

# Bulletin



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## Featured Child Life Hero: Lisa Ciarrocca, CCLS

*Nominated by Amy Goldberg, CCLS, Child Life Coordinator  
Morristown Memorial Hospital, NJ*

Lisa Ciarrocca, CCLS, has been working in the field of child life for over 15 years. She began in a one-person child life program in an inner-city hospital where she helped to define the role of a child life specialist. From there, she worked at Overlook Hospital, in Morristown, New Jersey, where in the past 12 years she has gone from being in a one person program, to managing the child life staff of the Atlantic Health Systems (AHS). AHS encompasses Overlook Hospital, The Children's Hospital at Morristown Memorial Hospital, and Mountainside Hospital. She manages a staff of 7 child life specialists and a child life coordinator. The staff covers areas such as the Pediatric inpatient unit, the Pediatric ED, a Day Hospital, and an outpatient Oncology clinic, as well as a family surgery program and many community outreach programs.

While working at Overlook Hospital, Lisa developed the first program in New Jersey to allow



parents in the OR with their children. In the past 12 years Lisa has continued to address the needs of the hospitalized child and their families to make sure programs were in place to meet their needs -- a fight not easily won. As a child life manager, along with many administrative responsibilities, Lisa still makes a conscientious effort to work with patients and their families.  
(See **HERO**, p. 6)

## 2004 CLC Distinguished Service Awardees

Child Life Council's 2004 CLC Distinguished Service Award will be presented on Saturday, May 29 at the All Members Meeting during its 22nd Annual Conference on Professional Issues at the Westin Hotel, in Seattle, Washington. This year's recipients are Sally Francis and Ruth Kettner.

Since 1988, Child Life Council has honored the child life profession's outstanding leaders and pioneers with its annual Distinguished Service Award. The Distinguished Service Award is the highest award presented by the Child Life Council Executive Board, recognizing exceptional members for outstanding contributions to the field of child life.

Both Sally and Ruth will join us to accept their plaques in Seattle.

### *Sally Francis, MS, MA, CCLS*

*By Jerriann Wilson, MEd., CCLS,  
Director, Child Life Program, Johns  
Hopkins Children's Center, Baltimore,  
MD*

We are delighted that Sally will be awarded with the CLC Distinguished Service Award this year for her many contributions to the child life profession and to the Child Life Council. Sally earned her MS in Therapeutic Recreation and her MA in Human Development and served as Assistant Professor for Pediatrics at UT Southwestern

(See **AWARDEES**, p. 7)

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## PRESIDENT'S COLUMN

# What an Experience!

*Melissa Hicks, MS, CCLS, LPC, RPT*

As I write this, my final President's column, I can't help but reflect on the last four years as an officer of the Child Life Council. Next to clinical work, some of my most professionally enriching experiences have been while on this Board. The incredible dedication displayed by all levels of leadership is remarkable. The success and growth of this organization would not have been realized without this dedication. Additionally, the passion and commitment to the profession by every member is the spark that drives the organization forward. Thank you so much for all of your input and suggestions regarding ways to help you do your job in the most effective way. We all realize that the ultimate beneficiaries of the programs and services of the Child Life Council are the children and families with which each of you come in contact.

I encourage you to think about your interest in leadership within

the Child Life Council. There are many opportunities ranging from committee participation, to committee chair, to Executive Board member. Strong and dedicated leadership is what is necessary as the Child Life Council continues to grow in the future. I am confident that any Board member, past or present, would be glad to answer any questions you may have about leadership positions. With the new proposed by-laws, if passed, there will be more opportunities for leadership on the CLC Board. Two additional Member-at-Large positions will allow for experience on the Board and hopefully prepare individuals for future officer positions.

I wish each of you continued success and hope that you will find your membership with the Child Life Council to be a positive experience. Thank you for the opportunity to serve you as President of the Child Life Council. It truly has been a rewarding experience.

## By-laws Changes

*Melissa Hicks, MS, CCLS, LPC, RPT  
CLC President*

The CLC Board is proposing major changes to the by-laws of the organization. The by-laws is the name of the document adopted by an organization that contains the basic rules for governing itself. They define the primary objectives of an organization and describe how that organization will function. Any amendment to the by-laws can have significant impact on an organization and should be considered carefully.

On behalf of the Executive Board, I would like to highlight some of the most significant changes and the rationale behind them. The Child Life Council has been through tremendous growth and change over the last few years. It has become necessary to structure our leadership in a certain manner, which will allow the organization to operate more efficiently and effectively and better serve the needs of the membership. We have an extremely capable, expanded professional staff that will be invaluable in the delivery of top-notch services. The responsibility they take on will allow for the smooth transition between leadership.

The Board is proposing all changes after consideration of the strategic direction for the organization and consultation with association management professionals. We are committed to best practices in association management and feel the proposed changes reflect these practices.

In the upcoming years, we anticipate organizational growth in programs and services. This will lead to increased committee work and commitment by Board liaisons to

(See **BY-LAWS**, p. 3)



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**Advertisements:** Ad orders must be received by the 15th of the month before issue is mailed.

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committees. The addition of the two Member-at-Large positions will allow for this and allow the officers to focus on global Child Life Council efforts.

Another change proposed is in the term of the President. It is proposed to move to a three-year term that would be structured as follows: one year President-Elect, one year President; and one year Immediate Past President. This structure is similar to other like organizations. The year as President-Elect will be the time to learn about the President's role and the current happenings within the organization. It is hoped that with more leadership opportunities, the officers will eventually be elected from those who have had Board experience in the past. The prior experience will help with a smooth transition between each of the one-year positions.

The role of the President is to lead the Board, ensuring that it does its job in a full and timely manner, to serve as the spokesperson of the organization and preside over the annual membership meeting. The President will still have an extremely powerful position and major responsibility, but an effective Board President for the new CLC must view their most important role as ensuring that the Board functions as a top-notch governance body. It is truly the strategic plan that will guide the direction of the organization.

The Immediate Past President is a new role for our organization, but a role found in many organizations. There is so much valuable Board history that the Immediate Past President holds. In the past, much of this insight has been contributed informally, but it truly warrants a formal role. Additionally, the Immediate Past President will focus on the development of future leadership.

(See **BY-LAWS**, p. 6)

## FROM THE EXECUTIVE DIRECTOR

# The Power of the Vote

*Susan Krug, CMP, CAE, Executive Director*

This year is a presidential election year in the United States. All Americans over 18 are encouraged to be a part of the process that will determine the direction of the country and ultimately effect world history. Experts predict that only half of Americans eligible to vote in the US Presidential election cast their votes in November. Shirking the opportunity to vote can have serious implications – in elections on any level.



On behalf of the leadership of CLC, I encourage all members eligible to vote in CLC annual elections to exercise that right. The CLC Executive Board candidates were listed in the last issue of the *Bulletin*. Profiles are sent out with absentee ballots, distributed at the annual conference and featured on the website.

Each year the membership is invited to submit nominations for consideration for Executive Board positions. The Nominating Committee, chaired by the CLC Immediate Past President, develops a slate of two candidates per vacant position and presents these nominees to the membership for election. The committee looks for individuals who have demonstrated excellence in child life, leadership skills and commitment to the goals of CLC. Nominees must be members of the CLC and Certified Child Life Specialists.

This year, elections are being held for President-Elect (becomes President in 2006), Chair of the Child Life Certifying Committee, Secretary and Member-at-Large. The Executive Board elections are

held at the annual Child Life Council conference, but many members choose the absentee ballots option, and will cast their votes by mail. Absentee ballots must be requested from the CLC office no later than Monday, April 12, 2004.

Our members' votes make a great impact on the organization. You have the power to determine the destiny of CLC.

So ... are you going to vote?



## IN MEMORIAM

### Muriel Hirt

Muriel Hirt, an educator, founding member of the Child Life Council and long-time advocate for child life, died in late February of this year. Muriel served for many years on the faculty of Wheelock College, where she started the first academic program in child life. Her work directly or indirectly has influenced generations of health care professionals. In addition to founding the Wheelock program, she instituted "The Hospitalized Child in London Program" and established child life programs at hospitals in India. Always generous of her time and hospitality, Muriel welcomed to her home professionals from throughout the world. She received an honorary degree from Wheelock in 1994 and was given the Distinguished Service Award of the Child Life Council in 1990.

# Distance Learning Courses in Child Life Studies at McMaster University, Hamilton, Ontario, Canada [www.fhs.mcmaster.ca/childlife](http://www.fhs.mcmaster.ca/childlife)

by LeeAnn Derbyshire Fenn, MSc, CCLS, Distance Learning Coordinator

McMaster University has been offering child life education and training opportunities since 1989. There are two components to the program:

- An internationally recognized post-baccalaureate education and training programme, consisting of seven courses and two eight-week internships (for more information about the Diploma Programme, please visit our website at: [www.fhs.mcmaster.ca/childlife](http://www.fhs.mcmaster.ca/childlife) and go to the 'Full Time Diploma Programme' selection on the menu), and
- Distance learning courses for professional development, which will be the focus of this review.

In the late 1990's, we identified a need for continuing education opportunities for child life graduates and related child health professionals beyond the walls of our setting at McMaster in Hamilton, Ontario. We considered a number of formats for delivering professional development opportunities and decided upon on-line learning. This method of course delivery is cost-effective and time-efficient for working professionals, and is able to reach a wide number of professionals worldwide through well-established and increasingly user-friendly computer technology.

The first distance learning course was offered on-line in the fall of 1999. In four years, we have met the ongoing learning needs of more than 50 people from around the world, including Australia, Canada,

Cayman Islands, Mexico, New Zealand, Singapore, and the United States of America.

McMaster University now offers six courses, including:

- Child Life Care: Assessment, Intervention, Evaluation and Documentation
- Child Life Specialists: Issues in Practice
- Coping with Expected and Unexpected Life Events
- Leadership in Child Health
- The Normative and Therapeutic Nature of Play
- Preparing Children, Youth and Families for Healthcare Experiences and Life Changing Events

All courses were revised and updated in 2003. The courses are offered more frequently throughout the year and all courses are now a standard six-week length and format.

Each course is a literature-based review of practices and research knowledge related to a specific topic. This information is presented in four modules with two additional modules focusing on practice-related questions and course assignments. All courses are written and tutored by professionals with child life clinical and education experience. Tutors are available throughout the course to assist with student learning, facilitate student/tutor group chats, and to grade assignments. There are two assignments for each course, which are designed as case studies in order to facilitate the learners' application of knowl-

edge to practice.

The courses are offered to professionals working with infants, children, youth and families, as well as to individuals who are parents, students and volunteers. Our requirements are listed on the website, including information about cost, submission of application information, and international student requirements.

McMaster University's on-line course software is a user-friendly program called 'LearnLink'. Modules are placed on-line each week where they remain for the duration of the course. Students are able to access the modules at the time of day and days of the week most convenient to their schedules, recognizing that our students cross a number of time zones.

The Distance Learning courses at McMaster meet the Child Life Council's criteria for child life professional recertification by Professional Development Hours (PDHs). Each course will be awarded 12 PDHs for professional recertification only. Please note that our distance learning courses are recognized by the Child Life Council for recertification applications only, not for the original application to sit for the certification examination.

Contact LeeAnn Derbyshire Fenn, the Distance Learning Coordinator at: [fennl@mcmaster.ca](mailto:fennl@mcmaster.ca) with questions you may have, or visit our website at: [www.fhs.mcmaster.ca/childlife](http://www.fhs.mcmaster.ca/childlife) and go to the 'Distance Learning' selection on the menu.



## Burnout:

### *Knowing the Symptoms & Learning How to Care for Yourself, Too*

Researched and written by Debra Gottlieb, BS, CCLS; Lynn Hennessy, BS, CCLS, Child Life Specialist, Cincinnati Children's Hospital Medical Center; and Vickie Squires, LPC, CCLS, Manager, Child Life, CHRISTUS Santa Rosa Children's Hospital

Child Life Specialists are professional shock absorbers. We are at great risk for burnout and compassion fatigue when we consider our work and life experiences that we are privileged to endure. We cannot do it all and we will never do it all and we should not set ourselves up for burnout, as Mr. Webster put it, "to cause to fail, wear out, or become exhausted especially from overwork or overuse."



Often caregivers put others' needs before their own and consider it a "treat" to take time and do something for themselves. Caregivers have a habit of feeling guilty for taking care of themselves because they could be doing something for somebody else.

Frequently, this perspective is what leads to burnout.

Burnout will normally occur

slowly, over a long period of time. It may express itself physically or mentally. It may include some or all of the following symptoms:

- A feeling of lack of control over commitments
- An incorrect belief that you are accomplishing less
- A growing tendency to think negatively

(See **BURNOUT**, *Focus 2*)

Multiple exposures to human suffering and death add to the burden of stress experienced by health care professionals. Unfortunately, in the caring process people often wear themselves down. Quality of care is compromised when one is working with diminished resources. Compassion fatigue and burnout are real hazards for caregivers who regularly observe or participate in clients' suffering. Often, the direct result of this overexposure to tragedy is the loss of highly seasoned professionals.

### **A View from My Shoes**

Two years into my career as a child life specialist, I found myself experiencing many signs of burnout. It was a particularly difficult time at work. We had experienced the deaths of 30 patients over a span of three months. Having witnessed so many deaths in such a short time, I was no longer able to leave work at work and I was letting my sadness interfere with the rest of my life. I was also allowing my grief to interfere with my work and I was not feeling as effective as I

had in the past. My friends felt awful because they didn't know how to help me and seeing me sad all of the time was beginning to take a toll on them as well. It was at this point that I began the process of learning to take care of myself. If I intended to have a future as a child life specialist, I needed to learn to put my needs first to give myself the strength to continue to care for others. I have always been good at helping other people, but not as good at helping myself.

**BURNOUT**

*(continued from Focus 1)*

- Loss of a sense of purpose and energy
- Increasing detachment from relationships. This may cause further conflict and stress, adding to the problem.

Burnout can be avoided if you recognize potential symptoms, evaluate your personal needs, and find ways to take care of yourself so you can effectively care for others.

You may be nearing burnout if ...

- You feel estranged from others.
- You feel unappreciated or unacknowledged in your role.
- You have difficulty falling or staying asleep.
- You have an outburst of anger or irritability with little provocation.
- You think you need more close friends.
- You have concluded that you work too hard for your own good.
- You have experienced troubling dreams related to those you help.


**Burnout can be avoided**  
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 potential symptoms,  
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 needs, and find ways to  
 take care of yourself ...  


- You are preoccupied with more than one person you help.
- You think you might be negatively affected by the traumatic stress of those you help.
- You remind yourself to be less concerned about the well being of those you help.
- You have felt trapped by your work as a helper.
- You have a sense of hopelessness associated with working with those you help.
- You have felt “on edge” about various things and you attribute this to working with certain people you help.
- You wish you could avoid working with some patients.
- You feel that some people you help dislike you personally.
- You find it difficult separating your personal life from your work life.

## Symptoms and Signs of Burnout

(adapted from Holmes & Rahe)

Check the items from each category that you’ve noticed in yourself lately. As you do this, ask yourself, “Where am I now in terms of the consequences of burning out?”

<b>PHYSICAL</b>	<b>EMOTIONAL</b>	<b>SPIRITUAL</b>	<b>MENTAL/INTELLECTUAL</b>	<b>RELATIONAL</b>
Appetite changes Headaches Tension Fatigue Insomnia Weight change Colds Muscle aches Digestive upsets Pounding heart Accident prone Teeth grinding Rash Restlessness Foot or finger tapping Increased alcohol, drug or tobacco use	Anxiety Frustration The “blues” Mood swings Nightmares Bad temper Crying spells Irritability “No one cares” Depression Nervous laugh Worrying Easily discouraged Little joy in life	Feeling of emptiness Loss of meaning in life Doubt about spiritual beliefs Feel unforgiven Spiritually lonely Looking for magic Loss of direction or purpose in life Needing to “prove” self worthy Cynicism about life or my purpose Apathy	Forgetfulness Dull senses Poor concentration Low productivity Negative attitude Confusion Lethargy Whirling mind (can’t stop thinking) No new ideas (loss of creativity) Boredom Spacing out Negative self-talk	Feel isolated from others Intolerance of others Resentment Loneliness Lashing out Hiding from others Clamming up when out socially Lowered sex drive Nagging Fewer contacts with friends Lack of intimacy Becoming a use of people

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- You have difficulty making seemingly simple decisions such as what to wear or what to eat.
- You are forgetting/losing items that you need- your keys, your lunch, your planner.
- You are catching colds and experiencing other physical maladies (backache, fever) with more frequency than is usual for you.
- You find that the work you enjoyed doing in the past now seems tedious or boring.
- You set the alarm and get ready for work before you realize that it is your day off.
- You can't remember where you parked.

Checklist adapted from "Compassion Satisfaction and Fatigue Test" Authors: B Hudnall Stamm and Charles R. Figley. For the complete chart and more information, go to <http://www.isu.edu/~bhstamm>.

We all experience one or more of these items from time to time, but when we experience many of them, or some of them all the time that may indicate symptoms of burnout. Though we can all find ways to laugh at ourselves and the things that we do under stress, burnout is a very serious challenge facing us as

## Ways to take Good Care of Yourself

While each of us knows what best meets our own needs, here are some suggestions to get you off to a good start!

- Take a leisurely lunch
- Take a walk with no particular destination in mind
- Go home without taking work with you
- Read a magazine cover to cover, just for fun
- Learn to say "No"
- Ask for help
- Leave work on time without feeling guilty about unfinished business
- Write a letter or make a phone call to an old friend
- Get eight hours of sleep (ALL in the SAME night)
- Write in a journal
- Hug a friend or loved one
- Watch the sun rise or set
- Hold someone's hand
- Sometimes, let others serve on the front lines
- Try a new sport or hobby
- Wear silly socks
- Learn to sit quietly without having to accomplish anything
- Make a list of survivors
- Fix the small things in life that annoy you (the broken zipper, the dripping faucet)
- Outside of your work, decline unnecessary situations that expose you to sorrow
- Hold critical incidence debriefings
- Awaken a dream you may have given up on
- Discover your unique talents and gifts
- Go to funerals when you are needed or when it is your own need to attend
- Have more fun!!!

professionals. Often health care professionals are so focused on providing care to others that they neglect to care for themselves. They may skip meals, work long hours, and often do not take time off in an attempt to provide the best possible care to patients and families.

Every so often, it is important for each of us to evaluate our needs. The following exercise can help you assess your personal needs in an effort to balance your life.

For each of these areas of personal need or responsibility ask yourself two questions:

1. What am I doing to take care of myself? How am I meeting each of these needs?
2. What else could I be doing to take better care of myself? How can I better meet these needs?

- A. Physical needs
- B. Emotional needs
- C. Social needs
- D. Intellectual needs
- E. Spiritual needs

In our society, we tend to take very good care of our bodies, but neglect our mind and our spirits. It is important to evaluate each aspect of your life, assess your needs, and make it a priority to meet these needs. It is essential to recognize what drains your spirit as well as the things in your life that help keep you healthy and motivated.

Once you find the aspects of your life that inspire you, do them and do them often.

The authors of this article found many more resources than we are able to provide in the *FOCUS*. For

(See **BURNOUT**, *Focus 4*)

**BURNOUT**

*(continued from Focus 3)*

more resources on burnout visit the Child Life Council's web site at [www.childlife.org](http://www.childlife.org), "Resources Submitted by CLC Members."

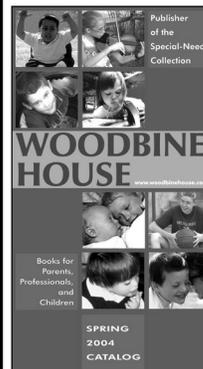
**Resources**

- Much of the research for this article was Internet-based and from a presentation by Ellen Hollon and Vickie Squires at the 2003 CLC Annual Conference on "Child Life as a Professional Shock Absorber".
- International Crisis Intervention and Stress Foundation <http://www.icisf.org>
- American Psychological Association <http://helping.apa.org/work/stress6.html>

- Stress Management books: <http://www.amazon.com/exec/obidos/ISBN=0671630261/mindtoolsA/>
- <http://www.aafp.org/fpm/970400fm/lead.html>
- <http://www.texmed.org/cme/phn/psb/burnout.asp>
- <http://www.friedsocialworker.com/selfassessment.htm>
- [http://www.docpotter.com/art\\_bo-summary.html](http://www.docpotter.com/art_bo-summary.html)
- <http://www.town.smithers.bc.ca/bvcism/html/help.html>
- <http://www.isu.edu/~bhstamm>
- *The Book of Stress Survival – How to Relax and Live Positively*, Alix Kirsta; <http://www.psychwww.com/mtsite/smsymstr.html>

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It is the expressed intention of *Focus* to provide a venue for professional sharing on clinical issues, programs and interventions. The views presented in any article are those of the author. All submissions are reviewed for content, relevance and accuracy prior to publication.

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## BOOK REVIEW

By Laurie McGuire, BAsC, CCLS,  
*The Hospital for Sick Children,*  
 Toronto, ON

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### Managing the Future After Burns (Series of 6 books)

ILLUSTRATOR: Christopher  
 Binding Design, 6: Karen Aylett  
 PUBLISHER: Changing Faces  
 Publication, 1999, United Kingdom

This series provides information  
 for individuals who have sustained  
 a burn injury, as well as for those  
 who support them. A multi-focus  
 approach is taken to educate and  
 meet the needs of the patient, par-  
 ent, teacher and health care profes-  
 sional. The series identifies the  
 need to involve every individual  
 who is providing care of the injured  
 patient. Each book helps with sug-  
 gestions and guidelines to "face the

challenges of the future."

Being discharged from the hospi-  
 tal to the rehabilitation phase of  
 treatment can create anxiety for  
 adults and children alike. The  
 resources provided in the books as  
 well as many others can be made  
 accessible to families to help pro-  
 vide relevant information during  
 a lengthy healing process.

The series is predominantly  
 geared to the adult reader, but it  
 does share many ideas that can be  
 expressed to children throughout  
 their care. The books that do dis-  
 cuss children directly are written  
 delicately and provide child-  
 focused examples, keeping their  
 developmental and mental capaci-  
 ties in mind. However, I would  
 suggest this series to be used as a  
 resource for all health care staff who  
 work with burn victims, to help  
 interpret the unique needs of each  
 family situation. The knowledge  
 presented in the series will help you  
 gain a fuller understanding of the  
 phases of healing and coping with  
 burn injuries.

#### Book 1: Addressing Psychosocial Needs (Clarke, A., 1999)

This book addresses common  
 concerns of burn victims and their  
 families, and gives suggestions on  
 how to manage and cope with the  
 changes caused by the burn injury  
 and hurdles to expect. It acknowl-  
 edges the uniqueness of each phase  
 of the healing process, while  
 addressing the needs of complying  
 with treatment, restoring physical  
 function and focusing on appear-  
 ance. The information is limited,  
 but serves as an introduction to the  
 rest of the series.

#### Book 2: Managing the Effects of Burns (Partridge, J., Cooper, C., & Clarke, A., 1999)

This book focuses on how to  
 resume life roles while incorporat-

ing new routines and changes. I  
 would not recommend this as a  
 handout for parents because it pro-  
 vides a lot of information that may  
 be too overwhelming at once.  
 Instead, it would be beneficial to  
 use the information to inform  
 parents gradually.

#### Book 3: My Child Has Burns (Clarke, A., & Kish, V., 1999)

This book emphasizes that the  
 child's return home is not the end of  
 treatment. It describes the difficulty  
 of children who have sustained  
 burn injuries, upon realization that  
 the healing process will take a long  
 time, and that that the hard work  
 will 'pay off', but it takes time to  
 see the final healed appearance.  
 The book discusses the child's cop-  
 ing skills and common reactions,  
 and what parents and others can  
 say to support the child's cognitive  
 understanding and framing of the  
 healing process. This book is a  
 good resource to send home with  
 families to provide them with solu-  
 tions for guiding the child through  
 the long healing process.

(See BOOK REVIEW, p. 6)

### November, 2004 Child Life Certification Examination Locations

Child Life Council announced  
 the following locations for the  
 November 13, 2004 administra-  
 tion:

Baltimore, MD  
 Boston, MA  
 Denver, CO  
 Detroit, MI  
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**BOOK REVIEW***(continued from 5)***Book 4: Back to School  
(van de Peppel, F., Partridge, J.,  
Frances, J., & Anderson, P., 1999)**

It is a vital part of an injured or healing child's life to return to normal life activities and routines. Preparing to return to school can be frightening and needs careful management. It takes a team effort to ensure that the best integration plan is put forth. This book focuses on educating the teacher of a child who has sustained a burn injury. It helps to build confidence in an area that is likely foreign to them in

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their daily classroom and gives suggestions on how to be supportive while fully involving the child in the classroom. Emphasis is given to the importance of working as a team for an easier transition from home back to school.

**Book 5: Looking Different; Feeling  
Good (activity book) (Kish, V.,  
1999)**

Also provided in the series is an interactive activity book for older school-aged children. The booklet guides positive thinking and good communication skills to enable the child to begin to build self-confidence. It emphasizes, "Act Positive ~ Talk Positive." Facial disfigurement is the main focus, but the activities can be altered to help children with burns else-

**HERO***(continued from 1)*

lies. Whether it's a bedside visit, helping a child through a procedure or playing a game in the playroom, Lisa continues to have patient contacts. Along with all these qualities, Lisa still manages to juggle her duties as a manager with being a wife and mother of two children. For all of the above reasons, it is

**BY-LAWS***(continued from 3)*

You will also see some changes in the committee structure. This is necessary to align the committees with the strategic plan. The strategic plan will drive the work of the organization, so it is necessary to have the appropriate infrastructure in place to initiate and establish the programs and services. Currently, the Board is working on the business plan that will highlight specific new initiatives and prioritize them over the next three years. The Child Life Council

where on the body or with other appearance-changing injuries.

**Book 6: Show Time  
(storybook) (Clarke, A., 1999)**

The book illustrates some good points and has a delicate theme. I wouldn't recommend reading this book to a whole class, unless you are prepared to answer many questions from the children.

**Summary**

This series will help the health care provider work with children who are burn victims and their families to understand common issues and phases of the long healing process, through activities and guiding principles for helping burn victims heal and resume their lives as well as they can.

with great conviction that we nominate Lisa for this award.

*Look around you and think about who you might suggest for CLC's special spotlight in this newsletter. Let us know what you think makes a child life specialist the unsung hero in your setting, or suggest an entire child life team. Send your stories and photos directly to Amy Jackson at [ajackson@childlife.org](mailto:ajackson@childlife.org).*

is financially secure with an adequate reserve to continue functioning in the event of an emergency. Therefore, we are at a point where we can reinvest funds back into the programs and services that benefit the membership.

I encourage each of you to carefully review the proposed changes to the By-laws that were included in the Winter 04 *Bulletin*. This organization does belong to you and it is important that you have input into its governance. If you have any questions, please do not hesitate to contact me or any other Board member.

## AWARDEES

*(continued from 1)**Sally Francis, MS, MA, CCLS*

Medical Center. If Sally hadn't been here, who would have:

- Chaired the Association for the Care of Children's Health (ACCH) Affiliate Development Committee in 1977 (which was so important to the growth of ACCH)
- Been selected as one of 4 ACCH members who were asked to meet in January, 1982 to explore the establishment of a Child Life Section within ACCH to replace the Child Life Task Force - it was they who recommended the formation of the Child Life Council
- Served as President-Elect of ACCH from 1983-85, then as President of ACCH from 1985-87
- Provided the strong leadership in 1986 to begin the first Maternal and Child Health grant which was the beginning of the Family-Centered Care work that we all practice today
- Member-At-Large, Child Life Council Executive Board, 1993-1995
- Co-written with her staff the wonderful Children's Medical Center series of booklets including "Turning Theory into Practice,

Professional Development", and more

- Co-authored the valuable "Pediatric Diagnostic Procedures" handbook with Sue Droske
- Been the incredible mentor, source of inspiration, and leader to the hundreds of staff, students, and healthcare team members who worked at the Children's Medical Center, and
- Improved the quality of psychosocial care for thousands of children and families in Dallas

**Ruth Kettner, CCLS**

*By Renee Ethans, BA, CCLS, Manager, Child Life Department, Children's Hospital, Winnipeg*

Pioneer, mentor, visionary, educator, nurturer – these are only a few of the words that could begin to

*Ruth Kettner, CCLS*

describe Mrs. Ruth Kettner, recipient of the 2004 Distinguished Service Award. Ruth earned her Diploma of Applied Arts in Early Education from the Manitoba Institute for Technology, and a certificate in Special Education from the University of Manitoba. As Director of child life at Winnipeg Children's Hospital from 1970-1987, Ruth was a gifted and innovative leader, who, in her inimitable style of grace and charm, developed numerous ground-breaking programs to support the psychosocial needs of children in hospital, which include:

- Advocated for interdisciplinary psychosocial rounds (emotional rounds)
- Co-developed anatomically correct patient puppets for medical teaching ("Patient Puppets")
- Co-developed the child life program at Cancer Care Manitoba
- Advocated successfully for a playroom on every inpatient unit in the new Children's Hospital building in Winnipeg
- Family-centered care
- Advocated for grief support system for parents who had lost children, now known as Compassionate Friends
- Co-developed CHTV, a closed-circuit, in-hospital television station
- Incorporated clowning and humor therapy into child life services
- Advocated for Services for Aboriginal Children
- Appointed Assistant Professor with the Department of Pediatrics of the University of Manitoba School of Medicine

Ruth is truly, deeply deserving of this prestigious award, and we extend our wholehearted congratulations! For more information, go to [www.hsc.mb.ca/corporate/tabloid/csrp6.htm](http://www.hsc.mb.ca/corporate/tabloid/csrp6.htm).

## Name or Address Changes Requested

Please send name or address changes to CLC (see address at right) to make sure you receive future mailings of certification and/or membership materials.

Certified individuals: please send changes for both work and home addresses. Include the following information: Account number (1st number on your mailing label), full name, title, institution, complete preferred address (note if home or work), day & evening phone numbers, email address.



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## 2004 Conference Update

We are busy working to make Child Life Council's 22nd Annual Conference on Professional Issues, May 28-30 in Seattle, a wonderful educational and networking experience for you!

Register by the early deadline (April 12) to receive the discounted registration rates. The hotel block is filling up, so make your reservation as soon as possible by calling 1-888-627-8513. **The hospital tours are full, so we cannot accept additional attendees.**

We encourage you to also plan to treat yourself to some fun while you're in Seattle, so we've planned the dinner, cruise and show to Tillicum Village at Blake Island State Park for your entertainment. Register yourself and any significant others who are traveling with you so that you can enjoy a night out, Pacific Northwest and Native American style!

We are also very excited to announce the following updated list of sponsors and exhibitors:

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Mary Bridge Children's Hospital  
Metro Health  
Rainbow Babies and Children's  
Hospital  
Sacred Heart Children's Hospital

### Exhibitors:

Big Apple Circus Clown Care  
Bopar Books  
Celebration Shop, Inc.  
Children's Hospital of Philadelphia  
Children's Medical Center of Dallas  
Children's Wish Foundation  
International  
Discount School Supply  
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Memories Unlimited, Inc.  
The National Children's Cancer Society  
One Step At A Time  
The Picture ME Foundation  
The Pin Man - PositivePins.com  
Playscapes Children's Environments  
Playworks  
Rainbow Babies and Children's  
Hospital  
Sand - Trays - Figures Company  
STARBRIGHT  
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TMC Furniture

We're looking forward to seeing you in Seattle!

Mark your calendar for next year's conference, June 10-12, 2005 at the Opryland Conference Center in Nashville, Tennessee! You can go to the conference section of our web site at [www.childlife.org](http://www.childlife.org) to see the 2005 Call for Papers. The postmark deadline for submissions is August 1, 2004.