

# Bridgette Danielson, MA, CCLS

BACHELOR OF SCIENCE IN CHILD AND FAMILY DEVELOPMENT & PSYCHOLOGY

MASTER OF ARTS IN FAMILY AND CONSUMER SCIENCES WITH A CHILD LIFE CONCENTRATION

2 YEARS EXPERIENCE

*“Kid, you’ll move mountains!” – Dr. Seuss*

## **Can you tell me a little bit about your hospital and the units you cover?**

I specifically work at a satellite campus of a large freestanding hospital for psychiatric pediatric and adolescent patients. Our satellite branch houses over 12 units (about 120 beds) for both inpatient and residential psychiatric patients. We have four child life specialists that service the inpatient building. I cover the adolescent (ages 13-18) inpatient unit and a pre-teen (ages 8-12) inpatient unit.

## **What’s your typical unit census and about how many patients do you see per day?**

Our inpatient units typically house an average of 10 patients at a time, and the average length of stay varies from 5 to 7 days. We see a variety of psychiatric diagnoses. Since the units often function through group settings, I can interact with a lot of kids at one time, so I typically see up to 20 kids a day (but they may be the same kids from one day to another depending on their inpatient stay).

## **What does your average day look like?**

I work Monday-Friday, 7am-3:30pm. In the mornings, I spend a half hour checking the census, specifically for procedures, such as blood draws, MRIs, or EEGs. I then spend the next hour or so prepping and supporting patients during blood draws, and then prepping patients for MRIs or EEGs, which occur at our base hospital. Around mid-morning, I try to chart on my patients – sometimes I can have up to ten chart notes to do just on morning procedures. Because the patients are often in therapeutic groups throughout the day, I work on projects, help maintain our activity centers, and check emails when I have free time. When patients are out of therapeutic groups, I try to spend a lot of one-on-one time with long-term patients waiting for residential psychiatric placements or foster homes (who can stay in inpatient for months while they wait). I also prioritize patients who might need some grief support due to bereavements or ambiguous loss (i.e., parents being incarcerated, being taken away from bio fam, family member being deported, etc.) I can provide one-on-one memory-making activities and grief processing sessions with patients to promote their coping regarding grief.

In the afternoons, I typically spend time with patients during their recreation group and promote developmentally appropriate play and leisure. At the end of the day, I chart and check emails.

## **What is your favorite distraction item and how do you use it?**

Myself ☺ Although I appreciate how effective my iPad can be, I love being able to utilize conversation, jokes, songs, questions, deep breathing, mindfulness, and ridiculous faces during procedural support.

## **What’s the best part about your job?**

The best part of my job is working in the mental health realm of healthcare, specifically as a CCLS! It’s such a unique spin on what CCLSs can do as healthcare professionals.

## **What’s the hardest part in doing your job?**

The hardest part about my job is the role confusion between child life specialists and other disciplines. Because all of the disciplines provide psychosocial care in psychiatry, a lot of our responsibilities overlap. I’ve been confused with mental health specialists, counselors, social workers and art therapists.

## **What’s a facet of your job that people wouldn’t expect?**

The amount of kind, caring, loving and thoughtful patients we have the pleasure of working with. I believe a lot of people who don’t work in psychiatry are intimidated by the patients we service, but in reality, they are just kids who more often than not have really traumatic backgrounds and need that extra TLC.

## **What’s something you wish you knew when you started on this unit?**

The devastating epidemic of kids waiting for residential/foster placements while inpatient. I wish there was a way I could make a million more opportunities for these patients to have safe and loving homes.

## **Do you have anything else you’d like to share about your job, tips for students, or thoughts?**

If you’re a student, you should definitely find some kind of opportunity to gain experience in the mental health field! I may sound completely biased (because yes, I do very much love my job), but patients being admitted for mental health concerns affects all areas of healthcare. Even if you’re not interested in working in mental health, it’s still helpful (and unique!) to have some kind of insight on how to best support these patients. And who knows, maybe you’ll be surprised and fall in love with the field of mental health!

