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Special Issue: Family Science Careers Through the Eyes of Theory

This manuscript is part of a special issue of Family Science Review entitled Family Science Careers Through the Eyes of Theory, edited by Raeann R. Hamon, Ph.D., CFLE. The authors of these deliberately unconventional manuscripts were asked to select and describe a career that a professional with a family science background might pursue. After outlining the professional role, authors reflected upon the family theories that most influence the way they approach their work and perform their professional duties. Authors briefly review the scholarly literature on selected family theories, provide case studies or work scenarios as illustrations of theory in action, and discuss the strengths and weaknesses of the theories in their unique professional contexts. The Special Issue articles are designed to be used individually or in combination, and feature articles about careers in early intervention, special education, family court, child life, and higher education. The introduction to the special issue is available at https://doi.org/10.26536/GMJK4953. The complete special issue is available at https://doi.org/10.26536/ZLUL3923.

Applying Family Theories to the Field of Child Life

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ABSTRACT. The following manuscript explores the application of family science theories to the field of child life. Ecological systems theory, family systems theory, and conflict theory will be presented and applied to child life. These theories explain the responsibilities and experiences of the specialist, their relationship with patients and families, and their own challenges in the work environment. The discussion section details the strengths and limitations of the selected theories, along with an explanation of why other theories were excluded from this analysis. Implications will be addressed.

Keywords: child life, child life specialist, family science, theory

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Applying Family Theories to the Field of Child Life

The child life profession requires a working knowledge of child development and family dynamics in the context of the healthcare system. At a time when child life professionals are reconsidering the application of developmental theories that privilege certain identities over others (Koller & Wheelwright, 2020), it is important to also evaluate the application of family science theories to the field of child life. Ecological systems theory, family systems theory, and conflict theory will be presented and applied to child life. These theories explain the responsibilities and experiences of the specialist and student, their relationship with patients and families, and their own challenges in the work environment.

Career Application

Who are Child Life Specialists?

Certified Child Life Specialists (CCLS) are clinically trained professionals who support children and families in coping with illness, injury, hospitalization, trauma, loss, and bereavement in healthcare and community settings. Through the understanding of developmental impacts of healthcare experiences, CCLS provide children and adolescents with developmentally appropriate preparation for medical procedures, non-pharmacological pain management techniques, and coping strategies to manage these potentially challenging life events (Thompson, 2018). Therapeutic play, expressive modalities, and psychological preparation form the foundational tools that these highly trained professionals use to educate children about medical procedures. These tools also provide opportunities for children to become familiar with medical equipment, create an outlet for children to explore their feelings about their healthcare experiences, and help establish therapeutic relationships with patients and families (Romito et al., 2021). Certified Child Life Specialists work in a variety of settings ranging from acute care hospitals, rehabilitation hospitals, medical outpatient clinics/same-day surgery centers, hospice centers, dental offices, schools, and camps.

Association of Child Life Professionals Academic Eligibility, Clinical Training, and Certification Requirements

Individuals wishing to pursue certification through the Association of Child Life Professionals (ACLP) as a CCLS must first establish eligibility through completion of a bachelor's degree (minimum). This degree must encompass the ACLP's 10 required academic courses covering the following content areas: Child Life course taught by a CCLS (3 credits), Child Development (6 credits) covering infant, child and adolescent development, Family Systems (3 credits), Play (3 credits), Death and Dying (3 credits), Research Methods (3 credits) and three courses/ 9 credits of additional related course work. The ACLP recommends the following topics: Diversity, Equality and Inclusion of Children and Families, Ethics, Human Anatomy and Physiology and/or Medical Terminology (ACLP, 2019). ACLP-required coursework provides a foundation and framework for applying theory to practice during child life clinical training. Presently, there are 18 ACLP-endorsed undergraduate and graduate programs in the United States (ACLP, 2024a).

Globally, there are 4,500 ACLP members (ACLP, 2024b). The ACLP provides guidance on minimal educational requirements to meet certification requirements. Option 1: Requirements include at least a Bachelor's degree in any field of study and completion of the 10 required academic courses as listed above. Option 2: Requires a degree from an ACLP-Endorsed Academic Program. The ACLP Academic Endorsement assures students that the academic program meets standards and requirements set forth in the Standards for Academic and Clinical Preparation Programs (ACLP, 2019).

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Once a student has established eligibility through ACLP-required course work, they may apply for the child life internship. The child life internship is a 600-hour (minimum) pre-professional clinical experience designed to prepare individuals for the ACLP certification exam and entry-level child life positions. The ACLP-developed Child Life Clinical Internship Curriculum and 14 associated learning modules were approved by the Child Life Council in 2011 and updated in 2019 by the Internship Accreditation Oversight Committee. Internship Learning Modules include Development of the Child Life Profession, Application of Lifespan Development from Theory to Practice, Patient and Family-Centered Care models, Communication, Play, Child Life Assessment, Documentation of Services, Medical/Health Care Play, Therapeutic Play and Coping, Coping with Pain and Distress, Psychological Preparation, Palliative and End of Life Care, Professional Development and Child Life Administration. At the successful conclusion of ACLP-required academic coursework and the 600-hour child life internship, an individual may register for and complete the ACLP Child Life Professional Certification Examination. The exam consists of 150 multiple-choice questions across three domains: Professional Responsibility, Assessment, and Intervention. In 2023, 397 people sat for the ACLP exam (ACLP, n.d.).

The Value of Child Life Specialists

Through their relationship-oriented, play-based, resilience-focused and individualized approach, CCLS bring a multifocal lens to the healthcare experiences of every child and family. In these ways, CCLS reduce the financial, developmental, and psychosocial costs that result from children's and adolescent's hospitalization and healthcare experiences (Boles et al., 2020). CCLS' professional practice on building resilient family systems provides the care and resources necessary to lay the foundation for lifelong health for children, youth, and families, by cultivating well-informed and actively engaged consumers of healthcare services (Boles et al., 2020). Through their professional work, CCLS significantly enhance healthcare success by facilitating positive psychosocial outcomes, empowering children and families, promoting optimal developmental growth, driving positive and effective outcomes for healthcare organizations, and fostering long-term patterns of healthcare consumership that improve population health (Boles et al., 2020). Family science curriculum, including the use of family theories, prepares child life students for their current and future work with patients' families.

Theory Application

Ecological Systems Theory

Ecological systems theory (EST) provides a context through which to view the work of the CCLS. The theory suggests an interdependence of multiple systems within larger, contextualized settings that interact to create the experience of the individual over time (Tudge et al., 2016). The process-person-context-time (PPCT) model provides a framework for analysis. The process focuses on individuals' complex interactions with people and contexts around them. Personal characteristics include the developmental stage, cognitive ability, socioemotional aspects, gender, and other intrapersonal aspects of the child that are all important components of the child's experience (Tudge et al., 2016). The child's family and CCLS exist in their microsystem, as these influential interactions are an essential part of the child's immediate environment. The exosystem represents the context of relationships that influence the microsystem; examples include parents' work environments, school districts that the family lives in, and community hospitals (Rosa & Tudge, 2013). The macrosystem includes not only the economic, political, religious, and educational systems that affect the child, but also "...customs, attitudes, ideologies, values, and laws of the culture in which the developing person lives" (Smith & Hamon, 2022, p. 195). Finally, children's and families' experiences across their lifespans create a

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context for the microsystem called the chronosystem (Rosa & Tudge, 2013). Emphasis is placed on the element of time, as over time interactions become more complex due to the child's development and established relationships (Tudge et al., 2016). Examining the experiences of the hospitalized child using the PPCT model can predict outcomes based on the analysis of strengths in dynamic interactions.

One of the assumptions of EST is that people are dependent on their environments (Smith & Hamon, 2022). This can be expanded to physical and social environments. Hospitals vary with respect to geographic location, size, funding, resources, and other factors that determine quality of care. Hospitals may have varying amounts of staff; this in turn affects how much attention a CCLS can provide children and families. Romito et al. (2021) found that CCLS treat 6 to 10 patients in an average 8-hour shift. Related to the social environment, another EST assumption is that humans are dependent on one another (Smith & Hamon, 2022). A CCLS is tasked with providing individualized, developmentally appropriate care to patients and families. Family-centered intervention provides a context for supporting families through the child's hospitalization (Romito et al., 2021).

EST also highlights the importance of bidirectional relationships (Smith & Hamon, 2022). Just as a child's microsystems and mesosystems will affect their healthcare experience, the more immediate systems have the potential to affect larger systems. For example, children and families may provide feedback to their CCLS about healthcare needs not being met; such feedback could be incorporated into the care plan and hospital policies to strengthen the larger system (LeBlanc et al., 2014).

Family Systems Theory

A systemic approach helps to fully understand the experiences of families facing pediatric hospitalization. Family systems theory (FST) considers the cohesion, boundaries, feedback loops, and rules within and across subsystems in the family unit. Additionally, family systems theory posits that families are inherently adaptive. When considering the impact of a child's hospitalization on the family, multiple subsystems should be considered: the child, the parents/caregivers, and the siblings (Doron & Sharabi, 2018). Depending on the makeup of the family unit, other subsystems may also exist (e.g., grandparents, aunts, and uncles). Each subsystem will have different needs. Siblings' reactions will depend on their age and developmental stage, as well as the nature of the hospitalized child's diagnosis and prognosis (Brosnan et al., 2022). The cohesion and quality of communication between people in different subsystems (e.g., the hospitalized child and their parents) should also be assessed (Doron & Sharabi, 2018; Gunter, 2018). While FST often focuses on subsystems within families, the family unit itself is a subsystem within the larger suprasystem of health care. Family-centered care ensures that children, siblings, and parents/caregivers are not lost amid treatment, medical terminology, and hospital bureaucracy (Franck & Callery, 2004).

FST also acknowledges the role of boundaries and hierarchies, both within the family and between the family and the outside world. Healthcare providers (including CCLS) must be aware of best practices for supporting families with hospitalized children. This includes valuing the parents/caregivers as the experts on their children (Balling & McCubbin, 2001). Part of the CCLS's role is to help the parent better support the child (Crawford et al., 2018). In the case of a child's hospitalization, boundaries may be reinforced: parents determine how much information to share with the child and their siblings about diagnosis, treatment, and prognosis. CCLS may observe parents' choice to withhold information that their children are developmentally capable of receiving (Thompson, 2018). Child life also addresses the importance of CCLS respecting hierarchies within families (be it based on age, sex, or another factor). By respecting these hierarchies and not imposing their own values, CCLS will be more likely to earn the trust of patients and families and thus better positioned to support them (Desai et al., 2021).

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Similarly, it is important for the CCLS to ascertain the roles each family member performs. Who is the leader? The primary contact? The mover? Understanding members' roles can help the CCLS in communicating more effectively with the family.

The FST assumption that the "locus of pathology is not within the person but is a system dysfunction" (Smith & Hamon, 2022, p. 155) is also applicable to CCLS-patient-family interactions. CCLS are trained to consider the contextual factors that might impede family members from being physically or emotionally present for their hospitalized child. Work schedules, job strain, attending to other children, and other relatives' health issues might result in a child being without family for days or weeks at a time. Rather than criticizing or judging absent parents/caregivers, CCLS should consider the systemic challenges that the family is facing. Likewise, this assumption can also be applied to interacting with a distraught or angry parent; they are not the problem, but rather attempting to recapture equilibrium during an unsettling time. These considerations have been addressed by the American Medical Association (AMA, 2021) in their statement about advancing health equity. This includes shifting the dominant narrative in a way that acknowledges systemic barriers and harm that families face rather than presuming individual deficits (AMA, 2021). Additionally, this statement is reminiscent of the FST assumption that "individual and family behavior must be understood in context" (Smith & Hamon, 2022, p. 153). For CCLS to thoughtfully assess the behavior or absence of caregivers of patients, the family's context must be considered.

Conflict Theory

Conflict theory (CT) is rooted in the perspective that conflict is natural, normal, and inevitable in all social systems. CT also states that across all social systems, social stratification has led to some people possessing more privilege and power than others (Smith & Hamon, 2022). In this section, CT will be used to assess who has access to child life services (Practice) as well as conflict in the field of child life (Profession).

Practice

A CT assumption is that societies operate under a perpetual scarcity of resources (Smith & Hamon, 2022). In the healthcare system, resources include sufficiently staffed departments, family members' health literacy, and access to child life specialists (Malkin & Ravert, 2019). Not all families with a sick or injured child have access to child life services, either because their hospital does not provide CCLS, the CCLS themselves are understaffed and/or allocated to other departments, or the family is unaware of the option to request a CCLS (Leslee et al., 2022).

CT also states that conflict can be classified through microsocial or macrosocial perspectives (Smith & Hamon, 2022). Macrosocial classifications of conflict in an existing power structure may include gender, race, socioeconomic status, sexual orientation, and age. These classifications are determined by a society's dominant groups (Koller & Wheelwright, 2020; Smith & Hamon, 2022). This stratification can be seen in the United States healthcare system where significant disparities exist for those with marginalized identities. Disparities include provider accessibility, quality of care, access to culturally sensitive care, burden of disease, and mortality (Flores, 2010; Hillemeier et al., 2013; Kitsantas et al., 2013; Rossman et al., 2017).

CT posits that some individuals and groups inherently develop more power than others and work to maintain those imbalanced structures as a way of retaining and enhancing their power. This is seen in the assumption that individuals are self-oriented. Many developmental theories guiding child life specialists in their work are based on a Western idea of a "normal child" and supported by research

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studying primarily White children and families (Koller & Wheelwright, 2020). Since many of these theories are still taught in child life academic programs, the current generation of child life students may enter the field with a narrow framework for assessing children's developmental abilities and progress (Koller & Wheelwright, 2020). This, in turn, may influence how families receive care differently.

Profession

Just as CT can be used to assess how families experience the healthcare system differently, so too the theory helps us understand how child life students and specialists move through the profession incongruously. Approximately 60% of the CCLS in the United States identify as White, 15% are Hispanic or Latino/a, 11.1% are Black or African American, and 6.4% are Asian (Zippia, 2022). Most CCLS are women (73.2%) and have at least a bachelor's degree (78%). Although a multicultural perspective is emphasized in human services education, it is critical for CCLS to consider the influence of their multiple identities in communication with diverse families. This fact needs to be examined alongside the CT assumption that conflict occurs when there is a confrontation over control of scarce resources (Smith & Hamon, 2022). When considering contextual explanations for the need for racial and ethnic diversity in the field, there are many barriers presented to individuals of color; the primary barriers being social capital and networking (Jamar Lee, 2021; Marshall, 2018).

While diversification of the healthcare workforce is one of many approaches for addressing health disparities (LaVeist & Pierre, 2014; Morrison & Grbic, 2015), professionals with marginalized identities report experiencing microaggressions and discrimination in the workplace (Filut et al., 2020; Iheduru-Anderson & Wahi, 2021). Direct experiences of microaggressions and discrimination are forms of microsocial classifications of conflict; health disparities represent a macrosocial form of conflict.

Although conflict has negative connotations, CT asserts that there are positive aspects that can lead to compromise and constructive resolutions (Smith & Hamon, 2022). As the child life profession makes efforts to improve its cultural competency (Association of Child Life Professionals, 2022a), conflict will inevitably arise from more diverse perspectives being considered. However, this conflict has the potential to result in lasting, positive change, thereby improving the child life care of patients and families.

Scenario Application

Ecological Systems Theory

> *Jayden is a 12-year-old boy recently diagnosed with Acute Lymphoblastic Leukemia (ALL). The current treatment protocol for ALL requires multiple hospital admissions for chemotherapy, tests, and procedures. The protocol will require Jayden to miss multiple days of school. Jayden and his family have verbalized concern regarding missed days of school. Additionally, Jayden has verbalized concern over peer interactions. After assessment, the CCLS recommends a school reentry program.*

When the family experiences a child's hospitalization, multiple systems intersect and can be analyzed using EST. The child who is the identified patient represents the microsystem. Jayden identifies as male, loves playing sports and being active, and would rather play video games than focus on schoolwork. He is worried about missing time from school and maintaining friendships. His parents are married and involved in his schoolwork, sports, and medical treatment. These personal characteristics can help inform his treatment and interaction with the CCLS using the PPCT model.

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The CCLS, representing the mesosystem, serves as a liaison for the child and family, as the child's microsystem exists within the larger exosystem of the hospital setting. CCLS target developmentally appropriate interventions and facilitate advocacy tailored to the child as an individual in the hospital setting (Thompson, 2018). For example, upon learning Jayden's concern about the impact of his absence on his peer relationships, the CCLS might work with Jayden to find ways to communicate with his friends during this time. The CCLS could act as a liaison to build communication between Jayden and his family to determine if he has access to a cell phone, social media, or video games that could facilitate communication with friends and address Jayden's concerns.

The child's relationship with their family and CCLS is a direct influence on the microsystem, affecting the child by reducing their anxiety, preparing them for hospital procedures, and advocating for their comfort (Wittenberg & Barnhart, 2021). Increasingly, CCLS are involved in supporting hospitalized children's education (Mårell-Olsson et al., 2021). This may take the form of encouraging children to complete schoolwork and stay in touch with their teachers and classmates. The interface between the family system, school system, and hospital system exemplifies the CCLS as the mesosystem. The role of the CCLS, such as that of Jayden's CCLS, provides an effective bridge between systems.

The hospitalized child is ultimately impacted by the socioeconomic and political environments they are in, representing the macrosystem (Rosa & Tudge, 2013). The profession of Child Life has developed as historical shifts promulgated evidence-based, effective care for hospitalized children (Turner & Boles, 2020). The macrosystem can influence the quality of care the child receives, the family's ability to access health insurance and medicine, and beliefs about sickness and wellness. CCLS are trained to consider the cultural backgrounds of patients and their families and how to respond sensitively to issues that may arise. Diverse religious practices, family communication, and gender dynamics may create misunderstandings or tensions that can be analyzed using a macro perspective and strategies of cultural competence. The chronosystem accounts for the experiences the child and family have had over their lifetimes (Rosa & Tudge, 2013). For instance, the parents' marital status, whether married or divorced and living apart, could impact Jayden's experience of hospitalization. Jayden's diagnosis and treatment are significant events and will impact the family; the process of experiencing the illness, treatment, and communication will become more complex over time. EST would predict that Jayden's relationships with his parents, hospital staff, and the CCLS will grow and adapt if effective child- and family-centered care is provided (Claridge et al., 2020; Darling, 2007).

Family Systems Theory

> *Allysia is a 7-year-old girl admitted to the hospital after sustaining a significant burn injury. Allysia lives with her mother and two siblings, Ross (age 5) and Dion (age 9). At the outset of Allysia's treatment, the CCLS conducted an assessment to review family variables, healthcare variables, and child variables. Realizing the impact on the whole family, the CCLS recognized the need to support the family in considering the experience of the siblings at the outset of Allysia's hospitalization. Some recommendations for the siblings include consistent contact with the parent or other close caregiver, reassurance and physical comfort, age-appropriate and honest explanations, consistency of routine (bedtime, attendance of school, maintaining rules/expectations), and time to talk about their experiences or play.*

FST's assumptions that families are adaptive and responsive to feedback can be applied to this scenario. For example, Allysia's family may initially feel overwhelmed by the many sudden changes that have led to disequilibrium. Depending on their needs, they may be striving to maintain homeostasis

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or (as in the case of a positive feedback loop) may realize that the family norm is no longer supporting individuals' needs (Schultz & SabatÃ, 2010). With assistance from the CCLS, Allysia and her family will be able to adapt to the circumstances of pediatric hospitalization.

This theory also notes how family subsystems will experience events differently. Allysia's brothers, the sibling subsystem, may react to the changes in the family's schedule uniquely: the youngest, Ross, may exhibit more externalizing behaviors, and Dion may need more verbal assurance and information to help him understand the family's circumstances. Ross and Dion's interactions with Allysia may change due to her recovery, which may take time to adapt and communication to assist with understanding the need for changes. The energy put into the subsystem through structured routines and communication will assist with the disequilibrium created by Allysia's absence at home and the parent's attention focused on her health. Recognizing that entropy could occur with the diverted energy placed on Allysia, the parent can be advised by the CCLS to create special opportunities for time with Dion and Ross individually to support their needs during this time.

FST's acknowledgment of boundaries and roles is a crucial component of application to child life. Thompson (2018) notes that parents may withhold developmentally appropriate information from their other children out of fear of confusing or worrying them. Allysia's parent can be encouraged to share information with Ross and Dion about family decisions. If Allysia's CCLS recognizes the family hierarchy of Allysia's mother as the family leader and chief communicator, the CCLS may be better able to foster a trusting relationship. With positive feedback from communicating with Allysia, Ross, and Dion, the family could experience morphogenesis and create lasting change in how information about health and well-being of family members is shared openly. These strengthened communication processes, like this feedback loop and communication between subsystems, can bolster the energy in the family and support system growth. The role of the CCLS facilitates these processes to assist the family in experiencing optimal outcomes during challenging experiences.

Conflict Theory

Isabel is a Black Latina child life student and currently interning in a children's hospital emergency department. Although patients and their families are racially and ethnically diverse, the other child life interns, specialists, and supervisors are all White. Along with the rigor of her internship, Isabel has faced the accumulated stressors of microaggressions from her colleagues: they have made comments about her hair, presumed she was an interpreter for patients, and questioned her intelligence. When Isabel told her fellow intern about these comments, the intern suggested Isabel had imagined the severity of those encounters. When Isabel brought these comments and her concerns to her supervisor, her supervisor asked her not to file a complaint.

Conflict theory's assumptions that conflict is inevitable, rooted in confrontation over the scarcity of resources, and can be classified differently, are all applicable to this scenario. The first assumption of conflict theory is that by nature, humans are self-oriented (Smith & Hamon, 2022). The self-orientation of the profession is directed toward the interest of the dominant demographic (White women), making it challenging for those with other identities to have their values and interests considered.

Child life specialists and child life students with marginalized identities have reported experiencing microaggressions and discrimination pertaining to their racial, ethnic, sexual orientation, age, and disability identities (Gourley et al., 2022). They described feeling hesitant to speak out when they experience microaggressions and discrimination in the workplace (Gourley et al., 2022). These findings are consistent with other healthcare professionals' workplace experiences (Davis, 2019; Nadal et al., 2016; Sue et al., 2007; Sue, 2010). Such interactions reinforce and perpetuate systemic inequality.

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CT's assumptions of competition and scarcity of resources can be seen from the onset of the child life career. The Association of Child Life Professionals (2022b) has acknowledged that there is an internship crisis for child life students where barriers including cost, exclusive affiliation agreements, and location have drastically decreased the number of internship sites for students. Additionally, the Association of Child Life Professionals (2022b) has noted that not securing an internship may cause abject harm specifically to students with marginalized identities, including child life students of color. This leaves child life students competing for acceptance to graduate child life programs, child life practicum opportunities, and other professional opportunities that would make them stand out amongst the rest. Child life students unable to secure an internship cannot meet ACLP certification requirements. Students may need to apply for an internship over multiple internship cycles, which may create a significant financial burden for them. Isabel may recognize the difficulty in securing her internship and decide not to file a complaint, for fear of losing the internship.

Once child life specialists have overcome the barriers of certification and joined the interdisciplinary teams of healthcare settings, conflict over control of resources continues. Child life specialists report time constraints (Malkin & Ravert, 2019), underutilization of their services (Minstry et al., 2019), and staff perception of child life's role (Hess, 2019) as barriers to meeting patients' psychosocial needs. Therefore, when seeing the competitive experiences of child life students and professionals through the lens of CT, it is important to consider that within the larger healthcare system, the child life profession is functioning under a perpetual scarcity of resources.

The structural inequality in child life itself is perpetuated by a system that is designed by the dominant demographic, White child life specialists and professionals, created through their own lens of privilege. The historical lack of racial diversity among the decision-makers and leaders in the field of child life may contribute to the race statistics of the current generation of child life specialists (Marshall, 2018), including considering the need for child life specialists of color that could serve as role models for future child life students of color.

CT acknowledges the role of microsocial and macrosocial forms of conflict. Gourley et al. (2022) reported that microaggressions and discrimination came from child life colleagues as well as other members of the health care team, including nurses and physicians. Supervisors' responses to participants' concerns ranged from being actively supportive to dismissive and, in one case, entreating the participant not to file a complaint. The hierarchical systems of a hospital determine how complaints are addressed and who possesses more power and privilege on a health care team. The macrosocial classifications of race, ethnicity, sexual orientation, and other identities shape the contextual meaning of statements and actions. The combined hospital hierarchy and macrosocial classifications may result in Isabel feeling vulnerable to future threats to her well-being.

Therein lies the paradox of power: power is a source of conflict but may obscure or minimize the expression of actual conflict. Hospital and social classifications of power create conflict and simultaneously preclude individuals such as Isabel from feeling safe reporting that conflict. If Isabel is grappling with the stressors of an internship, multiple microaggressions, and dismissive colleagues and supervisor, she may conclude that this job and profession are not for her, eventually leaving an already homogeneous field.

Discussion

EST, FST, and CT were selected because we viewed them as best demonstrating the child life profession from multiple angles: CCLS-family collaboration, family systems that might welcome or rebuff CCLS support, and the challenges of navigating the profession.

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Strengths and Limitations

While no theory can fully encompass a particular phenomenon or group experience, we considered the strengths and limitations of each theory and chose theories with strengths that compensated for other theories' limitations. For example, a criticism of FST is that it does not consider the roles of cultural differences or socioeconomic stratification (Rosenblatt, 1994). However, EST does emphasize cultural variation (macrosystem) and conflict theory acknowledges socioeconomic and other demographic stratification (Smith & Hamon, 2022).

EST is particularly suited to a family's experiences of new settings and transitions (McAdoo, 2009); therefore, a child's hospitalization can clearly be analyzed by applying this theory. Rosa and Tudge (2003) suggest that mesosystems expand when individuals enter a new setting, creating growth in the system. Further, the theory includes personal characteristics but does not emphasize them, such that a full intrapsychic assessment is not necessary (McAdoo, 2009). This centrality of the patient and focus on external systems is of practical importance to CCLS. Conversely, systems theories are criticized for being too conceptually broad, in that by covering all aspects of the individual's context, none are thoroughly understood (Whitchurch & Constantine, 2009).

An earlier criticism of CT is that it analyzes individuals and families in a negative lens and does not address solutions to individuals' or families' problems (Smith & Hamon, 2022). A counterargument is that the theory also acknowledges that conflict is necessary for healthy growth. We used conflict theory primarily to demonstrate the very real issues that child life students and specialists of diverse backgrounds face. A wealth of evidence indicates that hard conversations are needed in order to move the profession forward (ACLP, 2022a; Gourley et al., 2022; Malkin & Ravert, 2019). Moreover, while CT does focus on power, privilege, and conflict, it also addresses both more and less helpful methods for resolving conflict (assertion vs. aggression; Smith & Hamon, 2022).

Theoretical and Practical Implications

A challenge in writing this manuscript was selecting certain theories over others. For example, initially family development theory seemed an obvious choice for assessing the impact of the child's hospitalization and the role of the CCLS in emphasizing developmentally appropriate and supportive play (Burns-Nader & Hernandez-Reif, 2016). However, we reached the conclusion that the elements of family development theory most pertinent to child life are well addressed by EST (e.g., humans striving toward growth).

There are notable practical implications for selecting the aforementioned theories. Choosing theories that encompass family and social systems as well as macrosocial classifications of power suggests the need to not view CCLS or families in a vacuum; we must be mindful of individuals' and systems' contexts. The complexity of more than one person in more than one environment creates a dynamic context for analysis (Smith & Hamon, 2022). Ecological systems, family systems, and conflict theories provide lenses through which to create predictions and suggest effective interventions. Further, the theories emphasize development, which aligns with the age and stage assessments and developmentally appropriate practices of CCLS. The ability to apply ecological systems theory, family systems theory, and conflict theory to the practice of CCLS suggests alignment of the field within the discipline of family science. While this manuscript considers how different family theories may be used to understand the child life career, the theories themselves should continue to be emphasized in child life academic programs. CCLS trained in these theories will be better equipped to understand and support their patients, patients' families, and their own colleagues.

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