1. A child life specialist can assist hospital personnel in better understanding pediatric patients’ emotions and behaviors by:
   a. Blowing bubbles for patients during IV starts
   b. Creating a patient graffiti board in the hallway
   c. Encouraging patients to participate in playroom activities
   d. Educate staff to avoid the use of emphatic statements with their patients

2. The purpose of quality management activities is to:
   a. Establish a system of formal recordkeeping for a child life program
   b. Professionalize child life services
   c. Assure high quality, cost-effective child life care
   d. Document established child life practices, beliefs, and philosophies that have not been adequately evaluated

3. All of the following will come from the use statistics, numerical analysis, and record keeping except:
   a. Components for rewriting job descriptions
   b. Professionalization of child life services
   c. Increased efficiency of child life services
   d. Usefulness for staff feedback and review

4. What is the MOST important consideration when a policy is written concerning playroom use?
   a. Safety of the patient
   b. Retention of toys and equipment
   c. Needs of the health care team
   d. Child life staff schedule

5. When creating child life care plans, it is ESSENTIAL to:
   a. Utilize a patient classification system
   b. Inform the child and family about your care plan
   c. Document any modifications made to the original care plan
   d. View child and family as integral members of the healthcare team

6. Important guidelines to consider when promoting and enhancing interdisciplinary collaboration include all of the following EXCEPT:
   a. Waiting for other disciplines to approach you for information gathering
   b. Recognizing the professional limits and boundaries of child life
   c. Providing in-service education to hospital staff
   d. Being receptive to the observations and assessments of professionals from other disciplines
7. Which behavior displays ethical conduct that includes family-centered care and professional boundaries?
   a. Coming in on your day off at the request of the patient and family
   b. Supporting the family’s request by encouraging that only one particular nurse start patient’s IVs
   c. Communicating the family’s needs to the health care team based on your observations
   d. Conveying support while affirming the patient and family’s abilities

8. A research study examining the average number of pediatric admissions for strabismus would be considered:
   a. Descriptive
   b. Longitudinal
   c. Inferential
   d. Correlational

9. Research indicates that children in which of the following age groups are MOST vulnerable to the psychological stress when hospitalized?
   a. 0 – 6 months
   b. 7 months – 4 years
   c. 5 – 9 years
   d. 10 – 14 years

10. All of the following are major areas of assessment for staff evaluation EXCEPT the assessment of the individual’s:
    a. Work with children
    b. Knowledge base and ability to put knowledge into practice
    c. Ability to successfully fundraise
    d. Growth and contribution to the department and to the institution

11. When initially discussing expectations for performance with volunteers or students, it’s important that:
    a. Volunteers and students be encouraged to set their own expectations
    b. Volunteers and students are informed that failure to improve their skills on a continual basis is cause for dismissal
    c. Performance standards presented to volunteers and students are based on program objectives
    d. Foreseeable situations be discussed with the individual

12. An essential component of any student or volunteer orientation is a(n):
    a. Icebreaking activity that encourages bonding
    b. Handbook of the material covered
    c. Test used to screen potentially ineffective students or volunteers
13. To determine whether a child life care plan needs to be modified, it is important to evaluate whether the current plan has been effective. To evaluate this, it is essential that:
   a. The initial child life plan for intervention includes an outcome objective
   b. A formal assessment tool be used
   c. Direct feedback is received from the patient or parents
   d. The patient’s and family’s progress be documented

14. A child with a new diagnosis is having a difficult time with IV starts. To assist with coping efforts, the child life specialist would prepare him/her for the medical procedure by:
   a. Watching a video about coming to the hospital
   b. Choosing his favorite nurse to do the procedure
   c. Having the procedure in his room because he’s comfortable there
   d. Offering choices about what he will do during the procedure

15. To know whether a child life care plan needs to be modified, it is important to:
   a. Administer a formal assessment tool on a weekly basis
   b. Understand that the assessment process is ongoing, dynamic, and interactive
   c. Complete a patient classification form on a daily basis
   d. Ask parents to complete a questionnaire regarding their child’s progress on a weekly basis

16. According to John Bowlby, well-known researcher and theorist on separation and loss, the PRINCIPAL factor in reducing a child’s susceptibility to fear and anxiety is:
   a. Prior experience
   b. Expressive abilities
   c. The presence of an attachment figure
   d. Preparation

17. You are planning to prepare and tour an eight-year-old prior to surgery for a craniotomy. You proceed by:
   a. Selecting materials to match the child’s developmental level and experience
   b. Assessing the child’s present knowledge, understanding, appraisal of situation
   c. Providing information about what the child will experience
   d. Discussing interventions that parents can use with siblings related to the patient’s appearance post-surgery
18. A baby has died from complications of a congenital heart defect. He has two older sisters, a four-year-old and a six-year-old. The siblings are not present at the hospital at the time of the baby’s death. 
As the child life specialist, your BEST action would be to:
   a. Provide the family with the names and numbers of counselors in their geographic area who could help the siblings
   b. Provide the family with resources that explain children’s developmental responses/reactions to death
   c. Call the chaplain to provide the intervention for the family
   d. Call the family’s pastor to express your concerns for the siblings

19. Key elements of communicating complete, accurate information about an impending medical procedure include all of the following EXCEPT:
   a. Learning about the procedure
   b. Determining what information to share with the child and family
   c. Explaining the sequence of events
   d. Rehearsing the planned approach for the education prior to meeting the family

20. In preparation for day surgery, school-age children are shown a video depicting a child of similar age going through events associated to surgery. This approach to preparation is an example of:
   a. Sensory information
   b. Stress-point preparation
   c. Rehearsal
   d. Modeling

21. When preparing children for healthcare experiences, the child life specialist should:
   a. Provide honest, accurate information using age-appropriate language
   b. Use medical terminology so that children can become accustomed to this language
   c. Omit descriptions that may be stressful for a child to listen to even if the child will experience the sensation
   d. Provide information even if the child seems reluctant to hear it, because it will benefit the child later

22. When parents are provided with information and emotional support, the MOST likely result is that their:
   a. Children will regress
   b. Anxiety and discomfort will decrease
   c. Fears will disappear completely
23. After going through the census, you notice there are a lot of school-age children on the unit. What is an appropriate activity for you to plan in the playroom?
   a. A group discussion to talk about their feelings
   b. A mural they can all paint together
   c. Playdough and the water table
   d. Puppets and costumes from the pretend corner

24. When evaluating the outcome of Child Life services for a particular patient, collaboration with other healthcare professionals is essential to:
   a. Ensure that they are following through with your expectations
   b. Share observations and concerns
   c. Obtain each professional’s opinion regarding child’s behavior
   d. Share personal opinions regarding the child’s support system

25. Seeking feedback from children regarding their experiences (e.g., following a preparation session and medical procedure) can help to develop self-evaluation skills when:
   a. The CLS uses the information to evaluate and modify their own interventions
   b. The CLS remembers to write a comprehensive follow-up
   c. The CLS decides that the child will be able to cope effectively without child life assistance in the future
   d. Opportunities arise to correct the child’s misconceptions

26. Which of the following methods is NOT a good way to evaluate outcomes following the hospitalization of a two-year-old?
   a. Follow the child when she/he comes back to the clinic after discharge and observe play
   b. Instruct parents to minimize the discussion of hospitalization
   c. Be alert and attend to post-hospital emotional distress
   d. Assign a member of the psychosocial team to make a follow-up telephone call to the family

27. A CLS reads a story to a child during a painful procedure. What type of coping strategy does this intervention represent?
   a. Distraction
   b. Guided imagery
   c. Denial
   d. Modeling
28. Which of the following characterizes a preschool child’s thinking about death?
   a. Feel response for a death
   b. Understands the physiological cause of death
   c. Empathizes with feelings of other family members
   d. Comprehends that death is final

29. According to the ACCH Child Life Research Project hospitalized children who participate in child life activities were shown to:
   a. Experience less emotional stress and exhibit more coping mechanisms than children in the control group
   b. Take longer to void for the first time after surgery
   c. Be discharged four days earlier than the control group
   d. Have parents who experienced no stress

30. According to Erikson, the BEST way to encourage a toddler in traction to develop autonomy is to:
   a. Ensure the child has TV
   b. Provide the child with choices in daily activities
   c. Encourage the child to look at picture books quietly in bed
   d. Provide only bedside activities

31. A toddler may react to the death of a family member by:
   a. Thinking she will get the illness as punishment for her thoughts or actions if she becomes seriously ill
   b. Fearing she may contract the disease
   c. Acting as though the person is still alive
   d. Questioning what happens to the body

32. An APIE model useful in delivering CL services includes which of the following components?
   a. Assessment, plan, intervention, evaluation
   b. Assessment, programming, identification, education
   c. Accountability, productivity, instruction, and enrichment
   d. Activity, preparation, instruction and evaluation

33. Infants PRIMARILY use and understand nonverbal communication as a means:
   a. To gain the attention of their caregiver
   b. To communicate their needs to their caregiver
   c. To response to nonverbal behavior of the caregiver by becoming quiet when cuddled or patted
   d. Derive comfort from physical and auditory interventions
34. A four year old yells at a doll during medical play and accuses it of being “bad.” He recently had an IV placed in his foot. What is your assessment of the child?
   a. He is trying to gain his parents’ attention
   b. He has a misconception about the purpose of the IV
   c. He believes that bad behavior results in physical punishment
   d. He is expressing feelings related to his experiences

35. Considering specific idiosyncratic issues while developing a school-age patient’s care plan requires:
   a. Assessing the preferred coping style
   b. Understanding the patient’s relationship to the school experience
   c. Knowing the anticipated outcome of the particular medical intervention prior to the care plan development
   d. Creating a care plan that enables the patient to take responsibility for a younger patient

36. You receive a report that 6-year-old is going to have an IV placed in 30 minutes. The nurse reports that, this is the patient’s first hospitalization, and he is diagnosed with gastroenteritis. Based on stress point care, you are aware this procedure has the potential to overwhelm the child’s coping resources. You respond by letting the nurse know that you plan to:
   a. Make a full assessment and follow up with appropriate interventions
   b. Provide medical play
   c. Grab your medical play kit and distraction box to prepare this patient
   d. Use the 30 minutes to teach the child about procedure and ways to cope

37. A family declines surgical preparation after you explain the use of age-appropriate information and benefits. Nursing expresses frustration and asks what they can do to help the child. The BEST choice to encourage the family is to:
   a. Have the doctor encourage the family to use Child Life services
   b. Provide emotional support to the patient and family
   c. Provide the family with literature on the benefits of preparation
   d. Have the nurse prepare the patient

38. A care plan should be developed jointly by the child, family, and healthcare team for all of the following purposes EXCEPT:
   a. Addressing needs during hospitalization only
   b. Providing a record of the family’s concerns, priorities, and resources
   c. Providing a complete, integrated picture of the child
   d. Serving as a foundation for family-centered care coordination
39. **A patient classification system is NOT a:**
   a. Form of a structural assessment tool
   b. Method for prioritizing care of patients
   c. Tool for developing patient care plans
   d. Way to determine the degree of child life care needed to reach goals

40. **One of the MOST effective ways to develop and maintain a supportive relationship with a family is to:**
   a. Intervene in problems the family has with other team members
   b. Make sure the CLS can be reached by the family at all times
   c. Share information with family members about all aspects of the child’s health care experiences
   d. Ensure the child takes part in a variety of special events

41. **Early and continual assessment of the child’s and family’s changing medical and psychosocial situation is necessary to:**
   a. Find the best ways to help reduce stress and promote coping
   b. Create a positive professional image
   c. Determine if the parents understand their child’s prognosis
   d. Support the continued interventions of child life staff

42. **The purpose of child and family observation is to:**
   a. Assess the child’s developmental age
   b. Determine the strengths/coping techniques already in place for the child and family
   c. Gather data and information relevant to determining their unmet psychosocial needs
   d. Begin developing a relationship with the family that is based on trust

43. **According to James Robertson, the sequence of reactions of young children to separation from primary caregivers is:**
   a. Sadness, anger, and depression
   b. Protest, despair, and detachment
   c. Regression, rage, and sadness
   d. Anger, longing, and hopelessness

44. **When observing reactions of young children to hospitalization, a CLS will notice that:**
   a. Vary in both character and intensity
   b. Are easily detachable by a child life specialist
   c. To hospitalization are negative
   d. To hospitalization are regressive in nature
45. A five-year-old who is subjected to repeated frustration, confinement, and painful experiences is MOST likely to experience:
   a. Shame and doubt
   b. Inferiority
   c. Guilt
   d. Mistrust

46. While in the CLS presence, a terminally ill child asks a healthcare staff member, “Am I going to die?” The child’s parents have expressed an unwillingness to discuss death with the child. in this situation, the CLS’ NEXT response should be:
   a. Inform the staff member about the parent’s views
   b. Further explore the child’s understanding
   c. Utilize bibliotherapy with the child
   d. Make a referral to pastoral care

47. According to Erikson, which age group may view hospitalization as a threat to a sense of accomplishment?
   a. 2 – 4 year olds
   b. 4 – 7 year olds
   c. 7 – 11 year olds
   d. 12 – 19 year olds

48. The BEST example of adolescent egocentrism in healthcare setting is:
   a. Rejecting adult staff members
   b. Displaying a lack of empathy for other patients
   c. Believing others are preoccupied with his/her appearance
   d. Requesting special attention and favors

49. A 6-year-old child who has been in a rehabilitation unit for 2 months after suffering traumatic injuries in a car accident draws a family portrait that does not include herself; the child life specialist should:
   a. Suggest to the child that she include herself
   b. Ask the child to talk about the picture
   c. Recommend a psychological assessment
   d. Assure the child that she is still a part of her family

50. When people are under high levels of stress, their ability to process new information may be:
   a. Enhanced
   b. Impaired
   c. Desensitized
51. A child repeatedly asks questions during a blood draw. According to Lazarus, this behavior is best identified as:
   a. Primary appraisal
   b. Problem-focused coping
   c. Emotion-focused coping
   d. Secondary appraisal

52. Which of the following is an accurate statement about the sequence of physiological development of motor skills?
   a. Motor development begins when the child reaches age 6 months
   b. The development sequence is disordered in children with cerebral palsy
   c. Motor development proceeds from the head downward to the lower body, and from the center of the body outward to the extremities
   d. The development sequence is determined by which of the child’s hands will eventually become dominant

53. After working on an individual school project for weeks, a patient learns that hospitalization will prevent its completion. According to the work of Erikson, at which stage is a child most likely to be distressed by this situation?
   a. Autonomy vs. shame and doubt
   b. Industry vs. inferiority
   c. Identity vs. role diffusion
   d. Initiative vs. guilt

54. According to the theories related to body image, at what age would female patients be expected to be most distressed upon learning that required chemotherapy is likely to cause hair loss?
   a. 7 years old
   b. 10 years old
   c. 14 years old
   d. 20 years old

55. Knowledge of the child’s temperament provided by the parents generally:
   a. May reflect the child’s behavior when healthy, but is likely to have little or no relation to behavior in the hospital
   b. Offers helpful information about preschool children but little help for understanding children of other ages
   c. Must be viewed with caution, as parents are biased and subjective to their comments
   d. Can provide CLS with valuable clues as to how to interact with child
56. **When talking to parents in a health care setting, the CLS should:**
   a. Be accepting of silence
   b. Refrain from asking questions
   c. Talk about one’s own experience
   d. Give advice and offer suggestions

57. **The most critical factor associated with a child’s vulnerability to the stresses of hospitalization is the:**
   a. Age of the patient
   b. Level of family support
   c. Medical condition
   d. Length of hospital stay

58. **An accurate statement about emotional stress is that it is:**
   a. Experienced by fewer hospitalized children today than in the past
   b. Seen frequently in the hospital but rarely observed after discharge
   c. Common during the period of hospitalization and following discharge
   d. Most severe in chronically ill children

59. **Preschool children typically conceptualize illness as something:**
   a. Located inside the body
   b. Caused by proximity or magic
   c. Linked to death
   d. Caused by physical contact with a person or object

60. **Which of the following statements most supports the use of temperament theory and its dimensions in child life assessments?**
   a. The CLS should consider a cognitive-affective approach with an angry child
   b. Temperamental child requires focused behavioral interventions
   c. Interventions consistent with the child’s temperament are more likely to have a successful outcome
   d. Behaviors and anxieties of parents are transmitted to their child and must be considered

61. **Which are some suggested age appropriate coping techniques for infants:**
   a. Hand held games, guided imagery
   b. Counting, deep breathing exercises
   c. Pacifiers, touch, music and comfort item
   d. Pop-up books, hand holding
62. **Which statement is true about non-directive medical play?**
   a. Medical play and preparation are synonymous
   b. The adult should follow the child’s lead
   c. The play is accompanied by positive affect and is not intense or aggressive
   d. The child should be the one to initiate it

63. **The person primarily credited with the development of the child life role is:**
   a. Gene Stanford
   b. Thelma Cooper
   c. Emma Plank
   d. Anna Freud

64. **When preparing a child for a medical procedure, a CLS should select which of the following age-appropriate materials:**
   a. Photographs
   b. Dolls
   c. Actual medical equipment
   d. All of the above

65. **Which of the following would be most useful in helping a child work through a just-completed medical procedure?**
   a. A visit to the activity center
   b. Separation play
   c. Interacting with peers
   d. Medical play

66. **When providing preparation for a medical procedure the CLS should always:**
   a. contact the hospital administrator
   b. provide accurate and developmentally appropriate explanations
   c. explain the information to the siblings
   d. tour the hospital setting

67. **A CLS should play for a child when the child:**
   a. Is either too ill, physically unable or withdrawn to engage in play
   b. Has exhibited inappropriate play behavior
   c. Expresses feelings of inadequacy about performance on a game or project
   d. Has limited social skills and refused to interact with others
68. The use of preparation materials varies from child to child. When preparing a child for a procedure a CLS should not include which:
   a. Cloth doll
   b. Medical equipment
   c. Photos of the family dog
   d. Pre-hospital coloring book

69. The effect of a CLS using a standardized plan to prepare a 5-year-old for different types of medical procedures is that:
   a. The child’s individual needs may not be met
   b. Preparation standards are consistently reinforced
   c. The specialist’s clinical preparation skills are enhanced
   d. The child’s coping skills are enhanced

70. A major effect of hospitalized young children is:
   a. Missing school
   b. Separation from parents
   c. Sleeping in a hospital bed
   d. Having to wear hospital pajamas

71. When working with an adolescent struggling with lack-of-trust issues, the CLS should:
   a. Encourage patient journal writing
   b. Document interactions with patient and peers
   c. Maximize communication opportunities
   d. Organize a medical team conference

72. The minimum requirement to work as a CLS is:
   a. To be certified
   b. A bachelor’s degree
   c. 60 units of child development courses
   d. 480 hours of child life experience

73. Filmed modeling is believed to be an effective way of preparing children for healthcare experiences primarily based on:
   a. Pavlov: classical condition
   b. Skinner: theory of behavior shaping
   c. Erikson: psychosocial theory
   d. Bandura: social learning theory

74. When a child is hospitalized and she/he has several siblings that would like to visit the hospital, the CLS should:
   a. be available by phone only
   b. provide preparation
   c. facilitate the visit, assess their understanding, and provide education
75. A primary benefit of the development of a supportive relationship is that it enhances the CLS’s ability to:
   a. Engage in therapeutic interactions with patient
   b. Elicit cooperative behavior from the patient
   c. Plan activities for the child
   d. Provide parents with time away from the children

76. The structure of individual programs varies according to many factors. All programs are guided by the following objective:
   a. To help educate about the profession
   b. To develop preparation materials
   c. To help children cope with the stress and anxiety of the hospital experience
   d. To provide easy working hours

77. A correct statement about the use of healthcare teams to meet the needs of children is that the:
   a. Family is a critical member of the team
   b. Professions represented on the team are consistent from patient to patient
   c. Composition of the team remains the same throughout the patient’s care
   d. Team leader is the patient’s attending physician

78. The role of the CLS is to be:
   a. An advocate for the entire family
   b. The only member of the healthcare team to provide information
   c. Healthy and good spirited
   d. Available 24 hours to the family

79. Which approach is most appropriate for evaluating the effectiveness of an intervention designed to reduce fear, stress and anxiety in a selected group of patients?
   a. Anecdotal reports
   b. Critical pathway note
   c. Behavioral rating scale
   d. Cost/benefit analysis

80. In 1967 the first organization was founded and the first to engage in CL work was:
   a. NACHRI
   b. Zero to Three
   c. ACCH
   d. NASW
81. The following statement best describes the theory of which theorist? “This Swiss philosopher made an enormous contribution to our understanding of cognitive development, the capacity to understand and use phenomena in the world around us”
   a. Bowlby
   b. Skinner
   c. Piaget
   d. Mahler

82. A child has been prepared for a procedure during which the parent will not be present. During the procedure, the child cries softly. This response:
   a. Demonstrates that preparation was successful since the child maintained control
   b. Gives little information by itself about the child’s emotional state or the effectiveness of the preparation
   c. Indicates that the preparation was less than optimally successful
   d. Shows the importance of the parent’s presence

83. Which of the following is a major component of the Official Documents of the Child Life Council?
   a. Child Life Competencies
   b. Vision-to-Action Statement
   c. Articles of Incorporation
   d. By-Laws

84. The following statement best describes the theory of which theorist? “This model focused on a more elaborate learning milieu to explain boy social and object-related development”
   a. Erikson
   b. Bandura
   c. Piaget
   d. Lazarus

85. Which of the following is the most important long-term goal of preparation?
   a. To help the child get through the experience
   b. To prevent psychosocial trauma
   c. To help the child relax
   d. To help the child gain knowledge
86. Which of the following statements best describes one of the competencies that a CLS must have?
   a. To assure staffing requirements that meet minimal professional standards
   b. The ability to engage in theoretical and philosophical discussions
   c. The ability to assess and interact with patients and families using theories of human growth and development, family systems and cultural backgrounds
   d. The ability to create, maintain, and develop child life programs

87. In dealing with a patient with a life-threatening disease, or a family member thereof, a child life specialist should always:
   a. Use social talk and cheer with the parents facing their child’s impending death
   b. Use ‘white lies’ with the pediatric patient so as to be kind and to protect him or her
   c. Answer the pediatric patient’s questions in a simple, truthful way
   d. Prohibit the pediatric patient from comforting a sad relative/visitor

88. When observing reactions of young children to hospitalization, a child life specialist will notice that:
   a. Reactions always vary in both character and intensity
   b. Reactions are always easily detachable by a child life specialist
   c. Reactions to hospitalization are always negative
   d. Reactions to hospitalization are always regressive in nature

89. Grade school children and adolescents often:
   a. Do not want to know about pain medicine and have general rather than specific concerns about receiving it
   b. Do not want to discuss pain but have specific concerns about receiving pain medicine
   c. Want to know about pain medicine and have general rather than specific concerns about receiving it
   d. Want to know about pain medicine and have specific concerns about it

90. Which of the following characterizes a preschool-aged child’s thinking about death?
   a. She can feel responsible for a death
   b. She understands the physiological cause of death
   c. She empathizes with feelings of other family members
   d. She comprehends that death is final
91. All of the following are methods used to evaluate the success of child life programming EXCEPT:
   a. Anecdotal reports
   b. Behavior rating scales
   c. Written evaluation forms
   d. Cost/benefit analysis

92. An adolescent refuses to take his medication. His doctor asks the CLS for some help. Where is the BEST place for them to discuss the case?
   a. The child’s bedside
   b. The playroom
   c. The weekly meeting attended by all disciplines
   d. The hospital elevator

93. CLS communicate interpretation of a child’s behavior to others by:
   a. Documenting in the patient’s medical record
   b. Speaking privately with the patient’s parent only, so as to maintain patient confidentiality
   c. Communicating to team members at case conferences
   d. Documenting in the patient’s chart and speaking privately to the parents

94. In order to evaluate patient outcomes for pre-operative teaching, the CLS should have knowledge of the:
   a. Learning styles and needs of each developmental level
   b. Daily schedule on their assigned unit
   c. Nurse’s preference for the specific patient
   d. Patient’s desire, or lack thereof, to go to the bathroom

95. There are two types of Therapeutic play. What are they?
   a. Formal & informal
   b. Directed & non-directed
   c. Structured & non-structured
   d. Solitary & parallel

96. Who developed the 6 categories of Play Behavior Based on Social Participation?
   a. Giott
   b. Erikson
   c. Skinner
   d. Parten
97. Relaxation techniques, systematic desensitization, cognitive rehearsal, medical play, distraction, modeling, imagery, calming self-talk & reinforcement are all strategies of what?
   a. Advocacy
   b. Coping
   c. Suppression
   d. Familiarization

98. A relationship between stimuli and response/behavior based on a past experience with which it is associated; is based on what theory?
   a. Classical Conditioning
   b. Social Development
   c. Operant Conditioning
   d. Associative Play

99. We all know that it is important for children to have time each day to play. Who was it that said that children who took part in a daily play session were less upset upon conclusion of treatment?
   a. McCue
   b. Peller
   c. Garvey
   d. Clatworthy

100. According to Prugh’s theory of Stress Vulnerability, what factors most seriously affect a child’s ability to cope with hospitalization?
    a. Intelligence and temperament
    b. Availability of therapeutic play
    c. Age, presence of parents, severity of illness
    d. Gender, ethnicity, pain threshold

101. Which theorist proposed that children mimic behaviors to which they are exposed?
    a. Ainsworth: pattern of attachment
    b. Locke: tabula rasa
    c. Lorenz: Imprinting
    d. Bandura: Social Learning Theory
102. Which theorist purports that all humans progress through 8 stages of psychological development wherein their needs must be met in order for them to function effectively as adults?
   a. Piaget
   b. Erikson
   c. Skinner
   d. Freud

103. The developmental theorists, Giott, Garvey, Gottfried speak on the importance of _____ for a child’s adjustment to hospitalization
   a. Play
   b. Parental presence
   c. Temperament
   d. Opportunity for self-expression

104. The mission of the child life profession:
   a. Provide comfort
   b. Reduce negative impact of stress/traumatic events that affect the development, health and well-being of children and families
   c. Prevent loss of self-esteem for youth
   d. Communicate effectively with members of the healthcare community

105. Social participation during play was categorized by:
   a. Garvey/Gottfried
   b. Lazarus
   c. Parten

106. Social learning theory was studied by:
   a. Parten
   b. Bandura
   c. Prugh

107. Revising an existing schema because of a new experience is called:
   a. Assimilation
   b. Accommodation
   c. Equilibrium

108. Behavior directed toward trying to solve a problem by changing something in the environment is called:
   a. Stress-point coping
   b. Problem-focused coping
   c. Emotion-focused coping
109. Children find ways to vent their anger, overcome their fears, or express sadness through becoming absorbed in certain activities. This can compensate for the stressful events, but other pleasures or family needs may be ignored. This is called:
   a. Replacement
   b. Sublimation
   c. Substitute Distraction

110. According to the Child Life Ethical Code, a professional should not have a personal relationship with a patient or family member until the following time elapse:
   a. 6 months
   b. 12 months
   c. 24 months

111. A 3-year-old is struggling with potty training. Erikson would categorize this into which of his developmental groupings:
   a. Identity vs. Guilt
   b. Initiative vs. Guilt
   c. Autonomy vs. Shame and Doubt
   d. Industry vs. Shame and Doubt

112. The theorist whose philosophy is based on children beginning life as a blank slate is:
   a. Peller
   b. Kohlberg
   c. Lorenz
   d. Locke

113. A study involving the collection of data over time is called:
   a. Correlational study
   b. Cross-sectional study
   c. Longitudinal study
   d. Hypothesis study

114. Preparation of parents and providing them with information and emotional support resulting in lowered parental anxiety and decreased psychological upset in their children is the findings of:
   a. Skipper and Leonard
   b. Peller
   c. Parten
   d. Garmezy
115. Unlimited parental visiting decreased adverse effects of hospitalization (often referred to has the stress vulnerability theory) is the findings of:
   a. Skipper and Leonard
   b. Prugh
   c. Kohlberg
   d. Wolfer and Visintainer

116. Preparation is the focus of the Stress Coping Theory. Who is credited with this work?
   a. Wolfer and Visintainer
   b. Bronfenbrenner
   c. Skinner
   d. Garvey and Gottfried

117. What is the term for indicating how far away a typical score lies from the center of the distribution?
   a. Normal distribution
   b. Standard deviation
   c. Contagion hypothesis
   d. Parallel cohesion

118. The most frequently occurring score in a research study is called:
   a. Mean
   b. Mode
   c. Range
   d. Median

119. In Piaget’s stages of intellectual development, object permanence is consistent with which stage?
   a. Formal Operational
   b. Sensorimotor
   c. Preoperational
   d. Concrete Operational

120. Which is NOT one of the 10 CLC Standards of Clinical Practice?
   a. Staffing
   b. Policies and Procedures
   c. Funding and Facilities
   d. Advance Directives
121. This test is for children ages birth through three. It is a criterion-referenced test, which assesses children in the developmental areas of self-help, motor, cognition, language, speech and social development
   a. Denver Developmental Screening Test
   b. Bayley Scales of Infant Development
   c. Hawaii Early Learning Profile
   d. Brazelton Neonatal Behavioral Assessment Scale

122. Freud defines the Id as:
   a. The unconscious impulses toward the gratification of our needs; primitive instincts
   b. Identifies with societal demands and expectations, conscience
   c. The rational force and mediator, delayed gratification
   d. The feeling of attraction toward the parent of the opposite sex, together with envy and fear of the same-sex parent

123. Around _____ years of age, children begin to develop the foundation with which adults view death. Death beings to be seen as irreversible.
   a. 3 years old
   b. 9 years old
   c. 6 years old
   d. 16 years old

124. What are Kubler-Ross’ 5 universal responses to death?
   a. Denial, anger, sadness, despair, acceptance
   b. Denial, anger, bargaining, depression, acceptance
   c. Protest, sadness, bargaining, despair, acceptance
   d. Depression, separation, anxiety, bargaining, acceptance

125. Orientation of new child life employees should NOT include:
   a. Tour of the hospital
   b. Free lunch
   c. Review of job description
   d. Explanation of routines

126. Prugh believes that the child of ___ is in the latter stage of the most vulnerable period for hospitalization
   a. Birth – 12 months
   b. 7 – 9 years
   c. 3 – 4 years
   d. 12 – 15 years
127. Humans learn behavior based on a trial and error process whereby they remember which behaviors elicited positive or pleasurable responses and which negative ones, is the belief of:
   a. Pavlov: Classical conditioning
   b. Parten: Associative conditioning
   c. Skinner: Operant conditioning
   d. Wolfer & Visintainer: Focused conditioning

128. Which is NOT one of Giott’s 5 main functions of play?
   a. Catharsis
   b. Insight
   c. Sublimation
   d. Symbolism

129. Children learn about the world around them through their own actions and explorations is the belief of:
   a. Piaget
   b. Erikson
   c. Peller
   d. Freud

130. In the healthcare setting, the creation of a well-defined role in relationship to others is integral to which of the following concepts:
   a. Scope of practice
   b. Standards of care
   c. Cultural competency
   d. Professional boundaries

131. An individual who continues to self-assess and respect differences is at what stage on the cultural competence continuum?
   a. basic cultural competence
   b. cultural blindness
   c. cultural pre-competence
   d. advanced cultural competence

132. Volunteer performance standards should be based on:
   a. style of the supervisor
   b. objectives of the program
   c. volunteer’s preference
   d. needs of the individual child
133. A child life specialist encourages ages 6-11 to participate in their own care, continue school work, and communicate with family and peers while in the hospital. Why is this approach important to development?
   a. To increase feelings of inclusion
   b. To increase feelings of initiative
   c. To decrease development of preoperational cognition
   d. To decrease development of abstract cognition

134. What is the primary function of structured play for children in healthcare settings?
   a. To minimize feelings of loneliness
   b. To make and find new friends going through similar situations
   c. To obtain mastery with objects and roles associated with healthcare experience
   d. To distract the child from discomfort and pain after surgery

135. Which of the following is a benefit of healthcare team meetings?
   a. Resolving conflict around interpersonal issues
   b. Identifying team members’ roles in caring for the patient
   c. Establishing child life priorities
   d. Reviewing the medical record

136. Which of the following is considered normal grief responses or a 16-year-old sibling?
   a. Suicidal thoughts
   b. Sleep problems, isolation from friends and family, fighting
   c. Egocentrism and increased moodiness and sexual awareness
   d. Chronic depression, dramatic changes in attitude, and eating disorders

137. When considering when to prepare a 3-year-old for an upcoming procedure, which of the following is accurate?
   a. Time for preparation for the procedure is irrelevant
   b. The timetable for preparation should vary with maturity of the child
   c. The child should be prepared within one hour of the procedure
   d. The child must be prepared within 72 hours of the procedure

138. At what age may a patient believe that his/her diagnosis is a form of punishment?
   a. 3-5 years old
   b. 6-11 years old
   c. 12-15 years old
   d. 16-20 years old
139. Which of the following is the most effective educational strategy for teaching techniques and benefits of play to a caregiver?
   a. Using videos and music as instructional aides
   b. Enlisting the help of an experienced caregiver
   c. Modeling play interactions by engaging the caregiver and child
   d. Ensuring discussions about the value of play are repeated often

140. What should be the first step when using anticipatory guidance as a supportive technique with a new volunteer?
   a. Point out common hopes and fears shared by many volunteers
   b. Ascertain current knowledge level of volunteer
   c. Discuss common fears associated with working with severely ill children
   d. Give feedback concerning recent performance

141. The duty of promoting the welfare of an individual is known as which of the following?
   a. Beneficence
   b. Fidelity
   c. Veracity
   d. Justice

142. What should a family expect with the implementation of a family-centered care plan?
   a. the family participates in the decision making regarding their child’s care
   b. all extended family must be involved in the care of the child
   c. the healthcare team will provide necessary medical care to the immediate family
   d. family situations are similar and standard care plans are incorporated

143. When a child is trying to understand death, he may ask “Do children and animals die too?” Which concept of death is the child trying to grasp by asking this question?
   a. Irreversibility
   b. Causality
   c. Non-functionality
   d. Universality

144. Which of the following is a common passive response?
   a. Resisting medication
   b. Excessive sleeping
   c. Crying
   d. Aversion
145. Which of the following behaviors demonstrates an active response to hospitalization and surgery after discharge?
   a. Being restless
   b. Refusing medication
   c. Sleeping excessively
   d. Talking less with friends

146. Which of the following describes a child who prefers to focus on details and displays anticipatory worry when coping with an uncomfortable procedure?
   a. Avoider
   b. Worrier
   c. Sensitizer
   d. Fixator

147. Which of the following describes measures that monitor the efficacy of behavioral interventions in helping children cope with painful or threatening procedures?
   a. FACES scale and visual analog scale
   b. Child questionnaire and parent report
   c. Pulse rates prior to and after medical procedure
   d. Emotional distress and coping effectiveness

148. In the midst of healthcare play, after using an anesthesia mask, a 6-year-old makes a cloth doll sit up and cry out, “You are hurting me!” Which of the following is an example of a reflective statement that could be made by the child life specialist?
   a. “You shouldn’t be worried about waking up and being in pain”
   b. “You’re worried about waking up and being in a lot of pain?”
   c. “Is that baby you? You will sleep the whole time during surgery”
   d. “That is not the way surgery will be for you, so you don’t have to worry”

149. In determining child life staff-to-patient ratio, which of the following elements should be given consideration?
   a. Budget parameters
   b. Staff preferences
   c. Seasonal disease outbreaks
   d. Extent of immobility or isolation
150. A child life specialist observes a 6-year-old repeatedly sticking needles into a doll’s eyes during a play session. How should the CLS respond?
   a. Immediately stop the child’s behavior and lead the child in less aggressive play
   b. Remind the child that he has never been given needs in the eyes and he should be more careful with the doll
   c. Evaluate the motivation of the child’s behavior and redirect the play
   d. Assume the child is expressing typical feelings and refrain from intervening

151. Humor can be utilized to relieve which of the following?
   a. Pain
   b. Emotional tension and grief
   c. Missing out on social opportunities
   d. Solitude

152. Why does the child life specialist use play as a means of exploring the child’s medical experience?
   a. To allow for expression of feelings
   b. To help focus a child’s attention
   c. To occupy a child’s time
   d. To reward cooperation in procedure

153. Which of the following best describes the elements of a supportive relationship with families?
   a. Continuity of time, mutual participation by the child and family, and care that enhances parents’ roles
   b. Considering the importance of offering the child choices in his/her activities and being with the child through difficult procedures
   c. Teaching parents more effective ways of communicating with their child
   d. Stepping into the role of parent when parents feel unable to support child

154. A 5-week-old infant requires intubation. The family shares that the patient has a twin brother at home. According to the key elements of family-centered care, what would be the main role of the CLS?
   a. Remove the family from the patient’s room due to invasiveness of intubation
   b. Support parental presence and facilitate family and professional collaboration
   c. Discuss the implications of the patient’s potential RSV regarding twin
   d. Minimize mother’s statements regarding twin at home due to the severity of patient’s condition
155. Which of the following best describes a child who has had repeated experiences of ineffective coping?
   a. Anticipatory grief
   b. Anticipatory anxiety
   c. Learned helplessness
   d. Oppositional defiance

156. Due to improved pediatric policies and family involvement, which stage of attachment is most seldom observed in the hospital setting?
   a. Detachment
   b. Despair
   c. Protest
   d. Withdrawal

157. When working with a child who is on a ventilator, what approach should a CLS take?
   a. engage the child in nonverbal play
   b. place the child as a low priority due to limited capacity
   c. do not provide play because it is medically threatening
   d. engage the child in sand tray play at the bedside

158. According to Bolig, what type of child life program aims to provide socialization experiences, normalize the environment, facilitate the expression of feelings and involve the family?
   a. Diversionary
   b. Therapeutic
   c. Child Developmental
   d. Comprehensive

159. When assisting a sibling who is experiencing grief and loss, which is a guiding principle of long-term intervention?
   a. Utilize existing services and activities of the community
   b. Involve the hospital’s spiritual care department
   c. Set up regularly scheduled post-hospital child life sessions
   d. Allow the family time to heal on their own in their own way

160. A 3-year-old child dies in the emergency room and the parents are experiencing shock and disbelief. Which of the following should be the NEXT step for the CLS?
   a. Ask the parents to go to waiting room while child is bathed and dressed
   b. Create an opportunity to parents to be with their child to say goodbye
   c. Ask the parents if they’d like social work to help with funeral arrangement
   d. Leave the parents alone to grieve and wait for them to request support
161. Which of the following interventions should the child life specialist encourage to help parents support siblings of a child with a life threatening illness?
   a. Include siblings in indirect activities such as phone calls, letters, etc. if siblings cannot be together
   b. Encourage parents to focus energy toward the ill child while others provide support to siblings
   c. Suggest parents redirect discussions surrounding the ill child if siblings exhibit stress and anxiety
   d. Recommend parents directly involve resistant siblings in participating in their ill sibling’s care

162. Effective cross-cultural communication includes which of the following?
   a. Limiting attempts to understand others points of view
   b. Relying on verbal communication
   c. Remembering that silence is not communication
   d. Possessing the ability to tolerate ambiguity

163. A primary goal of advocacy training for family members is to empower them in
   a. Acquiring a particular service for their child
   b. Facilitating a hospital policy change
   c. Becoming more aggressive with medical personnel
   d. Communicating their needs

164. After three months in a newborn intensive care nursery, a baby is discharged. How can the child life specialist assist the family with this transaction?
   a. Provide respite care for the family
   b. Provide information about community resources
   c. Participate in recreational outing with the family
   d. Give the family his/her phone number

165. Which of the following refers to the idea that a word or phrase can stimulate images and feelings so intense that they can replace reality?
   a. Symbolic communication
   b. Word-thing confusion
   c. Medical jargon
   d. Fact inference confusion
166. **Which of the following is the most important strategy when working with families in any healthcare setting?**
   a. Communication
   b. Support
   c. Family-centered care
   d. Cultural sensitivity

167. **Which of the following is MOST likely to help children and families cope in stressful situations?**
   a. Providing them with a list of effective coping strategies
   b. Encouraging them to plan and rehearse coping behaviors
   c. Providing them with appropriate diversions to decrease anticipatory anxiety
   d. Advising them to ask other children what coping strategies have worked for them in the past

168. **Which of the following strategies should be used first when teaching a child about coping with a procedure?**
   a. Tell the child to look away during the procedure
   b. Tell the child that you will describe the procedure as it is happening
   c. Ask the physician to count before starting the procedure
   d. Offer the child a choice of several techniques

169. **A 4-year-old recovering from a ruptured appendix is having a difficult time expressing his level of pain. Which of these tools would be MOST appropriate for his age level?**
   a. Pain diary
   b. FACES scale
   c. Pain thermometer
   d. Parent assessment

170. **Of a 6-year-old who announces, “I’m here for my methotrexate,” it can accurately be stated that the child:**
   a. Knows the technical name for the medication
   b. Is not fearful and has accepted the illness
   c. Knows what to do to get through the treatment
   d. Is comfortable with the treatment and is coping well
171. A 3-year-old child brought into an emergency department assumes that the unfamiliar items in a tray on a counter are to be used in her treatment. Piaget would explain this behavior as an example of:
   a. Disequilibrium
   b. Accommodation
   c. Conservation
   d. Egocentrism

172. The child life specialist should observe a child’s intensity of response, distractibility, adaptability to changes in routine, persistence, and attention span, in order to determine the child’s:
   a. Predominant pattern of functioning
   b. Developmental level
   c. Social maturity
   d. Ability to construct concepts

173. The child life specialist should interpret with caution certain nonverbal behaviors such as eye contact noted among parents in hospitals since these behaviors:
   a. May change under the stress of hospitalization
   b. Seldom provide reliable information about individuals
   c. Are likely to be interpreted subjectively
   d. May vary greatly among different cultural groups

174. Which of the following instruments is most appropriate for assessing personal-social, fine motor, and gross motor skills of children under 6-years-old?
   a. Child Behavior Checklist
   b. Denver Developmental Screening Test
   c. Brazelton Behavioral Assessment Scale
   d. Peabody Picture Vocabulary Test

175. Developmental assessment of a 6-month-old infant indicates that the child is in the lower part of the normal range of performance for that age. The infant’s parent is concerned that the child will have difficulties in the later years. A child life specialist suggest that this finding be interpreted with caution, since:
   a. Parental anxiety about child performance can have a negative impact on the child’s future development
   b. Child who are hospitalized always demonstrate developmental loss
   c. Infant assessments are not good predictors of later outcomes
   d. Infant assessments are difficult to administer
176. **Children who have experienced trauma or loss require continuous assessment of which behavior?**
   a. Changes in interactions with siblings
   b. Parent-child interactions
   c. Responses to peer pressure
   d. Self-blame

177. **When families can visit hospitalized children only occasionally and the children exhibit difficulty coping with the separation, the most helpful action is to:**
   a. Encourage staff and volunteers to assume parental roles
   b. Avoid upsetting the child by talking about or looking at pictures of family
   c. Talk about what family is doing at home or work/ when they will return
   d. Inform the family of the child’s distress and encourage them to visit more

178. **Which of the following determines priority goals in planning therapeutic play interventions for a child?**
   a. Healthcare team’s treatment plan
   b. Child life specialist’s observations
   c. Child’s needs and milieu
   d. Parent’s concerns

179. **A researcher is designing a study to investigate whether reduced anxiety in children is associated with preparation before a medical procedure. To ensure confidence in the results, the most appropriate research design would be to:**
   a. Randomly select a group of children whose parents report preparation and compare to a randomly selected group whose parents report no preparation
   b. Provide preparation to a randomly selected group of children and compare to a second randomly selected group who receive no preparation
   c. Provide different levels of preparation to a randomly selected group of children and examine the relationship between the anxiety level and the amount of preparation received
   d. Assign children to four or more groups according to amount of preparation reported by parents, and then compare results for the groups

180. **One of the most important forms of support for the families of children with special needs is:**
   a. Physician-to-parent support
   b. Child-to-parent support
   c. Parent-to-parent support
   d. Child-to-child support
181. Which approach is most appropriate for evaluating the effectiveness of an intervention designed to reduce fear, stress, and anxiety in a selected group of patients?
   a. Anecdotal reports
   b. Critical pathway note
   c. Behavioral rating scale
   d. Cost/benefit analysis

182. A child life specialist has determined that a child is experiencing separation anxiety, identified an appropriate play intervention, and engaged the child in that play. The specialist’s next logical step would be to:
   a. Engage the child in conversation about the treatment plan
   b. Plan additional sessions for the child
   c. Modify the initial assessment of the child
   d. Evaluate the effectiveness of the intervention

183. To investigate the effectiveness of a hospital’s preadmission program for children undergoing day surgery, a researcher plans to randomly select a small group of patients, who completed the program and a small group who did not, and then observe the children’s behavior during anesthesia induction. The primary problem with this proposed research design is that:
   a. Recording observations will be difficult if more than one participant is undergoing surgery at the same time
   b. The participants in the two groups may differ in ways other than completion of the pre-admission program
   c. Obtaining informed consent from the parents of all participants is likely to be time-consuming
   d. Behavioral observation is an unreliable means of assessing children’s adjustment

184. A female child is mature and willingly compliant in managing the frequent treatments associated with her chronic illness. At 14-years-old, however, she begins to skip medications and miss other treatments and appointments. She does not exhibit signs of depression, and is very happy about her new boyfriend. After establishing a comfortable dialog, the child life specialist’s best starting point for discussing the patient’s behavior and feelings is to:
   a. Ask how school and peer relations are going
   b. Reinforce the dangers of treatment non-compliance
   c. Ask what the patient thinks about when the time for her treatment arrives
185. **Which of the following chart notes is appropriate for child life documentation in a medical record?**
   a. Provide mother with ongoing psychotherapy
   b. Provide consistent emotional support to reduce child’s depression
   c. This child must have anesthesia induction by mask
   d. Provide expressive play activities to reduce child’s anxiety regarding family separation

186. **When developing a child life care plan, theoretical assumptions:**
   a. Guide the goals, choices of interventions, and conclusions of all CLS
   b. Affect the process of care indirectly, and have little direct relevance to care plans
   c. Are of limited use, since theory is an abstract phenomenon
   d. Should be explicitly written in chart notes next to goals and interventions

187. **An effective supervisor of child life volunteers will do which of the following?**
   a. Minimize directive feedback in order to facilitate use of the volunteer’s natural abilities
   b. Make performance expectations clear and provide continuing feedback
   c. Provide positive feedback about all behaviors, to avoid discouraging volunteer
   d. Allow volunteers to self-select patient assignments

188. **A child life specialist notes in a patient’s chart that the patient “is very depressed today.” A primary problem concerning this entry is that:**
   a. It ignores the fact that depression is a common state among hospitalized children
   b. Fails to say why the patient is depressed
   c. Omits a plan for addressing the patient’s condition
   d. Calls for a clinical judgment beyond the expertise of a child life specialist

189. **Which of the following statements best describes the purpose of the Child Life Council Standards of Clinical Practice?**
   a. To establish the authenticity and validity of child life interventions as they relate to larger service delivery systems
   b. To assure staffing requirements that meet minimum professional standards necessary to facilitate therapeutic relationships
   c. To establish criteria for the creation, maintenance, and development of child life programs and practices to ensure professional service delivery
   d. To standardize theoretical foundations and educational requirements across all clinical and academic child life programs
190. A non-child life staff member consistently fails to collaborate with the child life specialist’s best efforts to work with a certain patient and family. The most effective starting point for resolving this situation is to:
   a. Speak with the staff member about shared goals and priorities concerning the child and family
   b. Involve an ally or supervisor as a mediator
   c. Discuss the issue with the family
   d. Address the issue with the staff member during rounds

191. In planning a special event for pediatric patients, the most important consideration is whether the event:
   a. Is sufficiently entertaining for children from all social strata
   b. Is appropriate and safe for the developmental age of the children
   c. Has any public relations tie-ins that will enhance the facility’s image
   d. Involves providing a complimentary item for each patient

192. The current literature suggests that the first step in becoming culturally competent within the healthcare setting is for the healthcare professional to:
   a. Interview patients of different cultures
   b. Plan a cultural awareness day or similar event
   c. Become proficient in another language
   d. Explore his/her own cultural values and beliefs

193. A student at the beginning of a child life internship is in a critical phase of affirming professional self-worth. The best way for a child life specialist to assist the intern is to provide:
   a. Time in the first staff meeting for the intern to present a case study
   b. Unsupervised time in the playroom to develop his/her own style
   c. Opportunities to engage in theoretical and philosophical discussions
   d. Close supervision and interaction with others in the child life role

194. A parent has given informed consent for a 7-year-old child to participate in a research project conducted by the child life staff. However, before the researchers proceed, it is most important that they:
   a. be certain that the child is assigned to the most appropriate research group
   b. obtain the full assent of the child to engage in the study
   c. determine whether or not the child needs a pretest
   d. schedule their investigation at a time that won’t interfere with the child’s care
195. During a discussion with a personal friend, a child life specialist mentions the name and diagnosis of a patient and makes comments about the patient’s family. This discussion is:
   a. Inappropriate unless the friend is able to keep the information confidential
   b. Likely to increase the friend’s respect for the responsibilities of CLS
   c. Appropriate, when the friend might have some information that relates to the hospitalization of the child
   d. Considered a breach of confidentiality which is in direct violation of the Code of Ethical Responsibility

196. When teaching adults:
   a. An open-structure, active learner approach is often the most meaningful
   b. A passive learner approach is most effective, because most adults have experienced it in previous schooling
   c. The formal lecture format is recommended, because it reflects the presenter’s professionalism
   d. The approach should be very different from that used with young children

197. A major factor in volunteer retention is:
   a. Encouraging volunteers to work independently with little assistance from staff
   b. Matching volunteer’s needs with volunteer’s roles
   c. Encouraging volunteers to work with very challenging children
   d. Providing minimal challenges to new volunteers during their first 6 months

198. A child life student states angrily that the final internship evaluation performed by the child life specialist supervisor contains subjective opinions. The supervisor’s most helpful action to address the student’s concerns would be to:
   a. Support the evaluation by sharing the supervisor’s credentials
   b. Provide copies of past student evaluations prepared by the supervisor
   c. Refer the student to the department director to initiate a formal grievance procedure
   d. Review the evaluation with the student, citing specific examples of observed skill demonstrations

199. Research has shown that music provides all of the following benefits for hospitalized children EXCEPT:
   a. Decreased stress
   b. Decreased time to first ambulation after surgery
   c. Increased coping with traumatic effects of illness and treatment
   d. Reduced anxiety, fear, and pain prior to medical procedures
200. Which of the following is the GREATEST stressor for most hospitalized preschool children?
   a. Painful procedures
   b. The hospital environment
   c. Separation from parents
   d. The lack of apparent routines

201. Fundamental to an adolescent’s successful coping is maintaining their sense of:
   a. Mastery and control
   b. Physical limitations
   c. Humor
   d. Family support

202. When prioritizing child life care, what is the MOST crucial factor?
   a. A child with a chronic illness
   b. A child ceases play when the nurse is present
   c. Hospitalization may pose a threat to the family’s ability to cope
   d. A child has had imminent or recent experience of intensive care, trauma, or emergency room care

203. When a terminally ill 8-year-old expresses feelings about death, such as despair and loneliness, during expressive play, the child life specialist should:
   a. Change the subject and refocus the play on a lighter topic to avoid further upsetting the child
   b. Assure the child that he will not die and that the healthcare team will keep him safe
   c. Continue to support the child in play, trusting that children open up to others only to the extent that they feel safe in doing so
   d. Redirect the play to a less emotional level and request that the child be seen by a psychologist

204. Preparing parents for a child’s hospitalization ideally should begin:
   a. During the pre-admission assessment visit to the hospital
   b. Through a private phone call to the parents initiated by a designated pediatric staff member
   c. During a scheduled pre-admission tour which includes the entire family
   d. In the physician’s office as soon as the admission is scheduled
205. Alexander Thomas and Stella Chess were two psychiatrists whose research findings determined nine identifiable traits in newborns that remain intact for life. These traits are the basis of:
   a. Temperament
   b. Verbal skills
   c. Cognitive development
   d. Gross motor skills

206. The MOST beneficial play activities for children in healthcare settings are:
   a. Emotionally charged
   b. Highly structured
   c. Open-ended
   d. Passive

207. To prepare orientation activities for students and volunteers, it is advisable to minimize the use of:
   a. Handouts
   b. Audio-visual format
   c. Active involvement format
   d. Lecture format

208. A definite sign of ataxia in children would be:
   a. Difficulty breathing
   b. Refusal to eat
   c. Problems with speech
   d. An unsteady gait

209. Preparation of a preschool child for a medical procedure is MOST effective when performed:
   a. Immediately before the procedure
   b. A few hours before the procedure
   c. A few days before the procedure
   d. A few weeks before the procedure

210. Qualitative methods of research:
   a. Are seldom used due to the medical community’s preference for quantitative data for complete statistical analysis
   b. Are considered to be of limited value to CLS
   c. Refer to research procedures which produce descriptive data
   d. Refer to research procedures in which statistical analysis of data is inherent in the design
211. All of the following defined by James Robertson and John Bowlby, describe a young child’s response to separation EXCEPT:
   a. Protest
   b. Denial
   c. Despair
   d. Detachment

212. Which of the following statement(s) is/are accurate for school-age siblings?
   i. Siblings presence often enables play for the hospitalized child
   ii. School-age siblings who are developing normally are no longer vulnerable to the use of fantasy to explain the unknown
   iii. School-age siblings usually can be incorporated into a playroom activity alongside patients
   iv. Separate sibling play areas are less than optimal because they keep family members apart

   b. III only
   c. I and II only
   d. I and III only
   e. II and IV only

213. All of the following areas are essential when orienting students and volunteers EXCEPT:
   a. Summarizing the philosophy and goals of the program
   b. Presenting needs and roles of the child and family during the hospital stay
   c. Discussing the disadvantages of getting attached to the patient emotionally
   d. Explaining children’s developmental concepts of grief and death

214. Which age group is MOST likely to believe that death is reversible?
   a. Infants
   b. Toddlers
   c. Preschoolers
   d. School-age

215. Which of the following will BEST facilitate coping in a preschool child who is intubated and is in an intensive care unit?
   a. Visitations by volunteers and peers
   b. Opportunities for dramatic play
   c. Practices that increase environment predictability
216. **The term “Correlation”:**
   a. Refers to changes in dependent variables as a function of manipulation of one or more independent variables
   b. Refers to one variable consistently increasing or decreasing in unison with another variable
   c. Generally implies causation in two independent variables
   d. Is not a very reliable statistic in quantitative research

217. **To hold, rock, and pat young children, give massage, and return hugs initiated by patients are examples of:**
   a. Positive positioning
   b. Physical conditioning
   c. Vestibular interventions
   d. Positive touch

218. **Which of the following is a common passive manifestation of psychological upset exhibited by hospitalized children?**
   a. Peer difficulties
   b. Self-destruction behavior
   c. Aggressive behavior
   d. Decreased activity level

219. **A research study randomly assigns children to one of three different preparation approaches. Which kind of research design is this study using?**
   a. Experimental
   b. Collaborative
   c. Correlational
   d. Descriptive

220. **The CLS has determined that a newly diagnosed 9-year-old is acting withdrawn. The FIRST step in the care plan should be to:**
   a. Interview patient to identify specific concerns
   b. Develop a supportive relationships and build trust
   c. Bring another patient of similar age to visit
   d. Escort her to the playroom to find appropriate play materials to take to her room

221. **Based on Erikson’s developmental theory, which of the following stages applies to infancy?**
   a. Trust vs. Mistrust
   b. Industry vs. Inferiority
   c. Initiative vs. Doubt
   d. Autonomy vs. Shame
222. A CLS teaches a child coping skills for a procedure. The success of the intervention is measured by how:
   a. Much the child cries during the procedure
   b. Soon the child returns to the playroom after the procedure
   c. The child uses the coping skills during the procedure
   d. Quickly the physician completes the procedure

223. All of the following are principles from the Code of Ethical Responsibility for Child Life Council members EXCEPT:
   a. Recognizing when personal needs are interfering with professional duties
   b. Demonstrating respect for all healthcare professionals
   c. Sharing patient information with hospital staff on the unit
   d. Making referrals when a service needed is beyond the child life professional’s qualifications

224. An accurate statement about coping strategies employed by hospitalized children is that they:
   a. Can be acquired, changed, or eliminated through personal experiences
   b. Are innate and stimulated by traumatic events
   c. Have limited value for preschool children
   d. Remain constant from infancy through pre-adolescence

225. A job description for volunteers should:
   a. Clarify expectations and responsibilities
   b. List expectations for volunteer experiences and talents
   c. Identify names of individuals whom volunteers report
   d. Clarify terms of termination

226. The BEST method for preventing separation anxiety during a procedure is:
   a. Having the parents present
   b. Having a child life specialist present
   c. Consistently having the same physician perform all procedures
   d. Having the parents leave a transitional object with the child

227. Characteristics of preschool children that would be used while preparing him/her for medical procedures would include:
   a. A sense of autonomy
   b. Animism
   c. Limited language skills
   d. A sense of industry
228. All of the following contribute to an assessment of a child’s potential vulnerability in a stressful situation EXCEPT:
   a. Chronological age
   b. Response to similar situations in the past
   c. Performance level in school
   d. Parental stressors

229. Healthcare providers facilitating preparation for health care experiences should first and foremost consider a child’s:
   a. Family structure
   b. Developmental level
   c. Medical condition
   d. Personality

230. A child is being prepared for a hernia repair. Which age group would MOST likely need to be assured that their condition is not the result of their thoughts or actions?
   a. 1 – 3 years old
   b. 3 – 7 years old
   c. 7 – 9 years old
   d. 9 – 11 years old

231. Children who use passive or avoidant coping strategies to deal with venipuncture are MOST likely to benefit from:
   a. Comprehensive information about the procedure
   b. Sedation during procedures
   c. Cognitive-behavioral therapies
   d. Distraction strategies

232. Which of the following activities would be MOST effective in helping a toddler address the issues of autonomy and separation?
   a. Reading a book on separation
   b. Discussing separation
   c. Playing “hide-and-seek”
   d. Playing “house”

233. Problem-solving behaviors directed toward changing something in the environment are referred to as:
   a. Problem-focused coping
   b. Emotion-focused coping
   c. Stress appraisal
   d. Unconscious stress
234. Which of the following authors was instrumental via film and writing in establishing hospital policies regarding unlimited parental visitation?
   a. James Robertson
   b. Anna Freud
   c. Margaret Mahler
   d. John Bowlby

235. Which of the following does NOT demonstrate a CLS’ commitment to collaboration?
   a. Advocacy efforts
   b. Projects to further the mission of the healthcare facility
   c. Participation in committee work
   d. Distribution of goals for patient care to other team members

236. Of the following which is the MOST appropriate way for a school teacher to provide support at home/ hospital for a child who is ill?
   a. Maintain contact and support by various methods
   b. Make certain all schoolwork is collected and sent to the child
   c. Reduce academic expectations of the child
   d. Ensure that the class is knowledgeable about the child’s illness

237. Observation of children engaged in healthcare play gives accurate information about all of the following EXCEPT:
   a. Coping effectiveness
   b. High levels of anxiety related to healthcare events
   c. Understanding of healthcare procedures
   d. Developmental status

238. The mother of an 8-year-old child with leukemia reports frustration regarding her daughter’s ability to cope with the medical experience. One of the interventions a child life specialist suggests is a daily schedule, for the following reasons:
   a. Participating, predictability, and expression
   b. Motivation, expression, and control
   c. Control, independence, and predictability
   d. Participation, control, and expression

239. One of the characteristics of good volunteer supervisors is the ability to:
   a. Coach his/her volunteers
   b. Give feedback only at scheduled meetings
   c. Problem solve for volunteers
   d. Allow volunteers to interact with children by trial and error
240. A child with neutropenia has which of the following?
   a. Decreased blood flow to the lungs
   b. An enlarged liver and spleen
   c. Calcification of the joints
   d. A decrease in the number of circulating white blood cells

241. When engaging medical play with a child, the child life specialist should do all of the following EXCEPT:
   a. Provide realistic materials
   b. Allow the child the choice of avoiding play
   c. Correct any apparent misconceptions as they are revealed
   d. Monitor misconceptions revealed through play

242. The coping effort in which one’s behavior is directed toward dealing with the distressing thoughts and feelings that accompany stressful situations is:
   a. Problem-focused coping
   b. Emotion-focused coping
   c. Resolution-focused coping
   d. Equilibrium-focused coping

243. The child life program must have written policies and procedures to meet the requirements of accrediting agencies and to:
   a. Ensure a level of quality/consistency of care/practice within the program
   b. Ensure equal status with other disciplines in the healthcare environment
   c. Effectively recruit volunteers and students for the child life program
   d. Effectively present the program to business in the community for grant funding

244. Which of the following is an appropriate guideline to follow when preparing a child for potential stress-inducing events?
   a. Young children need to have their preparation accompanied with appropriate audio-visuals while adolescents prefer verbal explanations
   b. 2 and 3-year-olds need preparation at least 2 weeks in advance so they have ample time to develop appropriate coping skills
   c. All children should be prepared except those who show no interest or whose parents request no preparation be given
   d. Preparation of each individual child should be the responsibility of one person, but this person should be supported by other staff members

245. When the 3-year-old sibling of a patient who is dying begins asking questions about death, the child life specialist should expect the questions that reflect which stage of cognitive development?
a. Abstract
b. Concrete
c. Sensorimotor
d. Pre-operational

246. What should a child life specialist look for when assessing a child and family?
   a. A wide range of variables and systems that influences the successful management of stressors
   b. Adaptive behaviors and how the child reacted to past medical experiences and stressors
   c. Impact of parenting style on the child’s ability to adjust to stressful situations
   d. The child’s mastery of stressful situations and changes in thinking

247. Which of the following would a child life specialist need to do to include cross-cultural competence in their practice with children and families?
   a. Adopt values, beliefs, and behaviors of another culture as one’s own, in order to demonstrate understanding and assimilation of the information
   b. Demonstrate cultural sensitivity in all aspects of how a family considers the process of, goals for and outcomes of the healing process
   c. Acquire knowledge of the beliefs and practices of varying cultural groups who utilize health services in the community and nearby region
   d. Develop knowledge and skills to increase one’s understanding and appreciation of cultural differences and similarities within, among and between groups

248. When assessing stress potential of a child, the child life specialist should seek which of the following information?
   a. Previous healthcare experiences
   b. Parental presence
   c. Pain threshold
   d. Siblings and their needs

249. What should a child life specialist be able to assess through observations of a child’s play?
   a. Temperament
   b. Socioeconomic status
   c. Intelligence
   d. Religious beliefs
250. A 15-year-old has recently been diagnosed with a chronic illness. One of the goals of the child life specialist’s interventions is to increase the patient’s understanding of the illness. Which of the following is MOST important in evaluating the effectiveness of the intervention?
   a. The patient can explain the diagnosis to friends in an age-appropriate manner
   b. The nursing staff reports that the patient is expressing feelings more openly
   c. The parents report that they are very satisfied with the child life specialist’s interventions
   d. The medical staff reports that the patient was cooperative with medical procedures

251. What is the purpose of encouraging patients who are 13 – to 18-years old to dress in their own clothes and maintain personal grooming and hygiene during hospitalization?
   a. Supporting hospital cost-containment measures
   b. Encouraging independence and self-responsibility
   c. Facilitating adjustment by normalizing the hospital environment
   d. Promoting healthy relationships between patients and peers

252. When a child expresses negative, hostile, or aggressive feelings during play, what action should the child life specialist take?
   a. Use distracters to redirect the child
   b. Validate the child’s feelings
   c. Ignore the child’s remarks
   d. Help the child to empathize

253. Developing and maintaining a therapeutic relationship would be MOST important for which of the following patients?
   a. One who has stopped playing after his last lumbar puncture
   b. One with a chronic illness and is hospitalized with another long-term admission
   c. One who is a new admission and has not been in a hospital before
   d. One whose primary caretaker cannot be with him on a regular basis

254. Which of the following is the most important to remember when documenting in a patient’s chart or medical record by hand or in an electronic format?
   a. It is available for viewing in the medical records office
   b. It should include as much information as possible
   c. It is a legal document admissible in court
   d. It is subjective in detailing patient issues
255. When a 9-year-old uses thumb sucking as a coping mechanism, he may be displaying which of the following behaviors?
   a. Regression
   b. Suppression
   c. Denial
   d. Withdrawal

256. A child who has been severely injured is upset by a visiting entertainer who asks what happened to the child’s face. What action should the child life specialist have taken to avoid this situation?
   a. Assigned a volunteer to protect the child from painful questions
   b. Informed the guest about acceptable ways of interacting with patients
   c. Enlisted a volunteer to engage in an alternative activity with the child
   d. Seated the child in an area away from the center of attention

257. Soon after admission to the hospital, a 10-year-old child expresses fears about her parents not staying overnight. She is afraid they will not come back tomorrow. Which of the following would be the MOST appropriate intervention by the child life specialist?
   a. Provide information to the family about rooming with the child
   b. Encourage the patient to express fears and explore ways for her to maintain contact with the family
   c. Make a referral to the pediatric psychiatrist for further assessment and intervention
   d. Chart that the patient is experiencing severe separation anxiety and problems with regression

258. Which of the following activities should be implemented to provide an opportunity for a volunteer to express feelings arising from his work?
   a. Continuing education experiences
   b. Orientation sessions with the healthcare team
   c. Regularly scheduled meetings with supervisor
   d. Variation of activities through the volunteer office

259. A 14-year-old sibling’s response to his sister who is dying is “I don’t know what everyone’s so concerned about. She will pull through; she always does.” What type of coping effort best describes this comment?
   a. Psychological
   b. Emotion-focused
   c. Physiological
   d. Problem-focused
260. **What type of care recognizes primary family caregivers as their experts in care of the child?**
   a. Family-allied
   b. Family-focused
   c. Family-centered
   d. Family-expert

261. **What should be considered when evaluating a CL plan of care?**
   a. Goal to be achieved
   b. Available resources
   c. Patient satisfaction scores
   d. Results of questionnaires

262. **Which of the following represents the effective process of problem solving?**
   a. Problem identification, implementation, problem analysis, and idea generation
   b. Self-evaluation, professional boundaries, respecting diversity, and problem analysis
   c. Problem identification, problem analysis, idea generation, and implementation
   d. Problem analysis, self-evaluation, professional boundaries, and respecting diversity

263. **How can the use of statistics, numerical analysis, and databases be beneficial to a child life program?**
   a. Assist in evaluation and program development
   b. Provide standards for rewriting job descriptions
   c. Provide a framework for evaluating competency
   d. Assist in creating staff development programs

264. **Which of the following is true regarding documentation in the medical record?**
   a. It provides basic communication for the healthcare team
   b. It is the primary function of child life specialists
   c. It should be limited to notes regarding the patient’s physical health
   d. It should contain only objective notes from the child life specialist

265. **Which of the following describes the CLS obligation to demonstrate veracity?**
   a. Being truthful
   b. Being timely
   c. Being trusting
   d. Being tenacious
266. A child life student is frustrated by his inability to reduce the fears and anxieties of a 4-year-old. The student reacts by overindulging the child. What action should the supervising child life specialist take?  
   a. Assign the student to a child who is less anxious to promote success  
   b. Assume responsibility for the child’s care and have the student observe  
   c. Encourage self-reflection to develop more effective future interactions  
   d. Transfer the student to work with patients in a different age group

267. A child life specialist is conducting a session for parents on problems that may arise in the behavior of young children after discharge from the hospital. Which of the following guidelines should be included in the information given to the parents?  
   a. Recommend that parents relax limits for several weeks  
   b. Recommend that parents decrease sibling’s boundaries at home  
   c. Encourage families to talk about feelings about returning home  
   d. Encourage families to engage in multiple activities for distraction

268. What reaction is most likely to occur in a 17-year-old athlete who sustained an injury resulting in paralysis?  
   a. Shame and doubt  
   b. Inferiority  
   c. Guilt  
   d. Identity diffusion

269. A 3-year-old child is being admitted for cardiac surgery in six weeks. Which of the following suggestions should the child life specialist make when discussing preparation with the child’s family?  
   a. Give the child age-appropriate information within a few days to a week of admission  
   b. Prepare the child far ahead of time as to allow ample time for coping and adjustment  
   c. Encourage developmentally-appropriate magical thinking to dispel hospital fantasies  
   d. Offer to provide weekly medical play sessions prior to hospital admission

270. Hospital policies which encourage on-going peer relationships demonstrate responsiveness to which of the following age groups?  
   a. 11 months – 2 years old  
   b. 3 – 5 years old  
   c. 6 – 11 years old  
   d. 12 – 18 years old
271. Following a discussion with the parent of a 14-year-old during which the parent expresses that the medical team is not recognizing the family’s concerns about the adolescent’s treatment plan, the child life specialist arranges a care conference so that the concerns can be communicated with the healthcare team. Which of the following describes the motivation of the child life specialist in advocating the care conference?
   a. The parent needs the opportunity to express his/her concerns while still allowing the medical team to reinforce the plan of care
   b. The medical team needs the opportunity to clearly state their expectations regarding the child’s care
   c. The parent needs to be recognized as the expert who knows his/her child’s best and has personal experiences with the child’s condition
   d. The child life specialist needs the opportunity to advocate to the medical team about the adolescent’s reactions to the hospitalization and coping with a health condition

272. What is the purpose of providing opportunities for children to engage in healthcare play?
   a. To normalize the environment
   b. To provide opportunities for role identity
   c. To distract patients from expressing feelings
   d. To avoid the use of real medical equipment

273. In preparing a 4-year-old for surgery, which of the following should be included?
   a. Sensory information
   b. Abstract ideas
   c. Privacy issues
   d. Detailed pictures

274. In addition to a child-oriented atmosphere, creative materials, and hospital objects, meaningful play for children in healthcare also requires which of the following?
   a. Space for privacy from others when desired
   b. Other hospitalized children for playmates
   c. A permission-giving, responsive adult
   d. An adult to direct play and set limits
275. **What potential stressor is an adolescent in the hospital MOST likely to experience?**
   a. Loss of control
   b. Separation anxiety
   c. Lack of initiative
   d. Feelings of shame and doubt

276. **Why is it important to ask a child to describe the pain they are experiencing?**
   a. To provide an opportunity for rapport building
   b. To learn about their perceptions of their pain
   c. To heighten awareness about the physical sensation of pain
   d. To assist the doctor in prescribing pain medication

277. **A collaborative approach to care includes all members of the team: children, families, health professionals, and which of the following?**
   a. Donors
   b. Community
   c. Administration
   d. Volunteers

278. **Which of the following actions should the child life specialist take in order to most effectively assess and interact with infants, children, youth and families?**
   a. Attend psychosocial rounds to advocate for patients struggling with hospitalization
   b. Organize daily routines and calendars for group activities based on the severity of illness
   c. Prioritize daily workload in relation to direct and indirect patient care responsibilities
   d. Match the interactions and activities to developmental level, emotional state, and individual needs

279. **When interviewing a family, which of the following is the most important to assess?**
   a. Child’s interests and talents
   b. Child’s position in the family
   c. Child’s developmental level
   d. Child’s grade in school
280. A family’s level of coping is most directly related to which of the following?
   a. Social class
   b. Support system
   c. Level of education
   d. Religious denomination

281. To facilitate the transition to home after an extended stay in the hospital, which of the following is important for a child life specialist to encourage?
   a. The immediate return to normal activities and routines at home
   b. A discussion of the child’s limitations with school officials
   c. Education of the patient on the physical details of his or her illness
   d. Parents awareness of typical post-discharge behaviors in children

282. A child expresses a reluctance to return home following an extended stay in the hospital. What action should the child life specialist take?
   a. Document concerns and share information with the healthcare team
   b. Refer the child and family to a social worker for further assessment
   c. Validate the child’s feelings while addressing specific concerns
   d. Reassure the child that the return to a familiar environment will help

283. How should the child life specialist approach talking with parents when a child is present?
   a. Ensure that the child is otherwise occupied
   b. Communicate using language the child does not understand
   c. Include the child in the conversation
   d. Request that the child listen quietly

284. What does HIPPA regulate and protect?
   a. The patient’s electronic medical records and social security number
   b. The disclosure of pre-existing conditions for individuals seeking health insurance
   c. The right for families who lose their health insurance to continue receiving group benefits for a limited time
   d. The use and disclosure of protected health information that can be used to identify the subject

285. When does the process for school reentry begin?
   a. When the child is admitted to the hospital
   b. At the time of discharge
   c. Once discharge criteria have been designated
   d. When the child is referred to hospital school services
286. Which of the following is an example of behaviors that strengthen the predictability and reliability of supportive relationships between child life specialists, children, and families?
   a. Hello and goodbye rituals
   b. Regular playroom hours
   c. Permission for parental presence
   d. Group preparation tours

287. Which of the following is a developmentally appropriate intervention to support a 10-year-old during an IV placement?
   a. Giving parents the choice to stay during the procedure
   b. Providing information about the sequence of events
   c. Reassure the child that the procedure will not be painful
   d. Describe to the child how a 3-year-old managed the procedure

288. How do children who are sensitizers deal with imminent stress?
   a. Displaying anticipatory worry
   b. Ignoring details of impending distress
   c. Acting as if nothing is happening
   d. Turning away from the procedure

289. Which of the following is an essential topic for volunteer training?
   a. Leading health care play
   b. Parent interviewing techniques
   c. Infection control procedures
   d. Accessing medical records

290. Children who are striving to master the concept of ‘causality’ ask themselves and others questions like which the following:
   a. What caused the death of my pet dog?
   b. Do dead people continue to eat, play, or go to the bathroom?
   c. How long do you stay dead after you die?
   d. Does everyone die?

291. When children attempt to grasp the subconcept of “irreversibility” in their understanding of death, they are challenged to comprehend that:
   a. All living things must eventually die
   b. The physical body of a living thing is dead and can never be alive again
   c. The final ceasing of bodily function
   d. What really does or can bring about the death of a living thing
292. Children who are striving to master the subconcept of 'nonfunctionality' ask themselves and others questions like which of the following:
   a. What caused the death of my pet dog?
   b. Do dead people continue to eat, play, or go to the bathroom?
   c. How long do you stay dead after you die?
   d. Does everyone die?

293. Including a child in a funeral or other mourning rituals should be considered because:
   a. A child has a right and a need to be included
   b. A child needs to feel part of the family
   c. A child will have a difficult time saying good-bye
   d. A child can talk about the experience more readily

294. A child’s ability to understand the concept of death will depend on his/her cognitive development. The developmental stage in understanding death for a preschool child is best described:
   a. Preschool children think death is reversible, not permanent
   b. Preschool children understand in terms of physical and emotional experiences because they have no language ability
   c. Preschool children see death as universal
   d. Preschool children think concretely in making sense of death

295. Grieving reactions in children vary widely. Some regression reactions may include:
   a. Bedwetting and thumb-sucking
   b. Loss of appetite
   c. Nightmares
   d. Headaches

296. The significance of death for children is based on many factors. Which factor is the most important to consider when helping a child grieve the loss of a loved one:
   a. Spiritual, cultural, and religious influences
   b. Ritual and funeral experience
   c. Relationship to the deceased
   d. Child’s previous experience with death

297. Children have varying grief reactions; some common are:
   a. Regression, nightmares, separation anxiety
   b. Hunger, craving chocolate, missing meals
   c. Staying out late, smoking, drinking excessively
   d. Severe anxiety, withdrawal, flashbacks
298. **One of the most important interventions for bereaved siblings provided by a Child Life Specialist:**
   a. Preparation for medical procedure
   b. Education about the illness
   c. Facilitating saying “good-bye”
   d. Play

299. **The role of the Child Life Specialist in the end of life issues is:**
   a. Provide support to medical staff
   b. Help parents talk with their children about death
   c. Help make funeral arrangements
   d. Facilitate a plan for visitation

300. **The process of grieving is unique to every child. Children can begin their grief process when they:**
   a. Know someone has died and find that they themselves are safe
   b. View the dead body
   c. Tell someone how they are feeling
   d. See a grief counselor