

Child Life Certification Practice Test (Sample)

Study Guide



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SAMPLE

Questions

- 1. Which element is NOT part of Maslow's hierarchy of needs?**
 - A. Security needs**
 - B. Emotional well-being needs**
 - C. Esteem needs**
 - D. Physiological needs**
- 2. What is essential during the orientation period when participants enter a hospital?**
 - A. Engaging in play activities immediately**
 - B. Familiarizing them with key hospital areas and policies**
 - C. Scheduling their appointments**
 - D. Providing them with entertainment options**
- 3. Which of the following is NOT considered an expressive play activity?**
 - A. Cooking**
 - B. Pounding activities**
 - C. Reading medical charts**
 - D. Graffiti posters**
- 4. What was the finding of Burstein and Meichenbaum (1979) regarding the play habits of children prior to hospital admission?**
 - A. They were more likely to cry during hospitalization**
 - B. They were less anxious after discharge**
 - C. They avoided hospital-related toys**
 - D. They played less with peers**
- 5. What observation did Tisza, Hurwitz, and Agnoff (1970) make regarding preschool children during hospitalization?**
 - A. They engaged in more active play**
 - B. They used hospital-related toys**
 - C. They abandoned play in the initial phase**
 - D. They showed improved social skills**

- 6. What involves imagining pleasant settings or events as a coping strategy?**
- A. Comforting self-talk**
 - B. Distracting imagery**
 - C. Dramatic play**
 - D. Stress point preparation**
- 7. Who is known for describing three stages of moral development?**
- A. Sigmund Freud**
 - B. Lawrence Kohlberg**
 - C. Erik Erikson**
 - D. Jean Piaget**
- 8. According to Erikson's stages of development, what is the primary task of children aged 0-1 year?**
- A. Developing a sense of personal control**
 - B. Establishing trust through reliable care**
 - C. Acquiring skills to cope with academic demands**
 - D. Forming a personal identity**
- 9. What type of play is considered most beneficial for children in healthcare settings?**
- A. Structured play**
 - B. Competitive play**
 - C. Open-ended activities**
 - D. Digital play**
- 10. What is the main focus of health care play in child life practice?**
- A. Mastery of hospital food preferences**
 - B. Facilitation of information processing about care**
 - C. Reduction of physical discomfort**
 - D. Enhancing children's social interactions**

Answers

SAMPLE

1. B
2. B
3. C
4. B
5. C
6. B
7. B
8. B
9. C
10. B

SAMPLE

Explanations

SAMPLE

1. Which element is NOT part of Maslow's hierarchy of needs?

- A. Security needs
- B. Emotional well-being needs**
- C. Esteem needs
- D. Physiological needs

Maslow's hierarchy of needs is a psychological theory that categorizes human needs into a five-level pyramid, where lower-level needs must be satisfied before higher-level needs can be pursued. The recognized levels include physiological needs (basic survival requirements like food and water), safety and security needs (personal and financial security), social belongingness (relationships and social connections), esteem needs (self-esteem and recognition), and self-actualization (achieving one's potential). Emotional well-being needs, while important for overall psychological health, are not explicitly defined within Maslow's hierarchy. This concept encompasses a variety of psychological and social elements that may overlap with several of Maslow's categories but does not constitute a distinct level of needs in his framework. The other elements mentioned—security, esteem, and physiological needs—are all integral parts of the hierarchy. These needs reflect the structure of Maslow's model and are essential to understanding how human motivation progresses from basic survival to more complex social and self-fulfillment aspirations.

2. What is essential during the orientation period when participants enter a hospital?

- A. Engaging in play activities immediately
- B. Familiarizing them with key hospital areas and policies**
- C. Scheduling their appointments
- D. Providing them with entertainment options

Familiarizing participants with key hospital areas and policies during the orientation period is essential because it helps reduce anxiety and confusion associated with a hospital stay. Understanding the layout of the hospital, including important locations like the nurse's station, restrooms, and treatment areas, can provide a sense of security and control for patients and families. Additionally, being informed about hospital policies helps set expectations and guides participants on what to expect regarding their care, visitation rules, and safety protocols. While engaging in play activities, scheduling appointments, or providing entertainment options may be valuable aspects of the hospital experience, the primary goal during the orientation phase is to create familiarity and comfort by providing the necessary information about the immediate environment and institutional practices. This foundational knowledge plays a crucial role in helping participants feel more at ease and ready to participate in their care.

3. Which of the following is NOT considered an expressive play activity?

- A. Cooking**
- B. Pounding activities**
- C. Reading medical charts**
- D. Graffiti posters**

Expressive play activities are those that allow individuals, especially children, to express their feelings, thoughts, and experiences through creative and imaginative means. Among the options provided, reading medical charts does not fall into the category of expressive play. Unlike cooking, pounding activities, or creating graffiti posters, which involve hands-on engagement and artistic expression, reading medical charts is a more cognitive task focused on information processing rather than creative expression. Expressive play activities typically encompass a wide range of activities where the primary goal is to facilitate emotional expression and communication through creative means, rather than the interpretation of written materials. In this context, the other options encourage imaginative exploration and self-expression, aligning them with the definition of expressive play.

4. What was the finding of Burstein and Meichenbaum (1979) regarding the play habits of children prior to hospital admission?

- A. They were more likely to cry during hospitalization**
- B. They were less anxious after discharge**
- C. They avoided hospital-related toys**
- D. They played less with peers**

The finding of Burstein and Meichenbaum (1979) highlighted that children who were actively engaged in play prior to hospital admission often exhibited lower anxiety levels after their discharge. This suggests that play serves as a critical mechanism for processing experiences and emotions, ultimately contributing to a child's resilience and coping strategies during and after a hospital stay. The study indicates the importance of recognizing play as a vital component in children's emotional health and well-being. In this context, the other options do not align with the findings from the study. For instance, the statement regarding children being more likely to cry during hospitalization does not reflect the emphasis on play as a buffer against anxiety. Similarly, children being less anxious after discharge contradicts the general notion that hospital experiences can increase anxiety if not managed appropriately through familiar routines like play. Finally, while children may exhibit varying interaction levels with peers during hospitalization, the key takeaway from the study centers around the protective factors associated with their play habits before admission.

5. What observation did Tisza, Hurwitz, and Agnoff (1970) make regarding preschool children during hospitalization?

- A. They engaged in more active play**
- B. They used hospital-related toys**
- C. They abandoned play in the initial phase**
- D. They showed improved social skills**

Tisza, Hurwitz, and Agnoff (1970) observed that preschool children tended to abandon play during the initial phase of hospitalization. This phenomenon can be understood in the context of hospitalization, where the environment can be unfamiliar and intimidating for young children. The stress associated with being in a hospital setting—such as procedures, separation from parents, and the presence of medical personnel—can lead to a regression in coping mechanisms, such as play. Play is crucial for preschool children as it helps them process their experiences and emotions. When faced with the stressors of hospitalization, their instinct may be to withdraw from play, reflecting a potential struggle to adapt to the new and challenging situation they are experiencing. Recognizing this behavior can inform child life specialists and healthcare providers on how to better support hospitalized children by introducing play at appropriate times to help them cope with their environment and feelings.

6. What involves imagining pleasant settings or events as a coping strategy?

- A. Comforting self-talk**
- B. Distracting imagery**
- C. Dramatic play**
- D. Stress point preparation**

The correct response, which refers to the use of imaginative processes to create a mental image of enjoyable environments or experiences, emphasizes the role of distracting imagery as a coping strategy. This technique allows individuals to momentarily escape from stress or discomfort by envisioning serene or joyful situations, which can lead to emotional relief and a decrease in anxiety levels. Distracting imagery helps promote relaxation and fosters a positive mindset by shifting focus away from challenging situations. It is often employed in settings where stress management is crucial, such as in healthcare or therapy, especially for children who may struggle to articulate their feelings or fears verbally. While other options involve coping strategies, they do not specifically focus on the method of creating imagery to soothe oneself or distract from distressing circumstances. Comforting self-talk centers more on positive affirmations and internal dialogue. Dramatic play allows for expression and exploration of feelings through role-playing but does not directly involve imagining specific pleasant settings. Stress point preparation is more about planning and strategizing for upcoming stressors rather than the immersive and imaginative component of distracting imagery. Thus, the utilization of this strategy can be particularly powerful in promoting emotional well-being and resilience.

7. Who is known for describing three stages of moral development?

- A. Sigmund Freud**
- B. Lawrence Kohlberg**
- C. Erik Erikson**
- D. Jean Piaget**

The individual recognized for describing three stages of moral development is Lawrence Kohlberg. His work built on Piaget's earlier theories and proposed a framework that outlines how individuals progress through different levels of moral reasoning. Kohlberg identified three main levels: pre-conventional, conventional, and post-conventional morality. Each of these levels encompasses two stages that reflect the evolution of moral reasoning in terms of social norms and individual principles. Kohlberg's theory emphasizes that moral development occurs in a series of stages, suggesting that as people mature cognitively and emotionally, their ethical understanding becomes more complex. This framework has provided a foundational understanding of moral development in various fields, including psychology, education, and child development, making it a significant contribution to our understanding of how individuals develop their sense of right and wrong throughout their lives.

8. According to Erikson's stages of development, what is the primary task of children aged 0-1 year?

- A. Developing a sense of personal control**
- B. Establishing trust through reliable care**
- C. Acquiring skills to cope with academic demands**
- D. Forming a personal identity**

The primary task for children aged 0-1 year, according to Erikson's stages of development, is establishing trust through reliable care. During this period, known as the "Trust vs. Mistrust" stage, infants depend entirely on their caregivers for needs such as nourishment, comfort, and affection. When caregivers consistently meet these needs, infants begin to develop a sense of trust in their environment and the people around them. This foundational trust is crucial as it lays the groundwork for relationships and emotional health throughout the child's life. The focus during this age is not yet on personal control, academic skills, or identity formation, as these concerns manifest in later stages of development. Children will encounter the need for personal control in subsequent years as they learn to assert themselves and make choices. Similarly, coping with academic demands becomes a priority during preschool and school-age years, reflecting a different developmental focus. Forming a personal identity is a complex process that typically occurs during adolescence, emphasizing the importance of the trust established in early childhood as a basis for identity development later on.

9. What type of play is considered most beneficial for children in healthcare settings?

- A. Structured play**
- B. Competitive play**
- C. Open-ended activities**
- D. Digital play**

Open-ended activities are recognized as particularly beneficial for children in healthcare settings because they allow for creativity, imagination, and personal expression. Such activities provide children the freedom to explore and engage at their own pace, which can be especially important in a medical environment where they may feel anxious or restricted. Open-ended play can include art, imaginative play, and sensory activities, all of which enable children to navigate their emotions and experiences related to their healthcare journey. In contrast, structured play typically involves specific rules or objectives that can inadvertently add pressure, particularly for children already facing stress due to their medical circumstances. Competitive play may increase anxiety or feelings of inadequacy if children feel they are not performing well, which is often the case in healthcare settings. Digital play, while engaging, may not always promote social interaction and emotional processing in the same way that open-ended activities can. Thus, open-ended activities stand out as the most supportive choice for fostering a positive environment and aiding emotional coping in children during healthcare experiences.

10. What is the main focus of health care play in child life practice?

- A. Mastery of hospital food preferences**
- B. Facilitation of information processing about care**
- C. Reduction of physical discomfort**
- D. Enhancing children's social interactions**

The primary focus of health care play within child life practice is to facilitate information processing about care. This involves helping children understand and cope with the medical experiences they are facing. Through play, children are provided with opportunities to express their feelings, ask questions, and gain a sense of control over their environment and situation, which can be overwhelming. Health care play is a therapeutic approach that utilizes the natural medium of play to convey complex information regarding diagnosis, treatment, and procedures in a developmentally appropriate manner. By engaging in play that mimics medical settings or equipment, children can explore and familiarize themselves with the unfamiliar aspects of their healthcare experience. This process aids in reducing anxiety and fear, ultimately leading to a better understanding of what they will encounter. While the other options touch on important aspects of child life practice, they do not capture the core objective of health care play as effectively as the facilitation of information processing. For instance, while reducing physical discomfort and enhancing social interactions are certainly beneficial outcomes of child life interventions, they are not the main goal of health care play itself.