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## **Teacher and support staffs' knowledge on how to support children's psychological needs after hospitalization**

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TEACHER AND SUPPORT STAFFS' KNOWLEDGE ON HOW TO SUPPORT  
CHILDREN'S PSYCHOSOCIAL NEEDS AFTER A HOSPITALIZATION

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for the Degree

Master of Child Life

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By

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## **Chapter 1: Introduction**

In 2012, almost six million children ages 0 to 17 were hospitalized in the United States (Statistical Brief #187, 2016). Children ages five to nine years old comprise approximately 5.5% of the hospital stays and children ages ten to fourteen comprise approximately 6.1% of the hospital stays (Statistical Brief #187, 2016). Additionally, the children's hospital stays lasted at an average of 3.9 days (Statistical Brief #187, 2016). Berry et al. (2013) found that pediatric hospitals serve nearly 25% of all hospitalized children and 80% of children with a complex chronic condition. Furthermore, there is a rising proportion of pediatric hospitalizations for children with rare, chronic conditions, which are believed to be more complex in nature (Berry et al., 2013). The top reasons for school-aged children being hospitalized were infections, chemotherapy, respiratory conditions, and mental illness (Statistical Brief #187, 2016). The statistics provided shows the amount of time that a child can spend in the hospital setting, along with the diagnoses that cause them to have long term stays. Experiencing a hospitalization for a child is not a normal situation for them and can change their normal everyday life and routine.

Thompson et al, (2015) states that, although empirical support is limited, clinicians agree that a child's return to the community school can facilitate a sense of normalcy, improve health-related quality-of life, and promote positive adjustment and academic progress for children faced with a hospitalization. When children spend a period of time within the hospital setting, they are missing out on normal life activities. Due to hospitalization, children with chronic illness spend less time doing the typical childhood activities such as socializing in school and outside of school with their friends. This population has less of an opportunity to be able to expand their knowledge and education within school. Additionally, children with chronic illness may miss

opportunities to engage in extracurricular activities, such as sports, clubs and after school programs.

To date, very few children with chronic illnesses are supported within the classroom following their transition from hospitalization. This is problematic, as teachers and support staff have little education on how to support these specific students with their psychosocial needs coming back into the school setting. The involvement of a teacher in a patient's total care enhances the student's learning potential while ill and facilitates a smoother return to school (Ratnapalan et al., 2009), therefore, teachers and support staff need to be educated on how to support children after they have been hospitalized.

This thesis explores what teachers and support staff understand about the psychosocial needs of children with a chronic illness returning to school after a hospitalization and the role of a certified child life specialist (CCLS) and how a CCLS is able to support teachers, support staff and students in the school setting. Additionally, this study will explore teacher and support staff's needs for resources with educational and instructional support within the school setting.

### **Statement of Problem**

To date, very few studies have explored teacher and support staff's understanding of the psychosocial needs of children returning from a hospitalization. Similarly, there is little research that has focused on exploring how teachers and support staff feel about the support and needs of a child with chronic illness returning to the classroom after a hospitalization.

It is necessary for this research to be completed because it is important that children are able to be supported when they leave the hospital setting. In order to best support these children with chronic illnesses, the teachers and support staff working with them need to understand the psychosocial needs that this unique population of students might have. For example, the social

and developmental needs of children with chronic illnesses when coming back into the school setting after spending some time in the hospital setting. Addressing the needs of the whole child, will ultimately lead to better transition back into the school setting.

Therefore, this study will seek to better understand teachers and support staff's knowledge about children with chronic illness' psychosocial needs following hospitalization.

The following research questions will be addressed in the study:

1. What do teachers and support staff understand about the psychosocial needs of a child with chronic illnesses in the school setting following hospitalization?
2. Do teachers and support staff feel they have the ability to teach their class(es) about the psychosocial needs of a child with a chronic illness following a hospitalization?

## **Chapter 2: Literature Review**

### **Theoretical Framework**

#### **Bronfenbrenner Ecological Systems Theory**

According to Urie Bronfenbrenner's Ecological Systems theory, a child's development is shaped by the varied systems of the child's environment and relationships among those systems (Krishnan, 2010). Bronfenbrenner's theory consists of four systems. Each system has either a direct or indirect influence on a child's development. The microsystem is the level that is closest to the child and those with whom the child has the most direct contact with. For example, these people would be considered, the child's family, peers and school relationships and connections. Next is the mesosystem, which encompasses the connections between two or more different microsystems, such as home and school (Krishnan, 2010).

In particular, this study will focus on the school system within a child's mesosystem, acknowledging that it affects their psychosocial wellbeing. More specifically, the mesosystem includes teachers and support staff members that the child interacts with at school. As this theory implies that individuals in a child's mesosystem can impact their development, it is imperative that teachers and support staff have knowledge about a child with chronic illness' psychosocial needs following hospitalization.

#### **Vygotsky's Sociocultural Theory of Cognitive Development**

Vygotsky proposed that in order to understand the cognitive development of an individual one should understand their social, cultural, and historical background (Tzuriel, 2000). This theory posits that children look to others such as parents or school staff for support and guidance through an experience. The mental functions of children are derived from social interactions with more experienced members, which guide children towards levels of mastery

(Tzurriel, 2000). Eventually, children will learn to become independent in the learning process, with the adults only being there as a supportive function (Tzurriel, 2000). During this process, adults learn to support children through experiences until they can complete the tasks on their own.

In accordance with this theory, children with chronic illness who transition back into their classrooms following hospitalization will be turning to their teachers for support. Therefore, this study will focus on the teacher and support staffs' understanding of the psychosocial needs of children with chronic illness following hospitalization. By learning what teachers and support staff understand about this unique populations needs, resources can be created to help teachers and support staff provide a smooth transition for children with chronic illness back into their classroom.

## **Literature Review**

### **School Reintegration**

Entering back into the normal routine of school after having a long-term stay in the hospital setting can be a difficult process for children with chronic illnesses. If children are given support to continue school when in the hospital setting, it can make for an easier transition back to their normal school life. However, not all hospitals offer school support in the hospital.

### ***Hospital programs***

Hospital schools have become consolidated institutions, and in the last few decades, many countries have legislated to regulate their organizations, duties, and resources for children (Benigno et al., 2018). Benigno et al, (2018) explained that hospital school teacher's need to adapt the activities to fit in with hospital routines and with their students' treatment regimens.

The physical and emotional state in which hospitalized students find themselves, is often non-conducive for learning and continuing education (Benigno et al., 2018). Carstens (2004) states that when children are forced into these hospitalizations, they are sometimes deprived of going through normal development phases. Therefore, it is important that CCLS and other hospital staff make sure they can normalize the hospital setting and their current situation. Providing the patients with the chance to continue their education when going through their hospital experience, for example, having a school teacher in the hospital that allows for the patient to stay on track with current assignments, is one way to provide normalization and encourage normal development.

Schooling hospitalized children is either taken for granted, forgotten, or is considered a low priority in that hospital setting (Ratnapalan et al., 2009). However, recent studies have found that extended hospitalizations impair children's participation in school and educational interventions become an essential component in supporting these students (Steinke et al., 2016). If a hospital program is not offered in a hospital, often CCLS take on the responsibility of making sure the patient continues their education within their school. Ratnapalan et al, (2009) found that when hospital schools do exist, the school settings are blissfully unaware, and the idea of letting the child catch up with their education after the hospitalization seems to take place. If this becomes the situation, the hospital staff must consider the accommodations that might be needed when the child is preparing to reintegrate back into the school setting. Hospital schools are a crucial part in the normalization of a patient's time in the hospital setting. If a hospital is unable to provide a patient with educational support in the hospital, then there needs to be support provided when re-entering into the school setting.

### ***Re-entering school***

Entering back into the school setting following hospitalization can be a difficult transition. For a child with a chronic illness, many environments can feel inaccessible and constraining (Boles, 2017). There are different difficulties that children can face when re-entering into school. First, students can become behind in their classwork and assignments that they have missed during the time of the hospitalization. This can add stress onto the child when trying to make up and catch up on these assignments. Another difficulty can be the relationships that students build in school. With being in and out of the hospital often, this will cause them to miss a lot of school and not be able to build relationships with their peers and classmates. This can lead to struggles in developing social skills with those around them when returning to school. Lastly, the child's peers might have misunderstandings of their situation, since the student is missing a lot of school because of their diagnosis and having to be in the hospital for long stays.

With the proper adult support, accommodations, and services, the transition back into the normalization of school can be easier to accept and handle. Ratnapalan et al, (2009) state that helping children stay connected with regular academic and social activities has shown a reduction in difficulties during school re-entry. Therefore, regular school attendance and swift school re-entry are important mechanisms for helping children cope with hospitalization and management of their illness (Ratnapalan et al., 2009).

Reintegration into school after a period of absence can also be a significant challenge for teachers and support staff. One of the challenges that teachers and support staff can face is how to handle the new situation of having a child return to their class after a hospitalization. This can be difficult for them if they have never had a child in their class previously that has a chronic illness. The teachers and support staff are faced with finding a way to make accommodations for

the returning child, while also making sure that they are still supporting the whole class. Another challenge that teachers and support staff can face is understanding and teaching about a child's diagnosis. They need to figure out how they are going to explain the student's diagnosis and condition or why they are spending time within the hospital setting, in order for the class to understand the student's current situation. Based on the students' knowledge within the class and how prepared the teacher and support staff are, this is going to depend on how challenging it will be to bring this child re-entering school, back into their class.

Furthermore, there is also a primary concern about returning to school for patients as early as receiving a brand-new diagnosis (Pini et al., 2013). With children having concerns about school re-entry, as early as the diagnosis, it is important they receive support through the school reintegration process. Steinke et al, (2016) explains the need for pediatric hospitals to strive towards bridging the gap between the school and hospital setting for children. In order to support patients more effectively, staff need to know more about the concerns that the patients have and the factors which seem crucial to both maintaining contact with the school and reintegration when it's appropriate (Pini et al., 2013).

### **Child Life Specialist Support**

The profession of child life is becoming an integral component of supporting children with chronic illness transition back into the school setting. The skills, knowledge, and techniques that a CCLS uses to educate patients and their families are different from any other professional field.

### *In-hospital support*

When individuals refer to the professional setting of a CCLS, they are most likely referring to a pediatric hospital. MacDougall et al, (2008), explained that CCLS are members of the interdisciplinary healthcare team, and in that role, they promote optimum growth, development, education and support of children and families throughout their healthcare and hospital experience. A CCLSs comprehensive training provides them with a unique knowledge and skills to successfully help children and their families navigate the complexities of the hospital and health care (MacDougall et al., 2008).

The role of a CCLS in the hospital setting is to teach children about the different aspects of the hospital that can be new, different, and scary. The child life team is there to help the patients understand and find new ways to cope with the struggles that they are faced with during their hospital stay. Child life programs are designed to address the psychological, social, and developmental needs of pediatric patients within the hospital (Hart, & Walton, 2010). CCLSs realize that the hospital setting can be new for patients. Pediatric patients entering the hospital are not always aware of what they are going to be faced with, this is a new environment that they might have never experienced before. The child life team understands that they need to meet and support the patient at their developmental level. CCLSs use their expertise to prepare children for medical experiences based upon the child' developmental levels (MacDougall et al., 2008). MacDougall et al, (2008) states that, CCLSs help prepare children by using pictures of what they will see, by describing what they will feel, hear, and smell, and then by letting them "act" out the procedure on a doll or stuffed animal. With the CCLS providing preparation, this helps the pediatric patient gain understanding and mastery of an experience and can offer some control of the situation (MacDougall et al., 2008). CCLSs can provide patients with many different forms

of developmentally appropriate play and teach them skills to cope with different aspects of the hospital setting. Currently, the career of a CCLS remains centered within the hospital setting, as this field continues to grow, the career is moving to locations outside of the hospital setting.

When it is time for a child to leave the hospital setting, they will ultimately be able to return to school. In order to prepare the child for the transition, a CCLS will speak with the child about what to expect when leaving the hospital. The CCLS will provide the child and family with materials about how to get back into the normalcy of their home life. When a child returns to school, their friends and classmates might have some questions for them and ask where they have been. The CCLS can prepare the child for these situations by preparing them with how they can answer these questions. Furthermore, the CCLS can help the child to determine how they are going to explain their diagnosis with other students. Lastly, CCLS reach out to the child's teacher before they enter back into the school in order to provide them with information and answer any questions that the teacher and support staff might have.

### ***Community support***

The non-traditional professional setting of a CCLS is new and growing. These professional locations are within the community setting, such as schools, foster care systems, dentist and doctors' offices. For the non-traditional setting to continue to grow and be accepted, the communities outside of the hospital setting must have a better understanding of child life and the services they are able to offer. Meyer (2014) explained that the ACLP's vision statement encompasses CCLSs and the work they can provide outside the scope of the healthcare setting. While CCLSs primarily practice in the healthcare setting, their skill sets fit well with other agencies and system's missions (Meyer, 2014). CCLSs must learn context-specific information

for new settings, but their knowledge and skills they develop equip them to assist children and families in an array of situations and environments (Meyer, 2014).

A new child life non-traditional setting that is growing is the need for CCLSs help and support, is the school setting. Meyer (2014) states that CCLSs encompass a unique skill set that is built off an extensive knowledge of child development. Meyer (2004) then goes on to state that having highly trained professionals from the field of child development and other psychosocial disciplines are needed to help meet needs and/or train other child professionals. CCLSs play a crucial role in the care of children during times of overwhelming circumstances and life events (Meyer, 2014). Children with chronic illnesses are not just faced with life changing events in the hospital setting, they can be faced with life changing events at home, and those emotions can be carried to school. This is where a CCLS can step in and support a child and their school with the steps to making the school environment a normalized experience again. A CCLS can help children when entering back into school by assisting them to find ways to cope and properly express their new emotions and experiences. CCLSs can prepare children and families for this period of school re-entry by providing some education, information, and supportive resources (Boles, 2017). Providing education to the child's classmates is another reason a CCLS role is needed in the school setting. Boles (2017) shared the findings that working with a child to create a presentation about their treatment experience and illness to share with their classmates upon their return can be seen as beneficial.

A way to meet the needs of children with chronic illness when re-entering school is through collaboration (Hamlet et al., 2011). Collaboration between CCLS, teachers and support staff, and the student will make a positive impact on the re-entry process. Collaboration involves working together to provide coordination of care and services for the child (Hamlet et al., 2011).

In the school setting a CCLS will be able to contribute to the collaboration for a child in a few ways. CCLS identify potential stressors, design activities for self-expression, and help the child continue to build coping skills (Hamlet et al., 2011). With the given information, the expertise of a CCLS is a good fit for supporting school staff members and children with chronic illness when re-entering into the school setting.

MacDougall et al, (2008) explains that CCLSs can assist with coordination of school schedules and facilitating their education times, especially during incenter appointments and treatments. CCLSs having a place in the school setting can not only help with supporting the child re-entering the school, but they can also support a child that has to make return visits to the hospital setting. The need for CCLSs in school settings, and in many other non-traditional settings is important and growing.

### **Children with Chronic Illness Psychosocial Needs Following Hospitalization**

Children with special health care needs, defined as children who have or are at risk for a chronic physical, developmental, behavioral, or emotional condition, and who require health and related services of a type or an amount beyond that required by children generally, constitute 18% of US children (Simon et al., 2010). There is a growing awareness of the importance of children's emotional and psychosocial well-being following hospitalization (Li et al., 2010). Therefore, awareness of their psychosocial needs when they return to school is very important.

A chronic illness that has been heavily focused on is cancer, as it is extremely important that these children's psychosocial needs following a hospitalization are supported. These psychosocial needs of this chronic illness children after a hospitalization are their social and developmental needs. Children need support from teachers and support staff to make sure they continue to develop and work on their educational, physical, and cognitive development, along

with developing their social needs. Rennick et al, (2014) suggested that despite advances in the development of medical technologies and treatment regimes, approximately 25% of children with cancer and chronic illnesses display negative psychological and behavioral responses within the first year of being discharged. Thus, it is imperative that teachers and support staff are aware of what they can do to support the psychosocial needs of children with chronic illness after a hospitalization.

There are a number of factors that may influence the psychosocial development of a chronically ill child; family socioeconomic status, family's ability to cope, the child's developmental stage, family life stressors, and the quality of the support system for the chronically ill child (Mescon et al., 1995). When children leave the hospital setting, they need to be able to have their needs supported at home, in school, and within the community. Children with chronic illnesses are faced with these stressors and can silently carry the weight of them when they return home. Therefore, supporting children within the school setting can also allow for them to feel supported in the community and at home. Chronically ill children also experience significant social challenges in negotiation illness (Mescon et al., 1995). Mescon (1995) reported that children face serious adjustment consequences, such as anxiety, emotional disturbances and depression but recent studies indicate children with chronic illnesses are more resilient to illness than was originally believed. Teachers and support staff need to understand how children cognitively conceptualize illness, the body's functions and reasoning about diseases (Mescon et al., 1995).

### **Teacher and Support Staffs Training and Education on Children with Chronic Illness**

Teachers and support staff need to receive specific education and credentialing to be eligible to teach. However, teacher and support staff's education does not include specific

education or training focusing on the unique needs of students with chronic or life-threatening medical conditions. Ackerman (2005) claimed that for the best academic and social outcomes of children, quality education and care matters. If teachers and support staff understood how to support a child beyond just the education aspect, they could be making a difference in their life outside of school as well.

Teachers and support staffs lack information and understanding of the impact of childhood chronic illness, which can become a problem that results in inaccurate appraisals of children's symptoms, academic growth, and social skills (Clay et al., 2004). Teachers and support staff members need to become aware of the differences that any of their children might be faced with if they are hospitalized. Clay et al, (2004) stated that children with chronic illnesses report that teachers and support staff with increased knowledge of illnesses and the ability to support these needs in the classroom would benefit them in the school setting. Inclusion within the classroom is a topic that teachers and school staff need to be knowledgeable about. Gokdere (2012) defines inclusion as an education approach that provides students with special needs education in the regular classroom and provides support services in the same classroom with other students. Tojiboeva (2020) claims that, in the professional training of future teachers and support staff, they need to build flexibility of thinking, the ability to diagnose and predict the development of students, and foresight regarding the results of their actions. Very few studies have focused on teachers and support staff's education and training to understand the psychosocial needs of children with chronic illnesses.

## **Chapter 3: Methods**

### **Setting**

This study was conducted within a public school setting in Harford County, Maryland. A total of eight elementary schools participated within this county. All schools had students in the grade levels of kindergarten through fifth grade, with both general education and special education programs.

### **Study Design**

A convergent mixed-methods study was used, combining qualitative data through content analysis design with a descriptive analysis quantitative design. Creswell (2007) stated that the intent in using this design is to bring together the differing strengths and weakness of the qualitative and quantitative methods. The convergent parallel design was utilized; thus the researcher uses concurrent timing to implement the quantitative and qualitative during the same phase of the research method (Creswell et al., 2007). The main focus of the study relied upon the qualitative data, which was designed to capture the in-depth perspectives of the participants. The quantitative data was conducted to verify and support the qualitative data. Key findings from both methods were integrated in the discussion section.

### **Recruitment and Sample**

Snowball sampling was utilized to recruit participants for this study. An email was sent out to all the school staff members of one school and separate emails were sent to one to two staff members of the other 7 schools. The email provided the staff member with the information about the study that was being completed and a link to the online survey if they were willing to participate. A total of 24 teachers and support staff members participated within the 8 schools. Participants ages were from 18 to 64, with the average age being 29.5 years old. The number of

participants that were teachers was 41.7%, then 29.2% were support staff members (i.e., paraeducators and inclusion helpers) and 16.7% special education staff. There was one school counselor and administration staff member that also participated in completing the online survey.

## **Data Measures**

### ***School Staffs Knowledge on Psychosocial Needs Questionnaire***

All open-ended and Likert question surveys were completed online through Google forms. Participants were given the link to the survey and were able to decide if they would like to complete the survey or not. Teachers and school staff members were given the options to complete the survey during their workday or during their personal time. Surveys took anywhere from 10 to 15 minutes to complete. The questions were predominantly open-ended questions because of the exploratory goal of the survey. The questions addressed the prior knowledge that teachers and support staff members have on the role of a CCLS and their understanding of the meaning of psychosocial support. Along with addressing the needs that teachers and support staff feel that they have when supporting a child who has been hospitalized, and any unmet needs that they felt needed to be addressed. The quantitative data was collected with the same survey through Google forms.

### ***Demographic Questionnaire***

Within the survey, closed-ended questions were asked about each participant's demographics. These questions looked to gain information about each participant and facts about them as a person. Questions asked about the participants gender, current age, ethnicity and highest level of education. Participants were also asked information about their work location, how long they have been working in a school, and their current position within the school.

## **Data Analysis**

### ***Qualitative***

Content analysis was completed for the qualitative data that was collected. The objective in qualitative content analysis is to systematically transform a large amount of text into a highly organized and concise summary of key results (Erlingsson et al., 2017). With this analysis collection, there were many steps to take to process the data. Following each phase of data analysis my thesis chair cross-checked the results.

The initial step included transcribing the data. Then the transcripts were read several times to gain a general understanding of what your participants are talking about (Erlingsson et al., 2017). Once the participants' answers were within the chart and read over a few times, it was time to create meaning units from those answers. Through meaning units, you are looking for the main points that the participant shared in their answer. Next, codes are created from the meaning units. Through codes, you are pulling out a few words that are the main focus and descriptive labels of the meaning units. Once the codes were created, looking back at the research questions and creating categories that answer who, what, when or where. One does this by comparing codes and appraising them to determine which codes seem to belong together thereby forming a category (Erlingsson et al., 2017). Finally, themes will be created from the categories that have been formed. Themes express underlying meaning, i.e., latent content, and are formed by grouping two or more categories together (Erlingsson et al., 2017). When looking at the categories created, and research questions at hand, themes will be formed from this data. This is the process of completing content analysis for qualitative data.

### ***Quantitative***

The quantitative data was analyzed to determine the mean, median and mode. The descriptive statistics were performed in the form of 5-point Likert scale questions. The data was collected in this form to record the participants comfort and knowledge level of the questions asked (1 = low and 5 = high).

## Chapter 4: Findings

### Qualitative Data

The following key themes were derived from the analysis of the survey completed by teachers and support staff: (1) psychosocial support for students, (2) school staff members confidentiality considerations, (3) school staff resources, (3a) desired resources, (3b) accessible supports. All participants identities were kept confidential and the names within the study were assigned to them.

#### *Psychosocial support for students*

Within the survey, teachers and support staff members were asked what psychosocial support meant to them. Mary is a 25-34 year old female with her master's degree, who has worked in the school system for 5-10 years. Mary shared that psychosocial support means, "helping them get acquainted with school, social skills, advocate for the child, talk to the teacher before the child comes back to school, and create a transition plan." The majority of participants understood what psychosocial support meant, even though most of the participants were not confident when completing the survey.

Participants were also asked about their knowledge of what a CCLS is, along with what this profession can do for children with a chronic illness who is returning back to school after a hospitalization. Sally is a 45-54 year old female who has a master's degree and has only been working in the school system for 1-5 years. Sally shared, "I think they help with developing strategies to face the transition back to school, such as workload, anxiety, and encouragement." Peg is a 35-44 year old female, who has been working within the school system for 10-15 years. Peg shared that, "I feel that they are extremely important because they help to ease the anxieties and different stressors that kids may feel during/after a hospitalization." Patty is a 35-44 year old

female, with an associate's degree, who has been working in a school for 5-10 years. Patty believes that, "they help with all health needs in the real-life settings." It is understood from the participants completing the survey that the profession of a CCLS can be a big support system and resource for teachers and support staff members in the school system.

### ***School staff members confidentiality considerations***

Participants expressed concerns about the child's confidentiality when they come back to school after a hospitalization. Teachers and support staff were wondering what information that the school would be able to provide the staff when it comes to the child's hospitalization. They believed that they would not be able to provide information to their classes due to HIPPA. Through this information they would know how they can help the student with their return to school.

Participants were also concerned about sharing any information about the student and their hospitalization or medical status with the student's classmates. Allie is a 55-64 year old female with an associate's degree, who has worked within the school system for 10-15 years. Allie questioned, "what can I legally share with the class about a hospitalized student's medical condition." Then Teri is a 45-54 year old female with a bachelor's degree, only working in the school setting for 1-5 years. Teri wanted to know more about the, "HIPAA issues" that can be had and Sally wanted to have, "clarity on what can be and what cannot be shared." Overall teachers and support staff were showing concerns about being able to provide proper support to these students returning from hospitalizations due to HIPPA. It is believed they would feel more comfortable and confident if provided with training or resources of what confidential information could be shared.

### *School staff resources*

Teachers and support staff were willing to learn and grow through educational resources and professional development trainings. They see those students returning to school after a hospitalization is a situation that can happen, but they do not have the training and resources they feel they need to support these students.

**Sub-theme: desired resources.** Participants identified resource gaps such as with professional development training that could be provided to them, along with educational resources. Peg stated, “I feel that every school should have a professional development class on this since we do not really have resources at our schools.” They appeared to not think about the chances that they are going to have to support a child with a chronic illness that might be returning to school after a hospitalization. Maureen is a 18-24 year old female, working in the school system for 1-5 years with a bachelor’s degree. Maureen is looking for information on, “how to approach the situation with students and specific resources to assist.” Additionally, Jill is a female, 25-34 years old with a master’s degree, working in the school system for 5-10 years. Jill shared that, “we have not received much training about how to handle this or who to reach out to. It would be nice to receive a general education about the role and resources.”

It was evident that teachers and support staff have not worked in the hospital setting and might not have knowledge about each diagnosis and what they entail. From this Patty asked, “how medications may affect learning and comprehension?” Overall, the participants felt that they would be able to support and educate their classes and students returning from a hospitalization better if they were given the opportunity to complete professional development training and given educational resources.

**Sub-theme: accessible supports.** Currently teachers and support staff shared that they do not have the resources or knowledge currently to support students returning to school after a hospitalization. Participants did share within the survey where they felt that they could look to for support. Teachers and support staff believed they could use their accessible resources and support to start looking for answers they might need. Sandy, a 25-34 year old female that has a bachelor's degree that has been working in the school system for 1-5 years. Sandy shared that the accessible supports they have are, "books, coworkers in the building, and hospital workers that have worked hands on with children." Allie and Andie stated they would reach out to, "the school counselor, administration, school psychologist and school nurse." It is understood that participants felt they could also go to other professionals in the school setting to bounce ideas off of and get a better understanding of questions they might have.

### **Quantitative Data**

Twenty-four teachers and support staff members completed the survey. The use of mean, median and mode was used to determine the scores for how confident teachers and support staff members felt about: (1) their current knowledge to support classmates about a student's hospitalization, (2) being provided the proper training to discuss the needs of students who have been hospitalized in their classroom. On teachers and support staff members confidence with their current knowledge, the mean was 2.625, with the median, mode and range being a 3. This shares that the teachers and support staff do not feel confident with their current knowledge to support their classroom of students about a child returning from a hospitalization.

When asked about if teachers and support staff feel they have the proper training on a scale of 1 to 5. Teachers and support staff members feel as if they have been provided the proper training, the mean being 1.9583, with the median, mode and range being a 2. From this data, this

information shows that the teachers and support staff do not feel that they have been provided with the proper training. They are not feeling that they have the proper training to discuss the needs a child might have after a hospitalization.

Lastly, teachers and support staff were asked if they have heard of the occupation of a CCLS. Ten of the twenty-four participants said they had heard of this occupation and were asked how they had heard of it. Three participants knew about CCLS because they had had contemplated this career path. Another three participants had a personal, family, or friend experience the support of a CCLS. Two participants had learned about CCLS through co-workers. One participant heard about the CCLS occupation from working in a non-public school setting. Then there was another participant that learned about a CCLS from watching a student receive child life specialist support when returning back to school.

## Chapter 5: Discussion

### Teacher and Support Staffs Lack of Training and Education on Children with Chronic Illness

The school and hospital setting are two different places that have professionals from many different backgrounds. When it comes to the teachers and support staff that work in a school setting, they understand that at some point and time they might have a student that will become hospitalized. Having a student become hospitalized from a chronic illness that can be in and out of the hospital or spending long periods of time hospitalized might not cross their mind. Ratnapalan et al, (2009) state that helping children stay connected with regular academic and social activities has been shown to reduce difficulties during school re-entry. Teachers and support staff lack information and understanding of the impact of childhood chronic illness, which can become a problem that results in inaccurate appraisals of children's symptoms, academic growth, and social skills (Clay et al., 2004). Parents might not reach out to the school about their child's illness and hospitalization, when they do, the student might already be falling too far behind. It's important that the teachers and support staff members know how to support and acknowledge through training and education how to help students with chronic illnesses. Ackerman (2005) claimed that for the best academic and social outcomes of children, quality education and care matters.

From the results of this study, teachers and support staff feel that they have not received any trainings or education on how to support this population of students. There is a need for teachers and support staff to receive some form of professional development or education teaching, each school year so they have the information and knowledge to support the students and their classmates' psychosocial needs. If teachers and support staff are provided with

professional development training once a year, they will be up to date on the information they need when working with and understanding the psychosocial needs of their students reintegrating into school after a hospitalization. If they are also provided with educational teachings and resources, the teachers and support staff will have information to look back on when having questions and be able to provide this information with others that might have questions.

### **Teacher and Support Staffs Lack of Resources**

Teachers and support staff feel that they have a lack of resources when it comes to understanding the reintegration needs of a student with chronic illnesses, and the psychosocial needs of those students and their classmates. These teachers and support staff can reach out to each other and work together on receiving and gaining resources to help them. If these staff members that are working together do not feel confident in the information and resources, they are using they might not be able to support these students and classmates.

From the results, the teachers and support staff are looking for resources that have first-hand experiences with children with chronic illness and knowing the psychosocial needs of students inside and outside of the hospital setting. This is when they need the resources of a CCLS to support them and provide them with resources, education, or support. Providing teachers and support staff with the information on where to contact a CCLS they will feel that they have a better support system. It could also be supportive and useful if a CCLS could come to the school and provide resources and training for teachers and support staff on different topics or questions they might be having.

### **Lack of Knowledge of the Child Life Profession in the Community**

When someone learns about the child life profession, they either have first-hand experience with a CCLS or they know someone that has had an experience with a child life

specialist. These experiences with the child life profession and learning about this field most likely happen in the hospital setting. MacDougall et al., (2008) explained that CCLSs are members of the interdisciplinary healthcare team, and in that role, they promote optimum growth, development, education and support of children and families throughout their healthcare and hospital experience. Therefore, people outside of the hospital in the community setting, such as schools, do not know about CCLSs. With the lack of knowledge about CCLSs, people do not know that they have this profession as a resource when they are faced with children with illnesses in their community. CCLSs are here to support children and their families through the hospital experiences, procedural support, and new diagnosis education. If you move the child life profession into the community, they are able to do all these same supports but for the children and adults in the different community settings that they are in. In a school setting, a CCLS would be able to support children through reintegrating into the school setting after a hospitalization, understanding how to handle their new diagnosis in the school setting, along with support when they are preparing to return to the hospital for a test or procedure.

While a CCLS is able to support students in those different ways, they are also about to provide the same support but to the teachers, providing them with resources and education for themselves about the diagnosis and their whole class, so they all know how to support the psychosocial needs of their classmate with a chronic illness. MacDougall et al, (2008) explains that CCLSs can assist with coordination of school schedules and facilitating their education times, especially during incenter appointments and treatments. CCLSs must learn context-specific information for new settings, but their knowledge and skills they develop equip them to assist children and families in an array of situations and environments (Meyer, 2014). There is a lack of information in the community and in the school setting about what the child life

profession can do for not only students but the teachers and support staff that they would be working with.

### **Implications**

The results of this study demonstrate the gaps between the transition from hospital to school setting for children with chronic illness, in addition to the gaps of resources and educational support that are provided to teachers and support staff. This research will open doors for teachers and support staff wanting to gain more information and knowledge that will allow them to be better for the students they are supporting. The results and information that has been gathered from the online survey that the participants answered, will help create training and professional developments for teachers and support staff. This information gathered will show schools that their teachers and support staff would like to be provided with more resources and educational training so that they can better support themselves and their students.

The child life profession is a career that is continuing to grow. Currently, we see the child life profession within the hospital setting. The lack of knowledge and understanding that teachers and school staff members have about the psychosocial needs of children re-entering school shows the need for the child life profession outside of the hospital. They can start with a CCLS coming from the hospital to talk to teachers and support staff about their profession and how child life can provide them with resources. Then, eventually a CCLS can come from the hospital to talk to the student population or an individual class. From this, they can talk about the hospital in general or help with a student that just reintegrated to school from a hospitalization. Through these interactions with the school setting, the school community could become interested in hiring a CCLS to specify work in the school setting. This would be growing the child life field and profession.

## **Limitations**

Within this study, there were limitations that should be addressed. First, this study had a small sample size that did not allow for more robust quantitative analyses to be performed. This matters because it can affect the data within the survey that was received. It can cause a limitation to the study as well because there is not a large population variety that is participating and providing data to the survey. Faber et al, (2014) explained that using a sample smaller than the ideal increases the chance of assuming as true a false premise. Sample size calculation is important for methodological and ethical reasons, as well as for reasons for human and financial resources (Faber et al., 2014). Additionally, there was missing data. Some participants either skipped questions or just put “I do not know” as an answer. With participants not providing full answers or skipping questions within the survey, they did not take the opportunity to expand on their response, which contributed to a lack of depth in understanding. Furthermore, when given the ability to provide written-in responses, some participants did not provide any information.

## Chapter 6: Conclusion

This can help the future of the profession because it is bringing to light where there are gaps in this field. It is showing the field and the community the need for CCLSs to be in the school setting, through the lack of resources and supports that teachers and support staff feel they have. Currently, there are few CCLSs in the school setting. Hopefully with this research it will bring to light the need for more research to gain more school setting positions. From the study, teachers and support staff shared within the survey that they do not have the proper training or resources. Therefore, this study lends support to the hiring of a CCLS in the school setting to provide the teachers and support staff with trainings and resources.

Through this research it is helping the community learn more about the child life profession outside of the hospital and make this field more known. With teachers and support staff needing more training, this data could bring the opportunity to have a hospital CCLS come to the schools to do informal training for them. It can also open the door to have a relationship with the local school systems near the hospital. This study and the data collected will be able to help support and back up the need for funding for child life positions in the school setting.

This study can also be expanded on in the future. With that being said, other researchers could see if the schools provided the training for teachers and support staff. They could expand the participant sample to a large group and population. Furthermore, when the teachers and support staff are professional development trainings, they feel they need, the researchers can then survey them about what they know and understand after the training.

Also, the research could look to see if the teachers and support staff have other needs after the professional development training on supporting children with chronic illnesses reentering school after a hospitalization. With expanding research, they can look at all levels of a

school setting instead of just elementary school. This will continue to help the field of child life, along with getting more research out about this profession. With research the profession of child life will begin to grow and get the recognition that it needs, not only in the hospital setting but also outside the hospital, within the community.

## References

- Ackerman, D. J. (2005). Getting teachers from here to there: Examining issues related to an early care and education teacher policy. *Early Childhood Research & Practice*, 7(1), n1.
- Benigno, V., Fante, C., Epifania, O., Caruso, G., & Ravicchio, F. (2018). A dynamic model for distance learning: evaluation of an online course for hospital teachers' professional development. *Italian Journal of Educational Technology*, 26(1), 90-103.
- Berry, J. G., Hall, M., Hall, D. E., Kuo, D. Z., Cohen, E., Agrawal, R., Mandl, K. D., Clifton, H., & Neff, J. (2013). Inpatient growth and resource use in 28 children's hospitals: a longitudinal, multi-institutional study. *JAMA pediatrics*, 167(2), 170–177. <https://doi.org/10.1001/jamapediatrics.2013.432>
- Boles, J. (2017). School Attendance for Children With Chronic Illnesses. *Pediatric Nursing*, 43(6), 305+.
- Carstens, L. E. (2004). *Teacher's Experience of Teaching in a Hospital School* (Doctoral dissertation, Rand Afrikaans University)
- Clay, Daniel & Cortina, Sandra & Harper, Dennis & Cocco, Karen & Drotar, Dennis. (2004). Schoolteachers' Experiences With Childhood Chronic Illness. *Children's Health Care*. 33. 227-239. [10.1207/s15326888chc3303\\_5](https://doi.org/10.1207/s15326888chc3303_5).
- Creswell, J. W., & Plano Clark, V. L. (2007). *Designing and conducting mixed methods research*. Thousand Oaks, CA: Sage.
- Daniel, Julie, M. (January 2014). *Child Life in Alternative Settings* (Undergraduate Thesis, East Carolina University). Retrieved from the Scholarship. (<http://hdl.handle.net/10342/4494>.)

- 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>
- Faber, J., & Fonseca, L. M. (2014). How sample size influences research outcomes. *Dental press journal of orthodontics*, 19(4), 27–29. <https://doi.org/10.1590/2176-9451.19.4.027-029.ebo>
- Gokdere, M. (2012). A Comparative Study of the Attitude, Concern, and Interaction Levels of Elementary School Teachers and Teacher Candidates towards Inclusive Education. *Educational Sciences: Theory and Practice*, 12(4), 2800-2806.
- Hamlet, H. S., & Herrick, M. A. (2011). Who's on first: Professional collaboration and children with chronic illness. Retrieved from [http://counselingoutfitters.com/vistas/vistas11/Article\\_82.pdf](http://counselingoutfitters.com/vistas/vistas11/Article_82.pdf)
- Hart, R., & Walton, M. (2010). Magic as a therapeutic intervention to promote coping in hospitalized pediatric patients. *Pediatric Nursing*, 36(1), 11–16. <https://ezproxy.library.ewu.edu/login?url=https://search.ebscohost.com/login.aspx?direct=true&db=cmedm&AN=20361440&site=ehost-live&scope=site>
- Krishnan, V. (2010, May). Early child development: A conceptual model. In *Early Childhood Council Annual Conference* (pp. 1-17).
- Li, H. C. W., Chung, O. K. J., & Chiu, S. Y. (2010). The impact of cancer on children's physical, emotional, and psychosocial well-being. *Cancer nursing*, 33(1), 47-54.
- MacDougall, K., Oldham, D. B., & Cassman, A. B. (2008). The benefits of a school teacher vs. a child life specialist serving pediatric patients on dialysis. *Nephrology Nursing Journal : Journal of the American Nephrology Nurses' Association*, 35(4), 399–402.

<https://ezproxy.library.ewu.edu/login?url=https://search.ebscohost.com/login.aspx?direct=true&db=cmedm&AN=18783002&site=ehost-live&scope=site>

- Mescon, J. A., & Honig, A. S. (1995). Parents, teachers and medical personnel: Helping children with chronic illness. *Early Child Development and Care, 111*(1), 107-129.
- Meyer, L. (2014). Child life specialists in foster care: A case for child life in a nontraditional setting (Doctoral dissertation, Mills College). ProQuest Dissertations Publishing, 2014. 1557350.
- Pianta, R. C. (2011). Teaching Children Well: New Evidence-Based Approaches to Teacher Professional Development and Training. *Center for American Progress*.
- Pini, S., Gardner, P., & Hugh-Jones, S. (2013). The impact of a cancer diagnosis on the education engagement of teenagers—patient and staff perspective. *European Journal of Oncology Nursing, 17*(3), 317-323.
- Ratnapalan, S., Rayar, M. S., & Crawley, M. (2009). Educational services for hospitalized children. *Paediatrics & child health, 14*(7), 433–436. <https://doi.org/10.1093/pch/14.7.433>
- Rennick, J. E., Dougherty, G., Chambers, C., Stremmer, R., Childerhose, J. E., Stack, D. M., ... & Hutchison, J. (2014). Children's psychological and behavioral responses following pediatric intensive care unit hospitalization: the caring intensively study. *BMC pediatrics, 14*(1), 1-11.
- Simon, T. D., Berry, J., Feudtner, C., Stone, B. L., Sheng, X., Bratton, S. L., Dean, J. M., & Srivastava, R. (2010). Children with complex chronic conditions in inpatient hospital

settings in the United States. *Pediatrics*, 126(4), 647–655.

<https://doi.org/10.1542/peds.2009-3266>

Statistical Brief #187. Healthcare Cost and Utilization Project (HCUP). May 2016. Agency for Healthcare Research and Quality, Rockville, MD.

[www.hcup-us.ahrq.gov/reports/statbriefs/sb187-Hospital-Stays-Children-2012.jsp](http://www.hcup-us.ahrq.gov/reports/statbriefs/sb187-Hospital-Stays-Children-2012.jsp).

Steinke, S. M., Elam, M., Irwin, M. K., Sexton, K., & McGraw, A. (2016). Pediatric hospital school programming: an examination of educational services for students who are hospitalized. *Physical Disabilities: Education and Related Services*, 35(1), 28-45.

Thompson, A. L., Christiansen, H. L., Elam, M., Hoag, J., Irwin, M. K., Pao, M., Voll, M., Noll, R. B., & Kelly, K. P. (2015). Academic Continuity and School Reentry Support as a Standard of Care in Pediatric Oncology. *Pediatric blood & cancer*, 62 Suppl 5(Suppl 5), S805–S817. <https://doi.org/10.1002/pbc.25760>

Tojiboeva, G. R. (2020). The Training Improve Future Elementary School Teachers. *The Way of Science*, 1(71), 80-82.

Tzuriel, D. (2000). Dynamic assessment of young children: Educational and intervention perspectives. *Educational Psychology Review*, 12(4), 385-435.

## Appendix A

### Survey: Teacher and Support Staffs Knowledge On Psychosocial Needs

#### 1. What gender do you identify as?

- a. Female
- b. Male
- c. Transgender
- d. Gender neutral
- e. Non-binary
- f. Prefer not to answer

#### 2. What is your current age?

- a. 18 – 24
- b. 25 – 34
- c. 35 – 44
- d. 45 – 54
- e. 55 – 64
- f. Above 65

#### 3. What is your ethnicity?

- a. Caucasian
- b. African American
- c. Latino or Hispanic
- d. Asian
- e. Other
- f. Prefer not to say

4. **What is the highest level of education you have completed?**
  - a. **High school**
  - b. **Associates Degree**
  - c. **Bachelor's Degree**
  - d. **Master's Degree**
  - e. **Other**
5. **What is your current work location (city, state)?**
6. **What is the name of the school you work in?**
7. **How many years have you worked in a school setting?**
  - a. 1- 5 years
  - b. 5 – 10 years
  - c. 10 – 15 years
  - d. 15+ years
8. **What is your current position?**
  - a. Teacher
  - b. Administration
  - c. Special Education
  - d. Support Staff
  - e. Counselor
  - f. Other
9. **Have you heard of the occupation “Certified Child Life Specialist” before?**
  - a. Yes
  - b. No

10. **If your answer was yes to question 9. how and why?**
11. **What do you believe a Certified Child Life Specialist does to support children with chronic illness, who return to school after a hospitalization?**
12. **What do you believe psychosocial support means?**

**For the following questions, when you see the term "child who has been hospitalized", it is referring to a child who has been diagnosed with a chronic illness and who would be in and out of the classroom for X amount of time due to their diagnosis.**

13. **Have you had to support a child who has been hospitalized in your classroom?**
  - a. Yes
  - b. No
  - c. Unsure
14. **With your current knowledge, how well do you think you can teach students about a classmates hospitalization?**

Not well 1 – very well 5
15. **Do you feel that you have been provided with the proper training to discuss the needs of a child who has been hospitalized in your classroom?**

Not confident 1 – very confident 5
16. **Who do you currently reach out to for informational support about the needs of a hospitalized child?**
  - a. School counselor
  - b. Colleague

- c. School Nurse
- d. Child life specialist
- e. Other

**17. What resources do you have to help you in understanding the needs of a child who has been hospitalized?**

**18. What unmet needs do you feel you have when it comes to understanding and teaching students about the support a hospitalized child needs?**

**Appendix B**

IRB approval number: HS-6038

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## EDUCATION

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<b>Master of Arts, Child Life</b>   Eastern Washington University	<b>June 2020 – Dec 2021</b> Cumulative GPA 4.0
<b>Child Life Academic Certificate</b>   University of California, Santa Barbara Extension	<b>Sept. 2017 - Sept. 2018</b> Cumulative GPA 4.0
<b>Bachelor of Arts, Interdisciplinary Studies</b>   Salisbury University	<b>Aug. 2014 - Dec. 2016</b>

## CHILD LIFE EXPERIENCE

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<b>Child Life Intern (660 hours anticipated)</b> Tampa General Hospital   Tampa, FL	<b>Sept. 2021 – Jan. 2022</b>
<b>Hospital/Community Outreach Volunteer</b> The Jared Box Project	<b>Feb. 2021 - Present</b>
<b>Wish Granter</b> Make-A-Wish   Mid-Atlantic Region	<b>Feb. 2021 - Present</b>
<b>Child Life Practicum Student (132.50 hours)</b> Child Life Connection   Lompoc, CA (virtual)	<b>Jan. 2021 – March 2021</b>
<ul style="list-style-type: none"><li>Shadowed CCLSs in both hospital and non-traditional settings</li><li>Developed assessment skills during virtual play, distraction, &amp; preparation interactions</li><li>Trained and implemented virtual programming for Seacrest Studios &amp; Project Sunshine</li></ul>	
<b>Child Life Practicum Student (148 hours)</b> The Herman & Walter Samuelson Children's Hospital at Sinai   Baltimore, MD	<b>Sept. – Dec. 2018</b>
<ul style="list-style-type: none"><li>Shadowed CCLS in both the inpatient and oncology setting</li><li>Supervised crafts/activities in the playroom and assisted in Hope for Henry events</li></ul>	
<b>Child Life Volunteer (279 hours)</b> Johns Hopkins Children's Hospital/Bayview Medical Center   Baltimore, MD	<b>Nov. 2017 – July 2018</b>
<ul style="list-style-type: none"><li>Burn &amp; School-Aged Unit, Pediatric Specialty Clinic, Pediatric Inpatient Unit and Pediatric Emergency Dept.</li><li>Assisted the child life specialists in tasks pertaining to the children on the inpatient and outpatient units</li></ul>	
<b>Summer Camp Volunteer/Counselor (88 hours)</b> Camp SuperKids, Asthma Camp   New Freedom, PA	<b>June 2018</b>
<ul style="list-style-type: none"><li>Volunteered under a CCLS learning the behind-the-scenes to run a camp</li><li>Responsible for campers with asthma and assisted in normalizing the summer camp experience</li></ul>	

## WORK EXPERIENCE

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<b>Paraeducator</b>   Harford County Public Schools   (2,375 hours)	<b>Jan. 2019 – Aug. 2021</b>
<ul style="list-style-type: none"><li>Worked in 3 programs: Early Learners Program Summer School, Classroom Support and General Special Education</li><li>Advocate, support, and assist children throughout their school day with classroom assignments and tasks</li></ul>	
<b>Daycare Substitute Teacher</b>   Stonewall Daycare   (85 hours)	<b>June – Aug. 2019</b>
<ul style="list-style-type: none"><li>Maintained daily routine, supervised children 3 to 6 years old in developmentally appropriate play</li></ul>	
<b>Inclusion Helper</b>   Harford County Public Schools   (825 hours)	<b>Jan. – June 2019</b>
<ul style="list-style-type: none"><li>One-on-one aide for 7-year-old child throughout school day, assisted with behavioral and educational needs</li></ul>	

## MEMBERSHIPS/CONFERENCES

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<b>Association of Child Life Professionals</b>   Student Membership	<b>Sept 2020 – Present</b>
<b>TACLP Virtual Conference</b>	<b>Oct. 2020 – March 2021</b>

## TRAININGS

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<b>Psychological First Aid Training</b>   PFA Online	<b>April 2020 – Present</b>
<b>Registered Behavior Technician Training</b>   Autism Partnership Foundation	<b>March 2020 - Present</b>
<b>CPI Training</b>   Crisis Prevention Interventions	<b>Aug. 2019 – Present</b>