



Child Life Professional Certification

Exam Content Outline

Effective January 1, 2024

Domain I: Professional Responsibility (26%)

1. Adhere to standards of ethical practice.

A. Professional boundaries and therapeutic relationships (e.g., children, families, child life professionals, emerging professionals, multi-disciplinary professionals, students, volunteers)

B. Confidentiality and privacy laws

C. Utilize ethical tenets and principles to guide practices (e.g., personal, peer, and professional accountability, conflicts of interest, social media)

D. Protection, safety, and rights of the child and family

1. Physical and emotional safety (e.g., safe environment, recognize maltreatment, duty to report abuse/neglect)

2. Consent and assent

3. Trauma-informed care

E. Maintain an environment that respects and responds to diversity, equity, and inclusion (DEI)

F. Responsibility to engage in the appropriate supervision and training of others

2. Engage in opportunities for continuous improvement in child life practice.

A. Self-reflection (e.g., awareness of biases, projection, transference, work/life boundaries)

B. Recognition of, and strategies to combat, potential stressors related to the profession (e.g., burnout, compassion fatigue, discrimination, secondary trauma)

C. Activities of inquiry and evidence-based practice.

3. Collaborate effectively with multi-disciplinary professionals.

A. Clear and objective documentation outlining the assessment, plan, intervention, and evaluation (APIE) process

B. Integrate a variety of educational techniques (e.g., lectures, hands-on activities, use of media) when speaking to and networking with diverse individuals and groups

C. Education of internal and external audiences about child life services and psychosocial care

1. Child development

2. Coping

3. Family systems

4. Play

Domain II: Assessment (37%)

1. Assess and prioritize children and families based on psychosocial risk and need.
 - A. Utilize play in assessment
 - B. Utilize assessment tools and techniques (e.g., development, conversations, Psychosocial Risk Assessment in Pediatrics (PRAP), stress point potential)
 - C. Assess through a trauma-informed approach (e.g., Adverse Childhood Experiences (ACEs), Pediatric Medical Traumatic Stress (PMTS))
 - D. Continuous reassessment and evaluation of interventions
2. Assess relevant health care data to develop a comprehensive plan of care.
 - A. Impact of illness, injury, and health care experiences
 - B. Impact of diagnosis, procedures, and treatment
 - C. Impact of health care trends, disparities, and environment
 - D. Child's understanding of illness and healthcare experience
3. Assess developmental data to develop a comprehensive plan of care.
 - A. Physical, cognitive, communication, and social-emotional development of the child
 - B. Developmental theories, viewed through a lens of cultural humility (e.g., adverse child experiences, attachment, contextual framework, coping, resiliency)
 - C. Developmental variables that impact a child's stress potential (e.g., absence of support system, coping skills, physical limitations)
4. Assess family variables to develop a comprehensive plan of care.
 - A. Composition and dynamics (e.g., practices, preferences, roles)
 - B. Interpretation and understanding of health, illness, and loss
 - C. Utilization of self-advocacy
 - D. Access to support and resources
 - E. Response to healthcare and community-based systems and institutions
5. Assess cultural and contextual variables to develop a comprehensive plan of care.
 - A. Diversity, equity, and inclusion (DEI) considerations
 - B. Systemic and structural bias, discrimination, racism, and equity
 - C. Communication and learning styles
 - D. Strength-based approach to patient- and family-centered care

Domain III: Intervention (37%)

1. Provide patient- and family-centered care (i.e., dignity and respect, information sharing, participation, and collaboration)
 - A. Care inclusive of diversity, equity, and inclusion (DEI)

B. Interdisciplinary/multidisciplinary approach

1. Opportunities for collaboration (e.g., co-treating, research)
2. Appropriate consultations/referrals

C. Partner with children and families via a therapeutic relationship

2. Incorporate play theories and apply to practice.

A. Play that is culturally and developmentally relevant to needs of child and family

1. Normalizing play
2. Developmental play
3. Healthcare/medical play
4. Therapeutic play
5. Child-directed play

B. Appropriate play experiences to facilitate optimal coping (e.g., assessment, education, mastery, normalization, rapport building)

C. Environments conducive to play (e.g., activity/play rooms, camp, outdoor, patient room, virtual)

3. Provide education specific to the individual needs of child and family.

A. Utilization of assessment variables to implement a plan of care that supports individualized needs

1. Psychological preparation
2. Healthcare teaching
3. Coping strategies (e.g., alternative focus, deep breathing, guided imagery)
4. Resources (e.g., camps, foundations, integrative and expressive therapies)
5. Pain management support and advocacy
 - a. Non-pharmacological (e.g., position for comfort, positive touch, sensory distractors, technology)
 - b. Pharmacological

B. Education about developmental needs, abilities, and responses

C. Encouragement of child and family to advocate for their needs

4. Support child and family through diagnosis, treatments, and transitions of care

A. Provide procedure support specific to the individual needs of child and family (e.g., coping strategies and evidence-based approaches)

B. Adapting and individualizing interventions based on child and family's cues and responses

5. Support child and family experiencing loss, grief, and/or bereavement.

A. Developmental, family, and DEI considerations

B. Grief support and therapeutic interventions

C. Legacy building and memory making

D. Inter-/multi-disciplinary engagement (e.g., hospice, palliative care, spiritual care)

E. Education and resources