



A Pathway to Protection: The Need for Child Life Academic Accreditation

Introduction

Child life has evolved from modest beginnings into a recognized and essential profession in pediatric healthcare (Boles et al., 2020; Romito et al., 2021). The child life profession is now supported by nearly 600 clinical programs worldwide, more than 6,400 Certified Child Life Specialists (CCLS) around the globe, and 40 academic programs across the United States and Canada (Child Life Academic Society [CLAS], 2025; Wittenberg Camp et al., 2023). This expansion reflects not just the profession's growing workforce, but also its critical role in promoting the psychosocial well-being of pediatric patients and families.

Unlike comparable healthcare professions, child life currently lacks a formal academic accreditation system. Accreditation is an evidence-based mechanism that promotes transparency and protects students by delineating essential standards that ensure quality, consistency, and accountability across accredited academic programs (Council for Higher Education Accreditation [CHEA], 2024; Romanowski & Karkouti, 2024). Implementing accreditation for child life academic programs is a necessary next step - it safeguards students, patients, and families while sustaining the integrity and advancement of the profession.

Historical Foundations of Child Life Education

While the profession of child life first started in the 1930s, the concept of providing education specific to the knowledge and skills needed for child life practice did not emerge until the 1960s. At this time, Emma Plank incorporated her educational background in child development, her Montessori training, and her understanding of the impact of hospitalization on children and families to create what was the first formal child life textbook, *Working with Children in Hospitals: A Guide for the Professional Team* (Turner & Brown, 2014).

Formal academic preparation for child life began to take shape in the 1970s with the establishment of child life focused academic programs. These programs reflected a growing recognition of child life as a specialized and distinct role within healthcare, combining child development and play theories with clinical training experiences to prepare students. Despite the establishment of child life academic programs, a 1981 survey found most child life specialists did not have degrees specifically in child life, instead having educational backgrounds in child development, education, or recreational therapy (Mather & Glasrud, 1981).

A standardized Child Life Professional Certification Exam was first established in 1998, and after a few iterations, certification eligibility currently requires a minimum of a bachelor's degree, completion of 10 specific college courses in child life, child development, and child and family studies along with 600 hours of child life clinical

internship (Child Life Certification Commission [CLCC], 2020). The flexibility of earning a bachelor's degree in any discipline of study has allowed individuals pursuing child life certification to enter the profession from a variety of academic backgrounds pending completion of the 10 required courses (Child Life Certification Commission, 2020).

Beginning in 2018, the Association of Child Life Professionals (n.d.) implemented the Academic Endorsement process for child life academic programs; this external self-study and evaluation system was intended to verify an academic program's curriculum fully met certification eligibility and coursework requirements set by the CLCC. While the endorsement process represented an important effort toward increased consistency in child life education, it had notable limitations. Unlike formal academic accreditation systems used across comparable healthcare professions, endorsement did not involve recognition by a higher education accrediting authority. As a result, the process carried limited credibility within broader higher education and healthcare accreditation systems and does not provide the same level of public assurance known to be associated with formally recognized accreditation models (Council for Higher Education Accreditation, 2024; Debono et al., 2017; Hinchcliff et al., 2013; Romanowski & Karkouti, 2024).

In 2023, the Association of Child Life Professional created the Academic Excellence Task Force to explore evidence-based approaches for recognizing and regulating high-quality academic standards, including but not limited to academic endorsement. During the summer of 2023, the task force completed their charge and recommended, "ACLP should offer an accreditation rather than endorsement process for child life academic programs" (Heering, 2023; p. 11). As noted in the Summer 2023 ACLP Bulletin (Heering, 2023), the Board of Directors decided to continue with endorsement rather than pursue the recommended accreditation path.

Current Context of the Child Life Profession and Academics

Over the past two decades, the child life profession has demonstrated substantial clinical growth (Romito et al., 2025), scholarly expansion (Boles et al., 2021; Turner & Boles, 2021), and institutional recognition. According to the Child Life Program Directory maintained by the Association of Child Life Professionals (ACLP), the number of individuals holding the Certified Child Life Specialist (CCLS) credential has increased from 4,064 in 2009 to more than 6,456 in 2022 thereby reflecting sustained expansion of the certified workforce (Wittenberg Camp et al., 2023). Child life is also now well established in higher education, with 40 known academic programs in the United States and Canada and others emerging worldwide, all preparing child life professionals through formal academic preparation (CLAS, 2025).

The profession is further supported by a growing empirical foundation alongside the continued development of formal academic and professional training resources. A 2021 scoping review identified 273 peer-reviewed articles published between 1998 and 2017 referencing child life specialists and interventions, with statistically significant increases in publication counts observed over time (Boles et al., 2021). Although much of the literature reflects interdisciplinary collaboration and varying levels of child life

authorship, the review nonetheless demonstrates increasing visibility of the profession within peer-reviewed scholarship (Boles et al., 2021).

More recently, the Child Life Academic Society was established in 2023. Focused on protecting and advancing the quality of child life education through its programs, advocacy, and research, the organization has identified standards for academic child life programs (CLAS, 2026a). Collectively, these indicators reflect a maturing profession and highlight the importance of academic accreditation standards to support continued advancement.

With professional growth and expansion comes the imminent responsibility of ensuring quality across all domains of child life education, clinical training, and certification. It has been documented that academic programs already differ in how they prepare students for internship expectations, particularly in how knowledge, skills, and abilities related to internship readiness are emphasized (Wittenberg Camp et al., 2023). Clinical supervisors and internship sites have reportedly encountered differences in student readiness, particularly with respect to clinical reasoning, application of developmental theory, and professional communication (Sisk et al., 2023). These variabilities, including observed discordance between academic and clinical perceptions of internship readiness, contribute to challenges in the training pipeline and workforce sustainability (Wittenberg Camp et al., 2023). Without standardized expectations for curriculum, instruction, and assessment, inconsistency in professional preparation is an expected and well-documented consequence (Frenk et al., 2010).

The Role of Academic Accreditation in Higher Education

Academic accreditation serves as a foundational mechanism for ensuring quality, consistency, transparency, and accountability in higher education (Romanowsku & Karkouti, 2024). Systematic benchmarking conducted by the Child Life Academic Society (2026) examined accreditation programs and processes across twelve healthcare professions: spiritual care/chaplaincy, nutrition and dietetics, clinical psychology, marriage and family therapy, occupational therapy, physical therapy, music therapy, social work, nursing, recreational therapy, speech and language pathology, and child life. Synthesis of findings yielded three consistent themes across professions including 1) field-specific focus and peer-driven governance, 2) quality assurance of academic programs and clinical experiences, and 3) integration with certification and/or licensure.

Field-Specific Focus and Peer-Driven Governance

The bodies that oversee academic accreditation in healthcare professions and beyond are tailored to specific professional scopes of knowledge and practice, reflecting the unique needs and expectations of each field. A defining feature of academic accreditation that emerged from CLAS' (2026b) benchmarking efforts is that academic accreditation is peer driven. The standards are typically developed by experienced educators and practitioners in the field, drawing directly from their expertise and knowledge of the profession. Such accreditation models are seen in the American Music

Therapy Association (n.d.), American Psychological Association (2015), Commission on Accreditation in Physical Therapy Education (2020), The Accreditation Council for Education in Nutrition and Dietetics (n.d.), and the Commission on Accreditation for Marriage and Family Therapy Education (2021).

Quality Assurance and Field Experience

Quality assurance in professional education is essential for maintaining the integrity and efficacy of academic programs, with academic accreditation serving a central assurance mechanism (Council for Higher Education Accreditation, 2024). Accreditation programs establish clear standards for curriculum, faculty qualifications, and student outcomes, which ensure consistency and best practice across institutions (Council for Higher Education Accreditation, 2024; Romanowski & Karkouti, 2024). Through peer-review and external evaluation processes, programs are evaluated by field experts who assess their compliance with determined quality standards and identify areas for improvement (Romanowski & Karkouti, 2024). This system not only promotes accountability but also protects the interests of students, patients, families, and the broader public by ensuring graduates are properly trained (Council for Higher Education Accreditation, 2024). Ultimately, academic accreditation supports readiness for professional practice by confirming that academic programs equip learners with the knowledge, skills, and foundations required in their respective field (Council for Higher Education Accreditation, 2024).

Another key component of academic preparation seen across the twelve benchmarked healthcare professions is the inclusion of clinical experience in the program curriculum. Clinical education is typically embedded within accredited academic programs and coordinated through formal partnerships with approved clinical sites. Nursing, social work, physical therapy, occupational therapy, and speech-language pathology academic programs are responsible for securing, assigning, and overseeing clinical placements, ensuring that all students have equitable access to supervised, standards-aligned experiences required for entry into practice (CLAS, 2026b). Accreditation standards typically further require clinical experiences to meet defined criteria for quality, supervision, and competency development, creating a structured and reliable pathway from education to practice. In contrast, child life students frequently must independently identify and compete for internship opportunities without the same level of programmatic coordination or guaranteed access (Boles et al., 2024). This distinction contributes to variability in clinical training experiences and highlights the need for a more integrated and standardized approach through academic accreditation.

Integration with Licensure or Certification

In benchmarking twelve professions, graduation from an accredited program is a required step in the pathway to professional practice in all professions except for child life (CLAS, 2026b). For licensure-based professions such as psychology, social work, physical therapy, and nursing, accrediting bodies ensure that academic programs meet rigorous standards aligned with the competencies needed for safe and effective care. As

a result, graduates of accredited programs are consistently positioned to pursue licensure, as their education has been verified as meeting the profession's expectations.

Similarly, in certification-based professions such as music therapy, recreational therapy, and dietetics, academic accreditation is required for professional preparation (CLAS, 2026b). These professions rely on accredited academic programs to ensure that candidates have completed structured, comprehensive training that aligns with certification standards. This alignment creates a clear, reliable pathway from education to credentialing, reinforcing consistency across the profession and confidence among employers, clients, and interdisciplinary teams.

The Case for Academic Accreditation in Child Life

The absence of a formal academic accreditation system in child life represents a critical gap in the profession's infrastructure for preparing its future workforce. The field has experienced significant growth in clinical presence, academic programming, and scholarly contribution (Boles et al., 2021; Wittenberg Camp et al., 2023). However, this expansion has occurred without a unifying framework to ensure consistency in educational quality, leaving variability in curriculum design, instructional methods, and student outcomes. Without standardized and coordinated training structures, inconsistency in professional preparation is an expected and well-documented consequence (Frenk et al., 2010).

Comparable healthcare professions have established academic accreditation systems that define expectations, align education with credentialing, and ensure readiness for practice. These programs do not merely standardize education but safeguard the profession, students, patients, and families (CLAS, 2026b; Debono et al., 2017; Hinchliff et al., 2013). Without such a system, the child life profession risks continued fragmentation in academic preparation, placing undue responsibility on students, educators, and clinical supervisors to navigate and reconcile inconsistencies (Allouch et al., 2024).

The implications of this deficiency extend beyond educational institutions. Variability in preparation has the potential to influence clinical efficacy, interdisciplinary collaboration, and the credibility of the profession within healthcare systems (Alkhenizan & Shaw, 2011). Pediatric patients and families deserve assurance that all child life professionals entering the profession have been prepared through rigorous, consistent, and accountable educational standards.

Academic accreditation offers a solution that is both practical and necessary. It would establish clear expectations for curriculum and competency development, ensure alignment with certification requirements, promote equity in student preparation, and reinforce the profession's standing within the broader healthcare community. Most importantly, it would create a system of accountability that protects not only the integrity of the profession but also the well-being of those it serves (Debono et al., 2017; Hinchliff et al., 2013; Tajne et al., 2025).

Aligning Child Life Education with Established Best Practices

Across healthcare disciplines, academic accreditation standards have been deliberately designed to ensure programs produce competent, practice-ready professionals (Alkhenizan & Shaw, 2011). Research literature consistently indicates that high-quality academic programs include competency-based learning, scaffolding, and experiential learning. Shifting from a course-completion model to structured academic programming grounded in competency-based learning, scaffolding, and experiential learning would align child life academic programs with standards used across comparable healthcare disciplines.

Competency-Based Education

Competency-based education (CBE) is an outcome-based approach to learning which focuses on curriculum that assesses students' ability to perform clearly defined competencies (Debacker et al., 2024; Kim, 2015; Marcotte & Gruppen, 2022). CBE has recently grown in popularity due to its ability to ensure "learners are proficient across all domains of knowledge, attitudes, and skills" (Jarrett et al., 2024, p. 1). CBE is often used in academic programs of healthcare professions, including medicine, nursing, dietetics, physical therapy, and pharmacy (Fitzpatrick Timmerberg et al., 2022; Imanipour et al., 2021; Jarrett et al., 2024; O'Donovan et al., 2021; Tan et al., 2018). CBE requires clearly defined and measurable competencies, provides students the ability to progress at their own pace, offers flexibility in the pathway, requires facilitation by well-trained instructors, and shifts learning away from classroom assessments (Daugherty et al., 2015; Debacker et al., 2024; Imanipour et al., 2021; Marcotte & Gruppen, 2022; Ponomariovienė et al., 2025; Williams, 2025). CBE has been found to improve patient outcomes, decrease student stress, increase knowledge in area of study, and improve clinical skills (Imanipour et al., 2021; Jarrett et al., 2024; Tan et al., 2018).

Course Sequencing and Scaffolding

Sequencing and scaffolding in academic settings refer to the intentional organization of learning experiences that move students from foundational knowledge toward competent professional practice. This developmental approach emphasizes that students must not only acquire knowledge but also demonstrate how they can apply it in practice. This requires sequencing and progressive building of learning experiences (e.g., case application, simulation) and assessment opportunities that support students' progression toward autonomy and professional identity (Cruess, 2016).

A strong body of research supports the necessity of intentional course sequencing in producing competent professionals. Lin and colleagues (2022) found that sequencing instruction from lecture-based learning to problem-based learning and then to clinical practicum enhanced both knowledge acquisition and retention. Falk et al. (2016) reported that students who completed theory before practice experienced more harmonious and confident engagement in clinical learning. Hobenu et al. (2025) and Masava et al. (2022) further highlighted the impact of scaffolded curricula that incorporate experiential learning, peer-assisted learning, and simulation-based

approaches, reporting improvement in clinical reasoning, metacognitive development, problem-solving, and overall competency development. Gutenbruner et al. (2021) also found that sequencing based on learning objectives grounded in domain knowledge and course content strengthened prerequisite structures and supported informed course planning. Collectively, this research demonstrates that intentionally sequenced and scaffolded curricula better prepare students for professional practice.

Experiential Learning

Experiential learning, coined by David Kolb (1984), refers to the transformation of experience into knowledge, which transpires through a cyclical process of concrete experience, reflective observation, abstract conceptualization, and active experimentation. Experiential learning is an effective method to “bridge the gap between academia and clinical practice” (Knecht-Sabres, 2013, p. 32). An experiential learning approach to education enhances cognitive, social, and professional outcomes, providing crucial opportunities to integrate theoretical knowledge with practical application in ways that deepen understanding and promote transferable skills (Burch et al., 2019; Phillips, 2017).

Experiential learning addresses the limitations of traditional classroom instruction, which often fails to provide the real-life, practical environments necessary for developing professional competence (McLeod, 2013). In higher education classrooms and clinical health professions training environments, experiential learning operationally manifests as case-based, problem-based, project-based, service-learning, simulation-based learning, practicums, internships, and other community-engaged, participatory, and interprofessional activities (Duchatelet et al., 2024; Frenk et al., 2010; Nagel et al., 2024). These approaches mirror the collaborative realities of professional practice and provide invaluable opportunities for students to integrate prior knowledge into authentic situations, engage in critical reflection, apply conceptual understanding, and develop both domain-specific knowledge and transferable skills (Duchatelet et al., 2024; Morris, 2020).

Conclusion and Call to Action

Given the demonstrated growth, complexity, and impact of the child life profession, the development of an academic accreditation system is no longer optional; it is essential. The child life field must take deliberate action to establish standards that reflect its values, responsibilities, and future direction. In addition, embedding competency-based learning, intentional sequencing and scaffolding, and experiential learning into child life accreditation standards is essential to ensuring that child life educational programs prepare competent child life professionals. Research across healthcare disciplines consistently demonstrates that these educational practices strengthen knowledge retention, clinical reasoning, professional identity formation, and applied clinical skills while also improving learner confidence and patient outcomes (Falk et al., 2016; Imanipour et al., 2021; Jarrett et al., 2024; Lin et al., 2022; Tan et al., 2018).



The Child Life Academic Society was created to protect and advance the quality of child life education through programs, advocacy, and research and is uniquely positioned to lead this effort. Established by full-time Certified Child Life Specialist academic faculty, the Child Life Academic Society reflects the essential qualities of effective, field-specific, and peer-driven accrediting bodies. Drawing on the collective expertise of its members, the Child Life Academic Society is equipped to develop and sustain academic accreditation that incorporates educational practices used in other accredited health professions. Academic accreditation will move preparation beyond completion of isolated coursework toward a more intentional developmental framework centered on measurable competencies, progressive skill acquisition, and authentic clinical application. In doing so, it can promote quality, consistency, transparency, and accountability across child life academic programs.

The time has come to formalize expectations, ensure accountability, and protect the integrity of the profession. Academic accreditation is the necessary next step in securing the future of child life for practitioners, students, and most importantly, the children and families we serve.

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