship offers depended on the location of the hospital. I avoided a hospital where I not only felt that DEI was limited or absent, but also if the state or city in general felt unsafe for me; I would be living in a new environment with no one I'd know, and being a woman of color would make me a target, which made me consider the geographical location.
3. **Learning Opportunities:** Diverse learning opportunities made an internship site especially appealing to me. Whether that be educational through in-services, DEI-based events, or learning opportunities outside of the hospital-setting, I sought a location that would allow me to expand my perspective and knowledge of the child life field.
4. **Policies and Accommodations:** It is a lifetime passion of mine to continue to mend the gaps of DEI-based issues, especially within the healthcare field, so finding the hospital's DEI-mission, values, and the committees in place to address these issues were important in my decision, as well. A location that recognized systematic barriers faced by BIPOC applicants also made an internship site appealing. Though I recognize many internships are unpaid, providing other accommodations or resources that can help to relieve not only financial burdens, but mental challenges were important to me. For example, a hospital/team that provided resources to guide students in finding housing, transportation, and hospital attire was appealing.

### Interview Obstacles

1. **Feeling Othered + Imposter Syndrome:** I also experienced imposter syndrome during interviews, feelings of unworthiness and self-doubt of my qualification and skills. BIPOC individuals can especially feel this way due to spaces often perpetuating "cultures and norms that continue to make BIPOC individuals feel excluded" (Khan et al., 2022). BIPOC students can feel as if they do not belong in a team where they look and feel different. This can lead to feeling inadequacy, as if we are not as competent as our peers (Khan et al., 2022; Tenhulzen et al., 2023). During interviews, I was often the ONLY woman of color and that, among the other nerves, made me feel as if I had to impress the team or individual I was interviewing with even more. I experienced the need to emphasize or "fake" a certain tone of professionalism that felt more as if I was immersed into the white-American culture, rather than just being my authentic Korean American self. I felt pressured to ensure my speech and articulation had to be as clear and concise as I delivered my responses. This, among all the other thoughts roaming in my head became a distraction at times during the interview process.
2. **Code Switching and English as a Second Language (ESL):** I spoke to foreign exchange students who went through the practicum interviewing process that felt their interviews were affected by the expectation to speak in their second language, English. They could tell when the interview team was frustrated by the impatient looks when the students took more time to articulate their words or replies. It was harder for them to deliver the right response and make a positive impression in their second language despite internally knowing what to say.
3. **Team Culture:** I found internship sites more appealing when their child life team seemed close-knit and had a sense of community among themselves. Knowing that the field of child life has such high burnout rates, I was attracted to teams that liked to lighten the mood during interviews or ask fun questions. During group interviews where I could see other interviewees, I already felt different when I often the only woman of color, so seeing a team that emphasized student well-being and reminded them to be themselves during the interview process was something I appreciated.

### Action Steps Forward

As child life specialists, we embrace Maslow's Hierarchy of Needs, including the need for safety. We strongly encourage a mindset of growth to meet this need and expand our field by supporting BIPOC students through their child life journey. We caution against reading some of these experiences and thinking, "We can't do anything about that." We encourage introspection regarding our following recommendations and other ideas for what else can be done to make students feel safe coming to your program. Based on these perspectives, there are steps that every program can take, and many of these insights that have been stated and are summarized below are supported by both the ACLP and research.

1. **Highlight the value of DEI in your program.** Flory et al. (2021) found that "signaling explicit interest" and employing "less invasive approaches" to team member diversity sharply raises interest and applications rates for minority groups. This can be done directly by advertising your desire to recruit minority candidates for practicums and internships on your website and other PR materials, or more indirectly by providing statements and evidence that your program values DEI (ACLP, 2021). This could be through a link to the hospital's DEI Statements or creating one specific for the child life department (ACLP, 2021).
2. **Incorporate DEI into your application and interview questions.** For instance, ask real life questions that have occurred to child life students, supervisors, or even colleagues. Ie: "What would you do if a patient/family repeatedly called a colleague a derogatory name?" This demonstrates your recognition and value of the importance of DEI in the child life profession and your department/program and per Bombaci & Pejchar, "signaling institutional commitment to DEI" (2022). Additionally, considering that child life intern students are expected to work with patients and families from a variety of backgrounds, these types of questions are advantageous to interviewers to help evaluate how an applicant will interact with diverse patient populations and colleagues (Bombaci & Pejchar, 2022).
3. **Highlight other opportunities the hospital offers related to DEI.** This demonstrates that at an institutional level DEI is valued (Bombaci & Pejchar, 2022). Many hospitals have hospital wide DEI committees, Employee Resource/Support Groups, and DEI related events.
4. **Representation on your interview panels:** Not only can this help candidates feel more comfortable, but this increases diversity of thought and can have a direct impact on choosing diverse candidates. Per the ACLP (2020): "Embrace heterogeneity in thought leadership, staffing, student, and intern recruitment and navigate change management with grace, reflection, and purpose."
5. **Describe your DEI resources upfront during interviews:** Offer language accommodations like interpreters for students whose primary language is not English so they can show their true, authentic self in interviews and feel more confident to secure an internship in a language that they are most comfortable with. If you don't have DEI resources, reflect on why and start with creating resources. Creating or joining a DEI committee, promoting interpretation services, strengthening multicultural toy representation, finding community-based resources, and researching hospital initiatives.

6. Provide awareness and education among the interviewing child life team regarding "code switching" (switching between different languages or dialects), and how tone, speech, and articulation can be difficult to deliver at times, in order to reduce bias (Brdarević-Čeljo et al., 2024).
7. **Weight for additional considerations:** UPMC Children's Hospital of Pittsburgh's practicum program takes into consideration additional factors like work experience outside of child related experience, recognizing that finances are a barrier to entrance to the field of child life. For those who must work, instead of being penalized for having less child related experience, students' experiences working other types of jobs are weighted into their scoring matrix. Perhaps, these types of considerations to experiences can be incorporated into internship scoring matrixes as well.

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# UNDERSTANDING SENSORY NEEDS:

## Meeting a Child's Unique World with Compassion and Care

**By Elise Huntley, MA, CCLS**

It's a familiar scene. A child and family are in the pre-procedure space and while the healthcare team is trying to speak with the caregivers, the patient is exploring the room by pushing furniture, hitting buttons, pulling cables, and flipping the light switch. Tension is rising in the room and the child life specialist wants to provide preparation and support to the child prior to their procedure. But the patient is communicating via their behavior that they are too dysregulated to engage in that type of intervention right now. Children with sensory needs often communicate through their behaviors that they have a sensory need that is not being met. By meeting their sensory needs, these children are often able to regulate and reengage. This article is a brief introduction to sensory processing differences along with some strategies that child life specialists can used when supporting these patients.

It's estimated that 1 in 20 children have sensory processing differences (Miller, 2014). Research has found that sensory processing differences can be found not only in children with autism but also children with ADHD, visual impairment, prematurity and higher childhood trauma scores (Fabio et al., 2024; Houwen et al., 2022; Wickremasinghe et al.,2013; Jeon & Bae, 2022). The goal of this article is to provide readers with a basic understanding of various types of sensory processing differences as well as provide practical strategies that can be used in clinical practice.

The senses are how one explores and learns about the world around them. The primary five senses that are discussed are sight, sound, smell, taste and touch. But there are three "hidden" senses that we often don't discuss but are important to know. These are vestibular, proprioception and interoception (Kranowitz, 2022). Vestibular is the sense of balance, it helps one recognize where their body is relative to the ground and other object around them. The proprioceptive sense helps one understand where their body is, this sense helps one to know where their body is in relation to other body parts. Activities that provide proprioceptive input include pushing, pulling and carrying heavy items. And third hidden sense is interoception which tells us about the internal state of the body such as if we're feeling hungry or need to use the bathroom. These eight senses all work together to help one understand the world.

## Sensory Processing Differences

Sensory processing is a broad term that is used to describe the process of receiving information from the senses. One definition of sensory processing is "the neurological procedure of organizing the information we take in from our bodies and the world around us for use in daily life" (Kranowitz, 2022). When the body can properly process sensory input, the individual receives information in through the senses, the brain identifies and organizes the information it received, and then the brain sends instructions to the body about what to do with the sensory information. But sometimes

one's body isn't able to process the senses and this is what is called sensory processing differences or SPD. The "D" can stand for a variety of things including differences, disorder, dysfunction, difficulty or delay but the word "differences" indicates that each person processes the senses in a unique way (Kranowitz, 2022). SPD is a neurological condition where the sensory signals are not organized into appropriate responses, there is a break down somewhere in the process from receiving sensory input to responding to the sensory input.

Sensory processing differences are typically broken down into three categories: sensory modulation disorder, sensory discrimination disorder, and sensory-based motor disorder (Miller, 2014). Sensory modulation disorder is a difficulty with regulating oneself and organizing the intensity or degree of sensory input. This is the most common type of sensory processing difference that is discussed, the three subtypes are over responsivity, under responsivity and craving. For a child that is over responsive to sensory input, they likely prefer dimmed lights and quieter areas as they're easily overwhelmed. The child who is under responsive to sensory input probably needs more sensory input such as brighter lights, louder shows and deep pressure. For a child who is sensory craving, they're typically seeking sensory input. This might be the child who is pushing chairs, spinning and actively exploring their environment.

Sensory discrimination disorder is trouble discerning between the types of sensory messages that the body is receiving. Kranowitz (2022) calls this the "sensory jumbler" as individuals struggle to respond appropriately to sensory input or may misunderstand the message that the sensory input is communicating. An individual with sensory discrimination disorder might have trouble distinguishing between different sounds or textures. If they have a coin in their pocket and feel it without looking, an individual with sensory discrimination disorder might struggle to know if the coin is a quarter or a dime.

Sensory based motor disorder is difficulty with movement due to inefficient sensory processing. If a child has a sensory based postural disorder, they may struggle to stabilize their body often due to low muscle tone or poor core strength. Sensory based dyspraxia is difficulty with steps involved in a multi-step task or command. Regardless of which specific category of sensory processing differences that a child falls into, adapting a child's sensory environment and recognizing their needs can help us provider supportive interventions.

When children are feeling overwhelmed or stressed in respond to the sensory input, they try to communicate this with caregivers. Sometimes this is words and saying that things are "too loud" or "too bright." But other times, children communicate with their behaviors. When a child exhibits aggressive or self-injurious behaviors, they are often communicating how they are feeling. These escalated behaviors are a sign that the child is not coping and not in control over their actions. When children are overwhelmed or struggling to cope, they will figure out ways to compensate and this can include stereotype behaviors, withdrawal, aggression and self-injurious behaviors (Bogdashina, 2016). These escalated behaviors are often a child's way of protecting themselves from the effects of their sensory processing differences (Miller, 2014). Stimming is also another behavior that individuals will use to self-regulate when trying to organize and process the sensory input that they are receiving (Kapp et al, 2019). When we stop to listen to what our patients are saying, even if they aren't using words, we can respond in a supportive manner.

## Conclusion

The first step to supporting patients with sensory processing differences is assessment. Children often alternate between seeking and avoiding sensory input so it's important to first assess whether the child is currently seeking or avoiding sensory input. Another helpful strategy is creating individualized support plans prior to the encounter with the patient or upon meeting the patient. Patients with autism spectrum disorder were found to have fewer challenges with anxiety and coping when they had individualized care plans (Liddle & Sonnentag, 2020). For patients in the preoperative setting, individualized care plans were found to be essential in managing stress and safety for patients with autism spectrum disorder (Winterberg et al., 2022). These individualized plans can also be created and applied to patients with sensory processing differences. By assessing what makes the environment hard for a child, child life specialist can appropriately support these patients in the medical setting. Doherty et al. (2023) uses an acronym SPACE to identify the areas for support. These are Sensory needs, Predictability, Acceptance, Communication and Empathy (Doherty et al., 2023).

When creating a sensory sensitive space, it's important to think not just about sensory space but also understanding the individual, adjustments and recovery space (MacLennan et al., 2022). Providing education can give the child predictability so they know what to expect. Along with preparation, it can be helpful to give children space and time to recover when they do start to feel overwhelmed. By assessing what it helpful at home or in the school environment, the child life specialist can try to create similar safe spaces in the medical setting.

The next step is to minimize undesirable behavior. How can the child life specialist stop the patient from hitting on the keyboard when the doctor needs to type a note or stop the child from turning off the lights because the nurse can't see the paperwork? One strategy is to meet that sensory need and provide a safe and appropriate way for the patient to get that sensory input they are seeking. If they like hitting buttons, there are keyboard and remote fidget toys available on Amazon so the child can get the sensation without disrupting the other staff. Instead of saying no, the child is given a way get the sensory input that they are seeking. When working with patients and providing interventions to help them remain calm, our aim should be to help the child cope with their problem or in this case the sensory need they are seeking (Bogdashina, 2019). There are safe and appropriate ways to help patients meet the sensory need they are seeking with minimal disruption to the visit.

Another way to meet the sensory need is to provide sensory input, this is especially helpful with sensory seekers. Those patients who can't stop moving and are constantly pushing and pulling things are often communicating that they are seeking sensory input. Alternative seating can be a great way to provide sensory input. Research has found that the use of therapy balls or textured seats increased attention and engagement (Pfeiffer et al., 2008; Schilling et al., 2004). Vibrating seat cushions are another great option for sensory input as it provides the sensory sensation without the child needing to wiggle or move around. Sensory rooms and adaptive sensory environments are another intervention that can help to meet a child's sensory need. Sensory rooms are evidence based interventions that decrease anxiety in the hospital setting and support positive coping (Bevan et al., 2023; Shapiro et al., 2009; Fallea et al., 2022). Through the use of projectors, light up fiber optic strands, dimmed lights, gel floor tiles and sensory toys, a hospital room can be transformed to a sensory friendly space. Removing furniture can be another easy way to adapt a room to create space for patients to stim and run and jump so they can get the proprioceptive sensory input that they are seeking. For patients that benefit from deep pressure, weighted blankets or weighted gel lap pads can be used to provide that calming pressure. Another deep pressure intervention can be as simple as squeezes on the patient's hand, arm or shoulders as this joint compression can be very calming for patients. Patients with sensory processing differences might also feel uncomfortable with their feet hanging off a chair as that can feel destabilizing so a footrest for the patient to place their feet on to stabilize their bodies while sitting in a chair for an exam can be helpful. A dedicated sensory room is amazing but even if there aren't resources or funding for that, there are simple ways that a room can be adapted and changed to meet each patient's sensory need.

At our hospital, we have seen incredible results from recognizing that patients have different sensory needs and working to meet those needs. Besides countless caregiver feedback of the impact of sensory rooms and sensory support provided throughout the hospital setting, we've also need data driven changes. In surgery, the use of anxiolytic medication has decreased since introducing sensory rooms to the pre op experience. In our ophthalmology clinic, the length of visit time decreased since meeting patient's sensory needs through preparation and sensory support during their appointments. Behavior is communication and when we start listening to what patients are telling us through their behavior and meeting the sensory need they are expressing, we can change the trajectory of a patient's hospital encounter.

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# PROUD TO BE ME: A DEI INITIATIVE

**By Morgan Brinson, MS, CCLS**

While enhancing staff competency in serving LGBTQIA+ children and families is critical in all fields, it is especially important for healthcare workers due to the unique needs and challenges faced by LGBTQIA+ children, adolescents, and their families. Nearly 5 million children are being raised by an LGBTQIA+ parent, and it is estimated that 7-9% of youth between the ages of 8 and 18 identify as lesbian, gay, bisexual, transgender, or queer (Dowd, 2024) (Movement Advancement Project, 2025). The political climate in the United States regarding the LGBTQIA+ population is marked by ongoing debates and tensions, and legislation in certain states has placed restrictions on access to gender-affirming care, including limits on healthcare services for transgender youth, with potential legal and professional consequences for healthcare providers who offer these services (Movement Advancement Project, 2025). As pediatric healthcare workers, understanding the unique identities, perspectives, and challenges of LGBTQIA+ children and families not only helps provide optimal care but also ensures that LGBTQIA+ youth feel safe, respected, and supported during a critical stage of their development.

Proud To Be Me is a program implemented by one hospital to highlight LGBTQIA+ perspectives, increase awareness, and empower individuals who are a part of or interact with the LGBTQIA+ community. This article discusses how the hospital initiated the program, the challenges they faced, feedback from participants and the anticipated future directions of the program.


Staff received t-shirts with our custom “Proud To Be Me” design.

## Program View

During this three-week program in June, staff had the opportunity to attend three sessions and hear from different panels and engage in a reflection activity. The panels each had a distinct focus and provided a variety of members of the LGBTQIA+ community a platform to share their perspectives: LGBTQIA+ youth, LGBTQIA+ coworkers, and family members of LGBTQIA+ individuals. The reflective activity remained the same to ensure all staff members had opportunities to participate regardless of their schedules. Staff participation in these sessions was optional; however, they were not recorded to promote candid conversations.

The first panel included four youth who identified as part of the LGBTQIA+ community and were children of staff within the Child Life and Family Services Department. This panel aimed to enhance the staff’s knowledge and ability to work with LGBTQIA+ youth in a healthcare setting. In the program’s second week, the panel session included four child life and family services staff members who identified as part of the LGBTQIA+ community. The goal of this session was to enhance the staff’s ability to work with and support their teammates and coworkers. For the program’s final week, the panel comprised eight family members of individuals who identified with the LGBTQIA+ community. The goal of this session was to provide staff with insight on how to support and work with family members of those who identify with the community. Panel questions were pre-selected and given to the panel members ahead of time. As questions were asked, panel members could answer on their own terms and were not required to answer every question.

### Sample of Questions:

- What do you wish people knew about the LGBTQIA+ community?
- If someone were to make a mistake about your identity or your relationship, how would you want them to respond?
- How can healthcare professionals make receiving healthcare easier for you?
- What does being an ally mean to you? How can people use their voices to support and encourage you?
- What is one thing you believe is super important for them to understand about being a family member to someone in the LGBTQIA+ community?

Throughout June, all staff had the opportunity to participate in a creative self-reflection art activity aimed to encourage employees to reflect on what makes them unique and proud while recognizing the great power in celebrating one’s own identity and self-worth. Participants were provided with the supplies to create a self-portrait on a toilet paper roll and prompted to express their creativity, learn more about their colleagues, and share what makes them unique and the aspects of themselves they are most proud of. Participation in this reflective activity exceeded expectations, with some staff members returning for a second session to ensure they fully captured their sense of self.

## Participant Feedback

This program was met with positive feedback, high attendance, and active participation, demonstrating its value and impact on hospital staff. Direct feedback from the sessions was gathered to be used to make improvements and show staff their voices are heard and their contributions to programming are valued. Multiple participants commented on the variety of perspectives. One noted, “I really loved the format of learning from people we know and learning from the kids we serve.” Participants indicated an ongoing need for education and discussion on serving LGBTQIA+ individuals and families as well as patients of other marginalized groups, such as BIPOC individuals, disabled individuals, or patients who speak English as a second language. One child life specialist said, “There is a need for education on… systemic supports for different family systems. As child life specialists, we are trained to ask who is in the room and recognize that family-centered care (includes anyone who) families decide makes up their family, (and) we should be modeling (and) educating our multidisciplinary staff more explicitly.”

> *I really loved the format of learning from people we know and learning from the kids we serve.*
>
> **– Panel Attendee**

## Author's Evaluation

There was a powerful sense of pride within our Child Life and Family Services Department, and staff arrived to the panels eager to listen, learn from our panelists, and participate in the reflective activity. Our team represents many backgrounds, beliefs, and perspectives, and attendees entered sessions with an open mind.

Our department's collective ability to deepen our understanding through active listening was strengthened through this program. The impact of listening resonated powerfully with all team members, both those on the panel and those in the audience. The openness and vulnerability experienced during these discussions fostered a new way of approaching our work, influencing how the team interacts with patients, families, and each other. This shift in perspective promises to significantly shift our team dynamics, enhance our thoughtfulness in our work, and inspire more innovative approaches to patient and family care within our hospital.

The program also strengthened our department's ability to engage in meaningful conversations about challenging topics. Shying away from discussions that may be divisive or controversial can be tempting.

Left: Staff participated in a reflective art activity, creating self-portraits emphasizing what made them unique and proud.

However, by coming together and intentionally creating a space to learn from our LGBTQIA+ team members, we discovered that we could address complex topics without hesitation. This experience underscored the importance of finding common ground and fostering respectful dialogue.

Challenges are a natural part of any successful program, but ultimately, the power of learning from one another's experiences far outweighed the challenges we encountered during this process. One significant obstacle we faced was finding LGBTQIA+ youth, co-workers, and family members to participate as panelists. In today's environment, hesitation in sharing about one's sexuality is understandable. To address this, we cast a wide net when recruiting participants to ensure that no one felt pressured to join. The individuals who chose to share their stories were strong, informative, brave, and often humorous. Their humanity, vulnerability, and honesty were evident in every response. For many panelists, it was their first time meeting others with similar experiences. Some family members candidly discussed their relationships with LGBTQIA+ siblings, children, or parents for the first time. The vulnerability and courage exhibited by the participants left a lasting impact.

## Future Directions

Future initiatives could expand to include other marginalized groups with the goal to amplify the voices of patients and their families while providing healthcare workers with opportunities for learning and self-reflection. Moving forward, we hope to expand these panels throughout the year, incorporating insights from parents of patients requiring comprehensive care. This includes families with children who have various diagnoses, siblings of patients with chronic illnesses, families who have experienced the loss of a child, and patients with invisible diagnoses. Additionally, the program highlighted the importance of creating space for staff self-reflection, and we will continue to offer these opportunities in the future.

## Conclusion

The Proud To Be Me initiative represents a significant step toward fostering a more inclusive and supportive environment for LGBTQIA+ individuals and their families within our healthcare system. By providing a platform for open dialogue and reflection among staff, the program not only enhances cultural competency but empowers healthcare workers to address the unique challenges faced by LGBTQIA+ youth and their families. As the program continues to evolve, it holds the potential to build lasting connections and understanding within the community with the possibility of improved health outcomes and well-being for LGBTQIA+ patients and families. Emphasizing the importance of allyship and active engagement, this initiative can serve as a model for other institutions seeking to embrace diversity, equity, and inclusion in their practices. Through sustained commitment, education, and advocacy, we can create a healthcare environment that truly reflects and respects the richness of all identities.

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