Winter 2022

The role of a Certified Child Life Specialist within a Child Advocacy Center

Breanna E. Hintz
Eastern Washington University

THE ROLE OF A CERTIFIED CHILD LIFE SPECIALIST WITHIN A CHILD ADVOCACY CENTER

A Thesis

Presented To

Eastern Washington University

Cheney, Washington

In Partial Fulfillment of the Requirements

For the Degree

Master of Arts in Child Life

By

Breanna E. Hintz

Winter 2022

THESIS OF BREANNA E. HINTZ APPROVED BY

_____ DATE _____
Dr. Katie Walker, PhD, CCLS, Graduate Study Committee

_____ DATE _____
Dr. Belinda Hammond, PhD, CCLS, Graduate Study Committee

_____ DATE _____
Dr. Camille Frank, PhD, LPC, NCC, Graduate Study Committee

TABLE OF CONTENTS

ABSTRACT

Childhood abuse and neglect is currently a prevalent issue in our society. Children who do not receive adequate support and ongoing services experience lasting impacts on their mental health and ability to cope with future events. Child Advocacy Centers (CAC) are community-based agencies that promote the intervention of childhood abuse and neglect. This setting, paired with the tailored support of Certified Child Life Specialists (CCLS), is an under-researched yet promising combination of services that can encourage the healing process for these children and their families. This study aims to understand the role of CCLSs in a CAC and how their support can impact children and families.

Using a comparative case study approach, in-depth information was gathered for two separate CACs that employ CCLSs full-time. Content analysis of the interview data revealed ten themes: 1) CCLS collaborates and communicates with different populations, 2) CCLS provides preparation and support, 3) CCLS meets psychosocial needs, 4) CCLS supports the family as a whole, 5) CCLS role is multifaceted, 6) CCLS engages in opportunities to improve practice, 7) CCLS enhances the goals of the CAC, 8) Children and families are grateful for CCLS role, 9) Children have positive experiences with CCLS support, and 10) Families have positive experiences with CCLS support. These findings prompt discussion on the importance of adding child life to the multidisciplinary team at CACs throughout the United States.

CHAPTER 1: INTRODUCTION

Childhood abuse and neglect affects an alarming number of children from infancy through adolescence each year. Recent statistics show that 3 million reports of childhood abuse and neglect are made annually throughout the United States to Child Protective Services (CPS) (Elmquist et al., 2015; Fredrickson, 2019). In 2015, nearly 700,000 children experienced abuse, and approximately 1,670 of these children died from causes related to the abuse or neglect (Fredrickson, 2019). These statistics illustrate the prevalence of childhood maltreatment, and the high population of children who are suffering from lasting effects such as post-traumatic stress disorder symptoms, suicidality, disruption in self-regulation, and conduct disorders (Cecil et al., 2017).

Child Advocacy Centers (CAC) were established to provide a more coordinated response to childhood abuse and neglect. The first CAC to be created as an organized effort at intervening in childhood maltreatment was in 1985 in the town of Huntsville, Alabama. Currently, there are over 950 CACs throughout the United States, with at least one CAC in each state. CACs are community-based, multidisciplinary agencies with the goal of improving the response to, investigation of, and prosecution of childhood abuse and neglect (Elmquist et al., 2015). CACs provide services such as forensic interviews, medical examinations, referrals to mental health services, and caregiver support.

Certified Child Life Specialists (CCLS) are professionals who have been trained to meet the psychosocial and developmental needs of children facing various stressors or traumas (Association of Child Life Professionals, 2022). Historically, CCLSs were trained to focus on the needs of children experiencing hospitalization, however, their scope is increasingly expanding to include a wide array of community settings. Since

CACs are often connected to or work closely with hospitals, it is unsurprising that the role of a CCLS has expanded to include supporting children at a CAC. This setting is new to the child life field and has yet to become a widely known area of practice.

Problem Statement

To date, a review of the literature has revealed that there are no studies describing the role of a CCLS within a CAC. It is important that studies explore the CCLS role within CACs, as some locations are beginning to recognize the unique skill set of CCLSs, thus employing them to provide a more holistic approach to the psychosocial needs of these children and their families. This study will provide a deeper understanding of a CCLS role within a CAC. Increasing the understanding of this role and what impact comes from utilizing a CCLS, will also provide a rationale for continuing to expand the child life field and add more positions at other CACs. Additionally, in order to continue growing child life services, it is important to examine the context and understand how the role of a CCLS can fit within this setting.

Two research questions will be addressed in this study:

1.What is the role of Certified Child Life Specialists within Child Advocacy Centers?

2. How do child life services impact children and families within a Child Advocacy Center?

Definitions of Key Terms:

Certified Child Life Specialist – Certified child life specialists are trained professionals with expertise in helping children and their families overcome life's most challenging events (Association of Child Life Professionals, 2022).

Child Advocacy Center – Child Advocacy Centers are community-based, multidisciplinary organizations that seek to improve the response, investigation, and prosecution of child maltreatment in the United States; to reduce the stress experienced by child victims and non-offending members during the investigative process; and to guarantee that services are provided to all child victims (Elmquist et al., 2015).

CHAPTER II: LITERATURE REVIEW

Theoretical Framework

The theoretical framework providing a basis for this study is the ABC-X Model of family stress theory. This theory proposes that the level of stress (X) a family experiences is influenced by several factors: the event or situation (A), the family's resources or strengths (B), and the perceptions the family has of the stressor (C) (Bush et al., 2021). Bush et al. (2021) clarified that a stressful event can be positive or negative but must produce a change in the family system. Resources, such as a strong family system, financial and job stability, and community support can lessen the impact of the stressor. The perceptions that allow a family to view the stressor as manageable or as an opportunity for growth, tend to produce greater adaptability and coping skills. The ABC factors of this model combine to determine the level of stress a family will experience.

Families receiving services within a CAC have experienced stress. The event or situation (A) can be the cause of abuse or neglect that the child has experienced. A family may come to the center with resources and strengths (B) already in place, but they may require support from trained professionals, such as a CCLS, to develop these resources into positive coping skills. Families may also have preconceived perceptions of the event (C). The CCLS can provide education, validation, and reframing in response to these perceptions. Ultimately, the child's and family's overall level of stress can either be increased or decreased depending on the staff's knowledge of this stress theory model. An understanding of the factors in this model, such as how abuse or neglect can change the family unit, what resources the family needs, and how the stressor is viewed by the family, can impact the support a CCLS provides and improve services for the family.

Current Services Provided in Child Advocacy Centers

CACs aim to reduce the re-traumatization a child may experience throughout an investigation process. The CAC model that is accredited by the National Children's Alliance includes ten standards (Herbert & Bromfield, 2015). These standards form the basis for services at CACs. The ten standards include: a multidisciplinary team approach, evidence-based forensic interviews, victim support and advocacy, a child-focused setting, mental health services, medical examinations, case review, case tracking, cultural competency and diversity, and organizational capacity (Herbert & Bromfield, 2015). Children and families can receive these services on-site, but referrals can also be made to appropriate outside agencies if needed. CACs can also offer additional family-centered services, such as a family victim advocate, parenting education, and pet therapy. According to Young et al. (2014), family victim advocates provide various essential services to families, including education on the court process, referrals to mental health services, education on common reactions to abuse, crisis intervention and on-going support, knowledge of crime victims' rights, and assistance to obtain concrete services (e.g., housing and transportation). The combination of these services strives to promote a healthy and positive outcome for children and families.

Experiences of Children and Families in Child Advocacy Centers

A youth's experience in the social services system greatly depends on their perceived relational aspects with professionals. Jobe and Gorin (2013) discovered that youth are more likely to disclose abuse if they have a relationship with professionals that is based on trust and confidentiality. Youth were also more likely to continue engagement in their services if they received consistency in their worker, communication about the

process, and support (Jobe & Gorin, 2013). Wright (2017) suggested that the relational aspect of being involved in children's service delivery following abuse and neglect needs to be strengthened. Other youth relayed that their support was discontinued following the closure of an investigation despite these youths' insufficient coping skills (Jobe & Gorin, 2013). Focused efforts on strengthening relationships with these youth can significantly impact engagement in services, future coping skills, and the overall experience.

Featherstone and Fraser (2012) revealed comparable experiences for parents in the social services settings. Parents felt powerless and discouraged from engaging in services due to a lack of communication and rapport building with their workers (Featherstone & Fraser, 2012). However, the study explored the effects a family advocate can have such as improving communication between parents and workers, helping parents to understand the process, empowering parents to advocate for their children, and creating a calm and reassuring presence during service delivery (Featherstone & Fraser, 2012). Recognizing the need for an interconnectedness between families and professionals is crucial for parental engagement and improved child outcomes.

CCLS knowledge and skill set is similar to that of a family victim advocate, thus indicating that this profession may also be a beneficial resource for parents and children in CACs. CCLSs are specifically trained in child development, meeting children's psychosocial needs, and understanding the impact that parental stress has on a child (Association of Child Life Professionals, 2022). Therefore, CCLSs can utilize relationship-building skills to provide guidance and support, encourage effective coping skills, and empower parents to be actively involved in services (Boles et al., 2020). The

role of a CCLS in this setting can serve as an integral component in connecting children and their families to the services provided at a CAC.

Psychosocial Needs of Children in Child Advocacy Centers

Psychosocial needs are essential to a child's development and shaping their relationship with the world around them. These needs include feelings of safety, belonging, self-esteem, and self-actualization. Youth involved in the social services system revealed that these four psychosocial needs are extremely important to develop coping skills and move forward from the abuse (Steenbakkers et al., 2017). A survey by Steenbakkers et al. (2017) found that some youth valued safety and belonging in their relationships with foster parents and professionals, while other youth strived for self-actualization and self-esteem. Regardless, youth indicated wanting professionals who take their job seriously, have open communication, and act as a mediator for them (Steenbakkers et al., 2017). Meeting these psychosocial needs allows the youth to grow as an individual, process their past, and develop sustainable coping skills.

Currently, CACs offer therapeutic services and have mental health counselors on staff to provide crisis interventions, psychological evaluations, and therapy. These services focus on trauma symptoms and do not necessarily address psychosocial needs. This lack in services sheds light on the need for another professional specifically focused on psychosocial support to be involved in the child and family's support.

Certified Child Life Specialists' Unique Skill Set

CCLSs are a unique group of healthcare professionals who are adept at meeting the psychosocial needs of children at every developmental level. Although the hospital is the main setting for child life services, there has been recent expansion of the profession

into community-based and other nontraditional settings. Child life interventions include play-based preparation, procedure support, distraction, and development of coping skills. As integral members of a multidisciplinary team, CCLSs are responsible for advocating for patients and families and strive to keep family-centered approaches at the heart of patient care. Additional services can include sibling support, legacy building, bereavement support, and animal assisted therapy.

To appropriately meet the psychosocial needs of children and families, Boles et al. (2020) suggested six different domains that CCLSs should base their interventions on. These domains included an individualized approach, being developmentally grounded, trauma informed, relationship oriented, play-based, and resilience-focused. This specific skill set of a CCLS is universal to any setting that focuses on the psychosocial needs of children.

The formerly mentioned interventions can also translate to the community-based setting of a CAC. For example, play can be utilized to prepare and support a child through a medical examination following the disclosure of abuse or neglect. Advocacy and support should form the basis for educating children, caregivers, and siblings, normalizing the unfamiliar environment of a CAC, and developing coping skills for the child and family. Therapeutic modalities, such as animal assisted therapy and expressive play therapy, can further contribute to a child-friendly setting that meets the psychosocial needs of children seen at CACs.

CHAPTER III: METHODS

Study Design

A comparative case study design was chosen for this study. While case studies are known for their ability to provide an in-depth look at the context of a topic, comparative case studies are particularly beneficial at utilizing the detailed information from multiple sites to examine the impact that interventions have (Goodrick, 2014). Since the goals of this study are to examine the role of a CCLS within a CAC and determine the impact these services have on children and families, it is imperative to examine the similarities and differences between each site which contribute to the overall impact of child life services.

Sample

Convenience sampling was used to identify two CACs that employ at least one CCLS in a full-time position. Rationale for convenience sampling included the CACs being in close proximity to the researcher in the event that an in-person opportunity for the interview would occur. However, due to the COVID-19 pandemic, this was not able to happen. A second reason for convenience sampling was that the child life program would be an already established program at the CAC, within the parameters of at least five years of existence.

One CCLS was chosen to participate in an interview from each CAC. At CAC-1, the CCLS was offered the opportunity by her manager and responded to the interview request. CAC-2 only employs one CCLS. Both CCLSs were females with varying degrees of experience in their child life career. CCLS-1 has been in her position at the CAC for two years and this was her first position after becoming a CCLS. CCLS-2 has

over ten years of experience in the field and at the CAC. She originally started her position as part-time in an emergency department at the children's hospital in the same healthcare network as the CAC and part-time at the CAC. Both CACs were located in urban areas in the same geographic region.

Data Collection

Due to the need for virtual interviewing, Zoom was chosen as the platform for data collection to occur. Both CCLSs participated in one-on-one interviews through Zoom, which were recorded and stored securely. A structured format for the interview was used to increase reliability between the interviews and support the goal of a comparative case study. The interview was divided into three sections. The first section asked about background and demographic information for the CAC and the CCLS. The middle section was the most crucial aspect of the interview as it focused on the interventions the CCLS used as part of their role at the CAC. Finally, the third section of questions aimed to understand the impact that child life services have on children and families who come to the CAC. The interview can be seen in full detail in Appendix A.

Data Analysis

Data was transcribed using the dictate feature on Microsoft Word and then analyzed using content analysis. Content analysis strives to provide a concise summary of a large amount of text through the use of categories and themes (Erlingsson & Brysiewicz, 2017). Content analysis is a common method for qualitative studies. The process for content analysis is completed through multiple steps of rereading the interview transcript and transforming the text into meaning units, codes, categories, and

themes (Erlingsson & Brysiewicz, 2017). Each step of the analysis process was reviewed by the committee chair to verify accuracy and ensure that the data remained unbiased.

CHAPTER IV: FINDINGS

Analysis of the interviews from each CCLS resulted in the following ten themes: 1) CCLS collaborates and communicates with different populations, 2) CCLS provides preparation and support, 3) CCLS meets psychosocial needs, 4) CCLS supports the family as a whole, 5) CCLS role is multifaceted, 6) CCLS engages in opportunities to improve practice, 7) CCLS enhances the goals of the CAC, 8) Children and families are grateful for CCLS role, 9) Children have positive experiences with CCLS support, and 10) Families have positive experiences with CCLS support. The first seven themes answer the first research question describing the role of a CCLS within a CAC, while the last three themes answer the second research question regarding the impact these services have on children and families.

According to Goodrick (2014), comparative case studies are designed to provide comparison within and across context. In order to compare the two cases, there first needs to be an in-depth exploration of each case. Therefore, the findings for this study will first be separated according to each CAC. CAC-1 and CCLS-1 refer to the CCLS that is part of a larger child life program within a CAC and has had two years' experience there. CAC-2 and CCLS-2 refer to the CCLS that is a one-person program at the CAC and has had ten years' experience there. The individual findings from each site and its CCLS will then be compared against one another. This method of presentation allows for a deeper analysis of the findings.

Child Advocacy Center – 1

CCLS Collaborates and Communicates with Different Populations

When asked what populations of children and families she works with, CCLS-1 shared several traumatic experiences that a child encounters prior to coming to a CAC. These include sexual abuse, sexual exploitation, physical abuse, domestic violence, and witnesses to homicide. She also shared that some of these children may have developmental delays or multiple mental health diagnoses. They may also face challenges such as homelessness or transitions to foster care. Since every child at this CAC is seen by a CCLS, it is imperative that the CCLS can effectively communicate with and support these children with a wide range of abilities and challenging experiences. CCLS-1 also mentioned that the children will often come with their siblings and caregivers, who may also receive support as appropriate.

Since CACs are multidisciplinary agencies, there are also a plethora of professionals that the CCLS communicates to and collaborates with. CCLS-1 is part of a team that includes police department staff, forensic interviewers, Department of Children and Family Services staff, state's attorney office, children's hospital medical providers, therapists, and the advocacy team. CCLS-1 shared how she fosters collaboration with these team members by learning from each other's experiences, communicating pertinent disclosures to forensic interviewers, notifying the medical doctor of developmental concerns, and providing handoff to staff who are expected to interact with the child or family. This shared collaboration amongst the multidisciplinary team contributes to the "great partnership" that was described by CCLS-1.

CCLS Provides Preparation and Support

Two types of preparation and support were described by CCLS-1 in relation to her role at the CAC: medicals and forensic interviews. Medicals that CCLS-1 would

provide support for include blood draws, immunizations, medication, diagnosis, and exams which ensure that the child's body is healthy and to collect evidence for prosecution. In order to prepare children for their medical experiences at the CAC, CCLS-1 engages in medical play with the child that increases familiarity with the real medical equipment used for their exam, practices positioning with a stuffed animal, and increases understanding of the process. CCLS-1 is also available to support these children by identifying individual coping strategies and providing helpful items, utilizing distraction techniques, promoting relaxation, and being a supportive presence during the exam. CCLS-1 referred to this as the "full support system you would see in a hospital."

The language utilized by CCLS-1 to discuss preparation for forensic interviews was referred to as "orientation." The use of the commonly accepted term "preparation" from the traditional hospital setting instead indicates that a child is being told what to prepare for regarding answering questions in the forensic interview. As forensic interviews are intended to be spontaneous, CCLS-1 instead takes the approach of providing orientation. This orientation includes giving the child a tour of the space, explaining the one-way mirror, showing a picture of the forensic interviewer, and providing concrete steps of the appointment. Support for the forensic interview most often includes opportunities to ask questions about the space, express emotions and concerns, and choose fidget items that promote positive coping.

CCLS Meets Psychosocial Needs

CCLS-1 reported that she can meet a wide range of psychosocial needs while a child is at the CAC. One of these is the need for normalizing play. Using a playroom, outdoor spaces, and various play items for every aged child, CCLS-1 can show that the

CAC is a safe space where kids can be kids. These spaces are not typical for every CAC, and CCLS-1 acknowledged this by stating how “lucky” they are to have these resources. CCLS-1 supports developmental needs by encouraging autonomy and control, protecting privacy, and advocating for children to be given appropriate information that will assist with the healing process.

Additionally, CCLS-1 communicates with families and schools when a child has a developmental delay, assesses verbal capability for the forensic interview, and provides resources that are inclusive of different developmental levels. Basic needs, such as clothes and hygiene items, are also met by a resource closet that the child life team helps to coordinate. Children can receive these vital items along with a toy. In some cases, a simple item such as a toy, can have an incredible impact. CCLS-1 shared a story of a young girl who loved to play volleyball as a coping technique. When she received a volleyball from the CAC to take with her into foster care, she said, “this is everything that I needed 'cause now I get to go home, and I get to use my chosen coping strategy which is hitting the volleyball around and getting out all of those feelings.”

An important aspect of psychosocial needs that CCLS-1 focused on is emotional needs. Children are allowed the opportunity for self-expression, therapeutic outlets for emotions, and validation of what they feel. CCLS-1 can help identify coping plans which include sensory items, bubbles, guided imagery, and breathing for relaxation, as well as fidgets for anxiety, and therapeutic outlets for anger such as ripping paper or creating rap lyrics.

CCLS Supports the Family as a Whole

While the child who is being seen for services receives the majority of CCLS support, CCLS-1 also described ways in which she supports siblings, parents, and caregivers. Siblings may sometimes be included in forensic interviews or medical exams if they were witnesses to or victims of the abuse or neglect. However, in situations where the sibling simply comes with the child, they are given the same opportunities to engage in normalizing play, ask questions, and receive a basic of overview that the child is there to make sure their body is healthy and strong. CCLS-1 also encourages interactions between siblings that will strengthen their attachment to each other, such as providing activities for them to take into a new foster home. She described working with two sisters who were going into foster care together and said, "I could tell that they leaned on each other, so everything that I did encouraged that bond."

Parents and caregivers receive most of their support from the advocacy team. However, CCLS-1 facilitates conversations about answering questions that the siblings have and how to respond in developmentally appropriate ways that gives them the information they need to process what is going on. CCLS-1 also has the unique opportunity to build rapport with families through weekly therapy appointments where she can visit with them in the waiting area. During this time, caregivers often feel comfortable sharing updates with the CCLS which allows her to identify needs and opportunities for self-expression. CCLS-1 can then connect the family with resources.

CCLS Role is Multifaceted

Like many professionals in the child life field, CCLS-1 has more than just one role at the CAC. She is also a facility dog handler. This gives her the opportunity to take the facility dog throughout the building to provide support to children, families, and staff.

CCLS-1 shared the following regarding how the facility dog makes children feel more comfortable, “so kids, whenever they have a particularly difficult session, he'll go in and they just pet him and talk about what they need to talk about.” Having a dog in this setting also helps it be less intimidating and more normal. Other responsibilities that CCLS-1 has taken on include website design, growing the outdoor garden space, creating programming for the child life kitchen that is available for use by children and families, tracking statistics, and evaluating anxiety levels of children before and after receiving orientation with the CCLS.

CCLS Engages in Opportunities to Improve Practice

CCLSs go through an extensive process of coursework, clinical experience, and a certification exam to be qualified for the position. However, this training rarely, if at all, will address the role of a CCLS within a CAC. In order to provide the best practice that is possible, CCLS-1 often engages in outside opportunities to learn more about supporting the population of children seen at a CAC. These opportunities can include webinars on human trafficking and children’s mental health, suicide prevention and response class, trainings on keeping kids safe and why parents don’t believe, and the standard on-the-job training. When speaking about the training opportunities she has participated in, CCLS-1 shared her motivation for doing so, stating:

> It was very important for me to know how to approach and work with those kids and provide them the best support as possible. Um so a lot of the things that I have acquired have been during my time here because I realized there were gaps in my knowledge um and just learning how to best support them and the concerns that they have.

Since child life is a newer addition to the CAC setting, CCLS-1 often must take what she has learned from the hospital setting and integrate it into the CAC. This can look like adapting language such as the example of changing “preparation” to “orientation.” It can be an internal reframing for the CCLS of transitioning from working with ill children in the hospital to interacting with children who are mostly physically well. CCLS-1 had the following perspective to share:

> That's what's really interesting about working in this setting is that um our kids that come in, they're running and playing on the playground. They're digging in the dirt and planting a plant or they’re, you know what I mean? And that was one of the biggest shocks to me cause, you know, I worked in an emergency department, and I was on a cardiac unit and those kids are bedbound or they're so sick that they can’t engage um and reframing the way in which I provided support that, yeah they're not physically inhibited but there's something traumatic that has happened that is affecting them emotionally and mentally and psychologically.

CCLS-1 also provides education on her role and even advocates for her presence at times as staff may not be used to the CCLS role in this setting.

Additionally, CCLS-1 helped to improve the environment of the CAC by contributing to a child-friendly design. This can include taking on additional roles such as revamping the outdoor garden space and creating normalizing play activities that are inclusive of children from various cultural and societal backgrounds. The CAC is designed to be an inviting space that has various opportunities for feeling safe and having fun.

CCLS Enhances the Goals of a CAC

CCLS-1 identified several goals that align with the purpose of the CAC, and she hopes to be able to achieve with each child:

> I want them to know that, when I walked into this space, I was able to take my own agency and take charge of what I wanted to talk about and it was a safe place and I had a little bit of fun, if possible.

Additionally, the unique skillset that CCLS-1 brings to her position with the CAC, allows her to focus on the child and balance out other disciplines who are then able to focus on their roles of supporting caregivers, completing exams, and gathering information. The tailored support that CCLS-1 provides enhances the experience of children and families at the CAC and contributes to making best practice better.

Children and Families are Grateful for CCLS Role

Not only did CCLS-1 express her personal gratitude to be able to work with the multidisciplinary team at the CAC, but she also relayed the gratitude that children and families express to her for her involvement. Both caregivers and children are grateful that CCLS-1 was present to support them throughout their experiences at the CAC. Children often tell her, “Thank you so much for playing with me” or “thanks for letting me talk to you.” Caregivers express gratitude for learning new ways of helping their child to cope with medical or traumatic experiences.

Children have Positive Experiences with CCLS Support

CCLS-1 has personally witnessed the impact that her support has had on the children she interacts with at the CAC. These children may experience decreased anxiety (including an ease in separation anxiety from their caregiver), increased engagement, and changes in demeanor such as the ability to open up and relax in the space. When asked

about the impact she's seen child life services have on these children, CCLS-1 said, "just watching that demeanor change, watching kids learn that they can engage in our space, and they can ask questions and they can express themselves." CCLS-1 also shared that children were historically sedated for their medical exams until child life became involved, at which point they have not had to sedate a child since.

In this setting, children receive the positive message that their body is safe, healthy, and strong through participation in their medical exam. They are told that their story is important and who they are as a person is important. They feel supported, listened to, believed, affirmed, and empowered. CCLS-1 shared, "one of the greatest assets of having us in the space is we have kids that don't want to leave whenever they finish their time." Children have commented to her that they want to stay or come back because of the support they received.

Families have Positive Experiences with CCLS Support

Similarly, caregivers also report a decrease in anxiety and an increased level of comfortability sharing information with the CCLS. Caregivers have commented to CCLS-1, "Why can't my doctor's office be like this? I want to come here every time." They realized that their child can cope with a blood draw by utilizing a simple fidget item and are now equipped to support them for future medical appointments. They received assurance that even though their child was nervous about their experience upon arrival, their anxiety level had gone down since meeting with the CCLS and getting their questions answered. Caregivers felt confident that their child is being supported, even while separated from them.

Child Advocacy Center – 2

CCLS Collaborates and Communicates with Different Populations

According to what was shared by CCLS-2, CAC-2 serves children who have experienced child maltreatment, physical abuse, sexual abuse, neglect, child endangerment, and human trafficking. Additionally, they could be affected by homicide, about to be placed in foster care, have developmental delays, speech impediments or delays, be deaf or hearing impaired, or have behavioral concerns. As this is a one-person child life program, CCLS-2 can see about 75% of the children that come to the CAC, meaning there is a wide range of backgrounds and abilities she would be supporting and communicating with.

When discussing the multidisciplinary team that she is a part of, CCLS-2 described it as "slightly unique" because the CAC is housed in a building with many other disciplines. She has access to and works with medical staff, forensic interviewers, social workers, Care for Kids staff, law enforcement, Child Protective Services, district attorney's office, sensitive crimes, physiologists, mental health therapists, and behavioral health therapists. CCLS-2 is an active member of this team by collaborating with staff to provide tools and resources for them to use with children and families when she is not able to be present. She provides debriefing for staff after difficult interactions and works with the bereavement resource team on various projects to support children and families.

CCLS-2 is also in a unique position to support other CACs that are within the healthcare system and do not have their own CCLS. She provides assistance when a new CAC is opened and stocks the waiting room with toys. She does phone consultations to families who need resources in bereavement situations. If the need arises, she can travel to another CAC to support a child during a medical exam. When funding is available to

add a child life position, she trains the CCLS on how to respond to consults and integrate into this new setting.

CCLS Provides Preparation and Support

Medicals that CCLS-2 shared she is involved with include immunizations for children going into foster care, lab draws (HIV testing for sexual abuse and full blood panels for physical abuse), and medical exams for physical and sexual abuse. CCLS-2 prepares children by taking them to the room where the medical exam will be done and using the actual medical equipment to explain the process and increase familiarization with the items. CCLS-2 can have one-on-one time with the child during this period to prepare them for the exam. Since she is a one-person child life program, she does have to prioritize who she can support during the medical exams. She described it this way:

> So, the goal would always be if I'm available I will continue to support for the duration. However, if there's another child, I would always err on the side of preparing a child and creating a coping plan and kind of giving them the tools needed and the rest of the staff the tools needed to help support the child through it.

While she cannot always be present for the entirety of the exam, she does prioritize providing support during the most invasive parts for sexual abuse cases. This support can include using conversation, guided imagery, deep breathing, and fidgets to distract and relax the child.

In this setting, CCLS-2 referred to providing support for forensic interviews as “preparation.” She provides a tour of the space a day ahead of time for the child and family and explains the process to them. When the child comes for their appointment the

next day, she escorts them to the forensic interview and answers any last-minute questions. CCLS-2 can be present during a forensic interview at the child's request if determined that they would benefit from this. However, when she does sit in on forensic interviews, she described it as, "You're basically just like a brick wall sitting next to them as support." She is not able to react to or comment on anything the child shares.

CCLS Meets Psychosocial Needs

CCLS-2 uses normalizing play to meet one aspect of children's psychosocial needs. At CAC-2, there is a large play space that is part of the waiting area where she can provide activities. She supports developmental needs by communicating with families and schools ahead of time to learn if the child has a developmental delay, alternate way of communicating, or will need adaptive resources. She gathers information and suggests resources to staff in situations where she is unable to be present. CCLS-2 also assesses the language skills of young children or those with delays to determine if they are appropriate to participate in forensic interviews. Basic needs are also addressed by providing the children with snacks, clothes, and hygiene items.

CCLS-2 works with children to identify emotional needs through self-expression, verbalization of worries, opportunities to ask questions, and the development of coping plans. Some of the worries that children have shared with CCLS-2 include: "I'm worried about what's gonna happen to my dad, or I'm worried about where I'm going to go after this, or I'm worried about my sibling, um or I'm worried because I haven't eaten all day," Once these concerns have been identified, CCLS-2 can employ therapeutic activities and activities to help the child cope. She also provides age-appropriate explanations and

resources for a parent's incarceration and addresses grief caused by being removed from a family system.

CCLS Supports the Family as a Whole

The support that children receive from CCLS-2 also extends to their siblings. When asked about sibling support, CCLS-2 responded, "It's not true sibling support like at an inpatient where there's a patient and the siblings come to visit, and you need to prepare them to see the room." At CAC-2 it is protocol to see every child in the home who the abuser had access to and so they are all considered patients. Often, CCLS-2 is providing the same support to siblings as to the index child, who is the child for which a case was opened. All siblings receive preparation for their medical exams, but CCLS-2 has to assess and prioritize which child to support during the exam as they often happen concurrently.

As is the standard with CACs, CCLS-2 shared that caregivers are primarily supported by the advocacy team. She said, "I'm all things kids and the advocacy case managers are typically all things caregivers." However, she is utilized to provide resources to caregivers and assist them in facilitating discussions about incarceration or homicide. In homicide situations, CCLS-2 works alongside the police department to either make the death notification to a child or to provide the resources and verbiage for caregivers to do it themselves.

CCLS Role is Multifaceted

As previously mentioned, CCLS-2 has the unique ability to offer her services and role to other CACs within the healthcare system on a consult basis. Besides this, she also engages in grant writing to add beneficial resources to the CAC. She is responsible for

coordinating volunteers who staff the play space. She manages donations and the stock of spare clothes and hygiene items that are given out to children. Additionally, she also uses online forums to support other professionals who also work in CACs.

CCLS Engages in Opportunities to Improve Practice

CCLS-2 started her career as part-time in an emergency department at a children's hospital and part-time at the CAC. Throughout her ten years at the CAC, she has engaged in various training opportunities to improve her practice. In reference to the trainings she has found beneficial to this position, CCLS-2 said, "a lot of it isn't like formalized school." She is trained in mental health and first aid, suicide prevention and response, and trauma-informed care. Her Critical Incident Stress Management training is what allows her to provide debriefing to staff. She is also a presenter through the Pediatric Sexual Assault Nurse Examiner Training for Pediatrics. Lastly, in order to sit in on forensic interviews, she underwent training to learn how to be nonreactive while a child is telling their story.

When a new CAC is in the process of opening, CCLS-2 provides her perspective on what a child will see when they enter the space, which allows the environment to become more child-friendly. She also teaches staff how to be child-focused, build rapport with children, prepare them to come to the CAC, and provide support when a program does not have child life.

CCLS Enhances the Goals of a CAC

In order to support the goals of the CAC, which are to improve the response to, investigation of, and prosecution of child abuse and neglect, CCLS-2 has her own goals which enhance the services provided at the CAC. Her main purpose is to support the

child. This means that she is not there to investigate. She is a neutral person. Her role is to listen to the child, make them feel comfortable, and make the process feel less threatening. CCLS-2 shared another goal of the CAC, “That's the biggest goal of our, of our program is just to make sure that they’re getting the same experience no matter what CAC they go to.” In order to help support this goal, CCLS-2 comes up with creative ways for providers to support these children without her presence, such as having double-sided I-Spy pages for distraction during exams.

Children and Families are Grateful for CCLS Role

Quite simply, children and families have expressed their gratitude for CCLS-2 being present during their experience at the CAC. A few of the messages that she has received from children include, “‘You know, I, I had the best day,’ or you know, ‘I was scared about coming here, but I had so much fun,’ or you know, ‘thank you for being with me today.’” CCLS-2 shared that her favorite response is when a child says their favorite part of the day was playing with a toy.

Children have Positive Experiences with CCLS Support

When given a survey at the end of their time at the CAC, CCLS-2 shared that children most often described that they were able to feel like a child and feel normal through the many opportunities to engage in play. As play is an important aspect of how children process what is around them, this is a significant finding. In more in-depth discussion, CCLS-2 shared a story of an adolescent who was able to participate in the forensic interview and medical exam after continually meeting with CCLS-2 and requested her presence during the interview. The adolescent told the team, “I'll tell you everything that happened. I'll tell the police everything they wanna know but I want her

with me." Situations like these allow children to begin their journey of healing from their trauma. Children also experienced decreased anxiety and an increase in comfort level. They received the message that their body is healthy, and they are safe.

Families have Positive Experiences with CCLS Support

CCLS-2 shared that caregivers typically are reluctant to have their child separate from them. However, after she explains her role in helping the child, caregivers are able to have peace of mind because, "they're with somebody who understands kind of what they've gone through um but yet can engage them in a developmentally appropriate way as kind of a safe person." In this way, caregivers have an increase in their comfortability level while at the CAC.

Comparative Analysis

When considering similarities between the two CACs and the CCLSs who were interviewed, it is easier to see the similarities regarding the bigger picture of role and impact. The differences are brought to light when examining the finer intricacies of the themes. Both will be discussed in the following sections.

Similarities

Regarding the role of a CCLS in a CAC, both case studies showed that the roles are incredibly similar. Each CCLS serves almost the same population of children and works with a nearly identical multidisciplinary team. They both provide preparation and support for medical exams and forensic interviews. While the terminology for preparation may be different, the concept is the same. CCLS-1 referred to it as "orientation" while CCLS-2 was able to utilize the traditional term of "preparation." However, both provided children and families with tours of the facility, explanations of what to expect

chronologically, opportunities for familiarization of medical equipment, and the chance to chose fidgets or other coping tools.

Multiple psychosocial needs are met as the CCLS supports the entire family and takes on additional tasks. Both CCLSs encouraged emotional expression by allowing a safe setting for therapeutic outlets of anger or expression of worries. Each had their own experience in supporting children with various developmental delays or providing information to caregivers on how to best support typical developmental expectations. Both CCLSs were part of a resource that provides basic necessities and hygiene items to children. Each CCLS took on additional responsibilities, whether it was creating more opportunities for normalizing play or training staff to be more child-focused. By engaging in these additional tasks, children and families feel comfortable sharing in the environment and can have their needs met.

Both CCLSs showed a dedication to engaging in opportunities to improve their practice and some of the trainings covered similar topics. The CCLSs recognized when there was a gap in their knowledge and ability to support these children and families, and they appropriately sought opportunities to learn. Additionally, their role added to the goals of a CAC by providing services that are trauma-informed, child-focused, and balanced out the other disciplines. When a child actively participates in guided imagery and relaxes during a medical exam, the doctor can focus on completing the exam. In this way, the CCLS role does not hinder or take away from other members of the multidisciplinary team.

Looking at the impact that these services have on children and families, the similarities are striking. Children received positive messages that their story is important

and that they can heal from what they've experienced. Caregivers received comfort as some of the pressure related to separation anxiety and the unknown are removed. Gratitude was the core statement from both children and families.

Differences

The differences in these two cases are minute. CCLS-2 seems to have a greater likelihood of being present during forensic interviews, but CCLS-1 may have more recurrent opportunities to support caregivers. While not necessarily discussed, there are possible reasons to explain this. CCLS-2 had undergone training to sit in on forensic interviews and has also been in the setting longer. She may have had the opportunity to provide more education on her role and advocate for her supportive presence. CCLS-1, on the other hand, is part of a larger child life team. This may give her the opportunity to follow families through different services, such as the therapy clinic. CCLS-2 may not have the opportunity to do this as she is dedicated to providing support for medical exams and forensic interviews, and she is limited to a one-person program.

While both CCLSs mentioned homicide cases, only CCLS-2 directly discussed providing bereavement support. As both CACs are located in metropolitan areas with higher rates of crime, it is likely that both CCLSs see similar rates of homicide cases. However, CAC-1 may not have established bereavement support as a service that is provided by the child life team or CCLS-1 may not be involved with this herself. It is also possible that this area of support was overlooked in the interview process as it was not directly asked about.

The greatest difference seems to have to do with the CAC itself. CAC-1 has more and bigger play spaces, which provides different opportunities for normalizing play and

therapeutic activities as well as additional responsibilities. CAC-2 is a smaller child life program but is part of a greater network of CACs which allows CCLS-2 to provide training opportunities for staff and outside consults. CCLS-2 also seems to have a more established child life program of ten years versus five years at CAC-1, and therefore, may not have to advocate for her services as frequently.

CHAPTER V: DISCUSSION

Originally, the role of a CCLS was created to support ill children with hospitalization. The field then expanded to include more hospital settings such as clinics and outpatient appointments where CCLSs could more broadly support children coping with medical experiences. In recent years, an even further expansion has occurred which has seen CCLSs working in nontraditional settings that are based in the community. This can include organizations like schools, nonprofits, medical camps, and even private practices. CACs are one of these nontraditional settings that has experienced the introduction of child life services.

While there is no current data on how many CACs employ CCLSs, it is likely that a small percentage of the more than 950 CACs in the United States employ CCLSs in some capacity or consult them for support. When child life is present as a full-time position at a CAC, it is often found to be a one-person program. This can mean that children and families are either not able to receive child life services due to the unlikely nature of being able to see every child, or that children and families only receive a small portion of support when the CCLS attempts to see as many children as possible. The title "child life specialist" has become standard to children's hospitals, but is still an opportunity for learning and growth in a setting such as a CAC.

The findings from this study support the theoretical framework that has provided the basis for research and rationale for conducting this study. Briefly, the ABC-X model of family stress theory proposes that the amount of stress (X) a family experiences is influenced by the event (A), their strengths and resources (B), and how they react to the event (C) (Bush et al., 2021). When using this model to support decisions related to

services offered to children and families at a CAC, it is now possible to insert child life services into the equation.

The event (A) that brings a child or family to a CAC is going to fall under the category of childhood abuse or neglect. The strengths and resources (B) of the child and family can be enhanced through work with a CCLS. As mentioned in the findings of this study, the CCLSs interviewed have been able to connect families to resources, identify individualized coping plans, and increase natural strengths such as sibling bonds. Children initially come into a CAC with much anxiety and fear (C), however, after receiving support from a CCLS, they report decreased levels of anxiety and increased comfortability. Coming to the CAC becomes the first step towards healing and, therefore, can begin to decrease the amount of stress these children and families experience.

This comparative case study showed two examples of how the role of a CCLS within a CAC can be complimentary to the standards set by the National Children's Alliance for the CAC model. These standards that fit within the parameters of child life services include such areas as a multidisciplinary team approach, evidence-based forensic interviews, a child-focused setting, mental health services, medical examinations, and cultural competency and diversity (Herbert & Bromfield, 2015). CCLS-1 and CCLS-2 both were part of multidisciplinary teams which lent opportunities to collaborate in the best interests of the children and families. They were able to help children engage in the process of the forensic interview and medical exam and provided continued support as needed. Both CCLSs contributed to the overall child-friendly environment at the CACs. In the case of CCLS-2, she provided advice to other CACs in the healthcare system. CCLS-1 interacted with families coming for weekly therapy sessions, while both CCLSs

connected families to necessary resources if a mental health need was identified. Children and families with diverse backgrounds can be seen at CACs, which means that the CCLS should be prepared to work with these children and families. Both CCLSs showed an openness to gaining resources that would help them better interact with and serve these children and families. Upon review of these standards, it appears that child life services are a suitable addition to the CAC model.

Based on the study by Jobe and Gorin (2013), youth who are engaged in the social services system value relationships with professionals that are founded on trust and confidentiality. Receiving communication and support also encouraged them to stay engaged in the process. Both CCLSs who participated in this study emphasized how children and caregivers felt comfortable sharing information with them because of the rapport that is built. This comfortability was attributed to the CCLS's ability to be a neutral person. Similar to the hospital setting, the CCLS is not the one coming into a child's room to perform a test or procedure that induces anxiety. The CCLS is there to make the environment less threatening through play, more comfortable through conversation, and encourage coping skills that allow the child to begin healing from their trauma. This unique role that CCLSs have enhances the experiences of children at a CAC.

While parents and caregivers are typically supported through an advocacy role, CCLSs can also provide support that directly impacts their experience. Featherstone and Fraser (2012) interviewed parents who felt powerless and discouraged when interacting in the social services system. These parents did not feel connected to their workers and did not receive adequate communication. CCLS-1 shared how she is often able to connect

caregivers to resources or other professionals within the CAC system to meet disclosed needs. She also explains developmental expectations and needs to caregivers which encourages them to look out for and advocate for their children. CCLS-2 often found benefits from explaining her role to caregivers and creating open communication about the process at the CAC. Even though these CCLSs are not primarily responsible for caregiver support, their role still has a noticeable impact on the coping and engagement of caregivers.

When psychosocial needs are addressed and met, children's development is supported, and they are better able to cope with adversities. Youth who have experienced abuse identified four psychosocial needs that enable them to heal from the trauma. These needs are feelings of safety, belonging, self-esteem, and self-actualization (Steenbakkers et al., 2017). Some of the ways CCLS-1 shared that she meets children's psychosocial needs are through the medical exams, respecting privacy and being trauma-informed, and believing what the children and adolescents share has happened to them. Developmentally, adolescents are in a stage where body image and privacy are critical to their self-esteem. Medical exams can provide assurance that the adolescent's body is healthy and resilient and that there are no outward signs that a trauma happened to them. In this way, CCLS-1 shared that the medical exam can be a positive exam. Additionally, CCLS-1 sought out a trauma-informed solution to protecting privacy during exams by finding a company to provide and launder cloth gowns instead of continuing to use paper gowns that rip and leave the child feeling exposed. According to CCLS-2, the support a child receives through their visit to the CAC is often their first step to moving forward and starting the healing process. Going beyond meeting basic needs and striving to

provide those deeper psychosocial needs is a perspective and skill set that CCLSs are able to use to help children and adolescents begin healing from their trauma.

Implications to the Child Life Field

The motivation for this study came from a realization that there has yet to be research done on child life services in CACs. Just as there are few studies on this topic, there are also relatively few CACs who employ CCLSs or utilize their services. When a CAC does have access to a CCLS, it is likely that the position is part of a one-person program, part-time, or consults only. This inhibits the CCLS from providing beneficial services to every child and family who comes to the CAC and poses the question of how to incorporate child life into more CACs. With the two cases presented in this study, it is clear to see that a CAC is an appropriate setting for the child life field and that services to children and families can be enhanced by CCLS support. It is hoped that this study can provide encouragement to current and aspiring CCLSs to consider a nontraditional role in a CAC where the impact on children and families can be significant.

CHAPTER VI: CONCLUSION

While the role of a CCLS originated in the hospital setting, this study aimed to provide rationale for the continued expansion of the child life field into nontraditional or community-based settings such as a CAC. Both CCLSs who were interviewed for this study provided valuable information regarding their role in this setting. Using normalizing play, therapeutic activities, rapport building, and preparation and support, CCLSs are able to address the different psychosocial needs of children and adolescents who come to the CAC. Additionally, the CCLS can connect families with resources and provide opportunities for self-expression which aid in coping and stress reduction. Adding a CCLS to the multidisciplinary team at a CAC serves to enhance the practice of other professions and contributes to a more well-rounded experience for children and families.

Implications of Academic Study

As one of the first studies to look specifically at the role of a CCLS within a CAC, this study has the potential to create opportunities for various other professionals to utilize the findings in various settings. Nontraditional settings, such as a CAC, are often not discussed in-depth in the coursework required to become a CCLS. The findings from this study can be utilized in the academic setting to teach students about this unique role. Additionally, other professionals who are part of the multidisciplinary team at a CAC can learn about the role of a CCLS and how child life services can enhance their practice.

Limitations

The many similarities between the CACs that were chosen for this study can make it difficult to justify generalizability. Both CACs were located in inner city

metropolitan areas. This is not the case for all CACs. Some CACs are located in more rural areas and see a significantly less number of children per day. Both CACs also had an established child life program for at least five years with a CCLS working in a full-time position. Other CCLSs may work part-time in a CAC or provide services on a consult-only basis. Both CACs were also from the same region of the United States, which could affect the variety in cases that they see, psychosocial needs that can be met, and resources of children and families.

Lastly, while the structured interview process was beneficial to support the goals of a comparative case study, it was sometimes inhibiting to not be able to follow up on unique findings with questions that could be led by the conversation. This also meant that when a unique finding came up in one interview, there was not an opportunity to inquire about it in the other interview, if not specifically addressed by the structured interview questions.

Recommendations for Future Studies

With over 950 CACs throughout the United States, there are many opportunities to replicate a study such as this in different geographic regions and across various settings. In-depth research can be done on the role of CCLSs when they are part-time or by consult-only to examine how this affects services provided and prioritization of cases. Gathering the views of the multidisciplinary team at a CAC towards child life services could illuminate additional opportunities for making best practice better and further understanding the impact that these services have. As this setting is new and growing within the child life field, it may also be beneficial to inquire with different CCLSs about how they started such programs within a CAC and understand the intricacies of

advocating for such a position to be added. It is not uncommon for CCLSs to face barriers when expanding services or branching out into new settings. Future studies that address what these barriers are and how to face them could increase the likelihood of creating more child life positions within CACs.

REFERENCES

Association of Child Life Professionals (2022). What is a Certified Child Life Specialist? *Association of Child Life Professionals*. https://www.childlife.org/the-child-life-profession

Boles, J., Fraser, C., Bennett, K., Jones, M., Dunbar, J., Woodburn, A., Gill, M. A., Duplechain, A., Munn, E. K., & Hoskins, K. (2020). The value of Certified Child Life Specialists: Direct and downstream optimization of pediatric patient and family outcomes. *Association of Child Life Professionals*.

Bush, K. R., Price, C. A., Price, S. J., & McKenry, P. C. (2021). ABC-X Model. In *Families & change: coping with stressful events and transitions* (6th ed., pp. 7–18). SAGE.

Cecil, C. A. M., Viding, E., Fearon, P., Glaser, D., & McCrory, E. J. (2017). Disentangling the mental health impact of childhood abuse and neglect. *Child Abuse & Neglect, 63,* 106-119. doi.org/10.1016/j.chiabu.2016.11.024

Elmquist, J., Shorey, R. C., Febres, J., Zapor, H., Klostermann, K., Schratter, A., & Stuart, G. L. (2015). A review of Children's Advocacy Centers' (CACs) response to cases of child maltreatment in the United States. *Aggression and Violent Behavior, 25,* 26-34. doi.org/10.1016/j.avb.2015.07.002

Erlingsson, C., & Brysiewicz, P. (2017). A hands-on guide to doing content analysis. *African Journal of Emergency Medicine*, *7*(3), 93–99. https://doi.org/10.1016/j.afjem.2017.08.001

Featherstone, B., & Fraser, C. (2012). 'I'm just a mother. I'm nothing special, they're all professionals': Parental advocacy as an aid to parental engagement. *Child and Family Social Work, 17*(2), 244-253. doi:10.1111/j.1365-2206.2012.00839.x

Fredrickson, R. (2019). Trauma-informed care for infant and early childhood abuse. *Journal of Aggression, Maltreatment, and Treatment, 28*(4), 389-406. doi.org/10.1080/10926771. 2019 .1601143

Goodrick, D. (2014). Comparative case studies. *Methodological Briefs: Impact Evaluation 9.*

Herbert, J. L., & Bromfield, L. (2015). Evidence for the efficacy of the Child Advocacy Center model. *Trauma, Violence, & Abuse, 17*(3), 341–357. https://doi.org/10.1177/1524838 015585319

Jobe, A., & Gorin, S. (2013). 'If kids don't feel safe they don't do anything': Young people's views on seeking and receiving help from Children's Social Care

Services in England. *Child and Family Social Work*, *18*(4), 429-438. doi:10.1111/j.1365-2206.2012.00862.x

Steenbakkers, A., Ellingsen, I. T., van der Steen, S., & Grietens, H. (2017). Psychosocial needs of children in foster care and the impact of sexual abuse. *Journal of Child and Family Studies*, *27*(4), 1324–1335. https://doi.org/10.1007/s10826-017-0970-7

Wright, C. (2017). Being more human – why children's social care should be more about people and less about paper-work. *Journal of Children's Services*, *12*(2/3), 184–189. https://doi.org/10.1108/jcs-03-2017-0010

Young, T., Williams, J., & Nelson-Gardell, D. (2014). Family victim advocates: The importance of critical job duties. *Psicologia: Teoria E Pesquisa*, *30*(4), 393-400. doi:10.1590/s0102-37722014000400004

APPENDICES:

Appendix A: Interview Script

The PI will select one Certified Child Life Specialist (CCLS) from each Child Advocacy Center (CAC). These CCLSs will participate in a 60-minute audio and video recorded interview over Zoom.

1. *Principal Investigator (PI):* Thank you for agreeing to meet with me today! I am excited to learn more about your role as a CCLS at the Child Advocacy Center. I will first ask you a few questions about your background and the CAC you work at. I will then ask you about the specific interventions and services you provide to children and their families. Last, I will ask about the impact you feel these services may have had on the children and their families. Before we get started, I want to remind you that this interview will be recorded and that you may choose to end the interview at any point if you wish to no longer participate. Do you have any questions before we begin? *(Proceed to 1a or 1b).*

    1a. If the participant says "no": Great! Please let me know at any point if you do have a question. I am going to begin recording now and we will get started with the questions.

    1b. If the participant says "yes" the PI will answer the questions and verify willingness to participate before proceeding with the interview. Thank you for the questions. Would you like to continue with the interview? *If "yes" proceed to 2. If "No" the PI will say,* "That's okay that you no longer wish to proceed with the interview. Thank you for your time today!" *(End of interview)*

2. *PI:* How long have you been a CCLS?

3. *PI:* How long have you been at the Child Advocacy Center?

4. *PI:* What populations of children and families do you work with?

5. *PI:* Please describe other staff that you work with as part of the multidisciplinary team at the CAC.

6. *PI:* Do you have any additional certifications or training to prepare you for this position?

PI: This next set of questions will address interventions and services that you provide as part of your role with the CAC.

7. *PI:* Are you involved with preparing or supporting a child or family for forensic interviews?

    7a. *If "yes":* What interventions, services, or supports do you provide for forensic interviews?

    7b. *If "no":* Does another member of the CAC provide this service? What are the barriers to you providing this service?

8. *PI:* What interventions, services, or supports do you provide related to medical examinations? Please describe these.

9. *PI:* What resources or tools are available for you to use when providing interventions, services, and supports? Please describe these.

10. *PI:* Please describe common coping skills you would teach to a child or family.

11. *PI:* Does your CAC have a playroom to engage children and their siblings?

    11a. *If "yes":* What interventions, services, or supports do you provide in the playroom?

    11b. *If "no":* Does another member of the CAC provide this service? What are the barriers to you providing this service?

12. *PI:* How are siblings supported when they come to the CAC? Please describe any interventions, services, or supports you provide to siblings.

    12a. *If CCLS is not involved with this, PI will ask:* Does another member of the CAC provide this service? What are the barriers to you providing this service?

13. *PI:* How are parents supported when they come to the CAC? Please describe any interventions, services, or supports you provide to parents.

13a. *If CCLS is not involved with this, PI will ask:* Does another member of the CAC provide this service? What are the barriers to you providing this service?

14. *PI:* Does your CAC offer an animal-assisted therapy program? If involved with this service, please describe the interventions and supports that are provided to children and families.

15. *PI:* Please describe any contributions you make to creating a child-friendly environment.

16. *PI:* Are there other services you provide and/or areas you work within the CAC? Please describe these.

17. *PI:* Are there other services you feel could be provided by a CCLS that currently are not offered at your CAC? Please describe these.

PI: Thank you for answering those questions! We will now move into the last part of the interview which is about the impact that these services have on children and families.

18. *PI:* Does your program collect feedback or surveys from families after the close of services?

    18a. *If "yes":* What has this feedback been?

    18b. *If "no":* What is the reason for this?

19. *PI:* Have you witnessed the impact these services have had on families?

    19a. *If "yes":* Please provide examples.

    19b. *If "no":* That's okay. Thank you for your input so far!

20. *PI:* Thank you for your time today participating in this interview! Is there anything else you would like to share that I did not ask about?

    20a. *If "yes" and participant shares additional information:* Thank you for sharing! *(Proceed to 21)*

    20b. *If "no":* Okay! *(Proceed to 21)*

21. *PI:* Again, thank you so much for participating in this interview. Your responses are so appreciated. *(End interview)*

Appendix B: IRB Application

For Internal Use Only:
HS-insert #

Application for Exempt Research
EWU Institutional Review Board for Human Subjects Research

Principal Investigator (PI): Breanna Hintz	*If PI is a student, an RPI is required.* Responsible Project Investigator (RPI) *(faculty/staff sponsor)*: Dr. Katie Walker Belinda Hammond
Student Investigators, does the RPI have permission to renew the study in their own name after you have left the university? Yes ☒ No ☐	
Department: Children's Studies Phone number: (715) 270-0055 E-mail: bhintz2@eagles.ewu.edu	Department: Children's Studies, Senior Hall 131 Children's Studies, Senior Hall 300 Phone number: (515) 229-341; 805-637-1039 E-mail: kwalker30@ewu.edu; bhammond4@ewu.edu

Project Title: **The Role of a Child Life Specialist within a Children's Advocacy Center**

For students only: Is this research being done to meet a course, thesis or other academic requirement? ☒ Yes ☐ No
If yes, please specify: Thesis requirement
If not, why is it being done? N/A

Anticipated start date:	Anticipated end date:	Requested Length of approval						
		Quarter ☒ or Semester ☐	Fall ☒	Winter ☐	Spring ☒	Summer ☒	1 year ☐	5 year (Faculty/Staff Only) ☐
5/1/21	12/10/21							

Funding: ☒ Non-funded ☐ Internal funding ☐ External funding
Funding agency (if applicable): N/A
Grant or Contract Number: N/A

Check the type of exemption applicable to the project using the "Exemption Decision Aid:"
☐ 1. ☐ 2i. ☐ 2ii. ☒ 2iii. ☐ 3i. ☐ 3ii. ☐ 3iii. ☐ 4i. ☐ 4ii. ☐ 4iii. ☐ 4iv. ☐ 5. ☐ 6. ☐ 7. ☐ 8.

Rationale for exemption. Why should this project be exempt? This project meets the guidelines for exempt research because the participants are not children or from vulnerable populations. There is less than minimal risk to the participants in this research because the anticipated harm is not greater than what they would experience in daily life as they will be asked questions about their role in a Children's Advocacy Center. Furthermore, this project meets the standard set in 2iii because the only interaction will be with Certified Child Life Specialists through an interview. While the information obtained could be used to identify the participants, a consent form will be required before taking part in this research.

Please state the purpose and methodology of the research: The purpose of this study is to explore, understand, and describe the role of Certified Child Life Specialists (CCLS) within Children's Advocacy Centers (CAC). More specific concepts of interest include the actual interventions used by CCLSs at two different CACs and the impact that the CCLSs feel these interventions have on children and families seeking services from the CACs. A comparative case study will be utilized for the design of this study. Using convenience sampling, the two CACs chosen for this study are located in [redacted] The location of these centers were close to the researcher, easily accessible, and more likely to participate in in-person interviews if necessary. Interviews will be conducted with one CCLS from each location. After the interviews have been completed, the data will be transcribed and analyzed using content analysis.

Describe the procedures: what specifically will subjects do? If data are anonymous, describe the data gathering procedure for insuring anonymity.
Research subjects will be asked to participate in a virtual interview over Zoom. The interview script will ask questions about the subject's role within a CAC and to provide examples as appropriate. The research subject's name will be given a numerical label (e.g., 1, 2) in order to ensure anonymity. The interview will be recorded and transcribed. The interview data will be stored on a password protected laptop.

Attach all proposed recruitment materials (scripts, texts, emails, flyers and/or social media posts), surveys, questionnaires, cover letters, information sheets, consent forms, etc.

I certify that the information provided above is accurate and the project will be conducted in accordance with applicable Federal, State and university regulations:

For Internal Use Only:
HS-6020

Application for Exempt Research

EWU Institutional Review Board for Human Subjects Research

PI Signature:
(unnecessary signature lines can be deleted)

x Breanna E. Hinds

Recommendations and Action:	**Date**	**Approve/Disapprove**
RPI Signature *(Needed only if PI is a student):* x KRG		☒ A D ☐
IRB Rep. or Dept. Chair: *(Needed if PI is a student OR for faculty PI if required by department)* x A. Reedy		☒ A D ☐
IRB Signature: x	H. Hillman Vice-Chair IRB. May 10, 2021	☒ A D ☐

☐ Subject to the following conditions:

Approved from May 10, 2021 to May 9, 2022

VITA

Author: Breanna E. Hintz, CLS

Place of Birth: Brookfield, Wisconsin

Undergraduate Schools Attended: Martin Luther College
University of Wisconsin - Stevens Point

Degrees Awarded: Bachelor of Science, 2016, University of Wisconsin - Stevens Point

Honors and Awards: Travel Grant, for presentation at the National Council on Family Relations Annual Conference, Vancouver, Canada, 2015

Graduated Summa Cum Laude, University of Wisconsin - Stevens Point, 2016

Professional Experience: Child Life Specialist, CentraCare St. Cloud Hospital, St. Cloud, Minnesota, 2021

Child Life Internship, Nemours Children's Hospital, Wilmington, Delaware, 2021

Child Life Practicum, Le Bonheur Children's Hospital, Memphis, Tennessee, 2021

Child Life Practicum, Huntsville Hospital for Women and Children, Huntsville, Alabama, 2021

Child Life Community Practicum, Virtual, 2020

Family and Community Professional, Lutheran Social Services, Eau Claire, Wisconsin, 2018-2021