

**Leveling the Playing Field:  
Enhancing Clinical Excellence  
Between Social Work and Child Life  
Through Collaboration in Palliative Care**

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**In collaboration with & thanks to UCLA Health, Santa Monica:**  
Chase Child Life Program  
Palliative Care Program  
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# COURSE OBJECTIVES

Participants will be able to:

1. Describe and evaluate three opportunities for incorporating Child Life into your practice/team that will increase collaboration between the two disciplines.
2. Identify two interventions for palliative care patients and families by reviewing evidence-based theory relevant to assessment.
3. Identify how engaging in a collaborative process improves outcomes and meets the psychosocial needs of the patients and their young children as they navigate serious illness and end-of-life.

# UCLA HEALTH, SANTA MONICA

Two campuses and an extensive primary care network in the Los Angeles regions of Southern California

- Ronald Reagan UCLA Medical Center -525 beds, Level 1 Trauma Center
- ***UCLA, Santa Monica Medical Center-265 beds, Level 2 Trauma Center***



# PARTNERS IN CARE

“Millions of parents and guardians are hospitalized each year, and one of their most common concerns is the wellbeing of their children. The hospital can be a frightening place for children, especially when their parent or guardian is seriously ill or injured.”

Sutter & Reid, 2012

# OUR STORY

**SOCIAL WORK**

meets

**CHILD LIFE**



# PARTNERS IN CARE

“Continuity of care allows the social worker and child life specialist to work with the patient/family in all units of the hospital, including inpatient and outpatient departments, from diagnosis to end of life, and bereavement, allowing professionals the opportunity to put into practice the components of palliative care.”

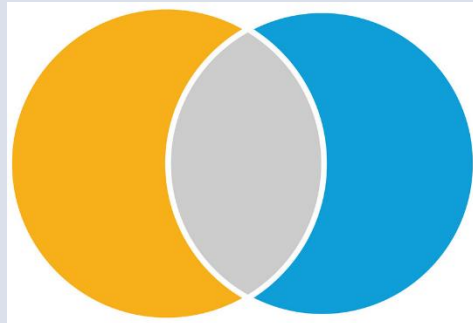
Ellen Goldring and Judith Solomon

# PARTNERS IN CARE: CODE OF PROFESSIONAL PRACTICE

- The **social worker's** focus includes assessment, educating the medical/nursing staff about impact of diagnosis and treatment on patient and family's coping style.
- The **child life specialist** assesses, educating the medical/nursing staff focusing on the developmental needs of children and adolescents throughout all stages of diagnosis and treatment.

## CLS Standards of Practice

- Maximizing the physical and emotional health as well as the social, cognitive and developmental abilities of children.
- Minimizing the potential stress and trauma that children and their families may experience.



## SW Standards of Practice

- Demonstrate specialized knowledge and skills for effective clinical interventions with individuals, families, couples, and groups.
- Psychological, cultural, and health factors that influence the mental, emotional, and behavioral functioning of the client.



# CHILD LIFE SPECIALIST AND SOCIAL WORK: SCOPE OF PRACTICE

## CLS

- Experts in child development and promote effective coping
- Provide emotional support and encourage optimal development
- In collaboration with multidisciplinary team members they provide information, support and guidance to pt and family members
- Provide education and resources to the health care team
- Helping a child cope when a parent is ill

## SW

- Facilitate expert mental health assessment and treatment plan that is evidence-based in accordance with patients values, needs, and goals of care
- Provide emotional support, addressing emotional distress and quality of life for patients/families experiencing the impact of a serious illness
- Ongoing care coordination and collaboration with specialty clinicians
- Resource connection
- Consultation and education to team, peers, other disciplines

In *collaboration* with SW, CLS are available to children when experiencing:

- New dx of a life threatening illness or traumatic injury
- Transitioning to Palliative Care
- EOL Care (Grief and Bereavement)

# INTERVENTIONS

## CLS

- Developmental assessment, including emotional development and coping of child and family system
- Developmentally appropriate language and resources to explain clinical picture to children
  - Written resources, anticipatory guidance, guidance in communicating with children
- Grief and bereavement education
- Support coping
  - Parental coping
  - Supporting the child's coping
  - Cultural humility
- Help families create memories and legacy
- Saying goodbye

## SW

- Biopsychosocial assessment that contributes to the PC IDT
  - Culturally sensitive
  - Strength based perspective, Ecological Systems Theory, Person-in-Environment, Dignity Therapy/Life Review, Narrative Therapy, Medical Crisis Counseling.
- Identify and address the impact of a serious illness
- Collaborate with hospital and community resources
- Apply CM to assist with care transitions
- Active and collaborative part of the IDT
- Utilize patient/family centered and developmentally appropriate approaches
- Ongoing (re)assessment for anticipatory grief as well as the risk of impacting the grief process

# SUPPORTING CHILDREN OF ADULT PATIENTS (C.O.A.P.)


*“Healing humankind and alleviating suffering”*

*If children are not prepared for the death of a caregiver they may suffer emotionally*


- An adult’s life-altering illness or injury can interfere with their ability to support and communicate with children
- The inclusion of a child life specialist (CLS) allows the palliative care team to deliver family focused support to adult patients and offer resources about children’s grief responses, understanding of illness, death

# CLS REFERRAL PROCESS

- SW will assess patient/family system in response to consult
- SW will consult with CLS as determined by assessment
- MD consult will initiate a direct consult to CLS
  - Notify SW in this situation to ensure case collaboration
- Self-referral by patient/family/friend
  - CLS and SW will collaborate
- CLS receives consult
  - Direct assessment
  - Staff support and guidance
  - Pt/Family support and resources
- Follow-up after initial consultation
  - CLS and SW will continue to engage in case collaboration



“Hi Laila. Patient shared again today how helpful her visit was with you. Might you have time to speak with her again? She expressed ongoing desire to shield her son and not to die at home. We thought perhaps because of your positive rapport that she might be open to suggestions from you about how to help include him in her dying process if he wants and how to help him grieve.”



“Hi Laila are you around? We have a patient in the ICU who is dying, kids will be here soon. Family has questions and concerns, don’t know what to do!”

# PALLIATIVE CARE & CHILD LIFE COLLABORATION

- 2015-2020 Child Life Specialist provides consultation with Clinical Social Work, Clinical Nurse Specialist & Chaplain
- 2020 Consultation and collaboration with PC Interdisciplinary Team
- 2021 PC Team includes child life in interdisciplinary rounds

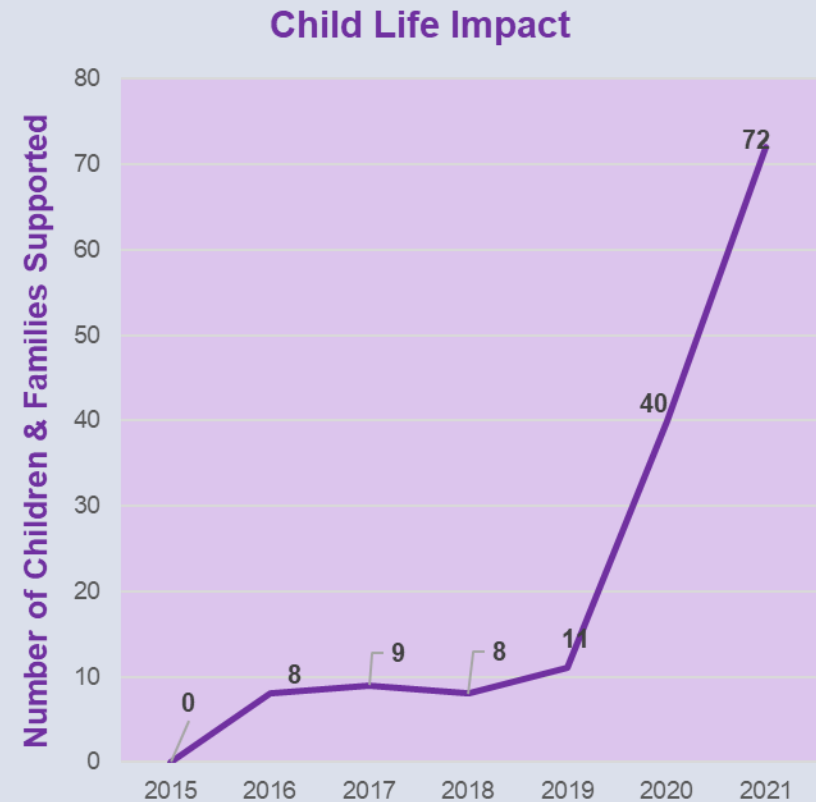
\*\*Consultation based on child life availability –  
no dedicated Palliative Care CLS\*\*



# DATA – SUPPORT FROM CHILD LIFE SERVICES

Referrals for child life services from PC only

2015-2020	9 consults
2020-2021	40 consults
2021-2022	72 consults
2022	56 in first two quarters



# CHILD LIFE CONSULTATION: UCLA, SANTA MONICA

Palliative Care Team	70%
ICU (SW, RN, MD)	14%
Oncology (SW, RN, MD)	15%
Other Units including ER	1%





# RESOURCES

AGE	UNDERSTANDING OF DEATH	HOW ADULTS CAN HELP
Infant/Toddler (Birth - 2years)	No understanding of death	Increased attachment needs: Eye contact, comforting Sensory; can sense changes/sadness
Preschool (3 - 4years)	Death seen as reversible, temporary. Death seen as abandonment/separation ("It's my fault") Confusion about what is real/not real Literal understanding Emotions are hard to articulate and control	"It is not your fault" - you did not cause it to happen Give permission to grieve (be culturally aware) "The body stopped working" is a helpful first definition of death Emotions expressed physically; don't have the words
Young School Age (5 - 7 years)	Begin to see death as final, universal, but only for others ("not me or my family") Death often understood as an actual person, spirit, or being (such as the "bogey man", ghosts, monsters)	Allow for feelings; allow child to talk or not talk as needed Answer questions honestly – use real words like dying Respect their "need to know" (information gives child some form of control) Be curious; I wonder what you think is happening?
School Age (7 - 11 years)	Understands death as permanent and irreversible: "Am I next?" Understands OWN mortality Vivid ideas of what occurs after death May be concerned with details of what happens to the body or what happens after a person dies	Be present, supportive and curious Do not ask child to be strong, brave, grown-up, in-control, or to comfort others Be honest: Say, "I don't know" when you do not know the answers Encourage expression of feelings and grief
Adolescent & Young Adulthood (12 + years)	Full awareness of & has attitudes toward death similar to adults  Possible "survivor guilt"	"I'm here if you need me" Offer resources; support groups, psychologist Respect their need to work through independently Encourage expression of emotions/ feelings

# RESOURCES

- Camp Kesem **campkesem.org** A camp run by college students that provides support for children affected by a parent's cancer
- Comfort Zone Camp **comfortzonecamp.org** A free bereavement camp for children who have experienced the death of a parent, sibling or primary caregiver
- Dougy Center: The National Center for Grieving Children and Families **dougy.org**
- Kids Konnected **kidskonnected.org** Friendship, understanding, education and support for kids and teens who have a parent with cancer or have lost a parent with cancer
- Council of Dads **councilofdads.com**
- Rainbows International Grief Support For Children **rainbows.org**
- Sesame Street – When Families Grieve **sesameworkshop.org/grief** (available in English and Spanish)

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