

News & Updates

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Upcoming Activities

April
[Toiletry Drive](#)

May
Awareness Walk

About Us
Spreading Hope
Through
Psychosocial
Support SM

[Learn](#)

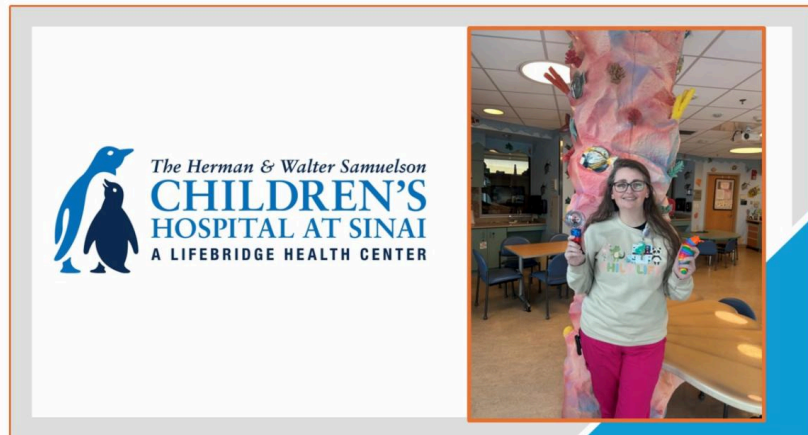
Support
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Miracles Possible

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*It's not just about
the medicine! SM*



Funding a Full-Time Position

In July 2018, Mattie Miracle created its second Child Life Program Fund. **To date we have donated over \$275,000 to Children's Hospital at Sinai (Baltimore, MD).** This fund pays for the full-time salary of a child life specialist. We are honored to introduce our supporters to Erin Moynihan. **Erin is the 7th child life specialist funded by Mattie Miracle since 2011.** Our child life specialist supports around 1,500 children and families a year.

Mattie Miracle is committed to funding access to child life services for children with cancer. **A child life specialist is a certified pediatric professional who helps children and families navigate the stress of hospitals and medical experiences through therapeutic play, preparation, and coping strategies.** Given the numerous psychological and social issues that arise during cancer treatment, most families will report that child life services are just as important as the medical treatment.

Reflections from Erin Moynihan

I am the Mattie Miracle Cancer Foundation Child Life Specialist at the Pediatric Hematology/Oncology Clinic at the Children's Hospital at Sinai in Baltimore, Maryland. I discovered the field of Child Life after reconnecting with a close friend who is a Certified Child Life



16 Years of Service Video

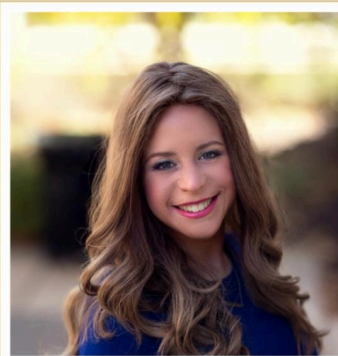
Specialist. At the time, I was working out of state, but when I returned to Maryland during the COVID-19 pandemic, I began exploring the profession more deeply. **The more I learned, the more I realized that Child Life perfectly aligned with my passion for working with children and supporting families during difficult times.** I have always known I wanted to work with the pediatric population and have held several roles caring for children. To further my experience, I volunteered at hospitals throughout the Baltimore area, gaining hands-on exposure to both inpatient and outpatient pediatric hematology/oncology settings. During that time, I also attended Towson University, where I earned my **Master's degree in Child Life, Administration, and Family Collaboration.**

My internship included a rotation on the oncology floor, an experience that solidified **my desire to work with and advocate for children and families within the hematology/oncology population.** After completing my internship, I knew I wanted to remain in the Washington, DC area and to continue serving this community.

I have always looked back fondly on my volunteer experience at Children's Hospital at Sinai, so when I learned of this opportunity, I was thrilled to return to an organization I deeply admire. I am incredibly honored and grateful to partner with the Mattie Miracle Cancer Foundation and to support the patients and families served through the Pediatric Hematology/Oncology Clinic.

Spreading Hope Through Psychosocial Support.

SM



Child Life Corner with Adina Levitan, CCLS

Supporting Children Throughout the Cancer Journey (Part 2: Treatment)

In last month's Child Life Corner, I shared how a child life specialist supports children and families at the onset of a cancer diagnosis. Once a diagnosis is made, treatment typically begins soon after.

Each type and stage of cancer has its own protocol. Treatment may include a combination of chemotherapy, surgery, radiation, stem cell transplant, or bone marrow transplant, all with the goal of eliminating cancerous cells or tumors from the body.

Before treatment begins, there is usually a family meeting to review the plan of care, discuss expectations, and address questions or concerns. This meeting often includes the child's physician, primary nurse, clinical coordinator, child life specialist, social worker, and other supportive team members. Depending on their age and how they are feeling physically and emotionally, the child may or may not be present.

In this setting, the child life specialist's role is to ensure that the child's voice is included and that information is presented in a developmentally appropriate way. If needed, the specialist may step out with the child to provide individualized preparation through play, psychological preparation, and therapeutic conversation to help the child better understand what to expect.

Many children undergoing cancer treatment will have a **port placed to receive chemotherapy**. A port is a small device surgically implanted under the skin, usually in the chest, and connected to a catheter that sits in a large vein. It allows for repeated access to the bloodstream without the need for frequent IV placements. Unlike long-term external catheters such as **PICC lines** or **Broviac lines**, which remain outside the body even when not in use; a port sits entirely under the skin. PICC and Broviac lines also carry a higher infection risk, which is especially concerning for immunocompromised children.

Child life specialists provide developmentally appropriate port education. This includes explaining what the port looks like, where it is placed in the body, how it is accessed, and what the child will feel. This can include play resources like [My Special Aflac Duck](#) or a modified doll with materials from [The Butterfly Pig](#). Together with the child, we create a coping plan for port access. **A coping plan restores a sense of control in an otherwise uncontrollable situation. Children choose how they want to sit, what distraction techniques to use, and what pain management options feel best to them. Establishing this routine creates predictability and consistency.** Copies of the coping plan are often shared with parents, medical staff, and included in the child's chart to ensure continuity.

Cancer treatment comes with many side effects. One of the most visible is **hair loss**. Chemotherapy targets fast-growing cancer cells but also affects other rapidly dividing cells, including hair follicles. As a result, children may experience thinning hair, patchy loss, and eventually complete baldness. **This physical change can be deeply distressing for both children and their parents.**

Although hair loss itself is not a choice, children can be given choices about how they respond to it. I often encourage families to consider proactive, empowering approaches, such as dyeing hair fun colors before it falls out, trying creative haircuts, or selecting head coverings like hats, bandanas, or wigs. Many organizations provide wigs and other head-covering options for children in treatment.

Throughout treatment, children undergo numerous procedures to administer chemotherapy and monitor progress. These may include lumbar punctures, bone marrow biopsies, and imaging studies such as MRIs or CT scans to evaluate tumor response. **Child life specialists consistently prepare and support children before, during, and after these interventions. We do not assume that a child who coped well once will always cope well. Coping is dynamic. It changes with fatigue, cumulative stress, medical complications, and emotional strain.** Some days are simply harder than others. Which is why we meet children where they are emotionally and provide ongoing assessment and adjustment of coping strategies.

Between treatments and scans lies the long monotony of hospitalization. **Although much of cancer care occurs in outpatient settings, there are often days or weeks when a child must be admitted to the hospital. During these periods, child life specialists focus on normalization and quality of life.** We open the playroom, bring bedside activities, facilitate therapeutic play, and encourage safe peer interaction when appropriate. Programming may include special visitors, holiday-themed events, movie nights, and creative therapeutic activities that provide distraction, mastery, and emotional expression.

The fabric of cancer treatment is woven with invasive procedures, painful medications, uncertainty, and unexpected changes. Child life specialists anticipate these fluctuations. We provide preparation, therapeutic play, normalization, and emotional support to reduce stress and anxiety and to mitigate the psychological impact of treatment. **Our work ensures that even in the midst of serious illness, children's developmental needs and emotional well-being remain central to their care.**

Collaborative Publications

Mattie Miracle learned first hand that **childhood cancer is NOT just about the medicine™**, as there are psychological and social issues that arise for both children and their families throughout the treatment process. **Unfortunately, these psychosocial issues do not end with the completion of the medical treatment.** This is why Mattie Miracle is committed to advocating and meeting the psychosocial needs of children with cancer.

Mattie Miracle provided the inspiration for the creation of the **historic evidence-based Psychosocial Standards of Care, one of the most downloaded articles published through Wiley.** The Standards are designed to define what all children with cancer and their families should receive to optimally support their psychosocial needs from diagnosis, throughout treatment, into survivorship, or end of life and bereavement care.

To help accelerate the implementation of the Standards at treatment sites around the Country, **the iSTEPPP (Implementing the Standards Together: Engaging Parents and Providers in Psychosocial Care) project was created.** This project is funded in part by a generous grant from the [Andrew McDonough B+ Foundation](#). The iSTEPPP team is comprised of top psychosocial researchers ([Nemours Children's Health](#) & [The Center for Cancer Research, NIH](#)) and national advocacy groups ([Momcology](#) & [Mattie Miracle](#)).

Learn more about the iSTEPPP project and read our three peer-reviewed publications:



1. **Partnership With Patient Advocacy Organizations** Improves Research Recruitment
2. **Benchmarks for Psychosocial Staffing** in Pediatric Oncology: Implementing the Standards Together—Engaging Parents and Providers in Psychosocial Care (iSTEPPP) Study
3. **Delivering Care Consistent With the Psychosocial Standards—Provider Report:** Implementing the Standards Together—Engaging Parents and Providers in Psychosocial Care (iSTEPPP) Study



Keep Our Carts Rolling

In honor of Mattie's 24th birthday, we will be hosting our **15th annual item drive**. All donated toiletries stock our **5 Mattie Miracle Snack & Item Carts** which offer **nutritional snacks, candy, and toiletries for free to pediatric families** at MedStar Georgetown University Hospital (Washington, DC), Children's Hospital at Sinai (Baltimore, MD), and the Clinical Center at the National Institutes of Health (Bethesda, MD).

When living in a hospital 24 hours a day, seven days a week and caring for a child with cancer, receiving these items can feel like a gift. Families often rush to the hospital when their children are ill and are unable to pack basic items that are needed for daily care. The carts fulfill these psychosocial needs.

You can participate in our item drive from anywhere in the USA. Please view our Amazon wish list below, and help us keep our Mattie Miracle Carts stocked to support families caring for children with cancer. **Our Carts service around 2,500 families a year.** We ask that all items be received by April 6, 2026.





Mattie Miracle Cancer Foundation
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