

Chapter 5

School

Audra Holst-VanNoord

Lowell Area School District, USA

Jessica Lewin

River Valley School District, USA

Courtney Rosborough

Edmonton Catholic School District, Canada

ABSTRACT

Child life specialists in schools help students, school staff, and families function more cohesively, advocating for the needs of each individual while continuing to prioritize child development. This chapter will outline the student and staff needs that child life specialists are uniquely suited to meet while also giving an overview of interventions, supports, roles, and coping strategies that can be led by a child life specialist within the school setting. Throughout this chapter, one will see how easily a child life specialist can integrate into existing systems or propose a new position within the school environment.

INTRODUCTION

This chapter will examine schools as a nontraditional child life setting and how Certified Child Life Specialists can support students experiencing challenging situations that can negatively impact their optimal development and learning ability. Child life was initially established to meet the needs of children in healthcare. However, the profession's scope of practice and skill set can provide support to children and families in any setting in which children are undergoing challenging life events (ACLP, 2018). It is especially important for Certified Child Life Specialists to continue to uphold the competencies of the child profession and understand their scope of practice in any setting in which they may work (ACLP, 2020).

Taking into account that child development milestones change over the school years, this chapter gives an overview of how Certified Child Life Specialists can collaboratively create and use therapeutic interventions in elementary, middle, and high schools. "Child life professionals 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" (ACLP, 2018, p.1). Real-life examples will

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show that Certified Child Life Specialists can support student and staff needs as they take on established roles or by proposing specific child life specialist roles within a school setting.

Suppose a child life role is not available in a school setting. In that case, some Certified Child Life Specialists may take on a school position with another title, such as emotional, behavioral specialist, or coordinator of student support. In contrast, others may repurpose a traditional school role into a child life one. As the ACLP position statement on child life practice in the community (2018, p.1) states, “there is a significant value in including child life professionals in a variety of community-based settings.” On average, students spend 180 days or 950 hours at school (Carrington, 2020). Coping skills taught by a child life professional within a school setting can lay a foundation for students to cope with significant challenging events throughout their lives and can be generalized to future healthcare experiences.

Much like in the hospital setting, schools have multidisciplinary teams made up of a variety of professionals. Certified Child Life Specialists integrate into existing student support programs collaborating with other support professionals such as social workers, school counselors, behavior specialists, psychologists, teachers, and administrators on the emotional well-being of children. Using weekly psychosocial rounds or collaborative meetings, schools increase staff communication and awareness of student needs impacting academics and ability to learn. With their collective knowledge, the team focuses on common psychosocial goals, identifies action plans, and maximizes staff involvement.

For schools that have implemented multi-tiered support systems (MTSS; see appendix 1), a child life skill set articulating strategies and accommodations for students with various diagnoses can be useful at each level: universal, focused and intensive. School-based child life interventions are grounded in the core child life competencies; however, they may look very different from interventions in the healthcare setting. Child life professionals in a school still focus heavily on the essential goals of child life: building rapport, assessing coping, promoting resilience, minimizing stress, providing therapeutic interventions, and communicating effectively with other professionals (ACLP, 2018). Through proactive support in the classroom, in small groups, and individually, students’ psychosocial needs will be met first before attempting academics.

According to Abraham Maslow’s hierarchy of needs (1954), students’ basic needs must be met before confidence and learning occur. These needs will be more challenging to meet if students are dysregulated, anxious, or stressed. Students’ mental health and social-emotional needs have been a challenge for school districts and their administrators for years, with a heavy focus on academics and test scores (Carrington, 2020). In 2021, the Child Mind Institute published a mental health report that states that approximately 35% of children and adolescents have voiced feelings of anxiety, depression, or stress occurring on a regular basis (Child Mind Institute, 2021).

Mental health disorders affect 16.5% of children (about 7.7 million), with almost half of those not receiving necessary treatment from mental health professionals (ACLP, 2020). Unfortunately, American schools employing mental health professionals have an average student-to-counselor ratio of 455 to 1, even though the American School Counselor Association recommends no more than a 250-to-1 ratio (Bray, 2019). While this is the lowest margin for the ratio in over 30 years, improving the numbers alone is only part of the answer. Students need specially trained professionals that can address the vital issues impacting today’s children (Lewis et al., 2020).

“Students with positive mental health are resilient and better able to learn, achieve success, and build healthy relationships” in the school environment (Edmonton Catholic Schools [ECS], 2020, p. 24). However, when students experience an overwhelming amount of unaddressed stress, students have challenges meeting social, emotional, and behavioral expectations, affecting school performance (Greene,

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