

Child Life Philosophy

My goal in Child Life is to foster a welcoming and reassuring environment for individuals and their families during medical procedures. As a child life specialist, I believe it's important to develop routines that conduct individualized assessments to understand each patient's needs. (Turner & Fralic, 2009). This will allow me to tailor my approach to improve their overall experience.

Child Life Specialists have a significant impact on minimizing children's pain and anxiety during their medical stay. (Bandstra et al., 2008). To achieve this goal, I plan to integrate play therapy. Specifically, I will focus on using medical play to help children understand and cope with their medical procedures. This method allows for children to feel more comfortable and less scared by expressing their feelings through play, helping to reduce their anxiety and ensure positive experiences (Kolk et al., 2000). For example, I will make sure to offer the patient the chance to use a stuffed animal to role-play their procedure.

My philosophy reflects Piaget's cognitive development theory, which emphasizes the importance of play in children's cognitive and language development. By incorporating this theory into my child life philosophy, I will create an environment that stimulates growth and learning in children facing medical challenges.

The study by Sanchez Cristal et al. (2018) has shown the importance of minimizing stress and pain for children and their families in medical settings. Understanding this will lead me to focus on supporting the entire family, ensuring they feel comforted and cared for, in my future practice. While the child's experience and pain management is prioritized, I will make sure to work with their caregivers and siblings to encourage their participation to improve the whole families well-being.

I believe there is great value in evidence-based practice, as it allows me to stay up to date with the most recent research, ensuring that my methods are the most effective. To maintain my knowledge and skills, I will make sure to attend workshops and conferences (Birkett & Froh, 2018). This commitment to continuous learning will enable me to provide the best possible care and support for the children and families I serve.

References

- Bandstra, N. F., Skinner, L., LeBlanc, C., Chambers, C. T., Hollon, E. C., Brennan, D., & Beaver, C. (2008). The role of child life in pediatric pain management: A survey of child life specialists. *The Journal of Pain*, 9, 320-329.
- Birkett, K., & Froh, K. (2018). Step 6: implementing EBP into child life practice: An introduction to quality improvement. *ACLP Bulletin*, 36(1), 46-47
- Kolk, A. M., van Hoof, R., Fiedeldij Dop, M. J. C. (2000). Preparing children for venepuncture. the effect of an integrated intervention on distress before and during venepuncture. *Child: Care, Health, and Development*, 26, 251-260.
- Sanchez Cristal, N., Staab, J., Chatham, R., Ryan, S., McNair, B., & Grubenhoff, J. A. (2018). Child life reduces distress and pain and improves family satisfaction in the pediatric emergency.
- Turner, J. C., & Fralic, J. (2009). Making explicit the implicit: Child life specialists talk about their assessment process. *Child & Youth Care Forum* 38(1), pp. 39-54