

# Chapter 16

## Private Practice

**Korie Leigh**

*Marian University, USA*

**Shani Thornton**

*Child Life Mommy Private Practice, USA*

### **ABSTRACT**

*Many seasoned child life specialists begin to think about expanding their role to serve different pediatric populations and/or settings. This chapter will focus on child life specialists building and sustaining a private practice within the community. Topics will include the need for service, executing a business plan, building community partnerships, and staying within the ethical and professional boundaries as a Certified Child Life Specialist. Additionally, case studies that describe assessments, preparation, developmental explanations, interventions, expressive arts, and play are included. Examples of business documents to help guide child life specialists interested in starting a private practice within their community are also included.*

### **INTRODUCTION**

The Certified Child Life Specialist (CCLS) in private practice operates uniquely. As community practitioners, these specialists seek to build a referral network and work individually with children and families in the community. In this chapter, the word client will be used to describe a child, parent, or family that works with a child life specialist.

It is estimated that 32 million U.S. children live with a chronic illness (Bethell et al., 2011), and more than three million children are hospitalized in the U.S. annually (Pediatric Hospitalization, n.d.). Although children with chronic illnesses experience hospitalization, treatments can often be provided through outpatient care. Children of adult patients are also impacted by a loved one's illness, affecting their overall mental wellness (Wittenberg et al., 2013). With six out of ten U.S. adults having a chronic disease and four out of ten having two or more medical conditions, families can benefit from psychosocial and emotional support in their communities (CDC, 2022).

DOI: 10.4018/978-1-6684-5097-0.ch016

## **Private Practice**

Certified Child Life Specialists bring a multifocal lens with expertise in child development, family systems, and skills to provide psychosocial and emotional support for families coping with stressful events. According to the 2018 ACLP Member Survey, over 6,000 child life specialists are certified. However, not all are employed or work in a hospital-based setting (ACLP, 2018). Once patients are discharged, they may have very little to no contact with a child life specialist. As a result, there is a significant gap in service to support families once they leave the healthcare setting. The Association of Child Life Professionals (ACLP), formally known as the Child Life Council (CLC), has stated that community involvement has long been a part of a CCLS's role due to the natural fit between the needs of the community for educational services and the skills that a specialist has to offer (CLC, 2006). Whether a child has an acute or chronic illness, has a loved one that is ill, struggles with understanding emotion, or has experienced the death of someone close to them, there is a continued need for education, preparation, normalization, and validation. Children and families challenged by situations that affect their ecological system and development continue to need ongoing support.

Child life specialists working in private practice recognize the need for service. As they assess their community for additional supports that are in place, such as bereavement centers and wellness programs, they begin to build their practice, filling in gaps of service. Their practice begins to develop using their experienced skill set, a niche for a particular population, and collaborating with community agencies, such as schools, nonprofits, and healthcare programs.

Child life programs in healthcare settings are free with no billing code, meaning the institution does not bill insurance for child life services. Without an established billing code, payment for child life services becomes a challenge for CCLSs working in private practice. Many private practitioners will charge families directly and offer a superbill that families can submit to their insurance in hopes of full or partial coverage. A superbill is a paid invoice with an itemized list of services the client has received. Child life specialists are committed to providing health equity and support to communities (ACLP, n.d.). For families unable to pay the fee for service, specialists may offer a sliding scale or pro bono. Specialists can also apply for grants or contractual work with community agencies to support families without billing them directly.

Child life specialists in private practice may work individually with clients, in a group setting offering support groups or coaching, and offer consultation and professional outreach support to organizations and businesses. No matter the clinical area of focus, it is essential to work within the ethical scope of child life practice.

## **SETTING**

### **Office**

Child life specialists in private practice often provide services in either an office space or a client's private home. The benefits of office space include increased control over environmental factors (e.g., materials, design, predictability, and privacy). The office space should include various developmental toys, games, activities, art materials, culturally inclusive children's books, and dolls of various skin tones. There should be room for a child to explore and manipulate items on the floor and at a table. The room may also include a sitting section for teens and adults. The office space will allow the child life

23 more pages are available in the full version of this document, which may be purchased using the "Add to Cart" button on the publisher's webpage:

[www.igi-global.com/chapter/private-practice/313821](http://www.igi-global.com/chapter/private-practice/313821)

## Related Content

---

### Stressors Among Students at Higher Education Institutions

Mary Jebii Chemagosi and Samson M. Barongo (2024). *Student Stress in Higher Education* (pp. 19-36). [www.irma-international.org/chapter/stressors-among-students-at-higher-education-institutions/334868](http://www.irma-international.org/chapter/stressors-among-students-at-higher-education-institutions/334868)

### Mindful Eating: A Novel Therapeutic Tool

Fathima M. A. and Milu Maria Anto (2022). *Handbook of Research on Clinical Applications of Meditation and Mindfulness-Based Interventions in Mental Health* (pp. 55-67). [www.irma-international.org/chapter/mindful-eating/287055](http://www.irma-international.org/chapter/mindful-eating/287055)

### Chronic Stress and Chronic Pain: Disability After Trauma and Global Trends

Branislav Starcevic (2019). *Chronic Stress and Its Effect on Brain Structure and Connectivity* (pp. 90-95). [www.irma-international.org/chapter/chronic-stress-and-chronic-pain/219999](http://www.irma-international.org/chapter/chronic-stress-and-chronic-pain/219999)

### La Historia de Afrodescendientes: A Look Into the Surviving and Thriving of Afro-Descent People From Latin America

Ammy E. Sena and Amanda Shannon (2023). *Latinx Mental Health: From Surviving to Thriving* (pp. 14-36). [www.irma-international.org/chapter/la-historia-de-afrodescendientes/314191](http://www.irma-international.org/chapter/la-historia-de-afrodescendientes/314191)

### Mindfulness Through Mantram and Inspired Passage Meditation: Toolkit for Diversity

Doug Oman and Jill E. Bormann (2022). *Handbook of Research on Clinical Applications of Meditation and Mindfulness-Based Interventions in Mental Health* (pp. 214-236). [www.irma-international.org/chapter/mindfulness-through-mantram-and-inspired-passage-meditation/287067](http://www.irma-international.org/chapter/mindfulness-through-mantram-and-inspired-passage-meditation/287067)