



## STANDARDS OF CLINICAL PRACTICE

### Introduction

The Standards of Clinical Practice establish criteria for child life services with infants, children, youth, siblings, and families. To this end, the standards of clinical practice are to:

- promote psychosocial care at the highest professional level.
- define the function of child life services in the provision of psychosocial care.
- establish professional expectations for the administration and implementation of child life services.
- provide guidance for organizations and individuals in developing child life programs and services.

### I. Plan for Child Life Services

#### **Standard**

Individuals or organizations that provide child life care will have a plan for providing services.

#### **Interpretation**

The plan will:

- describe child life goals and objectives and relevance to the population(s) served.
- clearly delineate the scope, objectives, and organization of child life services.
- be created by a Certified Child Life Specialist (CCLS) with demonstrated ability in program development and management.
- reflect the content of the Child Life Competencies

### II. Child Life Administration

#### **Standard**

A Certified Child Life Specialist with demonstrated administrative and supervisory skills will be accountable for the planning and implementation of child life services.

In organizations where there are combined services under the direction of an administrator who is not a Certified Child Life Specialist, this individual will demonstrate a working knowledge of the Child Life Competencies.

#### **Interpretation**

Administrative responsibilities include:

- implementation of services based on written plan.
- selection, training, supervision, and evaluation of staff members, volunteers, and students.

- development of written policies and protocols based on regulatory agencies and relevant institutional requirements.
- systematic review of the quality and effectiveness of services.
- maintenance of child life service data and, where applicable, billing records.
- establishment and implementation of a service improvement plan.
- allocation of budget and other resources.
- participation in policy decisions that affect children and families.
- evaluation of evidence-based practice and integration of new knowledge into child life practice.
- participation in environmental planning.
- participation in reciprocal in-service education and consultation.
- communication and collaboration with other professionals, administrators, and community organizations, as necessary.

### III. Child Life Service

#### **Standard**

Child life services will include direct care, consultation, supervision, education, advocacy, and environmental planning.

#### **Interpretation**

Child life services include, but are not limited to, the following:

- opportunities for a variety of play, activities, and other interactions that promote self-healing, self-expression, understanding, and mastery.
- care plans for individuals or groups based on assessment of the child's development, temperament, coping style, culture, spirituality, potential stressors, family needs, and social supports.
- developmental assessments based on formal or informal techniques.
- therapeutic play.
- procedural support.
- psychological preparation for potentially stressful experiences.
- bereavement support.
- normalization of the environment.
- the practice of family-centered care.
- orientation to the setting where care will occur.
- support during identified stress points.
- stress reduction techniques to facilitate adaptive coping.
- consultation regarding the unique needs of children and families to promote healthy coping with potentially stressful events and circumstances.
- provision of prevention, health maintenance, and lifestyle information.
- education of families and professionals regarding child development and psychosocial care.
- provision of child life care that is delivered to children, siblings, and families based on trusting relationships.

- follow-up care with children and families, where necessary and appropriate.

#### IV. Education of Child Life Students

##### **Standard**

The education of child life students involves academic preparation through higher education (minimum of an undergraduate degree) and through the clinical internship experience. Endorsed undergraduate and graduate academic programs provide students with an educational experience that meets all criteria outlined by the Academic Review Committee of the Association of Child Life Professionals. Child life students, educators, and internship supervisors will meet the training requirements for certification eligibility as outlined by the Child Life Certification Commission.

##### **Interpretation**

Refer to the Standards for Academic and Clinical Preparation Programs, the Undergraduate Endorsement Manual, the Graduate Endorsement Manual, as well as the Child Life Certification Commission Candidate Manual.

##### **Standard**

Child life students will complete a minimum of a 600-hour clinical internship under the supervision of Certified Child Life Specialists who meet eligibility criteria related to clinical experience and supervisory skills. Accredited internships provide students with a training experience that meets all criteria outlined by the Internship Accreditation Oversight Committee of the Association of Child Life Professionals.

##### **Interpretation**

Refer to the Standards for Academic and Clinical Preparation Programs and the Internship Accreditation Oversight Committee Manual.

#### V. Staffing

##### **Standard**

Child life staff will be available to assess, plan, evaluate, and safely provide comprehensive child life services for infants, children, youth, and family members.

##### **Interpretation**

Staffing ratios are determined by the goals and objectives of the services provided and by the volume and characteristics of the population(s) served. These ratios are periodically reviewed to ensure child life staffing resources are responsive to changes in clinical practices and/or to the needs of the population served. The following factors are assessed to determine a safe and effective level of staffing for the population(s) served:

- number of children and families served
- degree of illness, injury or disability, stress, and psychosocial needs
- presence of chronic or disabling conditions
- degree of physical and emotional safety
- extent of immobility or isolation
- degree of developmental vulnerability
- repeated, intense, or extended stressful situations
- life-changing events

- level of social support
- coping style, skills, and strengths of the child and family
- sociocultural factors
- facility configuration
- staff development and training needs
- evidence-based practice activities

Child Life Assistants work under the direct supervision of a Child Life Leader or Certified Child Life Specialists and may be employed to implement assigned aspects of programming.

The time required for orientation and supervision of students and volunteers is factored into the overall staffing pattern. A classification system may be helpful in determining the degree to which child life interventions are required to achieve therapeutic goals.

## VI. Professional Preparation and Development

### **Standard**

Certified Child Life Specialists will be thoroughly prepared through academic preparation, clinical training and supervision, and professional examination as stated in the Child Life Competencies. Ongoing professional development is required to maintain professional certification.

### **Interpretation**

All personnel receive education and orientation of sufficient duration and substance to prepare them for their professional functions and responsibilities. Child life staff members identify a plan for professional development and maintain a portfolio that reflects professional skills and activities. Opportunities to learn from other disciplines are sought when appropriate and available. Supervision and evaluation are based on the Child Life Competencies in addition to regulatory and organizational requirements.

## VII. Collaborative Approach to Services

### **Standard**

Child life professionals will participate in a collaborative patient and family-centered approach to services.

### **Interpretation**

Child life services are patient- and family-centered, promote healing, and mitigate developmental disruption and psychosocial distress in children and families. Family members are essential to the well-being of children and should be encouraged and supported as participants in all aspects of care. Whenever possible, children will be encouraged to take an active role in their own care and will be involved in decisions regarding their health and wellness. A collaborative approach to care includes all members of the team: children, families, health professionals, and the community.

## VIII. Documentation

### **Standard**

Child life interventions will be documented in the records of infants, children, youth, and families. Confidentiality, security, and integrity of data and information will be maintained according to the policies of the organization and regulatory agencies.

**Interpretation**

Documentation of interventions is an integral part of child life service. The cyclical process of assessment, plan, intervention, and evaluation is documented in the care record. Timely, accurate, concise and objective entries convey relevant information to others involved in care. Service is documented in accordance with the standards of the setting and regulatory agencies.

**IX. Funding and Facilities****Standard**

Sufficient budget, facilities, and resources will be provided to meet the clinical, educational, research and administrative goals of child life services.

**Interpretation**

The annual operating budget for services includes funds for staff salaries, benefits and staff development, administrative costs, equipment, and supplies. Furnishings and equipment are available that contribute to the healing process, comply with safety and infection control standards and are appropriate for the population(s) served.

Adequate play space is provided to ensure safety, according to developmental needs, physical abilities, and requirements of regulatory agencies. Play and activity spaces are appropriate to fulfill the therapeutic purposes of child life service. A Certified Child Life Specialist advocates for the space, resources, and environmental design for child life care. Office, conference, and storage spaces are provided to meet the needs of child life staff and to ensure privacy and confidentiality when staff members meet with colleagues, students, children, or families

**X. Research****Standard**

Participation in evidence-based practice is an expected function of child life specialists in the planning, implementation, and evaluation of child life services. Involvement in research activities and projects is a desirable and appropriate function of child life practice.

**Interpretation**

Research competence includes, but is not limited to, understanding of research design and methodology, as well as proficiency in literature review, quality improvement projects, application of evidence-based resources, and publication of scholarly work.

Child life specialists will continually update and enhance their understanding of the children and families they serve and the impact of their clinical services through evidence-based practice activities. Child life specialists will acquire the knowledge and skills that facilitate participation in scholarly inquiry, recognizing their responsibility for ethical practice in research. Research includes clinical research, program review, and evidence-based practice activities. Standards and guidelines are established by organizational and Ethics Review Boards, by regulatory agencies, and in the Child Life Competencies. Adherence to standards and regulations is required of all child life professionals engaged in research.

Revised January 2020



## **Standards and Guidelines for Child Life Practice in Community Based & Non-Traditional Settings**

Individuals may confront stressful and potentially traumatic life circumstances over the lifespan. Child life practice promotes optimal development of children\* and young adults regardless of sociocultural background, while also assisting families and their support systems\*\* during challenging life events.

The Association of Child Life Professionals (ACLP) *Position Statement on Child Life Practice in Community Settings* states how child life interventions minimize both the immediate and potential long-term effects of stress, anxiety and psychosocial trauma, ultimately empowering children, families and their support systems to reach their full potential. Child life specialists are uniquely educated and trained to provide children, families and their support systems opportunities to cope, gain a sense of mastery, engage in self-expression and promote resiliency. Additionally, providing advocacy on a personal, institutional and community level to all individuals receiving care is a core component to child life practice. Advocacy support not only helps children, families and their support systems achieve specific goals but it also ensures the systemic policies and procedures in place deliver care that is equitable, inclusive and sensitive to the diverse sociocultural needs of those who are served.

The *Position Statement on Child Life Practice in Community Settings* serves as a guideline for child life specialists as it provides a rationale for child life services in a variety of settings and outlines essential goals that assist in creating a scope of practice.

Regardless of setting, child life specialists have a responsibility to provide clinical, ethical and socioculturally sensitive care that aligns with the ACLP Standards of Clinical Practice and supports its commitment to upholding diversity, equity and inclusion. The standards and guidelines below were developed to ensure child life specialists who aspire to work in community settings have the experience, training and supervision required to appropriately meet the needs of individuals served.

Adapted from Association of Child Life Professionals. (2018). *Position Statement on Child Life Practice in Community Settings*. Arlington, VA: Association of Child Life Professionals.

\*Refers to infants, children and youth

\*\*Includes family, caregivers and other significant persons in child's life

Created by ACLP's Community-Based/Non-Traditional Roles Committee  
Approved Nov. 2020 by ACLP Board of Directors

## I. Standards for Personnel

### A. Foundational Education and Training

Eligibility requirements for certification as a child life specialist are set by the Child Life Certification Commission (CLCC). Child life certification fosters uniform and improved standards of practice, ethical conduct and sociocultural awareness. It provides a mechanism to protect the public from untrained individuals entering a therapeutic relationship with children, families and their support systems.

1. Certified Child Life Specialists (CCLS) are exam credentialed professionals that are educationally prepared at the bachelor's degree level or above and have successfully fulfilled the requirements of a clinical internship.
2. Credentials must be maintained.
3. Additionally, it is recommended for individuals aspiring to work with community based populations to first attain **6000 hours of paid clinical experience as a Certified Child Life Specialist in a healthcare setting.**

### B. Specialized Education and Training

Working in both community based and non-traditional settings may require special education and training in order to appropriately meet the needs of the populations served and deliver clinically competent care. Some examples of additional training topics and areas of study include, but are not limited to:

#### Clinically Based Topics

- Diversity, Equity & Inclusion Principles
- Disaster Relief Training
- First Aid and Basic Life Support Training
- Home Visitor Safety Training
- Legislation & Its Impact to Clinical Practices
- Mandated Reporter Training
- Principles of Palliative Care & Hospice Care
- Safety & Crisis Intervention Training

#### Administratively Based Topics

- Fundraising & Grant Writing
- General Business Best Practices
- Marketing and Website Development
- Medical Record Keeping
- Non-Profit Business Management
- Private Billing and Reimbursement

Please note, it is impossible to provide an inclusive list. Therefore, child life professionals working in the community or other settings have a responsibility to maintain current knowledge and expertise of clinical competencies, skills and/or professional responsibilities needed to conduct best practice with each targeted population.

## **II. Clinical Supervision**

Child life specialists are faced with professional challenges in their practice on a regular basis. Such challenges may be related to decision-making, end-of-life care, therapeutic relationships, and numerous other clinical concerns. As child life specialists establish services in settings beyond traditional healthcare environments, community practitioners should adhere to the standards of clinical supervision set in the *Clinical Supervision Position Statement of the Child Life Council*. Refer to the position statement for detailed information but review important highlights below.

### **A. Selection of Supervisor/Facilitator**

1. It is the responsibility of the child life specialist to secure clinical supervision from an individual with relevant skills and abilities. It is best practice for the supervisor/facilitator (for groups) to be an experienced Certified Child Life Specialist in a supervisory role. Others trained in supervision and reflective practice could be engaged to supplement and/or serve in absence of an experienced child life specialist.

### **B. Frequency & Length of Session**

1. Clinical supervision needs to be consistent in both time and frequency. Programs typically decide upon a bi-monthly or monthly frequency for optimal value.
2. Individual and group clinical supervision sessions should generally be held for 60 minutes of uninterrupted time, often including a ten-minute period at the end of the hour for debrief of the reflective practice experience.

### **C. Format**

1. The format for supervision may vary from individual to group. The individual or group members may be responsible for setting part of the agenda along with the facilitator/supervisor. An issue or topic may be selected beforehand or chosen from several issues presented at the time.
2. Virtual, HIPAA-compliant platforms are beneficial to effectively support the supervisory relationship if in-person meetings are not available.

### **D. Fees**

1. Some professionals may charge an hourly rate to serve as a clinical supervisor. Supervision fees are the responsibility of the child life specialist.

Adapted from Association of Child Life Professionals. (2020). *Association of Child Life Professionals Position Statement on Clinical Supervision and Reflective Practice*. Arlington, VA: Association of Child Life Professionals.





## **STANDARDS FOR ACADEMIC & CLINICAL PREPARATION PROGRAMS**

### **INTRODUCTION**

The child life profession developed in response to an increasing awareness that healing is enhanced, and emotional distress mitigated, when the developmental and psychosocial needs of infants, children, youth and families are understood and met. Academic and clinical preparation programs exist to complement and support the child life profession. These programs are vital to child life as the excellence of any profession depends on the performance of its practitioners. The first edition of these standards was developed over a period of time from 1987 to 1992 to achieve high quality and maximum effectiveness in the profession. This revision was undertaken to reflect the growth of the profession and its practitioners.

It is the responsibility of the academic and clinical preparation programs to put forth competent individuals who are prepared to establish their eligibility to sit for (and pass) the Child Life Professional Certification Examination.

The child life profession draws practitioners from many academic environments, some educated in programs specifically for child life preparation and others with a variety of other educational backgrounds. It is not the intention of these standards to establish a rigid formula for career preparation that all child life professionals must follow. Their purpose is to serve as a guide for anyone wishing to pursue an academic or clinical training program in child life.

### **SUPERVISION**

#### **Clinical Coordinator**

A CCLS who has a minimum of 8,000 hours of paid child life clinical experience and has provided clinical rotation supervision to at least three child life interns prior to taking on this role. This person is responsible for developing and implementing the student programs with the support of the clinical rotation supervisors, consistent with the ACLP Child Life Clinical Internship Curriculum. Works with the clinical rotation supervisors to educate, evaluate, mentor, and coach students who wish to pursue a career in child life. Ensures educational opportunities for students are available to help them gain knowledge and experience in development of the child life competencies. This person has weekly meetings with the intern to ensure learning needs are met. Serves as a liaison between the child life department and academic institutions.

#### **Clinical Rotation Supervisor**

A CCLS who has a minimum of 4,000 hours of paid child life clinical experience prior to taking on the supervisory role. This person is responsible for the direct (day-to-day) clinical supervision and training of students. Responsibilities include:

1. Orientation to patient unit, interdisciplinary team, diagnosis/population, and role of child life in the assigned area.
2. Defining action steps to achieve competence relative to the ACLP's Standards of Clinical Practice and Competencies. Training the student in developing knowledge and skills that relate to the child life competencies (documentation, health-care play, procedural support, diagnostic teaching, procedural preparation, other therapeutic interventions) and then observing the intern demonstrate a minimum, entry-level professional competence in those areas.

3. Communicating areas of strength, areas needing improvement, and those needing more opportunity (evaluations, coaching, mentoring, corrective instruction).
4. Verifying the internship hours for exam eligibility.

### **Academic Coordinator**

A professor, academic advisor, or university employee that supports students in applying for and completing clinical internships. This individual may, depending on their scope of employment, coordinate the internship placements for students, seek out new internship sites, negotiate contracts with internship sites to incorporate goals and objectives, evaluate internship sites, and prepare students for internships. Academic coordinators are responsible for maintaining contracts with the internship sites and preparing all academic paperwork for students and supervisors (excluding the Clinical Experience Verification form for certification eligibility). This position is based at the academic institution.

### **Academic Supervisor**

A professor, academic advisor, or university employee that supports students while completing clinical internships. This individual should ensure contact with the site while the student is at the internship. This individual may provide feedback on assignments and journals and will discuss midterm and final evaluations with the clinical coordinator and student. Academic supervisors are not responsible for direct supervision of clinical requirements and do not verify the internship hours for certification exam eligibility. This individual works with the clinical coordinator or clinical rotation supervisor to determine a final grade for the student. This position is based at the academic institution.

At some universities, the academic coordinator and academic supervisor may be the same person. Interns who are not receiving college credit for an internship will not have an academic coordinator or supervisor.

## **ACADEMIC PREPARATION**

### **I. INSTITUTIONAL AND ADMINISTRATIVE PARAMETERS**

The institution (college or university) that offers a child life education program should demonstrate in its overall organizational structure and plan that there is sufficient support to enable quality education of students. Endorsed undergraduate and graduate child life academic programs demonstrate quality of teaching, learning, and professional practice. Endorsed academic programs provide an assurance that the program meets the coursework requirements as set forth by the ACLP, as well as providing appropriately prepared faculty and administrative support. Endorsement is a voluntary process of self-study and external review intended to evaluate, enhance, and publicly recognize academic programs that meet the standards prescribed by ACLP.

- A. The sponsoring institution should support the goals and purposes of the child life academic program, supplying adequate personnel; appropriate financial support; and sufficient facilities, including offices, classrooms, libraries, and clinical space. Documentation of administrative support for the child life program is required for endorsed academic programs.
- B. The child life academic program should provide a cohesive design for study with sound theoretical and scholarly bases. Courses and clinical applications should be organized in logical sequence, with a thoughtful partnering for learning and practicing the implementation of theories. Documentation of student program plan or coursework pathway is required for endorsed academic programs. In addition to academic programming, students should be encouraged to volunteer or apply for practicum programs to begin to apply academic knowledge.
- C. Completion of an endorsed undergraduate or graduate academic preparation program in child life ensures that students will meet the academic eligibility requirements to sit for

the Child Life Professional Certification Examination. An academic program cannot guarantee that a student is able to obtain a Child Life Internship that would provide the clinical eligibility to sit for the Child Life Professional Certification Exam. Regardless of the type of academic program attended, each student applies for certification on an individual basis.

- D. The qualifications of the faculty and staff should indicate backgrounds of study and professional experience directly related to the courses they teach or the clinical experience they supervise. Professional certification by the Child Life Certification Commission is strongly recommended for faculty teaching specific child life theoretical and applied courses, particularly those serving as academic and/or clinical coordinators and supervisors for student clinical placements. Endorsed programs are required to have a minimum of 1.0 FTE faculty member who holds an advanced degree, is a current Certified Child Life Specialist, and is involved in child life program decision making and curriculum development.
- E. The faculty and staff teaching courses directly related to child life should have experience in and current knowledge of services for infants, children, youth, and families experiencing trauma and/or stress and should be members of the Association of Child Life Professionals and other related organizations. It would be extremely beneficial for these faculty members to participate in research activities related to child life practice and be abreast of current research findings, instilling the notion of evidence-based practice in their students.
- F. Each child life academic program is encouraged to pursue a self-evaluation of its components every five years. Methods for self-evaluation should include curriculum review, a survey of current and former students in clinical practice as well as supervisors in connected clinical settings, and examination of its descriptive documents, including the academic and clinical curricula with accompanying course syllabi. Curriculum vitae and teaching assignments should be included in these program reviews. Supportive documentation to demonstrate the process and survey outcomes should be available for review. These self-evaluations are reviewed by endorsed programs when they submit annual maintenance documents and reapply every five years through the ACLP Academic Review Committee. When applying for endorsement, programs must reference these self-evaluations. All programs should be at colleges that maintain some form of accreditation—through a regional or national higher education commission or through other organizations such as American Association of Family & Consumer Sciences (AAFCS). An overview of these materials should be available on the university website.

## **II. PROFESSIONAL DEVELOPMENT**

- A. The academic coordinator should be familiar with the clinical preparation site before the student begins an internship. Additionally, the school should regularly review the clinical preparation sites and fieldwork interactions to ensure that student assignments are appropriate. Student educational needs should be of primary consideration in clinical placement assignment. Reassignment should be made if the student's needs are not met. If students have additional concerns, they may reference the Internship Accreditation Oversight Committee (IAOC) grievance process for students.
- B. Ongoing, systematic collaboration should occur between clinical coordinator and personnel from the academic institution. It is recommended that a site visit by the academic faculty be made to the clinical site a minimum of every two years and when the clinical site leadership changes. Active and ongoing communication between

internship site and academic institution is essential and expected. Ongoing, systematic evaluation and advising of students, both in academic and clinical areas, is critical.

- C. The academic program should keep abreast of professional requirements and advise students not only about course work needs, but also about types of supervised fieldwork recommended by clinical programs. Current required fieldwork in child life preparation required for certification includes the clinical internship. Other fieldwork opportunities may include volunteer opportunities or practicums and are not required through the Standards for Clinical Practice or the Child Life Certification Commission.
- D. Assistance in career placement should be made available to students.

### III. CURRICULUM REQUIREMENTS

Recognizing the importance of education, the Child Life Certification Commission (CLCC) has identified areas of study germane to child life practice. This information has been incorporated in an education/course work eligibility requirement. The academic requirements for certification eligibility can be found in the *Candidate Manual for the Child Life Professional Certification*. Information on undergraduate endorsement curriculum can be found within the [Undergraduate Endorsement web page of ACLP's website](#). Graduate endorsement curriculum can be found within the [Graduate Endorsement web page of ACLP's website](#).

**Endorsed academic programs in child life provide an assurance that a program meets the academic standards set forth by the ACLP to meet certification requirements. Students graduating from an endorsed program will still need to complete an eligibility assessment with ACLP but will not need to have each course reviewed as endorsement signifies inclusion of all areas of the coursework requirement.**

#### CLINICAL PREPARATION

##### I. CLINICAL INTERNSHIP EXPERIENCE

*See [CLCC Policies Manual](#) (Section 3, 1.0 Establishing Eligibility) for clinical experience requirements.*

##### II. SUPERVISION OPTION FOR EXTENUATING CIRCUMSTANCES

*See [CLCC Policies Manual](#) (Section 3, 3.0 Application for Approval of Remote Supervision Under Extenuating Circumstances)*

**This document does not dictate certification policy. Certification policies are developed by the Child Life Certification Commission (CLCC).**

May 1992

Revised and Approved May 2001

Board Approved November 2010

Revised September 2019



## **Utilizing Ethical Tenets and the Child Life Code of Ethics to Navigate Social Networking**

The purpose of this document is to provide support for child life specialists on how to ethically navigate social media and social networking. 72% of all individuals living in the United States use some type of social media (Pew Research Center, 2021). Social media is a platform for distributing information in a digital form (e.g., videos, blogs, newsletters) (Froehlich, 2020). Social networking is the process of connecting with others and engaging in mutual communication, which includes building followers, commenting on others' posts, and responding to others' comments (Froehlich, 2020). In other words, consumers receive information via social media and interact with others via social networking. Platforms, such as Facebook and Instagram, allow for both social media and social networking. For example, on one platform such as Facebook, a person may encounter social media when a trending article is shared and may encounter social networking as they engage in a post with someone following their page.

Social media and social networking can be a part of one's professional and personal life. For example, a person may have a personal Twitter account and a professional Twitter account. The personal account can be to interact with friends and share tweets related to hobbies while the professional one can be to interact with colleagues and share tweets related to their work. However, the line between professional and personal boundaries can be blurred quickly when using these tools (Cooper & Inglehearn, 2015). If a person identifies themselves as a Certified Child Life Specialist on a social media platform, anything they post can be viewed under the lens of representing child life specialists. This is when the question of "what social media should I post" comes to mind. It is important to remember that if a child life specialist identifies as a CCLS on their social media or social networking platform, items placed on their page (whether posted by them or by others) or groups they follow, can be interpreted as representing the field itself.

Professional boundaries keep the relationship between the child life specialist and a patient as a therapeutic relationship rather than a social one. Would accepting a patient's social network friend request shift the relationship to more of a social one? Wiener, Curm, Grady, and Merchant (2011, p. 103) state, "Spending time with family members, learning family history and values, and addressing day-to-day symptoms can lead to relationships that resemble pseudofamilies. Such closeness can be comforting for both practitioners and patients but can also put pressure on professional limits or boundaries, such as with friend requests." According to Cooper & Inglehearn (2015, p. 626), "In many ways, the nature of boundaries in social media is a little different from the nature of those in other areas of professional life: however, social media communication can happen at speed and the forming of relationships is less formal, has less hierarchy and the power differentials are less clear. Arguably, this means that professionals are more at risk from developing relationships where the boundary of professional relationships drifts from therapeutic, to social, to malign." Child life specialists need to consider how to maintain professional boundaries when engaging in social media and social networking, as it helps protect the therapeutic nature of their relationships with patients.

Questions and considerations that may come up when a child life specialist is determining how they want to engage in social media and social networking include:



- Who should I “friend” when social networking?
- How do I maintain confidentiality?
- What should I post on social media?
- How do I maintain privacy?
- Why am I seeking the information?
- Am I thinking about the safety of others who may see the post?

Answering these questions can be a complicated matter. First, child life specialists should familiarize themselves with their place of employment’s policies on social media and social networking. At minimum, child life specialists are expected to uphold the policies of their place of employment. After considering the employer’s policies, child life specialists can then use ethical tenets and the principles of the Child Life Code of Ethics to guide their engagement with social media and social networking.

## **Considering Ethical Tenets**

### **Nonmaleficence**

The ethical tenet of nonmaleficence describes the duty to do no harm, including both physical and emotional suffering. Child life specialists can use this tenet to reflect on if social media they disseminate has the potential to do harm. This includes being able to reflect on how others could receive information being distributed. In addition, child life specialists should consider how their interactions via social networking could cause harm. For example, the adolescent requesting social media “friend” status is accustomed to the child life specialist providing daily social interactions in the hospital. The child may continue to have the expectation of daily interactions with the acceptance of a friend status on social media, but doing so could create the false expectation of daily interactions that the child life specialist cannot uphold, in the end, causing more harm than good.

### **Respect**

Respect for persons is another ethical tenet that can be considered when navigating social media/ networking. Respect for persons means that each person has worth and deserves to be treated with dignity. Accepting a friend request could feel as though the child life specialist is demonstrating to a patient that they are worthwhile and valued, but there are several factors to consider. The definition of social networking includes the term, *mutual communication*. If a child life specialist accepts a friend request from a patient but has no intention of mutually communicating, then this could be viewed as a lack of respect. There is a need to consider respecting others in the type of information one chooses to disseminate. Child life specialists should reflect on how any material they share, like, or exchange in any way could be viewed as not respecting the dignity of ALL individuals, regardless of culture, age, gender, race, ethnicity, physical ability, sexual orientation, gender identity/expression, religious affiliation, veteran status, and socioeconomic status.

### **Justice**

Justice is the tenet that emphasizes the importance of being fair and providing people what they deserve. When considering social media, justice would suggest that need to share information from all viewpoints as a way to be fair. It would suggest that to be fair, impartial, and equitable, a child life specialist would treat all social networking requests the same, meaning if they network with one patient/family they should network with all patients/families who are interested in staying in touch, which would not be feasible over time.



Hospitals and organizations of employment often offer their own specific guidelines for employees to follow. Sometimes colleagues may or may not follow these guidelines making it even more difficult to know what to do. For example, a hospital may have a policy that clearly states employees are not to “friend” patients via social media. However, a member of the healthcare team who works closely with your patients always “friends” patients on social media. This may cause patients and their families to question the fairness of child life practice to not “friend” patients. In these circumstances, child life specialists should remember that policies are in place to protect both patients and employees and the fair response is to simply communicate the policy and reason for the policy.

### **Competence**

Competence is the ethical tenet that speaks to the ability to successfully perform. Child life specialists should consider if their social networking is for personal or professional reasons. Remember, personal social networking is often done to maintain one’s personal and work-life balance, which can help with competence. Child life specialists should also demonstrate competence in understanding and using social media platforms if they are using it as a part of their professional work. If a child life specialist is engaging in social media or social networking as a representative of the child life profession, competence highlights the importance of communicating accurate and evidence based knowledge that is within the child life scope of practice.

### **Considering the Child Life Code of Ethics**

#### **Child Life Code of Ethics Principle 4**

Principle 4 states, “Certified Child Life Specialists respect the privacy of children and families and maintain confidentiality within the standards and requirements of employers, local governing regulations, or private practice standards” (CLCC, 2020, p.1). When considering who to “friend” or not to “friend” on social media, a child life specialist should remember that patients and families are individuals who have full lives, much broader than what is observed in the healthcare setting. Child life specialists could be interested in the typical daily lives of patients and families; however, do child life specialists have a right to access such information just because they are interested in it? Principle 4 suggests that patients and families have the right for information about their lives outside of the healthcare setting to remain private.

#### **Child Life Code of Ethics Principle 10**

Principle 10 says, “Certified Child Life Specialists use integrity to assess and amend any personal relationships, social media exchanges, or situations that may interfere with their professional effectiveness or objectivity, or otherwise negatively impact the children and families they serve. Child life professionals ensure the conclusion of their professional role before any personal relationship is permitted to develop with children or the members of families they have served” (CLCC, 2020, p.2) Principle 10 reminds child life specialists to maintain the boundary between professional and personal life. Child life specialists should reflect on why this principle is provided. It is there to protect patients and families as well as the child life specialist. At times it can seem easy and well intentioned to engage with patients in the social networking world, but self-reflection of this principle reminds child life specialists that interpersonal exchanges between a patient and family should be done within the work environment. Doing so allows for



the child and family to benefit from the therapeutic relationship with the child life specialist and allows the child life specialist to maintain work-life balance.

### **Conclusion**

Child life specialists need to understand how to navigate difficult scenarios in an ethical manner. By utilizing employers' policies on social media, ethical tenets, and the Child Life Code of Ethics in daily interactions and reflections, child life specialists are striving towards best practices in their personal and professional lives, as well as serving patients and families to the best of their ability.

### **Tips for Navigating Social Media and Social Networking**

- Review and follow employer's policies. Then, further consider your professional code of conduct (i.e., ethical tenets and Child Life Code of Ethics) (Cooper & Inglehearn, 2015).
- Consider the best interest of the patient and family (Wiener et al., 2012).
- Know your audience when disseminating information and/or networking. As Cooper & Inglehearn (2015) state, "The ability to see oneself as others see you, through deliberate and thoughtful use of bounded behaviors is a critical digital skill." (p. 633)
- Reflect on whether you are identifying as a professional or individual with your use of social media/ networking (Cooper & Inglehearn, 2015).
- Plan out a rehearse responses for patients, families, and colleagues regarding their social networking requests (Wiener et al., 2012). Remember that response should include the need to abide by employer guidelines and the Child Life Code of Ethics.
- Remember online communications are far reaching and can be permanent (Kind, 2015). Seek guidance from professional mentors on how to navigate social networking using the ethical tenets and the Child Life Code of Ethics. The child life specialist should remember they have not only their employer's guidelines but also the Child Life Code of Ethics to abide by. As stated in the Child Life Code of Ethics (2020),

Certified Child Life Specialists subscribe to a body of ethical principles which are in accordance with the Association of Child Life Professionals' Child Life Mission, Values, and Vision Statements and Operating Principles and which are derived primarily for the benefit and protection of children (unless modified, children refers to infants, children and youth), and families in settings where the potential for damaging stress or trauma exists. (p.1)





## References

Child Life Certification Commission. (2020). *Child life code of ethics*.

<https://www.childlife.org/docs/default-source/certification/child-life-code-of-ethics.pdf?sfvrsn=2>.

Cooper, A. & Inglehearn, A. (2015). Perspectives: Managing professional boundaries and staying safe in digital space. *Journal of Research in Nursing*, 20(7), 625-633.

Froehlich, A. (2020, September 24). *What's the difference between social media and social networking?* <https://searchunifiedcommunications.techtarget.com/answer/Whats-the-difference-between-social-media-and-social-networking>

Kind, T. (2015). Professional guidelines for social media use: A starting point. *American Medical Association Journal of Ethics*, 17(5), 441-447.

Pew Research Center (2021). Social media fact sheet.

<https://www.pewresearch.org/internet/fact-sheet/social-media/>

Wiener, L., Crum, C., Grady, C., Merchant, M. (2012). To friend or not to friend: The use of social media in clinical oncology. *Journal of Oncology Practice*, 8(2). 103-106.  
10.1200/JOP.2011.000357