

The Lived Experiences of Child and Youth Care Practitioners Who Use Tactile Objects

in Practice

by

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Supervisory Committee

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Abstract

This study explores the lived experiences of using tactile objects in Child and Youth Care (CYC) Practitioners' practice. This thesis includes the definition and scope of tactile objects, explores what being a CYC Practitioner means, describes the many roles that CYC Practitioners hold, and shares what CYC Practitioners articulate about the use of tactile objects in their office space and environment. This study focused on the lived experiences of CYC Practitioners who work with clients and provide or utilize tactile objects in their practice. By interpreting the experiences, co-constructed themes identified how tactile objects are used, what beliefs guide their use, feelings that come up in use, and ideas about outcomes from their use, along with some emerging observations. The results from this study provide a case for increased education for CYC Practitioners, better tools for them and their clients to have access to and will help fill the gap in CYC literature about experiences of tactile objects in practice.

Table of Contents

Supervisory Committee	ii
Abstract	iii
Table of Contents	iv
List of Tables	vi
Acknowledgments.....	vii
Dedication	viii
Chapter 1	1
Context.....	1
Definition of Terms.....	3
Purpose and Rationale.....	4
Research Question	5
Chapter 2: Literature Review.....	6
About Child and Youth Care Practice	7
Relational Practice at the heart of CYC Practice.....	9
The Effect Tactile Objects Produce	11
Allied Practices Using Tactile Objects in Therapy.....	13
Expressive Arts Therapy.....	13
Play Therapy.	14
Synergetic Play Therapy.....	18
Art Therapy.....	20
Sandtray Therapy.....	23
Tactile Objects in the Counselling Space	24
Tactile Objects in Education.....	26
Tactile Objects Within Early Childhood.....	26
Manipulatives Within Education for School Aged Children and Youth.....	28
Summary	30
Chapter 3: Methodology	32
Qualitative Approach.....	32
Qualitative Research in Context	33
Interpretive Phenomenology.....	34
Method	35
Participant Recruitment	37
Informed Consent and Confidentiality.....	38
Participants.....	40
Kimberley.	40
Jenny.	40
Ruth.....	40
Melissa.....	41
Dana.....	41
Kellie.....	42
Data Collection: Semi-structured One-on-one Interviews.....	42
Analysis Using Interpretive Phenomenological Analysis.....	45
Validity/Reliability	47
Ethical Considerations	47

Chapter Four: Findings	49
Tools	50
Communication.....	50
Engagement/Participation.....	55
Grounding/Present	58
Relational/Relationship.....	61
To Other/Co-regulation.....	63
To Self/ Self-Regulation	68
Empowerment.....	71
Emergent Observations.....	75
Why Do We Use Tactile Objects?.....	75
Descriptors of Being Without and With Tactile Objects in Practice.....	78
Chapter 5: Discussion	82
Summary of Findings.....	82
What Does Regulation Mean?	83
Regulation and Synergetic Play Therapy.....	84
Relational Practice, Empowerment, and How This Relates to Non-Directive Play Therapy/Child-Centered Play Therapy	85
The Relationship in Relational Practice	85
Empowerment as it Relates to Relational Practice	87
Relational Practice Aligns With Non-Directive Play Therapy/Child-Centered Play Therapy	88
Relational Practice, Empowerment, and Foundational Play Therapy Principles.	88
Why Tactile Objects and What Effects Do They Have?	92
Limitations	94
Recommendations for Practice	95
Recommendations for Future Research	96
Closing Remarks.....	98
References.....	99
Appendix A.....	110
Appendix B	111
Appendix C	115
Appendix D.....	116
Appendix E	118

List of Tables

Table 1. *Themes, Subthemes and Descriptors: An Overview of Findings*

Table 2. *Descriptors from Child and Youth Care Practitioners Without Tactile Objects in Practice (about self and what they noticed when with others)*

Table 3. *Descriptors from Child and Youth Care Practitioners with Tactile Objects in Practice (about self and what they noticed when with others)*

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Dedication

This thesis is dedicated to my husband, Ryan, who has been the most steady and patient source of support and encouragement leading up to and throughout graduate school. I am so grateful for all that you are and all that you do.

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Chapter 1

The Lived Experiences of Child and Youth Care Practitioners Who Use Tactile Objects in Practice

Although there is a wealth of research on the use of tactile objects in other disciplines, there is a gap in the literature in Child and Youth Care (CYC). In CYC practice, tactile objects are employed often and in a variety of ways but the rationale for with whom, how, why, what, and when seems relatively unclear. I have used tactile objects in a variety of contexts and environments and have noticed numerous helpful impacts. This chapter will give you a brief description of my positionality and experiences and define key terms to provide further context. Subsequent chapters will share related literature, my research methodology, the findings, and discussion of the findings in the context of practice and the extant literature. Lastly, I will provide some recommendations for future practice and research.

Context

It is important to understand my positionality in this research. I have been in the CYC field for twenty years in a variety of occupations. These include Behavioural Intervention with individuals who are neurodiverse, working in group homes, working in private and public schools as an Educational Assistant, working in licensed daycare, teaching preschool, working within schools as a Youth and Family Counsellor, and now, working as a non-registered Clinical Counsellor in private practice while I finish my Master's program. In every one of these occupations, I have used tactile objects as a form of communication, education, growth, or comfort, etcetera. In short, tactile objects are a regular part of my daily practice.

I am grateful to raise my children in Victoria, BC. I am a White, cis-gender, able-bodied, third-generation, uninvited settler on the lands of the WSÁNEĆ peoples. My family is of British and Scottish descent. Growing up with two loving parents and two sisters, I am aware of the privilege of safety and power that I had and have to this day. Since living outside of my childhood home, I have had to work hard to get to this place in life, but I feel incredibly blessed to have felt support, love, and safety along each step. I believe that I need to be aware of this privilege and my social location as I engage in this research. Those that I work with may not have similar experiences. The lens that I use when I hear and interpret the gathered lived experiences, as well as the lens from the participants, will potentially impact the stories of the CYC Practitioners along with the interpretation of the stories.

Understanding my ontology is also helpful in understanding who I am as a researcher because it may show up in how I interpret and share my findings. Ontology can “be understood as a way of seeing and constructing the world” (Kirby et al., 2006, p. 12). I believe that our lived experiences, how we filter them, and what we learn from them are unique; no two people share exactly all the same experiences, social location, values, and all the other things that make up ‘who’ we are. My ontology is within the realm of relativism where, “realities exist in the form of multiple constructions, socially and experientially based, local and specific, dependent for their form and content on the persons who hold them” (Denzin et al., 2018, p. 102).

Further, my epistemology is within the constructivism/interpretivism paradigm where much is subjective. My findings will result from interactions between inquirer and inquired (i.e., two or more people) (Denzin et al., 2018). As Kirby et al. (2006) assert,

“what exists is what people perceive to exist...capturing an understanding of people in their environments” (p. 14). My positioning is aligned with relational practice which frames this research; meanings are negotiated and interpreted within relational interactions.

Definition of Terms

For the purposes of this study, I will use certain terms to describe an object or general modality. The focus of this study is to explore the stories of CYC Practitioners whose clients have access to or use tactile objects. Tactile is defined as “perceptible by touch; of, relating to, or being the sense of touch” (Merriam-Webster, n.d.). Petersen (2020) refers to the diversity and richness of tactile *experiences* giving examples of “a wasp crawling over skin, the texture of linen, [and] a lover’s touch” (p. R215) in research that explores the receptors that measure the quality and limits to sensory experiences. Although Petersen (2020) uses the term tactile experiences as ‘being touched,’ for my purposes, when “tactile object” or “tactile experience” is used, I am referring to *something* that can be touched or held or an *act of using it*. This experience of using a tactile object may be as simple as holding a cup, fiddling with a pencil, painting, rubbing a stone, or using an in-office basketball hoop. The experience may be active, complicated (e.g., a 3D wooden puzzle), and aware - or simple (e.g., fiddling with putty, cuddling a stuffed animal). Although I will primarily refer to tactile objects, at times I may use the term ‘tactile experience’ as a more active verb for using tactile objects. I consider these experiences as ‘tools’ in that they may help the CYC Practitioner with their job and, conversely, they may support the CYC Practitioners’ client. These tactile objects, I believe, may have a role that has yet to be thoroughly explored in the CYC literature.

Purpose and Rationale

Across my career in CYC, I have experienced tactile objects being integral to the effectiveness of my practice; whether in a school classroom, allowing a child to fiddle with a ‘fidget’ (e.g., often a small handheld object that can be rolled, pulled, poked, among other sensory experiences) so they can focus on their lesson, or a youth absentmindedly drawing in the sand table in my counselling office, a teacup to hold onto while an adult shares what struggles their family has been experiencing, or a toy for a toddler to explore and learn from. All these tactile object encounters have enriched the experience of the client from my perspective of the experiences. A simple example of this is the felt tension, in those moments when I first meet a youth and they are not talking much or with ease. When I give the offering of iced tea, tea, or hot chocolate, handing them the cup, spoon and other supplies, there is a felt sense of settling in and ease. The conversation flows more easily, and I notice their body relax. This holding and using of objects seems to allow comfort and help the work of connection, relationship, and support begin. I have noticed a variety of effects and the objects, themselves, have been used in a variety of ways.

To date, no research appears to be completed on the impact of having these tactile objects available for use in practice with CYC Practitioners. Within other disciplines, there is research on tactile objects in various forms. Examples of this are using tactile objects in various forms of counselling (e.g., expressive; play, synergetic, art, sandtray), as an educational support (e.g., math manipulatives, inclusive education), and in early childhood education settings (e.g., gross and small motor toys/manipulatives). I will refer to these as allied practices in that the tactile objects are being used as a tool within the

professionals' practice. There are other references to tactile objects in the literature, but these were specific to how to set up a counselling room and did not include much discussion about how the tactile objects may be used (Pearson & Wilson, 2012; Sanders & Lehmann, 2019).

Therefore, this question (What are Child and Youth Care Practitioners' lived experiences of using tactile objects in their practice?) has not been actively examined in the CYC field where most of the research on practice with individuals is based on activities and practice approaches that are largely borrowed from applied clinical psychology and in education. The CYC field will benefit from this research; by filling the gap in the literature on the potential impacts of providing tactile objects, CYC Practitioners can be better equipped and understand the reasons for providing all the tools that can help within their practice.

Research Question

The study is guided by the following question: *What are Child and Youth Care Practitioners' lived experiences of using tactile objects in their practice?*

Chapter 2: Literature Review

This chapter provides a synopsis of relevant literature to my research into the use of tactile objects in Child and Youth Care (CYC) Practice. I used a variety of search engines including University of Victoria Summons, ERIC, PsycINFO, and Google Scholar. Through a process of scanning the literature utilizing specific terms related to the context of my research focus, and scanning their references, I found peer-reviewed journals and books that were similar but not directly related to my own research question. The terms included: tactile object, tactile experience, comfort object, kinetic engagement, grounding object, prop in counselling/therapy, therapeutic prop, developing a therapeutic alliance, counselling rapport, counselling space, transitional objects, fidgets, fidgets in counselling, Child and Youth Care (and CYC Practice) tactile objects, CYC Practice props, play therapy props, play therapy objects, CYC and CYC Practice tools, CYC and CYC Practice office space, Inclusive Education tactile, manipulatives, fine motor tactile, Early Childhood Education (ECE) tactile, Preschool tactile, tactile objects gross motor ECE, etcetera. Often, I added in counseling, counselling, therapy, child, youth, and client as some part of these key words. I looked specifically into the allied modalities afterwards (i.e., play therapy, outdoor therapy, adventure therapy, art therapy, sandtray therapy) along with some of the above terms. Additionally, I engaged in discussions with counsellors, colleagues, academics, community members and engaged Jessica Mussel, the CYC research librarian. This produced several new terms to research, (i.e., social emotional learning, self-regulation, object relations) which brought up information indirectly related to my research questions. This review leans heavily on the literature from the counselling field as there is a dearth of research in CYC on this topic. In

addition, a brief review of research about CYC practice and examples of where terminology searched for overlapped/was close in nature, yet not directly related.

Literature on allied practices and concepts are organized into the following categories:

CYC Practice, the theory and research framework of relational practice, effects of tactile object use (i.e., self-regulation, co-regulation, and sensory modulation), and tactile objects used in allied therapeutic and educational practices.

About Child and Youth Care Practice

This research falls within the discipline of CYC, so first I will describe what CYC Practice is and what a CYC Practitioner does. The Child and Youth Care Association of British Columbia (CYCABC) has been running since 1969 demonstrating the lasting nature of CYCs profession (CYCABC, 2020). In my experience, when I tell an individual that I am a CYC Practitioner, it is not uncommon for there to be a sense of confusion about what exactly that means, and what I do. According to Council of Canadian Child and Youth Care Associations (CCCYCA) the national networking association for all the provincial associations, a CYC Practitioner's practice:

Occurs within the context of therapeutic relationships with children and youth who are experiencing difficulties in their lives. Intervention takes place within the family, the community and other social institutions, and centres on promoting emotional, social and behavioural change and well-being within the context of daily living. (Scope of Practice, n.d.)

Further to this, CYC Practitioners work with children, youth, and families:

with complex needs. They can be found in a variety of settings such as group homes and residential treatment centres, hospitals and community mental health

clinics, community-based outreach and school-based programs, parent education and family support programs, as well as in private practice and juvenile justice programs. Child and Youth Care workers specialize in the development and implementation of therapeutic programs and planned environments and the utilization of daily life events to facilitate change. At the core of all effective child and youth care practice is a focus on the therapeutic relationship; the application of theory and research about human growth and development to promote the optimal physical, psycho-social, spiritual, cognitive, and emotional development of young people towards a healthy and productive adulthood; and a focus on strengths and assets rather than pathology. (CCCYCA, Scope of Practice, n.d.)

In other words, CYC Practitioners work with almost all populations caring for one's holistic health while drawing on their strengths and abilities, and while working within a variety of therapeutic, educational, recreational, and support-based centres. Radmilovic (2005) asserts that CYC Practitioners "are in the practice of facilitating and supporting change in individuals, families, and communities" (p. 127) and part of being a change agent is knowing what perspectives, both personal and professional, guide one's practice. It is no surprise that many other professionals are not entirely certain what exactly CYC practitioners do considering the enormous scope of their practice. CYC Practitioners have the autonomy to choose what theories and orientations fit the best for them within their practice, but one common practice seems to be core and I am no exception to this; this is Relational Theory and practice. I will give some further context to CYC concepts and practice.

Relational Practice at the heart of CYC Practice

Child and Youth Care is relational by nature. Practitioners support children, youth, and families in their daily lives; building success on the strength of our relationship (Fewster, 1990; Garfat, 2009; Garfat & Fulcher, 2012; Krueger, 2005). I will discuss CYC Practitioners and relational practice as referenced by the literature.

CYC practice focuses on the support of growth and development of children, youth, and families (Maier, 1991). Henry Maier (1919-2005) is one of the pioneers of CYC concepts, particularly developmental theories of young people. His interest in challenging issues in CYC, and how to be effectively caring leads to his work in relational practice. Relational practice means meeting people where they are at, in everyday and simple ways such as having a tea or building a puzzle (Garfat & Fulcher, 2012; Krueger, 2005; Maier, 2000). I believe these simple ‘daily life’ interactions are interventions in themselves.

CYC Practitioners working in diverse capacities all share this characteristic: interaction. Henry Maier (2004) discusses three spheres of interaction that highlight how reciprocal personal interactions create powerful connections, joint experiences promote enrichment, and bridge-building is made to the youth’s and worker’s community. Similarly, Kreuger (2005) identifies four themes that address the importance of “develop[ing] a relationship with and promoting the development of youth during activities such as recreation, civic, job, and daily living activities” (p. 21). These themes are (a) rhythmic interaction, (b) presence, (c) meaning making, and (d) atmosphere. These themes and concepts identified by both Kreuger (2005), and Maier (2000) are at the very core of relational practice.

Garfat and Fulcher (2012) explore the heart of relational practice, also, asserting that CYC Practitioners participate daily in the “life of another person, or their family, allow[ing] her to intervene proactively, responsively and immediately to help the other person and/or other family members to learn new ways of acting and experiencing in the world” (p. 8). The immediacy of the interventions creates moments that are very everyday, in-the-moment experiences that allow the CYC Practitioner to live these moments and experiences with that individual (Garfat & Fulcher, 2012; Maier, 2000).

Bellefeuille and Jamieson (2008) further explain, “relational practice is a dynamic, rich, flexible, and continually evolving process of co-constructed inquiry. In this type of inquiry, meaning emerges within the ‘space between’ the individual, family, or community” (as cited in Garfat & Fulcher, 2012, p. 9). This shared space or ‘co-created space’ is not just a relationship, but a shared space that the Practitioner is constantly attending to; making sure it is safe, developmentally appropriate, and full of learning (Garfat & Fulcher, 2012). Stuart (2009) believes that “the relationship [itself] is the intervention” (as cited in Garfat & Fulcher, 2012, p. 10; Fewster, 1990).

Relational practice demonstrates how CYC Practitioners work with their clients very closely, attending to their holistic needs, helping them grow, learn, and feel comfortable. Themes such as: everyday simple ways of meeting people where they are at, simple and daily life interactions, rhythmic interaction and meaning making, participating daily in the life of another’s, and attending to the space to ensure it is developmentally appropriate and full of learning, are all examples of possibilities of doing, using, or having tactile objects as a part of the relationship (Garfat, 2009; Garfat & Fulcher, 2012; Krueger, 2005; Maier, 2000). In many settings, I have experienced that attending to these

core needs will often involve providing or using tactile interventions. This may show up as making food, holding a teacup, playing with a toy, fiddling with a fidget, collecting stones on a beach or countless other, or more purposeful uses of tactile objects. Although being relational does not guarantee using a tactile object, it often will include one and rarely excludes it. Being relational is part of the practical framework to my research. In relational work, CYC Practitioners are tasked with supporting others and helping their clients feel comfortable. This next section discusses several possible explanations of how individuals might feel comfort.

The Effect Tactile Objects Produce

In discussion with colleagues (i.e., academics and Registered Clinical Counsellors), the closest terms to describe the reduction of anxiety or ‘ahhhh’ moment that I have noticed happens when individuals hold or experience tactile objects are self-regulation, which is linked to co-regulation, and sensory modulation.

First, I describe self-regulation as it showed up in the literature. Carver and Scheier (2001) explained that individuals have a social comparison model where self-comparisons are made with another person or people, and the individual assesses the standard of *rightness*. They further define upward comparisons where an individual determines that another person is better off than themselves, and conversely a downward comparison refers to someone worse off than themselves (Carver & Schier, 2001). In general, people are capable of *adaptive self* to better match those in the group that are ‘better off than themselves’ (Carver & Schier, 2001). This process is further described about how people have a drive to feel a sense of ‘belonging’ which is achieved by a series of steps. These include, having an awareness of self, assessing societal norms,

recognizing ways that they may not fit into the social norms, awareness of threats in complex social circumstances, and an ability to reconcile current self-behaviour when different than social norms (Carver & Schier, 2001; Heatherton, 2011). In short, self-regulation is a series of steps that include awareness of self in comparison with others, adjusting behaviours, and learning to adapt (Carver & Schier, 2001; Heatherton, 2011). Social and emotional education, as well as awareness in self and others, is beneficial in a variety of contexts, as demonstrated in a meta-analysis of 213 social and emotional learning programs run within schools (Durlak et al., 2011).

Co-regulation is working in tandem to do the same process as self-regulation, though unspoken. According to Murray et al. (2019), co-regulation is how individuals work together to regulate. This usually takes place between an individual and ‘more capable other’ and through interaction, individuals “learn to engage and control their own self-regulatory strategies, evaluations, and processes by observing, requesting, prompting, or experimenting with self-regulation with a supportive other” (Hadwin & Oshige, 2011, p. 248). According to Murray et al. (2019), by teaching self-regulation skills, providing co-regulation, and building a supportive environment, together these elements create a warm and responsive relationship. Self and co-regulation are at the core of the caring and interactive relationships that young people have with adults, but individuals of all ages can experience. These overlapping concepts relate back to relational practice, which I have previously discussed.

Last, according to Barbic et al. (2019) “sensory modulation is the way individuals regulate and organize their response to sensory input received from their environment” (p. 2). Their study is specific to sensory modulation rooms, which help calm and regulate

patients. Sensory modulation relates somewhat to what may happen when individuals use tactile objects and explains how people can regulate themselves purposefully with tactile experiences. Although sensory modulation is a space meant to directly help individuals ground themselves and self-regulate with tactile objects and experiences, I would propose that tactile objects and experiences have the same effect in a variety of therapeutic and relational environments, additionally helping with co-regulation between CYC Practitioners and their client(s).

Allied Practices Using Tactile Objects in Therapy

As previously discussed, the literature is saturated in the use and effectiveness of using tactile objects within therapeutic practices; some examples are explored next. When I think about action-oriented therapies that often involve holding a tactile object or having an experience, I immediately think of play, art, and closely linked variations, like synergetic and sandtrays. The literature surrounding these modalities share many qualities of the research question by discussing tactile experiences along with some other qualities, such as impacts and effectiveness.

Expressive Arts Therapy

Expressive art therapy is comprised of the following four discussed allied modalities, but in addition to play therapy, synergetic play therapy, art therapy, and sandtray therapy, it can include dance, movement, drama, and musical arts. Malchioldi (2003) asserts that the value of expressive therapies, especially dance, art, and play can help repair and continue healthy attachments through their “experiential and sensory means...tap[ing into] early relational states before words are dominant, possibly allowing

the brain to establish new, more productive patterns” (p. 12). Urquhart et al. (2020) further describes the vulnerability that infants have and how their care is dependent on loving and attuned adults. Communication takes place using the senses, with touch being the most significant (Urquhart et al., 2020). ¹For those who are needing the benefit of trauma-informed practice and attachment work, the mind-body integration of expressive arts therapy is beneficial; specifically Haptic, which refers to the sense of touch, and interventions with a repetitive nature such as “music, movement, yoga, drumming, therapeutic massage to more traditional play therapy, sand tray or other art therapies” (Perry, 2012, as cited in Urquhart et al., 2020, p. 93). In a series of case studies, it is shown “that tactile art and play can, in some way, replicate the sensory experience of nurturing touch for children living with the consequences of attachment trauma” (Urquhart et al., 2020, p. 95).

Although I will explore some of the specific modalities of Expressive Arts Therapies in greater detail, tactile interventions, movement (doing), and repetition are clearly beneficial for people who have experienced early trauma or have interrupted attachments.

Play Therapy. Play is a universal language that does not create cultural barriers and has many effective forms: Non-directive or Child-Centred Play Therapy (CCPT), Sandtray, Gestalt, Cognitive-Behavioural Approach, Adlerian, Filial, Theraplay, and

¹ As Linden (2015) exposes, when there is persistent deprivation of touch for infants possible linked risks include emotional difficulties, as well as physical ones that include obesity, diabetes, heart disease, immune disorders, and digestive disorders. Even though individuals cannot explicitly remember infancy, our implicit memories help us make expectations based on our past experiences, which results in appropriate reactions; if our experiences have been traumatic, the responses that are mapped in our brain have been triggered from the sympathetic nervous system and create an automatic stress response (Urquhart et al., 2020). It is also known that the right brain focuses on preverbal, emotional, tactual, and visual processing of our experiences and implicit memories; we “synthesi[ze] emotions, images, sensations, behavioural social cues and relational information” (Urquhart et al., 2020, p. 93) here.

more (Trice-Black et al., 2013). Virginia Axline is the pioneer of play therapy, with her first play therapy text dating back to 1947 (Landreth, 1993). Axline trained under Carl Rogers, whose philosophy in counselling is person-centred or in this case, child-centred (Landreth, 1993). With children, play therapy can be an effective method of support “because play is the child’s symbolic language of self-expression, and for children to play out their experiences and feelings is the most natural, dynamic, and self-healing process in which children can engage” (Landreth, 1993, p. 17). Through play, children can build confidence in how to manage their environment, play allows children to be themselves and experience all of themselves since self-directed (child-centred) play is safe (Landreth, 1993). Further, the use of the toys allows children to safely feel, react and process their anxieties, fears, fantasies, and guilt by transferring it all to the toy, giving them a safe distance and chance to move through it symbolically (Landreth, 1993). Landreth (1993), further, explains play therapy asserting that the experience that is being acted out symbolically may have a different outcome as the child works towards resolution, allowing the child to cope with problems more effectively as well as expanding the expression of self as they consider new possibilities. Lastly, as play researcher Marshall (2012) noted,

Research about play highlights its role in supporting cognitive, social-emotional, and physical development. Play is also seen to strengthen creativity and academic achievement, and relieves the symptoms of attention deficit disorder, anxiety, depression, and other potentially debilitating health conditions like obesity and diabetes, among its numerous major health benefits. (p. 3)

Axline offered eight guiding principles for therapeutic contact with young people. They centre around a caring relationship, with unqualified acceptance, safety, permissiveness, and sensitivity to the young person's feelings (Axline, 1947; Landreth, 1993). The play therapist also must deeply trust that the child will be responsible and able to problem solve, make good choices to guide the direction of play, not rush and only create limits that help the young person move in relationships responsibly (Axline, 1947; Landreth, 1993). These guiding principles are based on the personality structure theory that Axline (1969) believed in; "there seems to be a powerful force within each individual which strives continuously for complete self-realization [and] this force may be characterized as a drive toward maturity, independence, and self-direction" (p. 10).

Bratton et al. (2005) conducted a meta-analytic review of play therapy outcomes on studies from 1953-2000; after reviewing 93 play therapy outcome studies, it was determined that the results "support the efficacy of this intervention with children suffering from various emotional and behavioral difficulties... [and after treatment] the average treated child was functioning 0.80 standard deviations better than children not treated" (p. 385). The success seems pointed to children dealing with behavioural, personality, and social difficulties (Bratton et al., 2005; Trice-Black et al., 2013). Jensen et al. (2017) respond directly to Bratton et al.'s (2005) study questioning the quality of the study in a search for more current efficacy outcomes. Although findings in their study demonstrate a small positive effect on various outcomes for young people, the effects are "notably lower than comparative studies of behavioral interventions [and] comparable to previous studies of nonbehavioral interventions" (Jensen et al., 2017, p. 396). It would be fair to conclude that there is evidence of some benefits to play therapy. A specific benefit

of play therapy surrounds how young people lack abstract thought capabilities and sometimes cannot communicate in meaningful ways, so play provides the vehicle for communication (Bratton et al., 2005; Damsgaard, 2011; Trice-Black et al., 2013; van Nijnatten & van Doorn, 2013). In other words, play is an additional ‘instrument’ to structure children and youths’ space in the room and to start to build solidarity with the counsellor. This may explain positive results for play therapy that include parents; perhaps it opens another mode of communication between the young person and adult. Trice-Black et al (2013) assert that researchers recommend integrating play therapy and related techniques into elementary, middle and high school counselling programs “as an effective and appropriate means to meet the needs of student with a variety of difficulties and concerns at varying ages and ability levels” (p. 305). In this pilot study, a decrease in referrals, heightened classroom success, positive classroom behaviour, increased confidence and decreased anxiety were some of the outcomes. Trice-Black et al. (2013) point out how play, being the natural language of children, creates a safe environment, which aligns with Axline and Landreth’s (1993) assertions.

Shea and Siu (2016) led a study for youth ages 14-18, with specific demographics unknown due to the method of data collection. The youth were in detention, and an occupational therapist used play activities in a program leading to the following findings: play is not only an important mode for youth, but structured play including sports and crafts are important for the healthy development of both children and youth (Shea & Siu, 2016). Sports and crafts not only involve tactile objects but also the act of using them. Health and wellness, through play, benefits at-risk youth by addressing topics like self-awareness, interpersonal relationships, cultural celebrations, and transition to community

living. Through structured play, social skill and problem-solving acquisitions along with practicing teamwork helped youth with transitioning back to home and community after detention (Shea & Siu, 2016). Similarly, Myrick and Green (2014), working with youth 5-17 years old with complex trauma, assert that “by [using] an unconditionally accepting, developmentally appropriate approach—with empirically supported treatments ... play therapists opportunities [can] address presenting and ongoing concerns while simultaneously promoting meaningful, healthy interpersonal skills” (p. 110).

This section discussed the theories and findings of play therapy for children and youth. Through play, young people can work through troubling problems with the distance that they need to feel safe by using toys (tactile objects) as a mechanism to transfers their unsettling feelings onto. Whether it is an imaginative scene using many figurines, a doll being cuddled, or an adorned costume in dramatic play, tactile objects or experiences are often a large part of play therapy. It is worth noting that the aforementioned studies may have briefly mentioned socio-economic status, behavioural needs, emotional needs, being in detention, having complex trauma, but did not mention specifics relating to ethnicity. It was previously mentioned that play therapy does not have cultural boundaries, which may explain this lack of identifying information.

Synergetic Play Therapy. Lisa Dion developed Synergetic Play Therapy (SPT) in 2008 after realizing that “it was possible to regulate another person’s nervous system by first regulating your own” (Dion, 2008). Synergetic Play Therapy (SPT) draws from CCPT, Experiential Play Therapy, and Gestalt Play Therapy to support children in the integration and transformation of uncomfortable thoughts, feelings, and sensations (Dion, 2008). SPT is further described as a combination of “interpersonal neurobiology,

attachment theory, nervous system regulatory principles, mindfulness, physics, and the self of the therapist” (Simmons, 2020, p. 242).

Dion (2008) asserts that it is essential for the therapist to have congruent verbal and non-verbal actions in the playroom. This helps to promote safety and trust and allows the therapist to become an external regulator for the child during dysregulated state by accessing the right-hemisphere communication between therapist and child (Dion, 2008).

Dion (2008) has come up with tenets of SPT that are as follows:

1. The therapist supports the child in changing his/her/their perceptions of the perceived challenging events and thoughts in his/her/their lives.
2. Attunement between therapist and child is essential in order to heal disorganization in the lower brain stem and re-pattern their nervous system.
3. The therapist models self-regulation to the child, because children learn most through observation.
4. The therapist’s ability to use mindfulness to be congruent and authentic in language and non-verbal signals allows the child to feel safe in the relationship and engage in reflective awareness.
5. The child’s symptoms are understood as symptoms of dysregulated states of the nervous system.
6. The therapist is the most important toy in the playroom. Toys are used to help facilitate the relationship between the therapist and the child. In SPT’s truest form toys and language are not required.
7. The therapist supports the child in getting in touch with the child’s authentic self; who the child truly is rather than who the child thinks he/she/they should be.
8. The synergy between the therapist’s authenticity, attunement, congruence, and nervous system regulation support the child in learning how to attach to self, the cornerstone of all healing.
9. The child projects his/her/their inner world onto the toys and therapist setting them up to experience his/her/their perception of what it feels like to be him/her/them.

These components were shown to reduce aggression, increase prosocial behaviour, and manage regulatory processes in the areas of emotional growth, self-awareness, and easier transitioning behaviour (Simmons, 2020). If child and therapist can stay “at the edge of the window of tolerance and the regulatory boundary of the dysregulated states inside both child and therapist” (Dion, 2008) they can expand those boundaries (the window of tolerance) and re-pattern the disorganization in the nervous system.

It is important to define what regulation means from a SPT perspective. Dion explains “Regulation does not mean calm...calm is a potential by-product of regulation.... A moment of regulation is a moment of mindfulness. It’s a moment when you attach to the self” (Integrative Psychiatry Centers, 2020, 2:43). Dion further shares how each child needs support in developing their regulatory system, and that supporting person is the external regulator. To be able to repattern a child’s nervous system, the child needs the external regulator to help integrate (mindfully stay with and process) the dysregulated state (uncomfortable thoughts, feelings, and sensations) in their nervous system (Integrative Psychiatry Centers, 2020).²

Art Therapy. Like play therapy, art therapy provides a vehicle for non-verbal expression for individuals to work through personal problems and focus on their potential of further development (Kahn, 1999). Art therapy (like play therapy) provides a way to

² Dion further credits Gary Landreth, Dr. Rise VanFleet, Dr. Byron Norton, Duey Freeman, Michael Gregory, Dr. Cherionna Menzam, Dr. Dan Siegel, Dr. Allan Schore, and Dr. John Demartini for their continued research, contributions, and work in the fields of neuroscience and Play therapy (History, Synergetic Play Therapy Institute, 2022).

support youth of all cultures, ages, and settings because it can remove the need for verbal expression, though discussion may follow (Durrani, 2014; Kahn, 1999).

Diamond and Lev-Wiesel (2017) carried out a qualitative study that gathered the lived experiences of Expressive Arts Group Therapy (EAGT). They interviewed ten women and ten men who participated in EAGT for at least one year as children or youth, who were referred for exposure to bullying or unidentified social discomforts, and they identified themes about the participants' experiences. The less favourable themes centered around a 'lack of choice' entering therapy and more favorably, "this study points to children's profound capacity to plunge fully into activities of play and fun as central in eliciting their implicit motivation to engage in therapy" (Diamond & Lev-Wiesel, 2017, p. 162). Much like Bratton et al. (2005) and Kahn (1999) assert, the playful nature of this therapy "play[s] a vital role in enabling therapy to be both accessible and meaningful to the young client" (Diamond & Lev-Wiesel, 2017, p.162).³

Further, Sutherland et al. (2010) share the effectiveness of the implementation of, "The Art Connection" (ATC), a yearlong art program intervention for troubled youth at a school by tracking attendance and graduation records. This program was meant for youth between grades three and twelve who might be having difficulty demonstrated by poor grades, truancy, non-compliant behaviour, inattentiveness, withdrawal, sadness, defiance, aggression, disrespect, or attention seeking behaviour. Teachers, support staff and

³ Additionally, art therapy can provide a supportive method of therapy for children with Autism Spectrum Disorder (ASD). Schweizer et al. (2014) looked at eighteen case studies to examine how art therapy works for children (up to age 18) with ASD; in doing so, it was determined they experienced more "flexibility and relaxation, [they] improved their social and communication skills, [they] improved their self-image, and [they] improved their learning skills" (p. 591). Durrani (2014) supports this perspective with a case study that illustrates how art therapy bridged the gap for a youth with ASD to be able to have a reciprocal relationship with therapist and family.

administration would refer students based on a drawing evaluation, they would be placed in a group with other students or met individually once a week during school time (Sutherland et al., 2010). “ATC philosophy is based on the belief that humans are social beings who are socially motivated, that we are always in the process of becoming and actively creating our own reality” (Sutherland et al., 2010, p. 71). Weekly art, along with group interactions, highlight important issues that members are facing in their daily lives and through their discussions, students start to feel belonging, a sensitivity to the needs of others, and to themselves (Sutherland et al., 2010). Groups like this can help individuals see how they relate to one another, and they may gain awareness of how they contribute to interactions with others (familial, educational, peers); through this awareness they may move away from self-focused, uncooperative, and difficult behaviours, and move to devoting energy to work/school, friendship, and intimacy (Sutherland et al., 2010). By following the graduation records, the findings show that 78% of students involved in ATC graduated compared to the rest of the student body of which 56% graduated. Even more encouraging was that the students felt proud and had an increased ability to meet challenges in their lives. The ATC program found that “race and gender are not obstacles for the student provided the therapist is able to understand and validate the world as the student experiences it” (Sutherland et al., 2010, p, 70).

Similarly, in a study on at-risk female and male youth, ages nine to twelve engaged in a curriculum-based art intervention along with Cognitive Behavioural Therapy and Dialectical Behavioural Therapy (Sitzer & Stockwell, 2015). Expressive therapy (guided imagery, drama therapy, painting, crafting, clay, sand play, and puppetry) allows the young people to stay within the safety of the metaphoric symbols

they create, giving a place to explore and process trauma (Sitzer & Stockwell, 2015). For this study, using pre and post test scores on items and factors of a Wellness Inventory, there was a significant improvement for all youth in resilience, social and emotional coping (specifically maintaining a positive attitude and tolerating frustration), effective communication, maintaining self-confidence, feeling competence, positive expectations, and the ability to cooperate and take responsibility; male students had an overall higher improvement over female student (Sitzer & Stockwell, 2015). Students were calmer overall and had a better ability to express what they needed (Sitzer & Stockwell, 2015). The ethnicity of the participants was not identified.

Art therapy provides another modality where having a tactile object or experience may have numerous outcomes that are positive for participants.

Sandtray Therapy. Reed (2010) also touts that sandplay is closely linked to play and art therapy, being both effective and manageable in small spaces. Sandtray therapy gives the lead to the client so they can freely create worlds that help makes sense of inner and outer realities when they are ready; it also does not rely on talk therapy alone using both verbal and non-verbal expression (Swank & Lenes, 2013). Swank and Lenes (2013) did a qualitative study on twenty female youth attending an alternative school, comprised primarily of fourteen black youth aged 12-17. They found the participants developed skills relating not only to problem solving, healthy coping skills, and insights into their lives, but also benefited from engaging in group sandtray therapy by learning from others. Their study was based on five weeks of weekly sessions, participating in primarily a nondirective approach creating an expression of their life in sand. Dawson (2011) proposed that sandtray therapy would be an effective intervention for early adolescents

with depressive symptoms; while results were not as clear and dramatic as hoped, there was a decline in reported depressive symptoms by the participants over time. Studies additionally suggest that sandplay therapy may be successful for sexually abused children, those with learning challenges, trauma and with ASD (Reed, 2010; Schweizer et al., 2014). Isom et al. (2015) explores the benefits of families using sandtray therapy believing that both young people and adults find it familiar.

This is another brief example of a tactile experience or objects being used in effective interventions with a variety of individuals.

Tactile Objects in the Counselling Space

Within the literature relating to CYC practice and Practitioners, there is little mention of tactile experiences or objects; however, there are a few ways that objects such as these came up once I broadened my search terms. In scholarly articles about setting up the counselling office, it has been mentioned how small details can impact the therapeutic relationship. Bank and Nissen (2018) discuss how space and comfort can align with success, trust, and communication. Through qualitative methods that assessed counsellors' and clients' perspectives of how much the counselling space attributes to the quality of care and comfort of the client, it was found that paying attention to lighting, soft furniture, pillows, rugs, colours, view of nature, soft textures, artwork, larger rooms, ability to move furniture, choice of multiple seats, and knickknacks may help individuals to feel comfortable (Pearson & Wilson, 2012; Sanders & Lehmann, 2019).

Although there are a handful of studies discussing the environment that clients receive care in, Phelps et al. (2008) share how “one element of the...counseling clinic that has not often been explored to date is the impact of the physical clinic setting itself

on patient outcomes and experience” (p. 395). Sommers-Flanagan & Sommers-Flanagan (2014) believe that the office space being appealing is just as important as the counsellor themselves. Their suggestions include placing items of interest (e.g., age appropriate: cards, puzzles, toys, sketch books, hats, etc.), and comfort items such as stuffed animals in easily noticed places. Without drawing overt attention to these items, many young people will explore and handle items which can, also, provide important information towards initial assessment. The authors note that some items may become distractions and could be hidden later, while others may reduce anxiety making it easier to talk.

More specifically, in her narrative and experiential recounting of counselling gifted boys, Burton (2012) acknowledges how physical boys can be and urges helpers to design the counselling space for them. Burton spoke to the importance of tactile objects and having these objects around to handle, arranging more space between seats, using colours to appeal to boys and objects to handle (e.g., toys, puzzles, bean bags) etc., so boys can have a more informal meeting and ease into the session. Sommers-Flanagan & Sommers-Flanagan (2014), also attempt to deconstruct how to make connecting with young people less challenging. They argue, if the first impression is not good or even neutral, the individual may not come back for more support.

These clear examples show how setting can impact the way a client may feel, and links to my study interest, by examining how having ‘things’ around can promote a certain effect for the client. Paying attention to details and tools are important aspects of a therapeutic relationship, which CYC Practitioners are often charged with facilitating.

Tactile Objects in Education

Within education, it is commonly understood that there are different learning styles. According to Felder and Soloman (2000) and their assessment instrument, there are learning styles that fall into the following categories: Active and Reflective Learners, Sensing and Intuitive Learners, Visual and Verbal Learners, and Sequential and Global Learners. In looking at the details of these styles of learners, one can surmise that someone who best learns with tactile experiences would be a Sensor and Active Learner with key words being 'hands on' and 'doing something physical' (Felder & Soloman, 2000). Meanwhile, Boström and Lassen (2006) share that within the study of learning styles, that are more than 70 models with varying ideas that match and/or conflict about how to learn. More recently, Cuevas (2015) examines previous empirical research of learning styles completed since 2009 and reveals that almost no empirical evidence supports the learning styles approach. Despite the lack of evidence, learning styles are not entirely refuted and there is lots of research still underway to explore this further (Cuevas, 2015). Even though there are still unknowns relating to the existence of evidence-based learning styles, I do believe that people learn in a variety of ways and practical work, or tactile work is commonly employed.

Tactile Objects Within Early Childhood

Early childhood in the Western world involves many tactile objects: rattles, soothers, blankets, stuffed animals, toys. It is generally understood that they help young people learn, hold their attention, and soothe them. In a brief search of the literature for interesting research involving tactile objects, Stewart et al. (2007) had some fascinating results from their pretest/posttest testing with a control and experimental group of fine

motor activities (using tactile objects) impacting attention in kindergarten aged children. The groups were comprised of 34 female and 34 male, predominately white, three year old's (36 in the experimental group and 32 in the control group). In this six-month study, those in the experimental class got a variety of fine motor activities once a day for about 15 minutes of work over a six-month period (Stewart et al., 2007). There is limited empirical evidence about the relationship between attention and perceptual-motor development in educational setting with young children, but practice and theory of Montessori provided a way to conceptualize this investigation (Stewart et al., 2007). According to Stewart et al. (2007), young children playing engage "their total energy, and their full attention is focused on the movements that they need to perform the task" (p. 105). Further, if the child enjoys the play, they will often choose to repeat it over and over, with sustained attention for long periods (Stewart et al., 2007). This study was an effort to further explore this phenomenon. The results showed that "females positively respond[ed] to the treatment...suggesting that fine motor skill activities are effective in increasing female kindergarteners' attention" (Stewart et al., 2007, p. 103). This study showed that there is more need to explore types of fine motor activities, time spent on them, and competing types of fine motor skill activities along with a control of a set amount of time on them (Stewart et al., 2007). However, the results were intriguing as they highlight how movement with tactile object may contribute positively to attention span for females.

Bremner and Spence (2017) have a fascination with haptics (touch) as it "is the first of our senses to develop, providing us with the sensory scaffold on which we come to perceive our own bodies and our sense of self" (p. 227). They further assert that

through haptic exploration with the outside world of physical objects, with our own body, by combining sight-haptics, and with interpersonal touch, touch is so fundamentally important across a range of social and cognitive domains, that it should have a larger role in the study of early perceptions development than its current role (Bremner & Spence, 2007, p. 228). Fairhurst et al. (2014) “suggests that our tactile perceptual systems are sensitive from at least seven months to interpersonal social touch (or caressing)” (as cited in Bremner & Spence, 2007, p. 260) and this tells us so much about our physical and social environments but, perhaps since vision is a primary sense in adulthood, researchers do not find the appeal to investigate it as thoroughly. This was another interesting area of research citing how important touch is to exploring physical and social environment, self, and interpersonal relations, and I would assert that tactile objects are tied directly into this.

Manipulatives Within Education for School Aged Children and Youth

Manches and O’Malley (2016) were interested in how tactile objects, or manipulatives as they are often called within educational settings, impact children in education. Manipulatives are referring to physical, tactile objects often used to manipulate while solving mathematical problems and gaining conceptual understanding; manipulatives are considered a positive and expected tool (Martínez & Porter, 2020). Manches and O’Malley (2016) further explored the theory of physically distributed learning (PDL), which is investigating how “physically manipulating the environment can lead to changes in thinking (i.e., learning)” (p. 28). This study was aimed to build on previous understandings of PDL with fractions and apply it to additives. Based on results from one hundred children who took part in this study (54 girls and 46 boys who

predominantly experience lower socio-economic status; ranging in age from 53 months to 87 months), it was found that “children interpreted significantly more partitioning solutions using physical materials than pictorial materials” (Manches & O’Malley, 2016, p. 43). It was hypothesized that perhaps children feel motivated to adapt the materials more when using physical (versus pictorial) and this leads them to developing more ideas. The most significant contribution to future education is how this study “demonstrate[s] how physical material are able to make important numerical relationships explicit, such as how amounts can be added in any order, and how the material can be presenting in a way to help children independently explore these relationships” (Manches & O’Malley, 2016, p. 47).

Pinel (2017) explores the role that geometry plays within math for creating an inclusive learning experience. After noticing that the number of students involved dropped as they got older, and even less received A level marks, Pinel (2017) started using two-dimensional (plastic shaped manipulatives to make flat shapes on a table) and three-dimensional manipulatives (paper shapes to be folded to three-dimensional geometric shapes) to help learners understand geometry concepts. Pinel (2017) concluded “that by using a visually-rich, tactile medium to move together from simple beginnings, it is possible to build a firm trust-based relationship with learners, who are themselves empowered to arrive at clearer and deeper understandings of their own outcomes” (p. 12). In addition to Pinel’s (2017) exploration of manipulatives within math education, Shin et al. (2017) considers that students with learning needs may have difficulty with conceptual understanding of math topics. Based on their study, they further recommend that by using visual and interactive models, they can harness the trends of technology to teach students

with learning needs “concepts and skills necessary to complete abstract and symbolic mathematical problems” (Shin et al., 2017, p. 148) when used along with verbal mathematical expression and justification of their reasoning.

Summary

CYC Practitioners work relationally within incredibly diverse environments with individuals of all ages. It remains within the realm of possibility that in many settings, CYC Practitioners will employ the use of tactile objects with their clients, and I have explored the potential effect that tactile objects and experiences produce. Although there is a lack of CYC literature that discusses tactile objects, I have explored tactile objects and experiences in a variety of allied modalities including how they may show up in therapeutic settings. This literature review demonstrates that tactile objects may allow children and youth the distance that they need to safely express their feelings, that repeated movement along with touch can aid in healing attachment trauma, that art and sandtray play are a vessel for nonverbal, culturally safe expression, and tactile objects are worth careful consideration of when setting up a counselling office. Last, I briefly explore how tactile objects may show up within the early childhood setting and the education of school aged children. The research shows that manipulatives are supportive in inclusive education as a way to conceptualize ideas and learn, as well as aids in attention and as a natural way to scaffold learning about ourselves, our environment, and social and cognitive domains. As identified above, it remains a potential gap in the literature that many studies did not identify ethnicity of their participants.

There may still be unexplored areas outside of the concepts, studies and practices described herein. In my extensive review of the literature, combined with my experiences

as a Practitioner, evidence exists to support the possibility of the positive influence of tactile objects in CYC and this requires further exploration. Next, I will describe my methodologies to engage CYC Practitioners who include tactile objects in a variety of settings and gather their lived experiences of working with tactile objects and people.

Chapter 3: Methodology

Qualitative Approach

Qualitative research is a natural choice for my research as it allows for investigations of the researcher's curiosities (Dudley, 2011). My research interest was born from a curiosity about using tactile objects as a Child and Youth Care (CYC) Practitioner and was not articulated in the research I have read. Polkinghorne (2005) believes that a "primary purpose of qualitative research is to describe and clarify experience as it is lived and constituted in awareness" (p. 138). Berg (2007) further states "qualitative techniques allow researchers to share in the understandings and perceptions of others and to... examine how people learn about and make sense of themselves and others" (p. 9). There is a stress on the qualities, processes, and meanings that are not examined in measurable ways (quantity, amount, intensity) (Denzin & Lincoln, 2003). Words are used when the researcher wants to learn from the responder without confining them to categories, or having limits; in other words, learning as much as the respondent will share (Dudley, 2011). Although qualitative data has been called "data in word form"...[the] data can be almost any 'material' that consists of single words, phrases, sentences, or longer narratives" (Dudley, 2011, p. 249). The research question that is being explored, *What are Child and Youth Care Practitioners' lived experiences of using tactile objects in their practice?* invites a qualitative approach. Creswell (1998) shares that in qualitative research, the questions often start with 'how' or 'what' inviting rich descriptions of what is going on for the participants. In this case, the participants shared their lived experiences of tactile objects within their practice and the rich, resulting data will start to address the current gap in the CYC literature regarding CYC Practitioner

experiences of tactile objects within their practice. Beyond the identified gap within CYC literature, this study will help us better understand the experiences of CYC Practitioners.

Qualitative Research in Context

Relational practice is about relationships; relationships are the interventions. With this framework in mind and recognizing that I believe that relationships are incredibly important to supporting individuals as a CYC Practitioner, using a method that is interpersonal is valuable to me.

It is important to address my epistemology, which is within the social constructivism paradigm. Constructivism, which is under the theoretical umbrella of interpretivism, has the central research purpose of understanding the lived experience (Glense & Peshkin, 1992; Kirby et al., 2006). Interpretivists traditionally “portray a world in which reality is socially constructed, complex, and ever changing” (Glense & Peshkin, 1992, p. 8). What an interpretivist researcher is interested in is how the researched are making meaning of an object, action, event; further to that, I believe that my participants’ individual experiences are real to them but are also social constructions because their individual perceptions interact with the thoughts and language of the larger community (Glense & Peshkin, 1992). Social constructionism is essentially “social interchange between people [being] the beginning of thought” (Pardjono, 2016, p. 174). Glense and Peshkin (1992) further assert that if a researcher “accesses the perspectives of several members of the same social group about some phenomena” (p. 8), the researcher may be able to co-construct some “cultural patterns of thought and action for that group” (p. 8). Further, congruent to my epistemology, phenomenological methods are supported (Glesne & Peshkin, 1992).

Phenomenology is studying the human experiences of phenomena within the world and searching for the essence of an experience (Creswell, 1998). Phenomenology is not only a methodology; it is a philosophy, theory, and an approach to research as well (Sloan & Bowe, 2014). Within the field of nursing and clinicians, phenomenology is an opportunity to understand “unique individuals and interactions with others and the environment” (Lopez & Willis, 2004, p. 726) and to learn culturally significant and appropriate knowledge of the social realities of those they are learning from. There are two primary approaches of phenomenology, which are interpretive and descriptive (Giorgi et al., 2017; Sloan & Bowe, 2014). As Lopez and Willis (2004) assert, it is important to choose the philosophical approach based on the findings from the research. I will focus my attention on interpretive, the approach that will be used as it fits most accurately with my epistemology and is in alignment with my study findings.

Interpretive Phenomenology

Interpretive phenomenology, also known as hermeneutic and existential phenomenology, was developed by Martin Heidegger (Eatough & Smith, 2017; Lopez & Willis, 2004; Sloan & Bowe, 2014). It was once considered a philosophical *movement* and since the formative ideas have changed with time (Lopez & Willis, 2004). Interpretive phenomenology is interpreting text or language by the observer and is not describing core concepts of human experiences as observed but instead, co-constructs meanings within common life practices (Lopez & Willis, 2004).

In interpretive phenomenology, it is believed that the observer cannot remove themselves from identifying the essence; Heidegger believed that the researcher existed within the phenomena and essences (Lopez & Willis, 2004; Sloan & Bowe, 2014). This

means that the researcher is unable to remain neutral and detached; this shows up in how the researcher makes meaning, both in how they perceive it and put language to it (Sloan & Bowe, 2014). Further to this, Lopez and Willis (2004) share that “expert knowledge on the part of the researcher are valuable guides to inquiry and, in fact, make the inquiry a meaningful undertaking” (p. 729). I do not believe it is possible to fully remove myself from my research, but as Sloane and Bowe (2014) believe, it is important for the researcher to be reflexive; they must be “conscious of and reflective about the ways in which their questions, methods and subject position might impact on the data or the psychological knowledge produced in the study” (p. 11).

My rationale for choosing interpretive phenomenology is because it is in parallel with my epistemology. I believe in constructivism, where I search to understand lived experiences, knowing that our understanding of experience is constantly shifting. A key feature of interpretive phenomenology is Heidegger’s term *lifeworld*, meaning that “individuals’ realities are invariably influenced by the world in which they live” (Lopez & Willis, 2004, p. 729). The term *being-in-the-world* referred to how individuals cannot separate themselves from the world. These features fit with my own belief about how we make up our realities. This is the main rationale why I choose interpretive phenomenology as my methodology for this study.

Method

I will be using Interpretive Phenomenology Analysis (IPA) to get an “appreciation [of] each participant’s account” (Pietkiewicz & Smith, 2014, p. 9). IPA draws on the principles of phenomenology, hermeneutics, and idiography (Pietkiewicz & Smith, 2014). Phenomenology looks at how things appear to individuals in their

experiences, identifying the essential components which make the phenomena special and unique through eidetic reduction (Pietkiewicz & Smith, 2014). Hermeneutics is interested in existence and what it is like to be in the participants' shoes and knowing that is not entirely possible to fully experience that (Pietkiewicz & Smith, 2014). The analytical process is 'double hermeneutics' in that the participants make meanings of their world, then the researcher tries to interpret that meaning to understand the participants' meaning making (Pietkiewicz & Smith, 2014). The last orientation is idiography which is an in-depth analysis of each case in their unique context made by the researcher before producing any general statements about the group (Pietkiewicz & Smith, 2014). Eatough and Smith (2017) share how idiography strives to "understand the concrete, the particular and the unique whilst maintaining the integrity of the person" (p. 197). There is an emphasis on detail, with systematic and thorough analysis (Smith et al., 2009). My philosophy of trying to understand one's lived experience, while also believing that their experience shifts as they interact with others in their environment ties in with the principles of IPA. Not only do I strive to understand the experiences a person has, but I also believe that it is theirs alone, built upon the many experiences leading up to that moment. I can attempt to put myself in their shoes, but I am interpreting my belief of what it is like to experience what they have. Lastly, as IPA tries to preserve each person's meaning as truly as possible, I also accept that I am inevitably a part of the research as I co-construct with them. I reviewed each participants' transcript and recording repeatedly, made notes of areas of interest, engaged in reflexive journaling, reviewed the reflexive journaling from the time of each interview, and clustered together areas of interest into themes and subthemes. I fully inspected each participants' interview

reaching the point of co-construction of themes and subthemes and received approval of those themes/subthemes from the participant before moving onto another participant's interview to repeat the process. Once each participant had themes and subthemes for their own interview, with approved findings, I then looked at everyone's themes and subthemes to further reduce them to a common set of themes and subthemes. I will speak more to this in my section on analysis.

Participant Recruitment

Although Smith and Osborn (2003) assert that there is no right sample size, they do suggest small sizes to allow for the time-consuming analysis of each case, having used five or six participants in past studies.

By using a method known as snowball sampling and in alignment with IPA, I recruited CYC Practitioners using my professional network (Smith et al., 2009). By scaffolding on my current connections and sharing a recruitment poster on a local social media post, I was able to connect with CYC Practitioners outside of my current network. Hancock and Gile (2011) share how in snowball sampling, once members of a group have been identified as possible participants, they help identify other potential participants, and so on. Due to the overwhelming interest from my recruitment poster, I did not have a need to have interested participants help identify others. The criteria for choosing these participants were: CYC Practitioners that have their Degree in Child and Youth Care and who include tactile experiences within their practice. The recruitment poster is shared as Appendix A.

I interviewed six CYC Practitioners who use tactile objects in their practice, to gather a detailed set of recorded experiences. I considered participant autonomy in the

research design. To be successful in considering the participants thoroughly, I shared an in-depth description of my research interest. I shared my previous career history, how I became interested in tactile objects while working with individuals, and how my research has been born from a curiosity to learn more about the lived experiences that other Practitioners have while providing tactile experiences in their own practice.

I gave my participants a realistic time commitment for this study. With consideration of initial contact, informed consent and agreement, arranging an interview, completing the interview, any member checking and follow-up, the time commitment was approximately two to four hours per participant, depending on the level of involvement after completion of the interview.

Informed Consent and Confidentiality

To address informed consent, I shared with the participants that I hope my findings will better serve the children, youth, and adults that we support, as well as make a case for further research and education in the field. I believe that the participants enjoyed sharing their perceptions for the purpose of growth in this field. As part of their informed consent, I discussed any concerns they have about possible harm and mitigated that, if possible. Concerns that arose were all related to confidentiality. I do not think that there will be any chance of physical, emotional, or social harm as a result of their participation. I have not benefited in any way from the study outside of knowing more about potentially helpful tools in practice. I believe that this study's potential outcomes benefit CYC Practitioners and clients.

The participants identities were anonymized on record (by code) to prevent identification. I stored the consent form separately from their data collection to further

remove risk of identity, and it was locked up. The data itself was stored on my computer after initial collection and protected under password and encryption. I attached pseudonyms to narratives. I obtained consent to share specifics about participants such as: job title, job tasks, length of time in role, etcetera. Unless explicitly discussed, other potentially identifying features remained confidential. All these features that surround informed decision making, were discussed and given to participants to consent to in whatever manner was most understandable to them (written, or verbal). I provided a written copy that the participant signed, and we each retained a copy. Each participant was actively involved in choosing if they were named or given a pseudonym in this thesis.

The participants were assured that they were welcome to participate in the study for as much or as little as they would like; they could withdraw from participating at any time, without negative consequences and their data would be deleted. Any support at all, in this research, was appreciated. There is a great time commitment and to thank participants for both their time and sharing their knowledge, I paid each participant \$100. This monetary thank you was given to the participant after they signed the informed consent. If they withdrew from participation before, during, or after the interview, they retained the gift. Each participant participated through the entire study. The participants were aware that I received a research grant from the Canadian Association for Play Therapy. The informed consent each participant received can be found herein as Appendix B.

Participants

I interviewed six participants that live in British Columbia, Canada and Alberta, Canada, in person or over video (Zoom). The interviews ranged in length from 60-165 minutes in length. The following introductions share what my six participants chose to disclose including, but not limited to, their occupation and level of schooling.

Pseudonyms have been given to protect the identities of some.

Kimberley. Kimberley received an undergraduate degree in CYC ten years ago. Her experience includes practicing within a group foster home with youth, working with adults with mobility issues, and within the public school system as a District Educational Assistant. In this capacity, Kimberley works one on one with someone who is neurodiverse and may require specialized assistance. Her experience includes Non-Violent Crisis Intervention and years of connecting and learning from those that she spends time with. Kimberley is also a mother who witnesses her own child using tactile objects in a variety of ways.

Jenny. Jenny has an undergraduate degree in CYC and is currently attaining a master's in Occupational Therapy from the University of British Columbia. She has five years of experience within the CYC field including working within out of school care programs, working in practicum within Occupational Therapy, and as a support worker for adults in day programs who are neurodiverse or with varying needs.

Ruth. Ruth completed her CYC undergraduate degree in 2015. For the three years following attaining her degree in CYC, Ruth worked with adults who have received an oncology diagnosis and supported them, as needed, through that. In the last four years,

Ruth has held a job as a Child Life Specialist, which entails working with individuals from birth to eighteen years of age doing procedure-based interventions. This may include preparing a coping plan with the individual for before, during and after a medical procedure, and helping them execute that coping plan. Ruth's job may be an emergent coping plan with an individual that Ruth has just met to support them through a procedure.

Melissa. Melissa has an Advanced Diploma in CYC from Sir Sanford Fleming College and then transferred to the University of Victoria to complete an undergraduate degree in CYC in 2016. Melissa works as an Educational Assistant Mentor, coaching Educational Assistants to work with clients who are neurodivergent within an Early Educational Setting (two-six years old). Within her workplace there is an ongoing need to creatively support the children and adult educators who learn and work there using the SCERTS® Model (Prizant et al., 2005).

The SCERTS® Model uses a combination of developmental, relationship-based, and skill-based approaches to improve communication and social-emotional skills for individuals who have autism spectrum disorder (ASD) (Prizant et al., 2005). Further information is located in Appendix C.

Dana. Dana is a Child, Youth, and Family Support Worker who recently obtained an undergraduate degree in CYC. Dana's job is broad and includes supporting families, helping teach life skills to youth, providing parenting support, supporting children, going into the community with clients, and providing counselling to all of these listed populations. Dana is an individual who has attention deficit hyperactivity disorder (ADHD). While having ADHD may not have any bearing on any results obtained from

Dana, it provided her with a unique perspective about using tactile objects within her CYC practice. Dana and I both wanted to be transparent about this detail.

Kellie. Kellie is a Registered Psychologist who has an undergraduate degree in CYC and master's degree in Counselling Psychology. Kellie's experience includes work as a developmental aid with a team of Occupational Therapists, Speech and Language Pathologists, and Psychologists for children with ASD. She is also experienced working with children with complex childhood trauma in the foster system. In all her work experiences, tactile objects have been a part of the work. Additionally, Kellie did her grad internship working with children and youth ages two years -eighteen years of age. In this environment, she first engaged in play therapy and continues to work here engaging in play therapy. Over her career in play therapy, Kellie found there was a piece missing from her work in the playroom. After doing the Introduction to Synergetic Play Therapy, Kellie found the piece that she felt was missing. Currently engaging in the certificate program to become a Certified Synergetic Play Therapist, Kellie is using herself, relationship, and tactile objects in a new way within her CYC practice.

Data Collection: Semi-structured One-on-one Interviews

The questions that I asked in the interview and answers that I gathered were to understand the participants' lived experience of tactile objects within their practice. The goal was to see if these narratives would uncover any meanings linked to tactile objects within CYC practice

Interpretive Phenomenology aims to produce thorough, detailed and rich personal accounts of experiences and phenomena that are being explored; semi-structured, one-on-one interviews are an effective method of achieving this (Pietkiewicz & Smith, 2014;

Smith, et al., 2009; Smith & Osborn, 2003). Semi-structured interviews allow for a conversation that takes place in real time about the area of research. There is flexibility for the unexpected, related to the experience under investigation, to be explored in depth with further questioning (Pietkiewicz & Smith, 2014; Smiths et al., 2009; Smith & Osborn, 2003). I relied on my skills gained in therapeutic practice including active listening, the ability to ask curious and bias free open-ended questions and to build rapport and trust (Pietkiewicz & Smith, 2014; Smith et al., 2009; Smith & Osborn, 2003). I prepared a set of questions that were broad and open-ended that all pertained to the same topic and could be adapted easily to be participant-led (Roulston & Choi, 2018; Smith & Osborn, 2003). My aim was to get as deeply into the psychological and social world of the participant exploring the phenomena of interest but knew that the participant may introduce a new issue of interest related to the investigation, and I pursued that; in this dual relationship, the participant is the experiential expert, and my intent was to give them the fullest opportunity to share their story (Pietkiewicz & Smith, 2014; Smith et al., 2009; Smith & Osborn, 2003).

My participants and I were co-inquirers as we engaged in conversation; I discovered that my counselling skills, specifically paraphrasing and summarizing helped me to ensure that I was correctly interpreting and understanding my participants' meanings. In phenomenological semi-structured interviews (specifically Hermeneutic interviews) the interviewer and participants' "dialog focuses on both researchers *and* participants as they share ideas and reflect together. Interpretation is seen as an essential part of the interview process itself, rather than an isolated phase that occurs after the completion of the interview" (Roulston & Choi, 2016, p. 3). I used funneling,

additionally, which is when broader questions are first used to learn the participants' experience and views, and more specific questions were asked as I noticed similarities or interesting details between interviews (Smith & Osborn, 2003).

For this study, I explored a variety of ideas relating to tactile objects that included types, potential feelings/thoughts/effects that come up, impacts on the practice, etc.

A sample of questions that were used is as follows, and the remainder can be found in Appendix D:

General, warm up, exploring types of tactile objects

- Can you tell me about your job? What is your role? Who do you work with? How long have you been a Child and Youth Care Practitioner?

What effects come from tactile objects

- What was your first reaction (perception, emotional, physical)?

Learning more about tactile objects in their practice/approach

- When tactile objects are used, how does that experience come about (directed to use it)? (Client used it of their own direction)

Prompts that are not listed may look like: tell me more about that, can you share that in more detail, why do you think that is, what do you think was happening?

I co-created these conversations in person with one participant and over Zoom with the remaining five participants. I recorded all interviews over Zoom and in person to retain an audio and visual record to review and reflect on. I transferred and stored the recordings onto a secure network system that is offered through the University of Victoria. The data was coded and anonymized. The data will be kept for one year after

completion of my Master's degree, and after that time it will be deleted, and the informed consent forms will be shredded.

Analysis Using Interpretive Phenomenological Analysis

As described previously, Interpretive Phenomenological Analysis (IPA) is a common analysis for studies that are focused on examining how people make meaning of their lived experiences, including the meanings of particular experiences, events and states (Eatough & Smith, 2017; Pietkiewicz & Smith, 2014; Smith, et al., 2009; Smith & Osborn, 2003). IPA was used as the method of analysis for this research. Although IPA seeks to understand the participant's perception of the lived experience, it is very much a dual interpretation or *double hermeneutics* between the participant and researcher (Pietkiewicz & Smith, 2014).

In Interpretive Phenomenological Analysis (IPA), the analytic strategies are intended to represent the participants meanings to the best of the researcher's ability while acknowledging their influence in the research. The researcher must spend a prolonged period engaging with the text and process of interpretation, stepping into the participants' shoes as much as possible (Pietkiewicz & Smith, 2014; Smith et al., 2009; Smith & Osborn, 2003). This is done by immersing oneself in the data (i.e., repeated readings of transcripts and listening to audio), recalling the atmosphere of the interview, and recalling the environment of the interview; this also requires looking at the information from both the etic and emic views (Pietkiewicz & Smith, 2014). In analysis, I watched the interviews multiple times, transcribing and correcting the transcripts, before then reading them multiple times to familiarize myself with the data (Smith et al., 2009). Once very familiar with the data, I tried to understand the participant's meanings that

they described, what it was like to be in their shoes (while understanding that I cannot fully understand that and my own meaning is within this), and lastly, I did an in-depth analysis of our conversation. This analysis included reviewing and reflecting on a series of general thoughts and feelings that came up for me during this process (reflexive journaling), noting repeated terms, rewording meanings that I interpreted and finally settling on themes and potential subthemes (Smith et al., 2009). From these themes, I looked for connections, chronologically clustering similar ideas (Smith et al., 2009; Smith & Osborn, 2003). Next, I compared these clusters of themes to the original transcript to check that my interpretations made sense to what the participant originally said. At this stage, it can be helpful to pull participant quotes that help illustrate the interpreted theme (Smith & Osborn, 2003). Once an individual analysis of one participant's interview was done and the participant agreed with my findings, I moved onto the next participant interview. I focused on each interview until analysis was complete before moving to the next. Finally, I looked at all themes and subthemes that have been interpreted from all the participants, and meanings that were interpreted across all the interviews. Findings from all the interviews were further reduced, in a similar process as described above, to the common themes and subthemes presented herein.

Analysis led to the final themes written up individually with descriptions and examples from the interviews “followed by analytic comments from the authors” (Pietkiewicz & Smith, 2014, p. 13). By using the participants words, it lets the reader assess the interpretations, and “retains the voice of the participants’ personal experience” (Pietkiewicz & Smith, 2014, p. 13).

Validity/Reliability

In IPA, personal knowledge of the researcher is considered valuable and useful in phenomenological research; although what the researcher knows is an asset, it is still important that the researcher is aware of their preconceptions (Lopez & Willis, 2004). This requires reflexivity, which is crucial to be able to give a credible explanation of participant experiences and to avoid any assumptions (Clancy, 2013). As such, I engaged in reflexive journaling throughout the interviewing process and noted thoughts before the process began. Near the end of analysis, it is also important to check the emergent themes and relationships to ensure they make sense when compared to the original transcript (Smith et al., 2009; Smith & Osborn, 2003). I believe it was important for the participants to have access to the themes and relationships that I, as the researcher, have interpreted to make sure that they felt comfortable and agree with it. As a result, I employed member checking which, “can be used for increasing the validity or credibility of research” (Iivari, 2018, p. 112). Fitting with my research paradigm, member checking also “invites informants to take part more fully in the research process, co-constructing the research outcomes together with the researchers” (Iivari, 2018, p. 112). In this research, the participants are fully aware of and a part of the results of the study because of their involvement in member checking. They gave approval of the themes that emerged from their own interview, the overall themes/subthemes, their direct quotes used, and paraphrasing that was attributed to each participant.

Ethical Considerations

This study was approved by The Human Research Ethics Board (HREB) at the University of Victoria. I handled all the data with the guidelines of the HREB in mind. I

ensured participants had informed consent. We signed a document to outline the research goals, reassuring the participants of the confidentiality, that they may share as much or as little as they like, that they may disengage from the study at any point, they will retain their own data and I will delete mine after a determined length of time. When I interviewed the participants, I carefully monitored how the participants were affected by the process to ensure the participant seemed comfortable (Pietkiewicz & Smith, 2014). I believe there was no ‘power over’ considerations where my ‘power’ of knowledge over theirs may have impacted their response since I did not know my participants previously. Further, their expertise is what I have drawn from, and I am the learner. As explored previously, I did not foresee any risk to the participants by anonymously, if requested, sharing their experiences of working as a CYC practitioner with tactile experiences. The HREB Certificate of Approval is shared as Appendix E.

Chapter Four: Findings

This chapter presents the findings from interviews with six participants using the guiding research question of: *What are Child and Youth Care Practitioners' lived experiences of using tactile objects in their practice?*

After completing the analysis, I was able to determine two major themes from the participants' contributions: (1) *Tools* and (2) *Relational/Relationship*. Theme (1) *Tools* includes all the ways Tactile Objects and Experiences were demonstrated as being a means for or an instrument of varying results; many results became subthemes. These subthemes are *communication, regulation, engagement/participation, and grounding/present*. Theme (2) *Relational/Relationship* includes the ways Tactile Objects and Experiences contributed to connection to others, self, and the environment. The subthemes within *Relational/Relationship* include *To Other/Co-regulation, To Self/ Self-Regulation, and Empowerment*. Table 1 illustrates these themes, subthemes and provides a short description to show what they include. Following the discussion of themes, I will share two other interesting observations that emerged upon examination of the transcripts: *why do we use tactile objects?* and *being without and with tactile objects*. Although not prevalent enough to justify categorization as a theme, these both represent practice considerations and are discussed briefly. I will refer to the individuals referred to as clients when in a clinical setting and youth or child as such, when in a school or hospital setting to match that participants' language.

Table 1

Themes, Subthemes and Descriptors: An Overview of Findings

Themes	Subthemes	Descriptors
<p><i>Tools:</i> Included are the ways that Tactile Objects and Experiences showed up as a means for or instrument of a variety of results.</p>	<i>Communication</i>	Qualities that relay a message
	<i>Regulation</i>	Aspects referring to offloading or processing energy and emotions.
	<i>Engagement/Participation</i>	Qualities that refer to actively ‘being a part of’
	<i>Grounding/Present</i>	Being in the present moment; moving into related thoughts, feelings, and experiences in the body
<p><i>Relational/ Relationship:</i> Included are the ways that Tactile Object and Experiences contributed to important connection to others, self, and the environment.</p>	<i>To Other/Co-regulation</i>	Being in relationship with one another while using tactile object/s
	<i>To Self/ Self-Regulation</i>	Narratives of learning more about self while using tactile object/s
	<i>Empowerment</i>	Moments of autonomy, pause, and discovering power

Tools

The theme *Tools* includes the ways that tactile objects and tactile experiences showed up for participants as a means for or instrument of varying results. This theme is broken down into four subthemes: *communication*, *regulation*, *engagement/participation*, and *grounding/present*.

Communication

The subtheme of *communication* was present in various forms in every interview. *Communication* includes descriptions from participants of qualities that relay a message.

Messages come in many forms that might include silence, a behaviour, or making sound with a tactile object.

Silence was a form of communication that came up in several interviews. Dana shares an example of silent communication:

“Children and I will kind of sit there, and if that day we’re not feeling like we need to talk about difficult stuff, we’re going to play with poppits. We’re going to fiddle with slime. We’re just gonna- and it doesn’t have to be about anything.

Yeah, it’s just being there.” (Dana)

In this example, the poppits (or Pop It: a fidget toy usually made from silicone in a variety of fun shapes that has pokable bubbles that can be pushed down and pushed back to start once the toy is flipped over) and the slime (slimy substance often made from glue mixed with an activator such as saline or borax) are the focus and focusing on those instruments conveys a message: the understanding that this is what they are doing; they are going to play with this and not talk. Early in our interview, Jenny shares about a large, soft exercise ball that was tossed around at the end of the day and one client who especially loved it. That client “Would squish it against [their] face and hug it and hold it...we could do that for hours.” This client did not need verbal expression to say how enjoyable this was; hugging and the amount of time spent conveys the message. Dana shares about how at times attention is shifted to the object and sometimes will be an excuse to remain silent until they are ready:

“To have harder discussions with them, I found that it was more beneficial if we had something else to focus on, as opposed to just the conversation. Sitting face to face, especially because I’m an adult and something they’re children or teens- it

can be intimidating. So, having something in your hand, for them and for myself when... especially little children...when they don't know what to say and they just needed to, kind of, tune out for a second then tune back in. It gives them...an excuse.” (Dana)

Silence showed up many times. The way it showed up often looked like communicating ‘not being ready,’ so it could fall into the subtheme of *empowerment*, as well. I will speak to that more later.

In interviews with participants, *communication* that shows up in the form of behaviour emerged in many ways; a tactile experience, then behaviour is produced, or the tactile experience and the behaviour shifts or disappears. Kellie speaks to this when she remarks, “It can't, honestly, be this easy. This kid is super dysregulated and just maybe can't handle the environment. But all they need is this object and then suddenly they can handle it?” She explains further, “This kid wears a weighted vest and suddenly they're able to handle so much more than they could before. Yeah, and from there, it was- okay, yeah, these objects are super important to use as tools...to help these kids.” Jenny remembers working with a client who was, “Just screaming and crying and wanting to leave. Everyone was trying to console him and just like make it comfortable and a nice experience.” The next time he came, Jenny and an accompanying Occupational Therapist hooked up a swing and, “Immediately, he just loved being on the swing and he was so quiet and calm.”

Melissa reflects on an experience that she had with a child who was, “Having some significant challenges...he would get very frustrated,” but with brainstorming, she brought in a peanut ball for him to bounce on. She continues,

He would either have me hold him and bounce from behind or I would sit in front of him and hold his hands and he would be bouncing like this and just laughing...then he could go and focus on something else or go back to play.

(Melissa)

Next in this example of *communication* (behavioural and sound), Kimberley reflects on her time working as a District Educational Assistant with a youth who would use an instrument when he was having big feelings and not ready for work. She says,

I felt like it was almost like a secondary form of communication, which is odd, because this is a child who...was fully verbal but not necessarily strong in it...he wouldn't have easily been able to tell me, "I'm scared and sad and angry."

(Kimberley)

Kimberley goes on to describe how after low, stomping sounds, they would become light and playful and "I thought that it was a good way for him to communicate." Once playful sounds were reached, "We could move to another room, and we could work on schoolwork which was always the goal since it was a school setting."

Melissa tells me about a sensory wall within her work setting. There is "Rope attached to like big jugs that have stuff in it, so that the kids can throw it up, and it can crash and be cause and effect because that's what a lot of our social partners love." Finally, in our interview Melissa directly says, "A child that is dysregulated can exhibit it through crying, screaming, flopping, biting, hitting, kicking. You know the sort of behaviours that people try to control- but we see it as- we see behaviour as a communication."

All these examples share some wonderful forms of *communication*. In the next section I will highlight the descriptions from participants that have been attributed to regulation.

Regulation

The next subtheme that shows up in all the interviews is *regulation*. What I have co-constructed is the varying definitions of *regulation* from participants. In this section, I will look at *regulation* which has been described as **offloading or processing energy and emotions**. Participants referred to this type of *regulation* when a tactile object or experience was employed and then an individual was able to return to a working state—seemingly because of the object or experience. This definition of *regulation* is very concrete and simple.

Melissa refers directly to this form of *regulation* when she explains, “For the purposes of this interview dysregulated means upset. Their body- the energy in their body isn't matching the activity and the energy that they need for the activity.” Conversely, “Regulation is highly unique to each individual and therefore the tools we use to regulate them would vary” but the intended result is to get their body to a point where the energy is suitable for the activity. Kimberley echoes this when she shares that sometimes there is a need to, “Regulat[e] to the point where we’re shaking out something that happened outside of school or at school and then moving toward schoolwork.” She further shares an example:

I’ll give you two minutes to bounce on the peanut [ball] and when your body feels good again, you’ve gotten that little bit of wiggles out, you can jump back into

what we were doing...my body's wiggling and I want to get up and I want to bounce for a few moments, and then I'll feel focused again. (Kimberley)

Kimberley witnesses how, "A physical motion is enough to boost and bolster someone to, "Okay, I've got that out, now we can go [back to work]."" Lastly, referring to the previous example of Jenny working with a client who was distressed, Jenny describes that first interaction as dysregulated. She shares further that, "Everything was just thrown off and then the second time [he came for session], the swing regulated him, so we were able to like, kind of, start communicating and building a relationship." This last example shares how *regulation* was a *tool* towards other intended goals.

These are moments from conversations with the participants that highlight this form of *regulation* that seems to come because of a tactile object or experience. This leads to the next section where participants highlight times of *engagement and participation*.

Engagement/Participation

This section explores discussions within interviews where participants refer to stories of *engagement* and *participation*, specifically, stories with qualities that refer to actively 'being a part of.'

This subtheme was threaded throughout Ruth's interview. Due to the nature of her work supporting children and youth through medical interventions, there was a strong emphasis on involving them and having them as active participants of planning. This overlaps loosely with a later subtheme of *empowerment*, but I will clarify that now and in the following descriptions. *Engagement* and *participation* emphasise active involvement,

but the stories that refer to *empowerment* include a greater sense of control, power, and autonomy.

The subtheme of *engagement* and *participation* was shown when Ruth describes showing up to a last-minute procedure for a young child that she had never met. Ruth had poppits with her which were unfamiliar to the child, but after showing the child how to use them, they were:

Playing with them back and forth and it was actually a really effective *tool*... [the child] responded really well to it, so that I was feeling like really encouraged to kind of keep going with it. Then we got creative with how we were using it. Like starting to incorporate counting or colours, pressing this colour...kind of developmental things. (Ruth)

Ruth further explains that the child was able to return to a regulated state (working state) and continue with the procedure, holding the poppit the whole time. Later, Ruth shares the relief that she feels once she finds a tool that supports a child and says, “The initial engagement is really key for me. Once I have their buy in, then I can do so much more”, in reference to being able to continue with the procedure they are needing. I will refer more to this in the subtheme of *empowerment*.

Kimberley considers how an object like a shaker might be used for someone who has their mobility compromised and spends their day in a chair or in a standing walker. She shares, “Maybe they have the mobility in that hand, but not their legs. And just to have something they can have *participation* and joy with.” She describes passing a shaker around the room in music class and how everyone gets the opportunity to participate in

the way that they can: shaking a shaker, pressing a button, saying their name. She concludes by saying simply, “An object can be a form of inclusion.”

Throughout my conversation with Melissa, she made it clear that all the sensory objects that they use in their program are for the interests of the children. “We have to first meet them where they’re at, engage in their world.” This example highlights how the CYC practitioners often need to engage along with the client in what they like *participating* in, to progress to the next goal (e.g., relationship, work, communication, etc.). Although this also falls in the *relational* theme, using Henry Maier’s ‘meeting them where they’re at’ belief, it is an interesting example of *engagement* and *participation* from both CYC Practitioner and client. Melissa previously spoke about the sensory wall, as well as listing a host of sensory tools that were meant to engage the children in whatever ways they needed (weighted vest: vest with pockets that can hold sand, weights, heavy objects for needs, transition objects: an object that represents what will happen next, chewies: often silicone for the purpose of oral stimulation, squishies: usually a soft object that has some resistance when pressed on and will return to original shape, weighted stuffies: stuffed animal with pockets for weight, their favourite songs, even having the CYC Practitioner change their tone or facial expression in the ways the child likes to have them engage). Jenny related to Melissa’s theme of actively doing something the other individual likes. Jenny tells me about first working with an adult client; there were some communication barriers between them, so a favourite game of the client’s was suggested. Jenny shares,

I was super grateful that I had those games there because I felt like that really helped get rid of the awkwardness and the nervousness. I felt like- okay, we’re

doing something together, even if we're not talking, I know that we're still *engaging* in something together and I know that something that client enjoys.

(Jenny)

Jenny goes on to say that this client knew how to play the game, was comfortable with the game itself, and that allowed their time together to go smoothly; first, with talk about the game, then leading to other topics allowing them to build up rapport and relationship.

These are all examples of times where active *participation* came up as a result of using tactile objects and usually led to other results. In the last example, *participation* and *engagement* in the game, also helped Jenny ground herself despite nervousness. In the next section, I will discuss *grounding* and *present*.

Grounding/Present

For the purposes of this research, *grounding* and *present* means being able to stay within the present moment. More specifically, when an individual moves from unrelated into related thoughts and feelings and is aware of what they are experiencing their body. I believe that this subtheme is often, but not always, a precursor for the different forms of *regulation* (self and co) that are a part of the next theme. First, the tactile objects or experiences seem to be the *tools* that are intertwined with *grounding/present* leading to the relational aspects of (*relationship with self/other* and) *self/co-regulation*.

In the previous section, I shared about Jenny's experience *engaging* with her client in a game that her client enjoyed. As Jenny and I continued our conversation, she describes, "I think that before we started the game...yeah, I was, I was just thinking about other things and starting the game just helped me focus on that and what we're doing together, and she could probably sense that too." Jenny articulates how having this shared

tactile experience brought her thoughts and self to that moment with her client. I noticed how this simple act of sharing this activity brought her to the present and the sense of calm she conveyed sounded beautiful to me. Jenny further reflects on the moments when she is feeling nervous or quiet and she describes:

[I'm] just thinking in my head and I'm not as *present*, then, as a result, I noticed that she's also quieter and typically that wouldn't be either of our personalities. I just feel that we're so much more comfortable and we can express ourselves better when we're both feeling calm and, like, regulated. (Jenny)

What I can determine from her observations is that Jenny feels like her *grounded presence* allows both her and the individual that she is with to be more *grounded and present*.

This next example will be referred to again within the next theme of *relational/relationship*, in the subtheme of *To Self/Self-Regulation*. I believe that this example fits here as well, as it illustrates *grounding* oneself in the *present* with an emphasis on awareness of body. Kellie and I spent a lot of time discussing the various meanings of regulation and she shared this awareness,

We talked about regulation a lot...like we need to make this feeling less...even just a couple of months ago, I might say, me fidgeting with my ring, what it's doing is reducing my anxiety, but it actually helps me to stay *present* with my anxiety longer or for greater amounts of anxiety. (Kellie)

This awareness Kellie shared accurately describes using a tactile object to become *grounded* in her body and be aware and with her thoughts and feelings. This is another example of how a simple tactile motion may allow someone to sit with an uncomfortable

feeling in a more comfortable way, and this sounds like a gift. This is the beginning of the SPT way of regulation and increasing one's window of tolerance (Dion, 2008). Kellie also describes tactile objects as tools to help bring them, "There and to that room and ground themselves."

Dana refers to *grounding* self and being brought back to *present* at various points in our conversation. She shared,

I would associate with [*grounding*] because...when I find my brain does start to ...they've said something and I'm trying to formulate a response in my head, and I start going off and I'm not listening...that *grounding* where I have something in my hand so I'm kind of brought back to the *present* and then brought back to what's really being discussed. So, that's really beneficial. (Dana)

Later in our conversation, Dana shared about a particularly difficult series of interactions that she had with a client who was really angry. She described how without cuddling, touching, and fiddling with things, she would not have been able to keep level-headed. She says:

If I was just sitting at a desk writing notes or not fiddling with anything, I don't think that would have been the case...I would have frozen up, I would have stayed- but that tactile sensation of me being able to focus on that...was able to *ground* me, was able to give me something to focus on. And not on all the whirling thoughts in my head and the fears and anxiety. (Dana)

With time, Dana shares that she no longer needed the abundance of fidgets, and blankets to cocoon in when this client was upset; she said, "The last few times, all I really needed is- I've been able to just do it with like one of the fiddle toys on my desk or just a pen that

I'm kind of clicking or fiddling with." This is another example that I will refer to again under both forms of *Relational regulation*.

In this section, participants reflected on how tactile objects or experiences were a part of helping them remain grounded and present in that moment, with their thoughts, feelings, body, and client.

Throughout the subthemes, participants have talked about moments tactile objects and experiences were perceived to be tools to help with *communication, regulation* (from the perspective of matching energy in body to required energy needed for an activity), *engagement and participation*, and *grounding and being present*. The next section explores how tactile objects and experiences impacted participants' various forms of relationship and is what forms the second theme of *Relational* and *Relationship*.

Relational/Relationship

This theme explores being in *relationship* with. The following sections include narratives of the ways that tactile objects and experiences contributed to important connection to others, self, and the environment. The subthemes that I interpreted from conversations with the participants in this theme include (*Relationship*) *To Other/Co-Regulation, To Self/Self-Regulation, and Empowerment*.

In this theme, I refer to regulation again but the definition that was co-created of 'regulation in relationship' is different than it was within *Tools*. Within the theme of *Tools, regulation* referred to a much simpler idea of offloading energy or emotions in an attempt to get back to a place where an individual can work or, perhaps, return to conversation. Within the theme of *Relational/Relationship*, there are much more complex and deeply nuanced meanings. In this theme, *Relationship To Other/Co-Regulation* and

To Self/Self-Regulation may include times you may be learning more about yourself (*self-regulation*), you are able to be with another person, you may be learning more about this person, you may be able to interact and do something in *relationship (co-regulation)*, and a result is connection. *Relationship* (with self or another) was a key result of these forms of *regulation*.

To further articulate what *regulation* means within the theme of *Relational/Relationship*, I will explore how it showed up in some conversations. Dana says:

You don't need to be calm; you just need to be centred in your body- like not in the future. You can think about the past and worry about the future but to *regulate* is, kind of to (for me) live in the moment. Let the emotions flow but also, not let the emotions control. (Dana)

Kellie articulates that:

Sensory *regulation* to me means that as the sensory information is coming into your body. You just, you have the capacity to notice it and recognize it and process it in the moment, instead of becoming overwhelmed and going into a shutdown behaviour...increasing capacity to handle...uncomfortable sensory stimulus. (Kellie)

Another example where *regulation* is defined is when Jenny says that *regulation* is, "When you're not experiencing a sensory overload...you're not uncomfortable because there's too many new people, new things." Jenny further describes *regulation* as being able to remain grounded enough, despite the surroundings, to be able to engage with people and activities.

These three understandings of *regulation* all seem to include the ability to remain present to what is going on, not let stimulus or emotions control your behaviour, move through the feelings/stimulus/thoughts, and continue to remain a part of what is going on versus having emotions control your actions or shut down your ability to engage and participate. It is more complex than the previous definition within *Tools* relating to the energy within the body not matching the energy required for an activity. This *relational* understanding of *regulation* includes an increased capacity of awareness of self, others, connection, and the ability to move through things presently without shutting down. This understanding of *regulation* will be what guides the following subthemes.

To Other/Co-regulation

The subtheme of *To Other/Co-Regulation* includes the moments where participants felt like tactile objects were an integral part of their *relationship* with another person. The object or experience not only impacted their *relationship* with *the other* but, more specifically, the way they felt within that shared *relationship*.

In exploring this subtheme, I refer to Jenny's description of working with her new client. In that case, she describes the nerves she feels from two people first meeting, along with the added complication of not being able to easily communicate. Jenny remembers how grateful she was to be able to play these games that were familiar with the client and how, "Doing something together," and "Engaging together" helped rid the awkwardness, nervousness and added to the comfort as they build up their relationship. Jenny further believes that because her client was "Comfortable with th[e] game, it kind of reduced some of her stress" since Jenny was a new person to her. Jenny, "Felt like [she] was being welcomed into a relationship with her." This parallel, mutual activity

helped Jenny feel like she had a shared focus and goal, and she articulated how it stopped her mind from racing, from worrying about what to talk about, and from feeling stressed about planning. The game truly gave Jenny and this client a moment to settle in together, notice what was going on, notice the feelings but not let the feelings control, and the result was positively impactful on their *relationship* as they are *co-regulating*. In a previous section, I described Jenny being with a young client who was distressed, and in turn, everyone was, “So heightened and anxious hearing him in so much distress and crying and screaming...you just want to make it stop as soon as possible, so it’s just like very frantic.” Jenny described the next time this client arrived; it was “Hard not to feel that nervous- nervousness triggering...in your own nervous system...there was that heightened energy around just getting him inside.” Jenny then describes the “Sigh of relief” that happened when he engaged with the swing. As he started swinging, there was a game that emerged of nodding ‘yes’ to have it swing more and Jenny shares how it was “So much quieter...mom was super happy and everyone’s smiling, which was so nice to see because I don’t think anyone really smiled the first session...the child [was] smiling as well.” Jenny explains that this client would not even look at them the first session, but the swing helped create the comfort and “The swing regulated him, so we were able to kind of start communicating and building a relationship.” This sigh of relief that everyone shared as the swing helped this child feel comfortable shows how, in fact, it helped everyone feel more comfortable so that they could ease into their *relationship*.

Ruth shared many examples of *Relationship with Other/Co-Regulation*. The nature of her work means that she often spends short periods of time with young people during stressful periods of their life, and she rarely is emptyhanded. She shares that some

of her favourite tactile objects to have in hand at most times are squish balls, poppits, and Hoberman spheres (isokinetic structure that creates geometric patterns capable of expanding and folding to a tiny sphere). In our conversation, these tactile objects were referred to many times as tools, coping tools, “An alternate focus or distraction”, and as an offering. In reference to them being an offering, Ruth tells me that, “Being able to offer a tool, it makes me feel very helpful in that moment.” In our conversation, Ruth said that she often will think about how it is a “Very big ask” to have a small child in a room with medical equipment and lots of people. One of the first things that Ruth does is ask everyone that is able to leave, to please exit so that she can talk quietly with the child and start to use ‘the offering’ with them. Ruth reflects, “Especially in those scenarios where you don’t have the opportunity to meet them and build any *relationship* beforehand...having something tangible to offer is what really makes me feel helpful and like I have contributed to the success.”

Ruth also shares how invaluable tactile objects are to her as a practitioner when I asked what it would be like to not have these offerings and she says, “I hate going in with nothing...I feel like I am doing my job without what I need” and “the sensory item, like the tactile object itself, has a lot to do with the success [of the procedure].” As she rocked her body back and forth in discomfort, she chuckles about being without these objects and says it is, “My nightmare.” This emphasis on how necessary this offering is for her to have, as a CYC Practitioner, reiterates how tactile objects are tools for a variety of effects. Our conversation also focused on how these offerings help her make a faster connection with the person she is supporting because it helps her “Appear less intimidating than other medical staff when [she] has physical objects.” In a previous

section, Ruth described arriving unplanned at an intervention with a poppit for a young child and how nervous she was as she usually would have another tool. When it was successful, the poppit was so important for bringing him back to baseline (calm) with their back-and-forth interaction using it. Ruth expressed that the interactions with tactile objects are “Definitely huge for *relationship* for me.” She further explains, “The initial engagement is really kept for me. Once I have their buy in, then I can do so much more” to support them. Ruth is in a job where she is constantly meeting new people and supporting them through very stressful, physical interventions. It appears to me from our conversation that Ruth and the individual she supports both feel a positive effect on their ability to be in *relationship* with one another, in part, from tactile objects or experiences.

Dana described the satisfaction of tearing up sticky foam material calling it a “Really satisfying rip” and how helpful it can be to use when there is anger in a session with a client. They will rip up pieces together and the “Ripping and tearing sensation when things are getting like heated and stressful in the conversation is just kind of a good supplementary emotional regulator in the moment” (Dana). Dana knows that it is a big part of what helps, “Keep [herself] centered so [she] can help [her] client stay centred and work through the anger and frustration they’re feeling.” As Dana can remain present in the emotionally difficult moments, she is able to continue to build a strong *relationship* with her client, creating trust and the opportunity to learn and grow.

Last, I would like to reflect on moments of conversation with Kellie. As Kellie considered her time working in play therapy, she remembers how traditional Non-Directive or Child-Centred Play Therapy (CCPT) did not feel quite right to her. It felt foreign to sit back and make observational statements without allowing herself to be a

part of what was happening in the playroom. Kellie found that she could not help but bring herself into the play because:

There's something about that shared experience, having you both interacting with this thing together and you both, kind of, looking at each other and this is like this for me...how is it like for you? Are we having the same experience in this moment or is your body reacting completing differently from mine? There just so much learning and value in those small moments. (Kellie)

Kellie reflects repeatedly about these moments, how it feels in her body, and likely is the same for her client, "because [they] are in it together." Moving through the feelings, sensations, discomfort is a shared experience as they both engage in the experience of using sand, or playing with water, or fiddling with a tactile item. It seems that even if one person is using a tactile object, it impacts both people in the room. Kellie describes this when she talks about an adolescent aged client arriving to the office to chat:

Face to face talking is really uncomfortable for most of them- I'm sure it's uncomfortable for most people. So, just that ability to kind of bury their face behind a clipboard with paper to have something in their hands to look at makes it a little bit easier. (Kellie)

As Kellie describes those first moments with a client, she says, "Yeah, honestly for me it's probably a bit of relief of -Whoa ok, so now we don't have to make awkward eye contact the whole time." When that client finds that thing that they are going to hold/do/touch, Kellie says, "As soon as they find something [there's] that sigh of 'oh cool'. Ok, they made a choice and now we're kind of getting into it and now we're starting. But leading up to that it's that uncertainty, that apprehension." When Kellie

describes those feelings of apprehension and uncertainty at various times in conversations, she believes the client is experiencing the same feeling. When the client is busy with doodling behind a clipboard and she feels that sense of relief, she notices what appears to be relief on the client's face and in their body language, too.

This section shared a series of examples of times where tactile objects had/have a role in awareness of *Relationship To Other/Co-Regulation*. Although the participants cannot speak with certainty about their clients' experiences, the participants in my research had similar beliefs about tactile objects having a role in being in *relationship with others* and the objects bringing awareness to their *relationship* and being a supportive tool in their relationship.

To Self/ Self-Regulation

This section discusses the subtheme of *Relationship To Self/Self-Regulation* that showed up in all of my interviews and includes narratives of learning more about self while using tactile object/s.

First, I will review previous examples that I believe fit within this subtheme as well as where they were previously discussed. Kellie and I discussed regulation often in our conversation. I previously shared her definition of regulation, which included the idea that having a tactile experience will not rid yourself of an uncomfortable feeling, however it may help you to stay with that feeling for longer or help you increase your window of tolerance to that feeling so that it takes longer to notice that it is uncomfortable. From a Synergetic Play Therapy perspective, regulation simply means any moment that you are mindfully connected to yourself (Dion, 2008). You might have a moment of regulation while angry, regulation while joyous, or regulation while anxious. Moving the body,

tactile experiences, and naming the experience happening in your body are all ways of maintaining regulation, widening the window of tolerance, and integrating the experiences that you are having. Kellie further describes the brain and how bottom-up processing is when individuals stay in their lower brain regions (reptilian brain), which is where we are typically more reactive and emotional. Kellie explains, “If we’re able to stay in there (reptilian lower brain region) ... using the tactile objects to be *regulating* and grounding in the moment, then have these experiences of big emotions- but rewire how we’re responding to the stimulus” that is how growth and change can take place.

Throughout our conversation, tactile experiences and objects were connected to this idea of *regulation*. Kellie shared that she believes that tactile objects help with having a relationship with their body in that moment and says tactile objects “Are things that externalize or like make it concrete- that having a physical experience with something and having that experience within their body.” Kellie articulates this idea again when she explains, “I think those objects are just embodiment, really, just a tool that supports the kids in learning to have a relationship with themselves and with their body, whatever that may look like.” Kellie also shares that from her SPT training, she has come to believe that she, as a therapist, is the most important object in the playroom with the individuals that she supports but the tactile objects help facilitate the *relationship*. In SPT, the emphasis is on awareness of self, being with yourself truly, and knowing what your experience is; it is *self-regulation* focused. Kellie embodies this belief when she says, “It doesn’t matter what the toy is, it matters- what is their experience with the toy and how are they using that toy to be in their body in that moment?” That toy is aiding in the *relationship with self*.

Dana previously shared her interactions with a client who was upset at various times in their interactions. Although the first time Dana experienced this, she needed many tactile tools to keep her grounded and present (blanket cocoon, touching softness, weight of blanket, fiddle toys), with time she could manage to fiddle with pens or tactile objects on her desk and sit with the big feelings that were there. In fact, as she reflected Dana said, “I think that during the first experience, if I wasn’t able to reregulate myself and ground myself, which was 100% because of my tactile objects, I don’t think I would have been able to continue working with the client.” This is such a powerful example of how these tactile tools helped her develop a *Relationship to herself* and *self-regulate*, in the very way she defines regulation: without a need to be calm, just centered, present in her body, letting the emotions flow and not control. Dana shared many other similar moments of being in *relationship to self/self-regulation*; without her ability to self-regulate, this client would not have continued to have her support. Previously, Dana described an anger activity of tearing foam and shares:

I can keep my emotions *regulated* pretty well, but sometimes even having that tactile piece- because when your client is feeling angry at someone else and someone has just been horrible to this client, you’re feeling a little bit of anger at that person too, so it helps me emotional *regulate* and keep myself centered.

(Dana)

Dana’s ability to *self-regulate* when she was hearing and feeling big feelings, in turn, helped her client’s ability to *self-regulate*. By using tools, they both could stay with their uncomfortable feelings and let the feelings move through them.

Empowerment

This section will discuss the subtheme of *Empowerment* as it shows up in the participants' interviews. This subtheme includes the interviewees' descriptions of autonomy, pause, and discovering one's power. This subtheme explores how permission and removing permissions for clients showed up in the participants' experiences. It also includes ways that the idea of *space* was co-constructed in the interviews. This includes space for an individual to be just as they are, without an apology, or a need to explain.

Permission or 'reducing permissions' and creating space came up repeatedly in conversation with Dana. As Dana reflected on how clients often apologize when they fidget or jiggle a leg or stop responding for a moment, she shares how happy she is that she can have tactile objects available so that clients, "Have space like that- it's not so much about what I've done for them but just that they are feeling that comfort. They are willing to use this tactile object and not feel guilty about it." She goes on to describe an "Overall sense of ease for [her]self and happiness, just knowing that they feel like they don't need permission, or they don't need to apologize...[she's] not making it another step, not making another power move that needs permission." Dana believes that the clients she supports know they do not need to worry, and they will never wonder, "Oh man, if I don't reply now, or if I play with this, or if I fiddle with this..." The work happening within counselling is stressful, and Dana exclaims:

You're being vulnerable, and it's there, and they can use it...I've actually found that it has connected the client and I- we feel more connected if we're both fiddling...I'm not making it seem like they're less or different that they're needing that tactile toy to help them focus or stay centered. (Dana)

Dana further describes that shared activity as “putting [them] on an even playing field” and really emphasizes sameness, not wanting to make them feel “Othered”. Dana shared earlier that sometimes a client will focus on the tactile object instead of answering and how it seems to be an excuse, a distraction, a polite way of being ‘not ready to answer.’ As she continues thinking about times of shared experiences, Dana expresses that:

There’s something to be said about shared experiences and practice, over and above shared emotions, just doing something together...relational practice...it just makes everybody more comfortable and provides the space of ... We don’t know where to go with the conversation today or you don’t want to go in any direction, or you just need space to be and exist. That’s what you need today. You need someone there...so now we can be there with each other, and we have an excuse because we’re doing something. Does this something have a purpose? Not really other than just to make grass piles or draw in the mud with sticks. (Dana)

Over and over, Dana gives examples of relational practice, doing and being together, trying to reduce permissions, and making sure her clients feel comfortable to be themselves without feeling a lack of control. The simplest example is how clients no longer worry about where to put their garbage if they are out driving with Dana, they just toss it in the back or leave it in a cupholder without worry. These examples embody empowerment.

This subtheme shows up as Ruth helps the young people she supports in creating coping plans for their medical procedures. Being a part of making their own coping plan is embodying *empowerment*. Ruth also notices that when young people, “Have that loss of control during procedures, to have control over a singular object is really significant”,

so she usually introduces an object to them to hold as part of the coping plan. She further explains how even if they are not able to move their arm, “They can at least be gripping something, and I think that it gives them a sense of control of the object” even though they are not controlling the rest of the situation. Some other strategies include squishing pain or worries into a squish ball or to breathe worries away, in an effort to help the young person feel a sense of empowerment during a procedure that they, otherwise, have little control in.

Last *empowerment* is threaded through Kimberley’s interview. Previously, in *communication*, Kimberley shared about the youth who gave her clear messages in the music/sounds he created. As she described the way this youth communicated, the word space came up repeatedly. When this youth was experiencing “Bigger emotions”, Kimberley expressed that is when she, “Would give him the most space and then, as his [sounds] sort of eased up, and he started using some of the higher [sounds, she] would gain space and get close to him.” Kimberley further explained that this youth was not unapproachable, but through observation she empathized with what he was working through and believed that he needed physical space. This youth communicated this need by moving to the room where the instrument was, and Kimberley would support that, echoing Dana’s belief in removing as many permissions as possible when an individual is vulnerable. Kimberley’s example is unique in that not only was it a pause (space) from the ‘work’, but it was also creating physical space. The physical space reduced when this person communicated readiness with light and playful sounds, and Kimberley physically came closer to him. This person leads ready/not ready, space/close, and seemed to have a lot of autonomy over his day. Kimberley describes the importance of this when she says,

“I’m not rushing another person, I’m allowing the space between us if we’re going to have a working relationship. I don’t want to jump on top of somebody and start making demands on their body and time.” She continues to notice how practiced this youth was at being ‘busy’ and how powerful that was to be able to show he was not ready for demands or work. Kimberley says, “They are coming to us with their own skill set, in whatever context that may be...and if appearing busy is a way to get people to knock it off and not bother you, that is a resiliency.”

Kimberley described working with another child who was much smaller than her but would have moments where he was upset and would hit her body. Permission showed up in this situation in a number of ways. They went to a room that he enjoyed in those moments. The child lay in a cushioned space with a weighted blanket. Kimberley was aware how much larger she was above him, so she would crouch down. In those moments she tried to think about what he might be feeling, “While also giving [him] what [he] might need; a sense of safety, a sense of “I’m not leaving you.”” Kimberley gave space while also staying, allowed him to lead, and hoped he would feel supported enough by her being there but understand that she believed he was capable, able and empowered.

This section has shared some potent examples of times when there was *empowerment*. These moments of pause, independence and autonomy were times when the participants or individuals experienced relational practice (meeting people where they are at) instead of asking people to bend to meet in a way they are not ready for.

All the subthemes within *Relational/Relationship* held various examples of times when tactile objects and experiences helped support *relationship* with *Other, Self* or within their environment.

Emergent Observations

While engaging in the interviews and reading the transcripts, there are a couple of observations that began to stand out. The first that was apparent initially in conversations with participants was an enthusiastic interest in discussing tactile objects in CYC practice. That interest was, in part, apparently fueled by a feeling of ‘unknown’ on the topic from the participants’ CYC education. The second observation that emerged, more so from reading the transcripts and upon reflection of my own lived experience of my conversations with participants, was the powerful language used in reference to moments being in practice with tactile objects and moments without them. I will briefly discuss these next.

Why Do We Use Tactile Objects?

Part of my own interest about tactile objects and experiences leading to this exploratory study, was the curiosity of why? Why do we use tactile objects? What do they do? What should we use? How do we know? While I asked lot of questions about tactile objects, the participants’ shared an interest and conversations circled about the why, what, how etcetera. All the questions were referred to at various points in the interviews.

Kellie shared with me some of her experiences from working with children alongside Occupational Therapists. She remarked how astonishing it was to see children

move from being unable, “To handle the environment. All they need is this object and then suddenly they can handle it.” Kellie continues to consider how a weighed vest can suddenly allow this, and shares how it turned into a “Curiosity of- okay, why does this work, why does this kid need this thing, why does this other person respond better to this other thing? Now just more curiosity.” Jenny and I spoke about the emerging curiosity through her own career and when she reflected on CYC and what she learned and did not learn, she sums it up by saying:

I just feel like there’s a big gap with what I found working, and in my practicum placements, and what was learned in the classroom, so I like this research topic because it spoke to me.... we use [tactile objects] so much and it’s a no brainer thing. We don’t really know why, and it wasn’t really talked about in school.

(Jenny)

Ruth explains how she did not really utilize tactile objects before going into child life work and her awareness of using tactile objects was something that she became “Aware of through jobs, working with kids and in internships, in practicums, but not really something [she] would say is central in the way it is now.” She continues by saying:

I think I kind of discovered them in a lot of ways, and like a trial-and-error basis because when I was starting in the field, though I had trained for it, like many jobs, you don’t really know what you’re getting into and you also have to figure out your own style of how things are going to work for you, in your specific setting and with your specific approach. I learned really early that I really like having physical items to help. (Ruth)

Ruth has learned through her own trial and error that tactile objects are grounding and comforting for herself and has witnessed positive impacts on those that she supports.

While talking to Dana, she shares:

[my clients] have point blank said to me that they only reason that they've been able to calm down or, in some cases, stay calm is because I was keeping myself calm. And the only way I was able to stay calm was because of these supports and tools (tactile objects). (Dana)

As Dana shares about one client, she believes that working with this person is, "The biggest learning experience for myself and this past year... that is just a little tiny piece of the puzzle, but CYC has never taught, didn't teach me as much as some of these experiences." Dana's own experience with ADHD helps her realize the benefits that she has from holding a toy or doodling however she has still been curious about tactile objects and their place within practice. She has shared that her own curiosity has led her to further research the benefits of having an animal to touch and, specifically animal assisted therapy. When I asked what came up from that research Dana tells me some benefits of touching something:

Had a lot to do with grounding. Regulations was one that came up, especially with like, repetition of behaviours. So, repetition of petting, especially with the heartbeat or with the fiddling of something like the fur. It could help regulate something, keeping in the moment...again, a lot of the same phrases were coming up. Distraction. (Dana)

Kimberley remarked that she responded to my participant poster so quickly because, "It's just something that's really niggling at me, that this is important and relevant. It's super

relevant for me.” Near the end of our conversation, Kimberley believes that there is room to learn about this in CYC:

Especially in the idea of- well, I’m going to take it back to my bias, but especially in the realm of communication, of regulation, of sensation, and just that mindfulness...bring in mindfulness of how others are engaging with us or how to meet their needs and the more out of the box kind of way...like being more mindful of the periphery of a person, what they’re bringing to the space, the things that are...at their center, where they are coming from...how do you get comfortable with each of these people in the first moments and trust? (Kimberley)

These are some examples of the ‘unknowns’ relating to tactile objects and ‘curiosity to know more’ relating to tactile objects.

Descriptors of Being Without and With Tactile Objects in Practice

It is worth noting that during the interviews with participants there were times that ‘being without’ or ‘being with’ tactile objects came up. While in interview and hearing some of the related descriptors, strong lived experiences were elicited within my own body I was reminded of them while revisiting the transcripts. Although my exploration was not rigorous, I did spend a great deal of time reading the transcripts noting the descriptions and emotions that were said relating to the participants felt sense of self with/out tactile objects or their perception of how a client seemed to be impacted by being with/out tactile objects. What resulted were a series of strongly elicited emotions and descriptions that are detailed below:

Table 2

Descriptors from Child and Youth Care Practitioners Without Tactile Objects in Practice (about self and what they noticed when with others)

Descriptors from CYC Practitioners Without Tactile Objects in Practice		
Vulnerable	Fiddle	Fidget
Nervous	Heightened	Anxious
Distress	Picking	Scream
Cry	Stuck in head (thoughts)	Mind racing
Increase in stress	Unsure	Harder work
Increase in anxiety	Apologetic	Jumpy
Imposter syndrome	Intimidating	Unfocused
Awkward	Worried	Unengaged
Triggered	Resistant	Uncomfortable
Detached	Dysregulated	Tense
Uncertain	Apprehension	Upset
Emotional	Unapproachable	Vulnerable
Challenging	Frustrated	Roller coaster

Conversely, some emotions and descriptors that came up from the participants about what it is like having tactile objects are as follows:

Table 3

Descriptors from Child and Youth Care Practitioners with Tactile Objects in Practice (about self and what they noticed when with others)

Descriptors from CYC Practitioners with Tactile Objects in Practice		
Alternate focus	Focused	Shared focus / goal
Breather	Stress off me	Centred
Calm	Relief	Ease
Connected / Connection	Even power	Less vulnerable
Decreased stress	Staying present	Decreased anxiety
Emotional outlet	Co-regulation	Release
Genuine	Work through emotions	Shared experience
Grounding	Physical expression	Gift to self
Hopeful	Authentic	Easier
Mental space / Gives space	Break	Permission
Modelling	Active participant	Coping strategy
Regulation	Comfort	Quiet
Relaxed	Grateful	Welcomed
Supplementary emotional regulator	Engaged	Parallel
Relationship with self	Communication	Mindful
Ready	Stimulation	Safety
Trust	Process	Control
Curious	Explore	Learn
Fulfilled needs	Laugh	Joy
Distraction		

The previous tables elicit strong and powerful imagery of the feelings, believed impacts, and experiences of being with/out tactile objects in practice. While not rigorous or thorough, and outside of the method of analysis used for this research, these descriptors showed up repeatedly and are of note.

Chapter 5: Discussion

In this chapter, I discuss the findings as they relate to the literature, as well as several important observations that emerged from reviewing the interviews after asking the research question: *What are Child and Youth Care Practitioners' lived experiences of using tactile objects in their practice?* First, I will summarize the findings and share the implications of them, then I will share the limitations to my research, recommendations for practice and future research, and some concluding statements about what I learned in the process of this research.

Summary of Findings

I interviewed six participants with degrees in Child & Youth Care (CYC) who work in a diverse variety of settings using tactile objects and experiences within their practice. By gathering their personal and professional lived experiences, a wealth of rich descriptions and understandings of various aspects relating to tactile objects were co-constructed. Using Interpretive Phenomenology Analysis, two main themes emerged (*Tools* and *Relational/Relationship*), and a variety of subthemes became apparent as well. The theme *Tools* had several subthemes that all seemed to be a product of having/using tactile objects, enhancing abilities to communicate, be ready to partake in and be a part of, and be present to moments. The theme *Relational/Relationship* had several subthemes that described a variety of distinguishable types of relationship including to others, oneself, and the offerings within an environment. From the participant stories, several inconsistencies, relationships, and observations emerged that include the (1) various definitions of regulation, (2) the relationship between relational practice/

empowerment/non-directive play therapy or Child-Centred Play Therapy (CCPT), and (3) the rich descriptors that related to being with and without tactile objects in practice with curiosities about why they are used. In the following sections I provide brief overviews for each of these findings and discuss their significance to this study.

What Does Regulation Mean?

Engaging in conversations with participants about tactile objects and their clients, and in consideration of related literature, it is clear there are multiple understandings of regulation. From the participants, regulation means:

1. An offloading or processing of energy and emotion,
2. When the energy in the body matches the necessary energy for the activity,
3. Being present in the moment, feeling emotions come and go but not allowing the emotions or reactions to them control your actions,
4. Information enters your conscious, and you can notice, recognize, and process it.

By sticking with uncomfortable sensory stimulus, you may increase your capacity to handle that stimulus,

5. Stimulus enters your awareness, and despite the potential discomfort or overwhelm, you can remain grounded and continue to engage with your environment.

What is interesting about these various interpretations is that regulation seems to refer to energy for some participants. These CYC Practitioners happened to work with individuals who are neurotypical. This may be a coincidence or a significant understanding to this definition of regulation. This definition of regulation is more concrete in that once the energy was perceived to match what was required for that

moment in time, regulation was complete. The remaining participants talk more about remaining present whether stimulus or information arriving is uncomfortable or not, and the ability to either let it flow, or process it, or hold an awareness of it. This definition is linked to relationship with self or another and is deeply complex and nuanced.

Regulation and Synergetic Play Therapy

Lisa Dion (2008) speaks about regulation and the neuroscience behind it in many videos, books, at conferences, and in the Synergetic Play Therapy Training that she provides. Dion shares the same belief as some participants with the understanding about being ‘grounded’ or ‘present’ to the information or stimulus that is entering a person’s awareness as she defines regulation as mindfully connecting to self (Integrative Psychiatry Centers, 2020). Self-regulation was defined in the literature as a series of steps that include awareness of self in comparison with others, adjusting behaviours, and learning to adapt (Carver & Schier, 2001; Heatherton, 2011). Co-regulation was defined as more than one person doing the same, and one person was generally more capable (Hadwin & Oshige, 2011; Murray et al., 2019). These definitions do not align with the way participants from my study defined these terms and as such, there are remaining questions. Do these alternative understandings of regulation hold true, provide new insights, or do definitions vary across disciplines an individual comes from, in this case CYC?

I believe that these remaining questions call for a need for further research across a variety of fields and disciplines to understand more about what regulation is or how it should be defined in the context of CYC to provide further education within CYC. Further, there is the possibility of learning how tactile objects and experiences may play a

role in regulation. There is the possibility that there are multiple definitions of what regulation is depending on the environment or how a person perceives it. I believe that there is still a case to be made to further our understanding of regulation within CYC.

Relational Practice, Empowerment, and How This Relates to Non-Directive Play Therapy/Child-Centered Play Therapy

Upon review of the findings, I became aware of how closely aligned *Relationship to Other/Co-Regulation*, *Relationship to Self/Self-Regulation*, and *Empowerment* mirrored some of the foundational principles of Relational Practice, Non-Directive Play Therapy and Child-Centred Play Therapy. I will discuss these next.

The Relationship in Relational Practice

One way that having an educational background in CYC showed up with all participants was references to relationship, more specifically relational practice.

In reviewing the data, the moments where *Relationship to Other/Co-Regulation*, *Relationship to Self/Self-Regulation*, or *Empowerment* showed up were usually while doing something with a client. The ‘doing’ was often not the focus of what participants talked about with me. The ‘doing’ was often a simple task, activity, or shared moment, while the important part relayed to me by the participants was about the other person or about relationship and, more specifically, the care that was communicated to me about those moments.

As I reflect on the data, I think about how Jenny talks about playing a game with a new client. Although this is a simple, everyday act, those moments held a lot more than playing a simple game. Jenny wanted that client to be comfortable, she wanted to get to

know one another, she wanted to figure out how to communicate, and build a good relationship with this person, to name a few. The game was not the focus; the care at the heart of it all was the focus. When I reflect on Henry Maier's (2000) teachings, the basis of it is that the important work is being with people wherever they are at, in everyday moments, and that act, itself, is the support, intervention, and work of a CYC Practitioner (Garfat & Fulcher, 2012; Krueger, 2005). This foundational concept of CYC showed up throughout the data; some examples follow. Jenny and her team hoped the child who was distraught would like the swing. This was not so he would stop crying; it was so that he would be able to feel trust, build a relationship, and build upon that support to gain more interventions, so his family would have more tools that they could use, and everyone would develop the relationship further. Ruth brought items that could help the young people she supports feel comfort, engage in a shared space that they co-created meaning from (squish your anger into the ball), and feel choice or empowerment over (Garfat, 2009; Garfat & Fulcher, 2012). Garfat and Fulcher (2012) speak to the intricacies of a co-created space that must be carefully attended to, ensuring safety, and developmentally appropriate with learning woven within it. Dana discusses the many moments of being in relationship with clients while playing with handheld toys, slime, and tearing up paper or foam. In her stories, the focus was not on play or satisfaction because of the sensations. The result of engaging with these things was being present, staying with feelings, supporting the other person with her own ability to remain grounded and in relationship with herself. Dana's focus in all her stories was very much about the client that she was with by being with them, giving them space, holding space for them, and allowing them to be and feel, all while holding a tactile object.

Empowerment as it Relates to Relational Practice

Next, I will focus on *Empowerment* as it showed up within the findings. From the results of this research, I believe this is a facet of relational practice, but slightly more specific in that it regards the other person in relationship with a high degree of respect, acceptance, and interest in supporting them with their needs. I will review some examples briefly to explain these qualities within relationship, then explore it within the context of the literature

Empowerment came up often while talking with Dana. In her many lived experiences of working with others, Dana shares how important it is to her to not make another person feel like they need to apologize for not being ready to answer, or just needing to sit with their feelings. Using fidgets or slime is an easy way that she has found to make it feel like it is okay for her client to take that space, have “an excuse,” or “not be ready” yet and not feel apologetic about it. Dana further chooses to emphasize this facet by taking part in the same activity and making sure that her client does “not feel othered.” Dana embodies Henry Maier’s (2004) spheres of interaction, particularly reciprocal personal interactions creating powerful connections and how joint experiences promote enrichment- in this case, within relationship (self and other). I believe that Dana’s ability to empower her clients and reduce permissions, also reduces feelings of shame. Melissa’s stories hold a theme of finding what interests the children that she works with and using those interest to build upon. The interests vary and it is important to her and her team to explore what works for each child, specifically, to provide them a sense of contentment and the space to be themselves. I think that this encompasses ‘meeting them where they are at’ and creating powerful connections (Maier, 2000). Ruth illustrates this powerful

form of *empowerment* when she shared with me that most of the people that she supports do not have much control in what is happening to them medically, so she brings an item that they get to hold, squeeze, or push. Although this act on the object may seem small, Ruth recognizes how empowering this is for the young person. Garfat (2009) discusses the significance of feeling cared for, but before a caring relationship can begin with an adult, an individual “must first experience conditions of safety in relationship” (p. 14). I would assert that Ruth helps provide this sense of control that is necessary to feel safety and move into relationship. Lastly, *Empowerment* was threaded throughout Kimberley’s stories. It was clear within our conversations that Kimberley respects and wants to meet her youth where they are able to be (Maier, 2000). Kimberley remarked that sometimes this looks like she is standing back and not working but she is thinking about what the people she supports are communicating in that moment, needing in that moment, or going through in that moment. This often shows up as physically giving space and was such a beautiful example of creating safety between youth and adult, that could lead to a caring relationship (Garfat, 2009).

Relational Practice Aligns With Non-Directive Play Therapy/Child-Centered Play Therapy

In all of these stories, I notice CYC Practitioners stepping back, trying to reduce perceived power and increase feelings of permission, and letting the client lead where they can. While there is CYC literature that speaks to this (relational practice), I notice that there is also literature in another discipline that speaks to this.

Relational Practice, Empowerment, and Foundational Play Therapy

Principles. The ideas of *empowerment* show up in the principles of Child-Centred Play

Therapy or Non-Directive Play Therapy laid out by Virginia Axline (1947; 1969).

Although the eight principles, when employed, are usually blended, and overlapped, there are eight separate guiding principles. I will list them here and then refer to those that stand out in relationship to my data. As previously mentioned, Dion's (2008) synergetic play therapy is a culmination of CCPT, along with Experiential Play Therapy, and Gestalt Play Therapy so these principles closely align to SPT, as well.

1. The therapist must develop a warm, friendly relationship with the child, in which good rapport is established as soon as possible.
2. The therapist accepts the child exactly as he is.
3. The therapist establishes a feeling of permissiveness in the relationship so that the child feels free to express his feeling completely.
4. The therapist is alert to recognize the feelings the child is expressing and reflects those feelings back to him in such a manner that he gains insights into his behaviour.
5. The therapist maintains a deep respect for the child's ability to solve his own problems if given an opportunity to do so. The responsibility to make choices and to institute change is the child's.
6. The therapist does not attempt to direct the child's actions of conversation in any manner. The child leads the way; the therapist follows.
7. The therapist does not attempt to hurry the therapy along. It is a gradual process and is recognized as such by the therapist.
8. The therapist establishes only those limitations that are necessary to anchor the therapy to the world of reality and to make the child aware of his responsibility in the relationship. (Axline, 1947, pp. 73-4)

In response to the eight principles, six especially relate to the data and themes that emerged in the stories from participants.

The first principle speaks to developing a warm relationship with good rapport (Axline, 1947). Dion (2008) also speaks to relationship and how co-regulation within relationship creates synergy (transformation) and develops relationship with self. The warm relationship between two or more is what causes transformation and integration (Dion, 2008). In every story from participants, not just those recently exemplified, this guiding principle appeared to be true. Jenny's gratefulness for a game that provided her client familiarity and both something to focus on together in a comfortable way. Kellie told me about the awkward first moments that can arise and that she is relieved when a youth grabs a clipboard to hide behind and draw because then, the relationship can begin with face-to-face pressures removed.

The second principle speaks to acceptance (Axline, 1947). At the core of each story was acceptance and trying to meet the individual where they were at. Whether that was creating space to do the things that individual loved or how Dana tore up foam pieces to help herself stick with the big feelings that came up within her, so that she could remain present for her client, I heard acceptance. Trying to be in each moment as that person needed to be or needed them to be.

The third principle is what connected my own findings to the literature in play therapy so strongly. It centres around the therapist trying to create a space of permissiveness so that the other person can feel and express themselves as they need to (Axline, 1947; Dion, 2008). Immediately I think about Kimberley stepping back, hearing the low stomping sounds coming from her client's instrument and allowing that space, the time, and her quiet presence (support). Kimberley's acceptance and care for this client, helped her recognize with time that the low sounds meant he needed time and

physical space, but as they got light, high and playful, she was able to come closer to him. All throughout Dana's interviews, she specifically articulated how she tries to reduce permissions and she does this as soon as she meets people. If a client hesitates before putting litter down in her car, she points out the random litter, laughs and says throw it wherever in a way she communicates 'be at home here.' Kellie's interview spoke to permission as well, but with a background in play therapy, this came as no surprise.

The fifth principle overlaps with the last, in a way. It speaks to how one respects the child's ability to solve their problems and make choices (Axline, 1947). Dion (2008) aligns with this, and it shows up by the therapist modeling regulation (connecting to self and breathing or rocking, for example). The theory is that the child will use similar skills when they are ready. Referring to Kimberley and her client who took space to make music when he experienced big feelings, I notice that her action displays a trust that he will work through what he is experiencing, and he is allowed to lead.

The sixth principle allows the child to take the lead. I noticed this in all the participant's stories. I heard an eagerness to understand what their clients liked, needed, wanted, and were experiencing. I heard that while the participants could not remove themselves (their personality/connection) from the interactions, they did not seem to hold a place of power or being in charge.

Last, the seventh principle relates to the theme of *Relational/Relationship* and subtheme of *Empowerment*. This guiding principle for play therapy relates to not hurrying the process along, understanding that the helping process is gradual (Axline, 1947; Dion, 2008). This was true for all participants except for Ruth. Due to the nature of her job, with medical coping plans that meant a limited number of interactions and time,

her process was sped up and a large emphasis was placed on relationship and giving control to the child or youth.

The aforementioned interpretations and references to the literature show how much these varied CYC occupations uphold Relational Practice, which is at the heart of CYC education. The core education from CYC fosters Practitioners who embody Relational Practice. What I did not expect from my findings was how closely the themes and subthemes aligned with the principles of play therapy by Axline (1947, 1969). As I reviewed the literature and data, I noticed how similar Relational Practice and the principles for play therapy are. My findings align to more than one discipline, and I find this to be important because there is an opportunity to look further into Play Therapy research to potentially fill some gaps that are within CYC literature. Particularly, more about what tools we should use, why we use them, and ways to use them.

Why Tactile Objects and What Effects Do They Have?

The last observations emerged from the findings outside of the themes and appeared important enough to discuss. The first observation was the ‘why’ do we use tactile objects, and the second was noticing powerful descriptors and emotions regarding being with or without tactile objects.

Regarding the ‘why’ we use tactile objects, I noticed in interviews a pattern of not knowing when exactly or why they began using tactile objects. Although a participant may say they were told to have them available when they engaged in their practicum by a colleague, they were unable to definitively say why they were meant to have them there...other than: it is useful. The impacts of tactile objects seemed unknown, though ideas were given throughout interviews with participants. Some ideas that came up were

inclusive of, but not limited to grounding, regulation, physical expression, alternate focus, distraction, shared activity, stimulation, etc. What was expressed with certainty was a gap in the CYC education received compared to the reason for and application of using tactile objects within practice.

From borrowing what is known from allied practices, we have learned that communication takes place using the senses, with touch being the most significant (Urquhart et al., 2020). We also know that play is the child's symbolic language of self-expression and using toys can be used as the method to communicate all the unintegrated uncomfortable feelings, thoughts and sensations, by externalizing it onto the object, and keeping it at a safe distance (Dion, 2008; Landreth, 1993). Children may also be in charge of that object, allowing them to lead as they are ready (Axline, 1947; 1969; Landreth, 1993). The impacts of the various forms of play and expressive arts therapies are extensive, and some impacts include strengthening creativity and academic achievement, relieving the "symptoms of attention deficit disorder, anxiety, depression, and other potentially debilitating health conditions like obesity and diabetes" (Marshall, 2012, p. 3).

Regarding setting up a counselling space, Bank and Nissen (2018) discuss how space and comfort can align with success, trust, and communication. Pearson and Wilson (2012) share the clients' perception of care can be impacted by a variety of objects in the room as well as the décor (Sander & Lehmann, 2019). Sommers-Flanagan & Sommers-Flanagan (2014) believe that developmentally appropriate interesting items as well as comfortable furniture is just as important as the *fit* of client with counsellor.

Although the literature does speak to objects in allied practices and indirectly in terms of setting up a space within counselling, there is not literature from CYC directly to speak to this. The findings from this research relating to ‘why do we use tactile objects’ and ‘what do they do’ are important areas to explore further and are valuable findings. Participants expressed that they struggled to articulate their thoughts on these two questions, and this makes a case for further research.

Limitations

This study explores the experiences of six female participants who worked in a diverse set of CYC occupations. All six participants are located within Canada. With all participants being of one gender and in a relatively common location, the scope of the research is limited. These findings cannot be considered a representation of the general population of CYC Practitioners.

Engaging in conversations with participants and using Interpretive Phenomenological Analysis to seek findings, is complex and has limitations. There may be nuances that have escaped my notice due to my own professional and personal experiences, or my experiences may have influenced how I interpreted the meanings. Another limitation is that my findings may have been approved by my participants with details slipping past their awareness because of time passing between their interview and their review process.

Overall, for a study using IPA, this sample size was large. To prevent my own assumptions and interest from overshadowing the experience that the participants were expressing to me, I engaged in reflexive journaling during the process. I also co-constructed meanings during the interviews with my participants in an effort to ensure I

understood their experience, along with a process of member checking after interpreting the findings, and even when I chose quotes to demonstrate those findings.

Recommendations for Practice

From this exploratory study, it was clear that all the participants spoke highly of having tactile objects and experiences in their practice. While it is unknowable from this study if the tactile objects have a causal relationship with the themes and subthemes, I believe the findings, along with my own experiences as a Practitioner, and the extant literature make a case for:

1. Education within Child and Youth Care courses regarding tactile objects/experiences that are inclusive of:
 - a. Tactile objects/experiences that may be appropriate for various age groups and occupations/settings.
 - b. Potential and known benefits of tactile objects/experiences use.
 - c. Drawing from other disciplines that use tactile objects/experiences to expand our understanding of them.
2. Emphasis on learning from colleagues' experience with tactile objects (in practicum, new work settings) drawing on practical expertise.

I believe there is an innate desire within CYC Practitioners to want to help and draw from all potential tools to support their clients. There remains much to learn from the people and experiences that we partake in and, as such, we must remain open to and aware of what the people we support may be feeling and how their immediate environment, including the tools that we provide, may be impacting them.

Recommendations for Future Research

Upon review of the literature in allied therapeutic practices and from hearing the lived experiences of my participants, tactile objects can have a positive influence within practice that is worthy of further exploration. I learned that participants believe it is helpful to have tactile objects and experiences on hand, both for themselves and their clients, but what remains unknown within CYC literature is why it may be helpful, what effects these tools may have, what types may be most effective, and various other impacts of tactile objects and experiences.

From this research, there was several understandings of regulation that emerged from the participants. There is a need to do further research to clarify our understanding of what regulation means with CYC inclusive of self-regulation, co-regulation, emotional regulation, cognitive regulation etc.

The scope of practice for CYC Practitioners includes working with children, youth, and families and there are a considerable variety of occupations they may hold. This work may happen within a home setting, office, classroom, hospital, therapeutic space, or other unspecified spaces. It is my recommendation to pull from education, allied health and human service practices and disciplines with similar work environments, client populations, and overlapping conceptual theories, to learn more about tactile objects. Further, future research could be informed by these other disciplines, including potential explanations of impacts and effects of tactile objects, and including learning more about tactile objects along with the nervous system, neuroscience, and trauma.

An important starting point to moving this research area forward would be to continue to explore tactile objects within CYC. A mixed methods study exploring one aspect can serve as an example:

1. Quantitative study in one CYC setting, with one population exploring if tactile objects have a positive effect within that setting for that population (i.e., measures of change).
2. Qualitative study by gathering narratives from that population about the tactile objects that they engaged with (i.e., client voice).

By starting with one CYC setting and one population, we would potentially learn if tactile objects and experiences are as important and valuable as the participants in this studied believed. This could make a case for further research in other settings and populations, as well as make a case for further education for CYC Practitioners in the use of tactile objects with that population in that setting. The results from that could tease out more specific areas to research could lead to new possibilities or the possibility of generalizing the results across many CYC settings and populations. This may include information regarding directed use of them, what that population likes or dislikes, impacts, effects, etcetera, and lead to further areas to explore.

The findings from both the quantitative and qualitative data could lead to further research that benefits the CYC field, educators of CYC, CYC Practitioners, and their clients.

Closing Remarks

Gathering the lived experiences of participants who use tactile objects in practice was an exciting undertaking. Their enthusiasm for the topic, generosity of time, and wealth of practice experience answered some questions and created some more curiosities as the nuanced understandings of regulation were teased out. There is more to learn on this topic and an interest to do so from the CYC Practitioners that I interviewed. The participants in this study overwhelmingly believe that tactile objects and experiences benefit themselves and their clients, which align with my own experiences in CYC practice. Tactile objects were seen as tools that aided in a variety of results such as: communication, regulation, engagement and participation, and grounding or becoming present. Tactile objects were also seen as a valuable aid in building relationship with another person in a form of co-regulation and building relationship with self or self-regulation. Lastly, tactile objects seemed to contribute to an offering of permission and space to people in relationship with one another and help to empower them. The overlap of findings with Child-Centred play therapy and Non-Directive play therapy principles, and Relationship, and Empowerment with Relational Practice is an exciting development.

My hope is that this research might be a starting point for further, more specific, research into the uncovered curiosities about regulation and the role of tactile objects in practice. Future research might explore other disciplines, such as play therapies that were highlighted in this study, to further explore how proven and evidence-based concepts and principles within those disciplines might benefit CYC practice.

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Appendix A

Department of Child and Youth Care,
University of Victoria

Degree in Child and Youth Care Practice?

We are looking for volunteers to take part in a study of the lived experiences of **Child and Youth Care Practitioners** who use **Tactile Objects** in their practice. *

If you volunteer to be in this study, your participation will consist of a one-on-one interview with the principal interviewer and a follow-up conversation.

Your participation would involve two sessions, which will take approximately four hours or less of your time.

In appreciation for your time, you will receive a cash incentive.

For more information about this study, please contact:

Allison Stickney (Graduate student at UVic in Child and Youth Care)

250-893-3149

E-mail: astickne@uvic.ca

Supervisor: Nevin Harper E-mail: njharper@uvic.ca

Please pass this on to other potentially interested participants. Thank you!



*must have a degree in CYC

Research has been awarded and is funded by the Canadian Association of Play Therapy. Research is for UVic Graduate Degree.

Appendix B

Informed Consent to Participate in a Research Study

Study Title: *Stories of Tactile Objects in Child and Youth Care Practitioners' Office*

Researcher: Allison Stickney, Graduate Student, Child and Youth Care, University of Victoria,
250-893-3149, astickne@uvic.ca

Supervisor: Nevin Harper, Child and Youth Care, njharper@uvic.ca

You are being invited to participate in a research study. This consent form will provide you with information on the research study, what you will need to do, and the associated risks and benefits of the research. Your participation is voluntary. Please read this form carefully. It is important that you ask questions and fully understand the research in order to make an informed decision. You will receive a copy of this document to take with you.

Purpose:

This study is intended to gather the lived experiences of Child and Youth Care Practitioners who use tactile objects in their practice. The research will consist of a one-on-one interview where the participant will share their experiences of using tactile objects in practice from their own perspective guiding where the interview goes. Discussion may include but is not limited to: tactile objects used, why they use them, how it feels, what they believe it does to use them, etcetera). There appears to be little to no research in the field of Child and Youth Care on using tactile object in practice and an abundance of research on the impacts of tactile objects in allied practices. These include tactile objects in expressive arts, play, and sandtray therapy; manipulatives in education and inclusive education; and tactile objects in early childhood education. The research may show themes of how tactile objects are experienced, contribute to the Child and Youth Care field, open up further need for exploration, and provide better tools to future use of tactile objects by Child and Youth Care Practitioners.

Procedures

The participant will have a telephone conversation with the researcher to ensure that the criteria to participate is met, to understand the goals and scope of the study, and to set up a mutually agreed upon time and place (in person or virtually) to meet for a one-on-one interview. At the meeting, the participant and researcher will review the informed consent, ask any questions, and sign the forms. The participant will retain one copy and the researcher will retain another copy.

The participant and researcher will engage in an informal one-on-one interview where the researcher will ask some guiding and clarifying questions to thoroughly explore the Child and Youth Care Practitioners' lived experience of using tactile object in practice. The researcher will prompt the participant to focus on their experience (sensations, thoughts, feelings, beliefs) versus the experience of their client. The information gathered in the

interview will be made into a transcript and reduced to themes for the purpose of the study. The participant will review these themes and consent to the validity or ask the researcher to review it again.

The researcher will gather the name, general job description and contact information from the participant. The name and contact information will be retained by the researcher until one year past the end of the study and not shared with anyone other than the named supervisor, if necessary or unless the participant consents to being identified. The study begins when informed consent is signed and reaches completion with the participant reviewing the themes the researcher has pulled from the interview and agrees on the validity. Upon completion, it will be erased.

Participant Information

Participant Name: _____

Title/Position at work:

Name of Organization:

Audio and Video Recording and Photography

This study will include audio recording of the interview between the participant and researcher. The researcher's iPhone will be used to record the audio and the audio will be transferred to the researcher's password protected laptop after the interview. The audio will be used to make transcriptions to further reduce to themes about the study's phenomena. At each step, the data will be transferred to the University of Victoria Network Storage Systems and deleted from the researcher's laptop. The audio and transcriptions, along with any related data will be deleted upon the study's completion. Identities will be reduced to codes to further protect the participant's identities.

I agree to be audio recorded: YES ____ NO ____

I would like to review the recordings prior to their use: YES ____ NO ____

Benefits

This research will not benefit you directly. However, your participation in this study will help us to better understand the experiences of using tactile objects in Child and Youth Care Practice. The gathered information may lead to further research on the effectiveness or uses of tactile objects. This may benefit the Child and Youth Care field, Child and Youth Care Practitioners, and clients that are supported.

Risks and Discomforts

There are no anticipated risks beyond those encountered in everyday life. If you feel uncomfortable at any time and you do not wish to answer a question, you may skip it and go on to the next question or conclude the interview.

Participants will be advised if they have or may have come into contact with an individual who has tested positive for COVID-19. Contact information for participants will be stored in a separate file from research data in the event that follow up is needed.

Privacy and Confidentiality

Your study related information will be kept confidential within the limits of the law. Any identifying information will be kept in a secure location and only the researchers will have access to the data. Research participants will not be identified in any publication or presentation of research results unless the participant chooses to do so; only aggregate data will be used.

The researcher will keep your consent form and identifying information locked in a drawer. This information will be kept separate from the audio recording, transcript, and emerging information, which will be stored on the University of Victoria Network Storage System. This data is stored in Canada. The audio recording will be made into a typed transcript and all identifying information will be removed; the identity of each participant will be coded (ex. Participant #1, #2). Each time new data emerges during the study, the information will be uploaded to the Uvic Storage System and that data will be deleted from the researcher's laptop.

Waiving Confidentiality [IF APPLICABLE]

PLEASE SELECT STATEMENT

_____ I consent to be identified by name / credited in the results of the study.

_____ I consent to have my responses attributed to me by name in the results.

_____ (Participant to provide initials)

Compensation

There will be a monetary compensation of \$100 that is given to the participant upon signing of the informed consent contract. If the participant withdraws at any point in the research, they will retain their monetary compensation. In addition, the participant will be reimbursed for up to \$10 towards any parking expenditures accrued due to participating in the research, and up to \$50 in babysitting required to participate in the research.

This research is funded by a research grant awarded from the Canadian Association for Play Therapy. This award decision was reached by reviewing a proposal from the researcher.

Voluntary Participation

Taking part in this research study is entirely up to you. You may choose not to participate, or you may discontinue your participation at any time without penalty or loss of benefits to which you are otherwise entitled. You will be informed of any new, relevant information that may affect your health, welfare, or willingness to continue your study participation.

Dissemination

The information gathered from this research will be disseminated in the researcher's thesis.

Questions or Concerns

If you have any questions or concerns about this research, you may contact the researcher or her supervisor using the information at the top of page 1. You may, also, contact the Human Research Ethics Office, University of Victoria, (250) 472-4545 ethics@uvic.ca . This study has been approved by the University of Victoria Institutional Review Board.

Consent Statement and Signature

I have read this consent form and have had the opportunity to have my questions answered to my satisfaction. I voluntarily agree to participate in this study. I understand that a copy of this consent will be provided to me for future reference.

Participant Signature

Date

Appendix C

SCERTS® Model:

Prizant et al (2005) have found that there are three domains that are helpful to approach supporting development within; these include:

- Social Communication- develop functional communication, emotional expression and secure trusting relationship with adults and children
- Emotional Regulation- learning to maintain well regulated emotional states to cope with normal stress that allows individuals to be available for learning and interacting.

Transactional Support- elements that support a child's needs and interests, help modify and adapt their environment and give tools to enhance their learning. This may include picture communication and sensory support. (Prizant et al., 2005)

Appendix D

Guide for Interview Questions

General, warm up, exploring types of tactile objects

- Can you tell me about your job? What is your role? Who do you work with? How long have you been a Child and Youth Care Practitioner?
- How did you come to use tactile objects in your practice? How did you choose what tactile objects you use in your practice?
- Can you tell me about what sort of tactile objects you have in your practice?
- Can you tell me an example of when you used a tactile object in practice?
- Think of a time when you used a tactile object in practice and describe that in as much detail as possible.

What effects come from tactile objects

- What was your first reaction (perception, emotional, physical)?
- What were some subsequent reactions?
- How did you feel in your body when you were using that ___?
- When you were using that with your client, did you notice an effect taking place in your relationship? How did that feel in your body? Can you tell me how it shifted your dynamic? Can you tell me how it shifted your conversation? Why do you think?

Learning more about tactile objects in their practice/approach

- When tactile objects are used, how does that experience come about (directed to use it)? (Client used it of their own direction)

- What sorts of tactile objects are most used? Why do you think? Tell me about how they are used; by who? Why?
- What sort of tactile objects seem to be the most useful? Why do you think? Who seems to use them? Why?
- Prompts that are not listed may look like: tell me more about that, can you share that in more detail, why do you think that is, what do you think was happening?

Appendix E



Office of Research Services | Human Research Ethics Board
 Michael Williams Building Rm B202 PO Box 1700 STN CSC Victoria BC V8W 2Y2 Canada
 T 250-472-4545 | F 250-721-8960 | uvic.ca/research | ethics@uvic.ca

Certificate of Approval

PRINCIPAL INVESTIGATOR	Nevin Harper (Supervisor)	ETHICS PROTOCOL NUMBER	21-0119
PRINCIPAL APPLICANT	Allison Stickney Master's student	Expedited review - delegated	
UVIC DEPARTMENT	Child and Youth Care CHIL	ORIGINAL APPROVAL DATE	09-Feb.-2022
		APPROVED ON	09-Feb.-2022
		APPROVAL EXPIRY DATE	08-Feb.-2023

PROJECT TITLE Stories of Tactile Objects in Child and Youth Care Practitioners' Office

RESEARCH TEAM MEMBERS None

DECLARED PROJECT FUNDING
Canadian Association of Play Therapy, Allison Stickney

DOCUMENTS INCLUDED IN THIS APPROVAL
 tops2-eptc2-certificate (2).pdf - 19-Nov.-2021
 Interview questions for study Ethics Application.docx - 16-Dec.-2021
 Recruitment Screening Questionnaire.docx - 08-Feb.-2022
 participant recruitment poster version 3.docx - 08-Feb.-2022
 informed consent for research Tactile Objects.docx - 08-Feb.-2022

CONDITIONS OF APPROVAL

This Certificate of Approval is valid for the above term provided there is no change in the protocol.

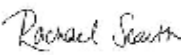
Modifications
To make any changes to the approved research procedures in your study, please submit a "Request for Modification" form. You must receive ethics approval before proceeding with your modified protocol.

Renewals
Your ethics approval must be current for the period during which you are recruiting participants or collecting data. To renew your protocol, please submit a "Request for Renewal" form before the expiry date on your certificate. You will be sent an emailed reminder prompting you to renew your protocol about six weeks before your expiry date.

Project Closures
When you have completed all data collection activities and will have no further contact with participants, please notify the Human Research Ethics Board by submitting a "Notice of Project Completion" form.

Certification

This certifies that the UVic Human Research Ethics Board has examined this research protocol and concluded that, in all respects, the proposed research meets the appropriate standards of ethics as outlined by the University of Victoria Research Regulations Involving Human Participants.



Dr. Rachael Scarth
Associate VP Research Operations

Certificate Issued On: 09-Feb.-2022