Child Life Philosophy

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My goal as a future Certified Child Life Specialists (CCLS) is to provide high-quality psychosocial care to patients and families facing hospitalization, illness, or injuries with the intent of improving their overall well-being. This goal is informed by principle 1 of the Child Life Code of Ethics which states that CCLSs should hold a primary commitment to the psychosocial care of patients and families as well as the mission, vision and values of the profession (Child Life Certification Commission, 2020). To most effectively reach this objective, my child life philosophy has been informed by the work of prominent theorists, research studies, professional practices, and guidance from the ACLP.

One theory crucial to my philosophy is Piaget's theory of cognitive development. This theory provides insight into the ways children think and understand concepts at different developmental stages (Piaget, 1964). Utilizing Piaget's theory, I will be able to tailor interventions to best meet the psychosocial needs of the individuals I serve. I plan to do this by using developmentally appropriate language and addressing misconceptions common to the patient and family's levels of intellectual development. According to a study conducted by Schonfeld (1991), taking an approach informed by a child's level of understanding can enhance communication, improve adjustment to illness, and minimize anxiety and fear.

Additionally, Erikson's theory of psychosocial development is important to my child life philosophy because it provides insight into the conflicts children face which have the potential to impair their functioning (Erikson, 1950). According to Pearson (2018), Erikson's theory can help explain children's reactions to different health care experiences. By incorporating Erikson's theory into my child life philosophy, I will understand and be equipped to address the specific developmental needs of the children I encounter. Additionally, I will be able to take a

preventative stance in my interventions to optimize the psychosocial development of the patients and families I serve. For instance, if I were designing an intervention for an adolescent, I would ensure that my plan included opportunities for self-expression and independence to promote the development of identity (Pearson, 2018).

Helping patients and families effectively cope with health care experiences is one of the main goals of child life specialists. Thus, I believe Lazarus and Folkman's theory which explains how individuals process and appraise stimuli is invaluable to my philosophy. This theory will allow me to enhance the coping of patients and families through interventions targeted at different parts of Lazarus and Folkman's model (Lazarus & Folkman, 1984). For instance, I could help a family in primary appraisal to more positively interpret a stressful stimulus using education or medical play (Cantrell, 2024). Research conducted by Kolk et al (2000) has backed the efficacy of preparation in alleviating distress before and during venepuncture. This is important because if a child appraises a situation positively or views a stimulus as irrelevant, the child is less likely to enter secondary appraisal and encounter stress. If I was working with a family in secondary appraisal, it would be more helpful to make the family aware of resources and support they have available to them utilizing the stress and coping theory (Cantrell, 2024).

My child life philosophy includes evidence-based practices (EBP) because I believe that utilizing the most relevant and current information available will yield the greatest psychosocial outcomes. By engaging in EBP, I will be able to rely on my successful professional experiences while also remaining open to innovative research and family preferences to guide my practices (Thompson et al., 2018). One crucial component of evidence-based practice is patient and family centered care (PFCC). PFCC is important to my philosophy of child life because family has the greatest impact on a child's health and well-being over time (Pearson, 2018). By ensuring that

the principles of patient and family centered care are met, I believe I will help the individuals I serve to become active members in their health care thus improving their psychosocial wellbeing. I plan to do this by providing developmentally education, showing a genuine interest in patients and families and encouraging questions along with other forms of participation in medical care.

Finally, utilizing my child life philosophy I will continually reflect on the Child Life Code of Ethics to ensure that I uphold patient and family psychosocial care with the utmost importance. While my focus will be on ensuring that principle 1 is upheld, I will also follow all other principles listed in the Code of Ethics to maximize well-being and minimize harm. This will include maintaining objectivity, continually seeking knowledge and skills, make appropriate referrals and creating an environment that respects differences (Child Life Certification Commission, 2020).

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