Activity-Oriented Approaches in Child and Youth Care Interventions

By

Donna Damsgaard

B.A., Malaspina University-College, 2001

A Thesis Submitted in Partial Fulfillment of the

Requirements for the Degree of

MASTER OF ARTS

in the School of Child and Youth Care

Donna Damsgaard, 2011

University of Victoria

All rights reserved. This thesis may not be reproduced in whole or in part, by photocopy or other means, without permission of the author.
Activity-Oriented Approaches in Child and Youth Care Interventions

By

Donna Damsgaard
B.A., Malaspina University-College, 2001

Supervisory Committee

Dr. Sibylle Artz, Supervisor
(School of Child and Youth Care)
Dr. Bruce Tobin, Department Member
(School of Child and Youth Care)
The purpose of this qualitative descriptive study shows how child and youth care professionals understand and apply activity-oriented interventions with children aged 6 to 11. Thirteen child and youth care professionals who employ activity-oriented interventions with children participated in semi-structured interviews. Interviews were transcribed and analyzed using an inductive content analysis approach. Eighteen emergent themes describe the participants’ perceptions of how activity-oriented interventions engage children, build therapeutic relationships and aid children’s learning. The findings in this study show how activity-oriented interventions fit with children’s development and are seen to be helpful in facilitating self-awareness and promoting change. Further, the findings highlight the lack of activity-oriented core training in Canadian undergraduate and graduate child and youth care programs. These finding suggest that there is a need for increased core curriculum in activity-oriented approaches, and also for future research in the effectiveness of activity-oriented interventions.
Table of Contents

Title Page.............................................................................................................................................i
Supervisory Committee.........................................................................................................................ii
Abstract................................................................................................................................................iii
Table of Contents.................................................................................................................................iv
Acknowledgements...............................................................................................................................vii
Dedication...............................................................................................................................................viii

**Chapter One: Introduction**...............................................................................................................1
Purpose of the Study.................................................................................................................................2
Overview of the Study..............................................................................................................................3

**Chapter Two: A Literature Review**...............................................................................................4
Literature Search.......................................................................................................................................5
Activity-Oriented Interventions with Children.......................................................................................7
Limitations of Conversation-Based Interventions with Children...........................................................9
  Assumptions of conversation-based interventions with children......................................................10
The Function of Activity as a Medium in Therapeutic Interventions..................................................13
  Activity as a therapeutic medium in building relationship...............................................................13
  Activity as a therapeutic medium in facilitating self-awareness......................................................14
  Activity as a therapeutic medium in promoting developmental change..........................................15
Child and Youth Care Principles and Activity-based Approach.......................................................15
Conclusion................................................................................................................................................17

**Chapter Three: Methodology**.......................................................................................................19
A Qualitative Approach..........................................................................................................................19
  Qualitative description.........................................................................................................................20
  Sampling and recruitment of participants.........................................................................................21
  Data collection...................................................................................................................................23
Chapter Four: Presentation of Findings

Prevalence of activity-oriented interventions

Types of activities

Primary Themes and Quotes

Section one: Participants descriptions of how intervention planning influences activity use

Theme 1: Intervention goals influence the use of activities

Theme 2: Activities as child-directed approaches

Section two: Participants’ rationale for employing activity-oriented interventions

Theme 3: Activities aid in child assessment

Theme 4: Activities promote child engagement

Theme 5: Activities facilitate relationship building

Theme 6: Activities promote child empowerment

Theme 7: Activities facilitate a sense of belonging

Theme 8: Activities fit with children’s developmental stages

Theme 9: Activities aid in children’s learning

Theme 10: Activities aid in the expression of feelings and emotions

Theme 11: Activities reduce stress and anxiety

Theme 12: Activities provide positive experiences

Theme 13: Activities are effective

Theme 14: Activity-based approaches are rewarding for practitioners
ACKNOWLEDGMENTS

I want to give a heartfelt thank-you to my husband Grant, for his incredible patience and unwavering support. I also want to acknowledge my wonderful children, Reese, Jennifer, and Jeremy. Thank you for all your encouragement and the faith you have in me.

I want to offer my deepest gratitude and appreciation to Dr. Sibylle Artz, and Dr. Bruce Tobin for your mentorship, feedback, and patience with me over our long journey together. Thank you so much for your warm words of encouragement and gentle guidance.

I want to offer a special thank-you to all my participants who were so wonderfully descriptive in sharing their experiences with me. I am grateful to each of you for sharing your passion with me; the work you do is so important. Thank you.
I dedicate this thesis to all child and youth care practitioners who generously give their time, effort, and passion to children.
CHAPTER ONE: INTRODUCTION

In their pure forms, action therapies employ nonverbal modes of relationship – be they games, free play, movement, drama, music, art, or other activities – as the chief therapeutic media in which conflicts are sorted out and resolved and through which intellectual and emotional energies are freed for more adaptive and creative living.

Nickerson and O’Laughlin (1982, p.4)

In many schools, youth centres, community agencies, and government programs, we see child and youth care practitioners engaging children in play and activities. If we are onlookers, we may observe child and youth care practitioners and children partaking in art, crafts, games, sports, playing with toys, or outdoor equipment. My research study presents thirteen child and youth care professionals using activity-oriented approaches in their interventions with children who do so with clear rationales for the use of these kinds of interventions. As my study will show, these interventions require both knowledge and skills; that is, they require a theoretical as well as a practical basis. But, surprisingly, few Canadian Child and Youth Care degree programs offer core curriculum in activity-based approaches with children.

An examination of the core courses offered in Canadian Child and Youth Care programs showed a “thin” offering of training and education in activity-based interventions in Canadian Child and Youth Care education programs. Of five universities that offer undergraduate and graduate programs in Child and Youth Care, only two offer activity programming in their undergraduate core curriculum. Grant MacEwan, University in Alberta offers CYC104: Activities Programming for Youth, a required course in the Child and Youth Care 4-year Bachelor degree program (Available from Grant MacEwan University, Web site: http://www.macewan.ca/wcm/SchoolsFaculties/HCS/Programs/BachelorofChildandYouthCare/
Ryerson University in Ontario offers CYC302: *Therapeutic Recreational Programming*, a required course in the Child and Youth Care 4-year Bachelor Degree program (Available from Ryerson University, Web site: http://www.ryerson.ca/cycp/current/courseselection/). The graduate curriculum at the School of Child and Youth Care, University of Victoria does not offer any core curriculum in activity-based therapy (Available from University of Victoria, School of Child and Youth Care web site: http://www.cyc.uvic.ca/prospective/ma_cyc/index.php), though they offer an elective course in expressive therapies once every two years. None of the undergraduate programs at the School of Child and Youth Care at University of Victoria in BC, Vancouver Island University in BC, or University of the Fraser Valley in BC offer core curriculum in activity-based therapeutic interventions (Available at University of Victoria, Vancouver Island University, and University of Fraser Valley Web sites, see references for URL), though they may offer activity-based curriculum as an elective course in their perspective 4-year degree programs; this information was not available on their websites. Despite the lack of core training and education in activity-oriented interventions in most Canadian Child and Youth Care degree programs, my study will examine how thirteen child and youth care practitioners describe and understand their use of activity-oriented interventions with children?

**Purpose of Study**

The theory and application of activity programming and the significance of play activities is considered foundational knowledge of developmental practice methods under the *Competencies for Professional Child & Youth Care Work Practitioners Revised 2010* (Mattingly, Stuart, & VanderVen, 2010). Even though there exists a rich literature in other disciplines about
the use of activity-based therapeutic interventions, like play, art, and expressive therapies with children, a preliminary literature review confirms a paucity of research and literature on child and youth care practitioners’ use of activity-oriented interventions with children. The objective of my inquiry is to develop a broader basis for further investigation into how child and youth care professionals make use of activity-oriented therapeutic interventions with younger children. This knowledge will contribute significant information towards making the case for increased education and training opportunities in action-oriented therapies in child and youth care.

Overview of Study

My inquiry begins in the following chapter with a literature review that examines both the functions of activity-based and conversation-based interventions with children under eleven. My literature review examines how child and youth care practitioners promote therapeutic change with children through activity-based interventions, and how activity-oriented therapies support child and youth care principles. In chapter three, I describe and explain my methodology which includes my research design, sampling, recruitment, data collection and analysis. In chapter four, I present my findings from my participants’ interviews, and I give a descriptive summary with verbatim quotes to support my eighteen themes. In chapter five, I discuss my key findings in light of the literature. My discussion highlights participants’ rationale for employing activity-oriented interventions with children and the benefits of activity-oriented approaches. Finally, chapter five concludes with recommendations that support core training in activity-oriented approaches in all Child and Youth Care programs in Canadian universities, and I make suggestions for further research.
CHAPTER TWO: A LITERATURE REVIEW

*To further knowledge, we must not only look closely at what we do but also explore new horizons. Nickerson and O'Laughlin (1982, p. 7)*

Child and youth care is a therapeutic practice that focuses on the growth and development of children, youth, and families (Maier, 1991). Child and youth care practitioners have an integrated knowledge of interpersonal communication and self-awareness that build therapeutic relationships (Anglin, 1999; Mattingly & Stuart, 2002). They develop therapeutic relationship through empathy, attending, reflective responses, reflection of feelings and use of non-verbal communication which include: eye contact, tone of voice, facial expression and body position (Mattingly & Stuart, 2002). Interpersonal communication is implemented in conversation-based counselling and is a therapeutic approach in child and youth care interventions with children (Mattingly, Stuart, and VanderVen, 2010). Tobin (2007) states “counselling involves conversation with the goal of solving a client problem or reaching a client goal” (p.33). The *Competencies for Professional Child & Youth Work Practitioners Revised 2010* identifies counselling as foundational knowledge in child and youth care developmental practice methods (Mattingly, Stuart, and VanderVen, 2010), and the teaching of interpersonal communication is part of the core curriculum in all Child and Youth Care degree programs across Canadian universities.

Activity-based methods and play-based activities are however underrepresented in the Child and Youth Care degree program’s core curriculum in several Canadian universities, as noted in chapter one. Given the emphasis on conversation-based methods in child and youth care education, my literature review examines how conversation-based counselling and activity-based therapeutic interventions are understood in relation to working with children under eleven.


**Literature Search**

I employed several methods in retrieving literature for this review.

1. I accessed Info line services. Info line carried out searches using PsycInfo, ERIC, Academic Search Premier, the UVic Library Catalogue and the WorldCat database. The searches used were: “action-based intervention” and child*; “action-based intervention” and play*; “action theory” and child*; plus a general search for “action-based intervention” and for “action theory”, weeding out results which did not look relevant. In the PsycInfo database there is an ability to limit the search to ‘school age 6-12’, but for other databases adding the term 'child' and searching the record to determine whether or not it looks to fit a 6-11 age range is the best that can be done.

2. I conducted a search using Academic Search Premier and searched for on-line articles in Ebsco Host using these data bases: Eric, PsycINFO, PsycCRITIQUE, and PsycARTICLES. Search terms used: activity-based practice, activity-based interventions, activity theory, activity therapy, action-oriented therapy, creative art therapy, expressive therapy, play therapy, limitations, efficacy, psychodynamic therapy with children, child counselling, and recreation therapy.

3. I conducted a second search using the in-journal search in Child and Youth Care Forum on child and youth care principles, and practice using these search terms: principles, intervention, practice, activity-based practice, play, intervention, practice and theory. I used the reference lists from a number of articles to find additional articles on child and youth care principles, child and youth care practice, activity theory, and child therapy.
4. Based on my literature search steps above, I generated 279 articles. I narrowed the search to 132 articles through reading the abstracts and selecting those articles that dealt with activity-based interventions, play therapy, child counselling, and child and youth care principles, roles, and process. Given the limited scope of literature in child and youth care on play and activity-based approaches with younger children, I broadened my search. I used several data bases, as noted in method 2 above, to search for literature that dealt with play and activity-oriented approaches with children aged 6 to 12. I then searched for literature that dealt specifically with child and youth care activity-based interventions. I reviewed 41 articles and then selected 5 articles and 1 book that specifically dealt with the theory, role, and process of child and youth care activity-oriented interventions. I reviewed 45 play therapy articles and selected 9 articles and books dealing with themes relating to the effectiveness of play therapy and action-oriented therapy. I excluded articles that did not deal with a psychodynamic application or process of activity and play with children.

5. I further searched for child and youth care literature that dealt with child counselling. My literature search revealed minimal literature on child counselling and none on specific literature that described how child and youth care professionals employ conversation-based counselling. Most of the literature that I selected on play and activity-based approaches also dealt with conversation-based counselling with children. To broaden my search, as noted above, I searched several data bases for literature that related to child counselling. I reviewed 18 articles on child counselling and I selected 2 articles that spoke to the process of child counselling and 1 book that described specific counselling skills.
6. I searched for literature that dealt with child and youth care theoretical perspectives, and practices. I reviewed 28 articles that related to child and youth care theory, roles, and the change process in child and youth care. I specifically searched for articles that dealt with the principles of child and youth care, child and youth care skills and competencies and the change process. I then selected 5 articles in total: 2 articles that dealt specifically with child and youth care principles and theoretical perspectives, 2 articles that dealt specifically with skills and competencies, and 1 article that related to child and youth care principles and the capacity of change.

My literature review first examines how play-based and activity-oriented interventions are an effective approach with children under eleven years-old and the rationale behind using activity-based approaches over conversation-based approaches with children. Further, my literature review examines conversation-based counselling in relation to working with younger children and the limitations of this approach. Finally, my literature review examines how activity-oriented approaches promote therapeutic change with children, and how activity-oriented therapies support child and youth care principles.

**Activity-Oriented Interventions with Children**

Therapeutic approaches using play, games, and creative art activities are more effective with children under eleven and are known to be more effective than conversation-based approaches (Nickerson, & O’Laughlin, 1982; Straus, 1999; Tobin, 2007). Nickerson and O’Laughlin (1982) assert that nonverbal activity may help clients to express and experience conflicts or behaviours that are difficult to express in conversation-based interventions. They further state that activity-oriented approaches “employing such media as play, games, and physical-challenge formats, not only reveal conflicts but typical patterns of behaviour and ways
of relating and solving problems” (p.6). Bratton, Ray, Rhine, & Jones (2005) agree that play therapy is effective in promoting a child’s growth and acceptance of self which improves social adjustment and personality. Nickerson (1973) asserts that play is a natural medium for children’s self-expression and play allows adults a window through which they can observe and enter a child’s world. Wittenborn, Faber, Harvey, & Thomas (2006) agree that play provides children with nonverbal and verbal opportunities to express feelings and thoughts.

Nickerson and O’Laughlin (1982) suggest that activity-based interventions utilize physical activities that may tap into neural reactions that would not occur in verbal-based interventions alone. They further assert that activity-based approaches assist therapists and clients to interact in particular ways, influencing the thinking, feeling, and behaviour of both therapist and client. VanderVen (1999) agrees and notes that activities broaden children’s capacities to explore and expand their self-concepts by mediating relationships and interaction with adults. Similarly, Phelan (2001) states:

The basic premise is that experiences, not words, change the thinking of our clients and that CYC [Child and Youth Care] practitioners, through living with youth and families, are able to create and respond to real experience moments with a powerful set of strategies that actually create new thinking (p. 256).

Phelan (2001) further asserts that resistance to recall experiences such as trauma or failures is an adaptive survival function with children. Phelan suggests that the process of cognitive analytical reflection of experiences is difficult and useless for children and youth; therefore, creating change through verbal interventions is not effective with children. He also states that for children, “The actual experience of new information being assimilated and
accommodated in a useful manner requires a felt experience that gets processed through doing things, not talking about things” (p.257). This strongly suggests that activities, not talk, provide the best approach to working with children, especially children who need to deal with difficult circumstances.

**Limitations of Conversation-based Interventions with Children**

Developmentally, children under the age of eleven have difficulty with verbal expression in counselling because they lack the capacity of abstract thinking and reasoning (Bratton et al., 2005; Bratton, Ray, & Landreth, 2008; Landreth, Baggerly, & Tyndall-Lind, 1999). Children also have difficulty expressing multiple feelings, especially those that are conflicting (Harter, 1977; Straus, 1999). Straus (1999) claims that describing conflicting emotions is impossible for most five year olds and difficult for children under eight. Strauss notes the following: Children aged seven to eight can recognize similar emotions within a single event, but have difficulty recognizing conflicting emotions within the same event. Children aged ten to twelve begin to recognize conflicting emotions within the same event. For example, a ten to twelve year-old may be able to recognize being excited and scared about going on an airplane because it is a novel experience, and flying in a plane carries the risk of crashing. Finally, Strauss notes that it requires abstract thinking to understand that contradictory emotion can be present in the same situation. Thus, being able to express conflicting emotions for most children under eleven is developmentally difficult.
Assumptions of conversation-based interventions with children

Straus (1999) claims that conversation-based counselling with children is ineffective because this approach is based on assumptions used in adult counselling. Straus describes five assumptions that are generally legitimate when applied in adult counselling, but are erroneous when applied to working with children. The first of these assumptions is that talking is a natural medium to exchange information. Talking may be effective for adults in therapeutic interventions, but not for children. Play is children’s natural language and play fosters communication between adults and children (Shi, 2003; Straus, 1999; Wittenborn et al., 2006). Nickerson and O'Laughlin (1982) propose that nonverbal activity may help children act out conflicts and behaviours that they would otherwise be unable to express in conversation-based counselling. To sustain a conversation for an hour with a child is difficult and unnatural for children to do. Straus argues that relying on conversation with children as the basis of relationship is unfamiliar and bizarre to them and points out that in other social situations like school, children may speak and give ideas, but they seldom engage in a lengthy conversation with an adult.

A second assumption is that talking about problems solves them. Adults may find this helpful, but for children talking about problems makes them bigger (Straus, 1999). Focusing on problems can be overwhelming for children. Straus argues that many children find it difficult to distinguish between having problems and being bad. Even when children are told they are good persons, but their behaviour is bad, they generally interpret this as “being bad”. For a child to disassociate self from being the “problem”, the child must mentally view the problem as an influencing factor on his or her behaviour, but not who he or she is. This requires the child to
separate his or her self-concept from the problem. Because children’s self-concept is largely defined by adults and their role in families, this is developmentally difficult for children to do (Pazaratz, 2003).

A third assumption is that talking about feelings is therapeutic (Straus, 1999). Talking about negative emotions, as opposed to positive emotions, is difficult for children under eleven to do. Most children under seven will try to distance themselves from negative feelings, while children aged seven to eleven may project negative feelings onto others (Straus, 1999). Straus states, “It is relatively rare for a preadolescent child to be a willing participant in a discussion of negative feelings” (p.19). Straus argues that while adults may find talking about feelings cathartic in therapeutic relationships, most children find it frightening and annoying. For example, talking about negative feelings, like sad and mad, can threaten children’s self-protection and contribute to making it more likely that they will not talk. Hutchby, (2002) concurs that when issues of emotional pain are brought forward to children through discussion, children will try to deflect or avoid these issues by becoming silent or withdrawn. Straus further points out that even when children feel safe to share their feelings in a trusting relationship with an adult, doing so requires the developmental ability to describe their inner states. This can be developmentally difficult for most children to do. Finally, Straus reminds us that children live in the present moment, so asking them to recall emotions about past experiences are difficult for them to do.

A fourth assumption central to talk therapy is the notion that people can make conscious choices and exercise personal control (Straus, 1999). Straus notes that while most adults have the ability to make choices and take control of their lives; children do not possess this same
freedom of control and choice. For example, if an adult wants to change jobs or move from one location to another, he or she can do so. Children are dependent on parents, caregivers, teachers, and other authority figures to make decisions on their behalf. Straus argues that children do not have the same control of their life as adults do. She asserts that the therapeutic relationship needs to be sensitive to children’s lack of control. Typically, children enter into therapy because of an adult agenda, not because they want to. Allowing children to share in the therapeutic process in ways that are matched with their development can help a child have some sense of control (Straus, 1999).

Finally, a fifth assumption is that change is desired (Straus, 1999). Most adults who enter therapy want some change in their life. With children, however, it is often the adults in their lives who want them to change – not the child (Straus, 1999). Straus asserts that most adults can perceive the benefits of therapy and are willing to be vulnerable, open, and make the effort to change. Developmentally, most children do not have the cognitive ability to perceive the benefits gained from changing behaviours and most children see change as undesirable.

The literature on children and verbal counselling raises the question: If verbal counselling is an ineffective approach with children, then how do child and youth care practitioners create change with children they work with? If this literature review bears out Phelan’s (2001) claim that activities, not talk, provide the best approach to working with children, child and youth care practitioners may then be encouraged to use activities as a therapeutic medium to build relationships, facilitate self-awareness, and promote change with children.
The Function of Activity as a Medium in Therapeutic Interventions

Professional child and youth care practitioners engage with children with the intention of supporting positive change and typically use counselling skills to do their work. Counselling in the human service field refers to a supportive conversational or interviewing process that assists people to deal with problems, learn new skills, and improve their relationships (Shebib, 1997; Tobin, 2007; Watts Jr., Cashwell, & Schweiger, 2004). It is important to note that an activity-based approach involves verbal communication in addition to nonverbal modes of interaction (Nickerson & O'Laughlin, 1982). Activity-based intervention can be used as an alternative to talk-based therapy by child and youth care practitioners to support and promote positive change with children. Activities promote children’s development of communication, positive interaction, resiliency, empathy, the ability to plan, problem solving skills, social skills, and developing self-esteem (Radmilovic, 2005; VanderVen, 2003). Play and activities are children’s natural and preferred way to communicate. Therefore, activities easily engage children in therapeutic interactions making resistance less likely (Nickerson & O'Laughlin, 1982; Straus, 1999).

Activity as a therapeutic medium in building relationship

Relationship is the cornerstone of any therapeutic process. Straus (1999) asserts that relationship is the vehicle for change in therapeutic work with children. Straus goes on to suggest that the therapeutic relationship operates as an alliance in successful interventions with children. Miller, S. (1997) as cited by (Phelan, 2001) claims that 30% of improvement in therapy is based on relationship and trust (p. 258). Activity-based therapies mediate the development of relationships (VanderVen, 1999). VanderVen (2003) suggests that relationships
develop within activities like play, sports, games, arts and crafts, music, service, and drama (p.134). This engagement promotes a process of interaction – a joining (Maier, 1991; Radmilovic, 2005). VanderVen (2003) refers to this connection as an “energy flow” between people; she states that “[activities] embrace the rhythmicity and synchronicity that we now recognize as a fundamental aspect of relationships” (p.143). These moments of interaction can foster a deep connection between child and practitioner that provides an opportunity for experiential learning (Radmilovic, 2005).

**Activity as a Therapeutic Medium in Facilitating Self-Awareness**

Activities provide an experiential context for learning, awareness, reflection and the development of relationships. The relationship provides the fertile ground for change while the activity provides the means to explore, take risks, learn, experiment, try on new behaviours, practice, and create change (Radmilovic, 2005). VanderVen (2003) states that planned activities can be a means to “provide a context for the clients to review their belief system and then change it in the light of new sensations and experiences” (p.141). Nickerson and O'Loughlin (1982) agree that nonverbal activities can enable clients to examine their behaviour verbally and nonverbally to gain greater insight. They note that words can cover up or censor functioning, impeding one’s self-understanding, and point out that the actions involved in activities can bypass children’s censorship of how they think, feel, and behave. Thus, activities provide a therapeutic opportunity for the child to gain self-understanding because activities such as games can reveal how a child handles frustration, problem solves, and interacts with others. In this way, according to Nickerson and O'Loughlin, activities provide an opportunity for reflection and practice of new ways of coping and interacting.
Activity as a Therapeutic Medium in Promoting Developmental Change

VanderVen (1999) asserts that “activity promotes positive developmental outcomes” (p.137). She further states, that activity may be “one of the primary cornerstones of learning, overall development, positive mental health, and successful adulthood” (p.137). Additionally, activities in therapeutic interventions can act as the scaffolding for children’s development of self-esteem, self-soothing, and problem solving (Straus, 1999; VanderVen, 1999). Activities promote development and positive change by fostering competence, and self-esteem increases when children experience authentic acceptance from significant others and feel competent in their achievements (Straus, 1999).

Child and Youth Care Principles and Activity-Based Approach

Child and youth care principles focus on children’s growth and development. Core child and youth care guiding principles assert that child and youth care interventions be strength-based, holistic, relational, and contextual (Anglin, 1999). Activity-oriented therapies support these child and youth care principles. Activity is an effective medium for child and youth care practitioners to use to build relationship, facilitate self-awareness and promote positive change with children. Literature in the child and youth care field recognizes activities as being important for children’s development and underlines the importance of activities in promoting relational development between practitioner and child (Radmilovic, 2005; VanderVen, 2003), between parent and child (VanderVen, 2003) and to facilitate insight and change with children (Maier, 1991; Radmilovic, 2005; VanderVen, 2003). VanderVen (1999) states, “Activity knowledge and skills directly encourage development of positive self-concept. Activity interests
promote and allow the forging of connections, and the opportunity to gain feedback in response to one’s offering and sharing of activity knowledge and skills” (p.144).

Child and youth care practitioners communicate in a way that is developmentally appropriate for the child or youth they are working with and consider the culture, experience, background, verbal, and nonverbal abilities of children and youth (Mattingly & Stuart, 2002). Activity-oriented therapy is an age-appropriate modality for communication with children and youth (Nickerson & O’Laughlin, 1982; Straus, 1999; Tobin, 2007; VanderVen, 2006). Nickerson & O’Laughlin (1982) suggest an activity-based approach in cross-cultural counselling is a more sensitive form of communication because clients can integrate feelings about other family members through drawings and creative arts without violating any cultural rules of direct verbal disclosure.

Anglin (1999) states, “Child and Youth Care workers believe that children are doing the best they can at any given moment, and that we can best assist the child by working towards the ‘next step,’ by building on existing strengths and abilities” (p.145). Beginning where the child is and supporting the child towards the next step is a type of scaffolding described by VanderVen (1999). She proposes that activity can promote children’s skill development through social interaction with adults, rather than passive information sharing. She goes on to suggest that adults should provide support as the child masters a skill and learns to use it independently. Activity-based work helps child and youth care practitioners to reflect on children’s developmental strengths and needs, and assists children in acknowledging and developing their strengths through activities (Mattingly & Stuart, 2002; Radmilovic, 2005).
Child and youth care practitioners work in holistic ways with children and youth. They often work within the context of the child’s life by collaborating with parents and other people who have a significant influence on the child (Anglin, 1999). Activity-based work can be applied in that context. VanderVen (2003) suggests that activity-based interventions encourage a stronger bond between parent and child, and notes that promoting activities within the child-parent dyad is a means to foster relationship between parent and child and promote change. She also suggests that child and youth care practitioners can strategically use activities parents and children have identified as having an interest in, and support the parent-child dyad by implementing the chosen activity. The child and youth care practitioner can then step back and allow the activity to be focused between child and parent. Thus, insight into unhelpful ways of relating become apparent, and an opportunity for change can occur (VanderVen, 2003).

Child and youth care interventions typically occur in the context of a child’s home, school, community, or group home. Working in the day-to-day environment of children gives child and youth care practitioners the advantage of understanding the social context and issues impacting children (Anglin, 1999). Activity provides child and youth care practitioners with a medium they can seize in the moment to join with children and experience learning and change. Radmilovic (2005) suggests that learning and change can occur in the small day-to-day experiences between the child and youth care practitioner and the child no matter where they are.

**Conclusion**

Despite what is described above, VanderVen (2006) notes that there is a lack of child and youth care literature on activity and its benefits as an effective approach with children. Further, as noted earlier, there is a marked absence of education in the use of activities in most Canadian
Child and Youth Care degree programs. The literature makes clear that action-oriented modalities are an effective way to communicate with children, build relationships, facilitate self-awareness, and create positive change. It also shows that conversation-based therapeutic approaches are developmentally inappropriate and ineffectual with children under eleven. Given that the literature shows activity-based interventions to be an effective developmental approach and this approach is identified as foundational knowledge for child and youth care practitioners, my study will examine how thirteen child and youth care participants describe and understand their use of activity-oriented interventions. My study aims to answer the following questions: Are child and youth care practitioners employing activity-based interventions with children? If so, what types of activities are they using, and how are they using these activities? What informs their use of activities with children? How do activity-based interventions promote children’s growth and development? What are the strengths and limitations child and youth care practitioners see and experience in activity-oriented modalities?
CHAPTER THREE: METHODOLOGY

...qualitative research seeks not to reveal ‘truth’ but to generate insights. Qualitative researchers aim to describe and understand the nature of reality through participants’ eyes with careful and on-going attention to context.

Milne and Oberle (2005, p. 413)

A Qualitative Approach

As noted in the introduction, there is a lack of core training and education in activity-oriented interventions in most Canadian Child and Youth Care degree programs. Because play and activity-based principles are foundational practice methods for child and youth care professionals, the purpose of my research study is to clarify how child and youth care practitioners describe and understand their use of activity-oriented interventions. To achieve this aim, I have chosen a “qualitative” approach. Berg (2007) states:

Qualitative techniques allow researchers to share in the understandings and perceptions of others and to explore how people structure and give meaning to their daily lives. Researchers using qualitative techniques examine how people learn about and make sense of themselves and others (p. 9).

Berg further proposes that qualitative research refers to inquiries into the “meanings, concepts, definitions, characteristics, metaphors, symbols, and descriptions of things” (p.3). Qualitative research is characterized by these features: It is naturalistic; it collects data directly from the setting or source. It is descriptive; data takes the form of words or pictures. Qualitative research focuses more on understanding the process of a phenomenon and less on the outcome. For example, the process of qualitative research may focus on understanding how people rationalize
their behaviour rather than knowing what the outcome of their behaviour is. Researchers often analyze their data inductively; abstractions are developed as data is gathered and categorized rather than searching out evidence. Finally, researchers are concerned with the participants' perspectives (Bogdan and Biklen, 2005).

A qualitative research design, as characterized above, best suits my study because my purpose is to present a clear description of how child and youth care professionals explain and support their use of activity-based modalities. A qualitative research design allowed my participants to describe their rationale, use, and the prevalence of activity-based interventions in their own words. Creswell (2007) claims that qualitative approaches are appropriate when exploring a research problem and when understanding the participants’ context is required. Creswell goes on to show that qualitative approaches are used to understand the detailed issues of a problem by talking with people and describing their stories unfettered by researcher biases. Patton (1987) concurs that qualitative methods lend themselves well to “goal free” evaluation which gathers data without being restricted by a narrow focus or preset goals (p. 36). He further states “The philosophical roots of qualitative methods emphasize the importance of understanding the meanings of human behaviour and the social-cultural context of social interaction” (p. 20). Qualitative methods are thus certainly relevant to my goal of understanding my participants’ rationale for using activity-based interventions with children.

**Qualitative Description**

Among the many qualitative methodologies that are available, I have chosen to use a qualitative description research design using general tenets of naturalist inquiry for this study. Qualitative designs are deemed naturalistic because the researcher does not attempt to
manipulate the participants’ responses; he or she simply studies the naturally occurring responses. Qualitative description, provides narrative illustrations of a phenomenon of interest, and applies a pragmatic approach (Sullivan-Bolyai, 2005). This approach clearly fits with my purpose of understanding the participants’ experience and offers a description of the participants’ use of activity-oriented modalities.

Qualitative description seeks to understand the “experiences, events, or processes that are embedded within the human context” (Sullivan-Bolyai, 2005, p. 128). A qualitative description design aims to offer facts using the participants’ language and using minimal interpretation. Sullivan-Bolyai (2005) state “…researchers seek a precise account of the experiences, events, and process that most people (researchers and participants) would agree is accurate” (p. 128). Qualitative description provides a comprehensive description of the experience or process given by the participant, in the participants’ own words (Sullivan-Bolyai, 2005). Sullivan-Bolyai suggests that qualitative description avoids the researcher’s interpretation of data and allows the voices of the participants to emerge through a rich description of the data.

**Sampling and Recruitment of Participants**

Qualitative description fits well with a small interview study, and helps researchers gain an initial insight into a specific topic (Neergaard, Olesen, Andersen and Sondergaard, 2009). Patton (1987) states “There are no guidelines for determining the size of purposeful samples. The sample should be large enough to be credible given the purpose of the evaluation, but small enough to permit adequate depth and detail for each case or unit in the sample” (p. 58). Patton goes on to suggest that a small, carefully selected sample is large enough when it provides in-depth information relating to the purpose of the study. Patton claims that purposeful sampling is
having “information-rich” data which is related to the purpose of the study and its evaluation (p. 52). I aimed for a sample of fifteen to twenty key informants in my study, and I recruited thirteen, but I consider my study to be large enough to provide information-rich data, and small enough for me to gather in-depth information on my participants.

The undergraduate advisor in the School of Child and Youth Care managed participant recruitment. The undergraduate advisor electronically sent out nine-hundred, and forty-seven invitations on the school’s list serve to students with a Bachelor of Arts degree and a Master of Arts degree in Child and Youth Care. The letter invited graduates of Child and Youth Care to participate in a thirty minute introductory telephone call, a maximum sixty minute interview, and/or to answer a survey question. Potential participants could agree to the interviews or just answer the question, “Do you use activities in your work with children aged 6 to 11?” Fifteen individuals responded to the invitation letters by contacting me through email. All fifteen respondents answered “yes” to the survey question; thirteen of these respondents chose to participate in an interview.

Patton (1987) suggests using a purposeful homogeneous sample when researchers want to study a particular subgroup in-depth. He goes on to suggest that homogeneous samples bring participants with similar backgrounds and experiences together. Homogeneity is achieved in my study in that the participants all identify themselves as child and youth care professionals, even though their employment roles are diverse and vary from schoolteachers to child care counsellors. My study involves participants who live and work in many parts of British Columbia, as well as Ontario and Alberta. All participants have a degree in Child and Youth Care, either a Bachelor or a Master’s degree; they all have two years experience working with
children under age 11, and they all use activity-based interventions with children. Recruiting participants with a similar educational background is important because they will all share the principles of child and youth care. It is equally crucial for participants to have experience working with children, so participants can draw on that experience to describe how they apply activity-based interventions.

**Data Collection**

In qualitative description, researchers are interested in participants’ experiences of the phenomenon of interest. Researchers will typically use semi-structured interviews with participants because this format guides participants in describing their experiences and events (Neergaard et al., 2009; Sandelowski, 2000; Sullivan-Bolyai, 2005). Semi-structured interviews facilitate participant-driven data collection. Participant-driven data collection is a strategy that ensures participants’ voices are heard. Having a flexible guide, allowing participants to speak freely about what is important to them, and probing for clarification and depth are design strategies to ensure that participants’ voices are heard (Milne and Oberlee, 2005). I based my data gathering method on semi-structured interviews. Semi-structured interviews encourage participants to talk in-depth about the topic and issues. They allow participants to play a stronger role in defining the content of the interview (Bogan & Biklen, 2007). Berg (2007) suggests, semi-structured interviews allow researchers to approach the world from the participant’s perspective.

The semi-structured interviews in my investigation were guided by nine requests for information:
1. You noted in the survey that you use activities in your work with children; please describe the kinds of activities that you use.

2. What percentage of your direct client contact time with children do you spend in activity-based intervention?

3. With what percentage of your child client population do you use activity-based intervention?

4. How did you come to use activities in your work with children? (What is your rationale for using activities?)

5. You have described several activities that you use with children; what influences you to use one or another of these?

6. How did you come to know how to use activities with children?

7. What happens when you use activities with children?

8. Do you see any limitations to using activities with children? If so, what do you understand these limitations to be?

9. What is your overall sense of how using activities has affected the way that you work with children?

Additionally, the interviews included open-ended questions to help participants describe their experiences and perceptions more clearly. Probing for clarification and depth is a strategy used in qualitative description to further understand the phenomenon of interest (Milne & Oberlee, 2005). For example, when I wanted more descriptions, examples, or information from
participants, I would ask: “Could you give me an example of that?” “Could you tell me more about that?” “Could you describe that to me”? These probing questions helped participants describe their perceptions more clearly to me.

The participants in my study chose to have either a computer assisted interview (Skype), a telephone interview, or a face-to-face interview. Out of the thirteen participants who volunteered for the interview, eleven chose a telephone interview and two chose Skype. Typically, qualitative description involves face-to-face interviews. For this study, I offered Skype or telephone interviews in order to reach participants who live distantly to me; thus allowing a broader range of potential participants.

Participants who received electronic invitations and who were interested in participating in my study contacted me by email and provided their telephone number. I contacted them by telephone or email to obtain their mailing address. After receiving their address, I sent a package which included a participant consent form and a return self-addressed stamped envelope to my participants. The consent form outlined all aspects of participation and methods to secure confidentiality and anonymity. Once I received the signed participant consent form, I contacted participants to arrange a date and time for the interview.

I interviewed participants over the course of four weeks. The length of each interview was approximately sixty-minutes. I took time to build rapport with participants before asking the interview questions. Building rapport through small talk helped participants feel comfortable with me. I asked the same interview questions with each participant in the order outlined in Appendix C. By asking each participant the same questions, the interview questions became a guide. Using interview questions as a guide allowed the interview to be more focused, while
allowing the participants’ perspectives and interest to emerge (Patton, 1987). As mentioned previously, I would also ask participants for examples or descriptions to help them clarify their perspectives. Finally, at the end of each interview I gave participants a brief summary of the key themes they described to me. This allowed the participants to clarify their key themes or add any new information. These steps helped me to ensure that the data gathered in the interview was accurate and that my participants’ perspectives were captured.

To facilitate the transcription process, I used an audio recorder to record participant interviews. Each participant gave permission to be audio-recorded, and all names and identifying information were excluded from the data to protect the participant’s anonymity. I refer to participants as “practitioners” in my study. Milne and Oberlee (2005) claim that authenticity of qualitative description depends on accurately representing participants’ perceptions. Authenticity in this study began with listening to each audio recording immediately after the interview. I downloaded the audio recordings to a computer transcription program, transcribed each audio recording verbatim using a transcription program and read through the transcriptions twice. I noted insights and reflections as I read the transcriptions and immersed myself in the details of each transcription. As I immersed myself in the transcriptions, I worked hard to gain a holistic sense of each interview. As a child and youth care professional, I am familiar with the subject matter under discussion. I believe that the accuracy of my understanding and my coding was enhanced as Milne and Oberlee (2005) suggest is the case when a researcher belongs to the same community of practice as her research participants.
Data Analysis

For my study, I employed content analysis and followed an inductive approach. Content data analysis is the process of describing phenomena, categorizing concepts, and seeing how these concepts interconnect. Milne and Oberle (2005) state, “Content analysis is the most common form of analysis used in qualitative description and involves systematic reduction of data into coded units that are clustered into categories according to shared characteristics” (p. 417). The content analysis process involves systematically breaking down bits of information into classifications and seeing how these new connections are conceptualized into fresh descriptions of the phenomena (Dey, 1993). The aim of this process is to attain a broad description of the phenomenon in order to build a conceptual model which informs us about the phenomenon (Elo & Kyngas, 2008). Content analysis is often employed when the purpose of a study is to attain new insight, knowledge or understanding into a particular phenomenon.

Content data analysis may use an inductive or deductive approach. The study’s purpose will determine which approach to use. Elo and Kyngas (2008) recommend using a deductive approach in content data analysis when the study’s purpose is to retest existing theory or knowledge. A deductive approach based on previous theory or knowledge generates data from the general to the specific. Content analysis based on an inductive approach generates data from the specific to the general, so a broader knowledge about the phenomenon is understood (Elo & Kyngas, 2008). They state “If there is not enough former knowledge about the phenomenon or if this knowledge is fragmented, the inductive approach is recommended” (p. 109). For example, as indicated in the introduction, little is known about how child and youth care professionals
understand and apply activity-based interventions with children. For my study, I applied an inductive approach to generate more knowledge and understanding of this phenomenon.

I organized the data by using the interview questions as a guide which best fit with the research questions. I read through each interview using open coding and noting insights and reflections. Open coding refers to closely reviewing the data with the aim of producing concepts that fit the content (Berg, 2007; Strauss, 2003). Graneheim and Lundman (2003) refer to codes as “meaning units” which are “words, sentences, or paragraphs” contained in the data or “unit of analysis” (p. 106). They go on to suggest that codes are labels that are assigned to events, objects, or other phenomena. Open coding involves reading through the text multiple times while creating as many codes as necessary to describe the content (Elo & Kyngas, 2008). I immersed myself in the data by reading through each interview (the unit of analysis) and highlighting similar phrases and themes (codes). As new codes emerged I examined existing codes and grouped similar codes together.

I frequently returned to the interviews to understand the context of the interviews as a whole. As Milne and Oberle (2005) and Ebo and Kyngas (2008) point out, gaining a sense of the whole not only promotes authenticity and credibility; it provides a means of describing and understanding the phenomenon. Once I completed coding all the interviews, I read through the entire interviews again looking for similar phrases and themes. As I identified similar phrases and themes, I grouped these under main categories and subcategories. Graneheim and Lundman (2003) define categories as “a group of content that shares a commonality” (p. 107). Categorization involves grouping data into classifications which provide a means to understand the phenomenon (Elo & Kyngas, 2008). The process of categorization is referred to as
abstraction. Elo and Kyngas (2008) describe abstraction as “formulating a general description of
the research topic through generating categories” (p. 111). I continued to create categories until I
achieved “saturation”; where I no longer could find new categories. I then generated themes
from the categories by deciding on common ideas that reoccurred throughout the data.

Graneheim and Lundman (2003) make a distinction between manifest and latent content
in content analysis. They claim the manifest content focuses on what the text says; it describes
the obvious content. The latent content focuses on the underlying meaning of the text; it
involves interpretation of the content. Elo and Kyngas (2008) suggest the researcher must decide
to use either a manifest content or latent content in content analysis. Contrary to Elo and
Kyngas, Graneheim and Lundman (2003) and Sandelowski (2000) claim that qualitative content
analysis methods may deal with both the manifest and latent content in a text. In my study, I
present a combination of manifest and latent content. I use a manifest content in the
categorization process because categories present what the text says. I present a latent content
with themes because themes are an expression of what the text is talking about (Graneheim &
Lundman, 2003).

Reflecting on Researcher Bias

Awareness of how biases can influence the research process is important to the integrity
of any study (Milne & Oberle, 2005). Throughout the processes of open coding, categorization,
and abstraction, I reflected on my own biases and thoughts through memos and notes. During
the data collection phase, I assisted participants in following their own thoughts and
perspectives. I did this by giving participants time to answer the questions fully and I avoided
interrupting them during their answer. I also asked clarifying and probing questions to make
sure that I helped them to fully articulate what they had to say. During each interview I noted down my own thoughts, so I could filter out my own judgments and biases from the participant’s account. As mentioned previously, after each interview, I gave the respondents a summary of their key answers for validation. Using these strategies ensures participant-driven data which enhances the rigor of a study (Milne & Oberle, 2005). Additionally, the data analysis (codes, categories, and themes) was reviewed by my MA committee members. Respondent validation and peer review ensure that it is the participants’ perceptions being represented rather than the researchers (Milne & Oberle, 2005). Respondent validation and peer review are key steps in enhancing rigor in qualitative description (Milne & Oberle, 2005).

**Ethical Considerations**

Ethical considerations are necessary in all research studies that involve human participants. Ethic approval ensures a research study follows ethical principles of the Tri-Council Policy Statement (Available from Government of Canada, Panel on Research Ethics, The Policy (TCPS) [http://www.pre.ethics.gc.ca/eng/policy-politique/initiatives/tcps2- eptc2/Default/](http://www.pre.ethics.gc.ca/eng/policy-politique/initiatives/tcps2-eptc2/Default/)). The Tri-Council Policy Statement ensures that research involving humans is conducted with “respect for persons, concern for welfare, and justice” (p. 8). As a Masters’ student at the University of Victoria, I am required to attain ethics approval from the Human Research Ethics Board (HREB). For the study to be approved by HREB the benefits of the research must outweigh the potential risks. The risks to participants in this study are minimal. The probability and magnitude of harm to participants was no greater than participants would experience in everyday life. For example, participants in my study either participated in a telephone interview or computer assisted (Skype) interview. The participants’ potential for risk
was no greater than they may experience discussing their professional work on the phone or using Skype in their everyday life with friends or colleagues.

Two possible risks to participants were feeling fatigue through an hour-long interview and feeling stress in answering questions. To reduce these risks, I offered a break to participants after thirty minutes of interviewing. To reduce possible stress in answering questions, I informed the participants that they could stop the audio recording and pass on any question in the interview without explanation. None of the participants requested me to stop the audio recording, nor did they request a break, and all participants answered every question in the interview.

Inconvenience to participants who volunteered to be interviewed in this study was minimal. I asked participants to read and sign a participant consent form. Additionally, I asked participants to provide one hour and thirty minutes of their time to participate in the interview. I placed a thirty-minute introductory call to participants to arrange a date and time for a one-hour interview.

Other ethical considerations in this study include confidentiality and anonymity. To assure anonymity, participant names do not appear in the data or findings; I simply refer to participants as “practitioners”. Further, I use no identifying information about the participants in the data or findings. To protect participants' confidentiality, I completed all transcriptions myself, and all electronic information is kept in a password-protected computer file. Finally, all research data and the audio recorder is kept in a locked filing cabinet.

The participant consent form outlines all risks, inconveniences, confidentiality, and anonymity. All participants read and signed the participant consent form before proceeding with
the interviews. As an ethical precaution, I discussed the risks, confidentiality, and anonymity with participants prior to the interview. Finally, I will destroy all data twelve months after the completion of this study. I will shred all the paper data, delete all electronic files and erase all audio recordings.

**Assessing Rigor in Qualitative Description**

To ensure integrity in capturing the participants’ voice, and to establish rigor, I implemented design techniques outlined by Milne and Oberlee (2005) which I have described throughout this methodology chapter. In sum, I implemented the following design techniques: I ensured informant’s voices were heard by using a purposeful sample; I ensured participant-driven data by allowing participants to discuss what was important to them; I captured participants’ perceptions and accurately represented them by using an audio recorder; and I ensured accurate transcription through multiple readings. I also transcribed interviews in a timely manner; I ensured on-going critical review of coding by re-examining new codes in light of existing ones, and I reviewed the context of the data as a whole. Finally, I actively reflected on researcher bias by noting down my own biases through the data collection, eliciting respondent validation by summarizing participants’ key points after each interview, and I attained peer review through my committee members (Milne & Oberlee, 2005).
CHAPTER FOUR: PRESENTATION OF FINDINGS

*The use of verbal interventions, counselling, if you will, is background, not foreground, and presence, relationship and shared physical sensation are primary.*

*Phelan, J. (2001, p.256)*

The purpose of this chapter is to present participants’ descriptions of how they apply, understand, and support their use of activity-oriented interventions with children aged 6 to 11. First, I show findings that relate to participants’ prevalence of use of activity-oriented interventions; second, I show findings that describe the types of activities participants use. I then present three sections that relate to my primary themes and quotes: in section one, my findings show how intervention planning influences activity use; in section two, participants’ rationale for using activity-oriented interventions; and in section three, origins of practitioner acquaintance with activity-oriented interventions. My findings show eighteen themes emerging from participant interviews that relate to sections one - three. I present themes followed by supporting verbatim quotes from participants. I have chosen the most relevant quotes from two or three participants to support themes (Sandelowski, 1994). Finally, I show findings that relate to limitations or barriers of activity-oriented interventions.

**Prevalence of Activity-Oriented Interventions**

My findings show that most participants described using activity-oriented interventions between 50 to 100% of their direct client time. Only one participant described using activities the entire time or 100% of her direct client contact time. Three participants described using activities the majority of time or between 80 and 95% of their direct client time. Seven participants
described using activities more than half or 50 to 75% of their direct client time. Finally, two participants described using activities 25 to 40% of their direct client time.

The participants’ role had an influence on how much time was devoted to activity-based interventions. For example, teachers, social workers, or school-based child and youth care workers, spent less direct client time with children than child care counsellors or after-school program coordinators because they were delivering curriculum or filling in paperwork. Those participants, who work in counselling settings, spend more direct client time on activity-oriented interventions than other child and youth care professionals because they often work one-on-one with children. Practitioner 3, who works as a counsellor in the Children Who Witness Abuse program described using activities the entire time or 100% of her direct client contact time:

*I think probably the whole time because if we talk it’s when we are doing something else.*

*Yes I would say 100% of the time for that age of the child – 6 toll.*

There were several participants who described using activities between 80 to 95% of their direct client time. Practitioner 2, who works as a sexual abuse counsellor, often works with children one-on-one. She described using activities 95% of her direct client contact time:

*In that age group I would say 95% of the time. It’s the major; it is what I do with them to facilitate everything.*

Participant 12, who works as an after school program coordinator, described using activities 90% of her direct client time:

*I would say because of the nature of the program, it’s 80 to 90%, but that’s kind of the purpose of after school programming.*
Some participants described other duties in their role with children that would take away from using activity-oriented interventions. Practitioner 11, child interventionist, and Practitioner 4, after-school program coordinator, described how other tasks will take up client time:

60 to 70% is activity based. The other 30% is transitions in the car, attending to needs, and snacks.

Everything that we do apart from snack is activity-based. So that would be two-thirds to three-quarters of our time, about 75%.

Practitioner 8, a teacher and Practitioner 9, a transition house children’s counsellor, described using activities with children a smaller percentage of their time or less than 40%. Those participants who use activities less than 40% attributed the other direct client time to working with parents, caregivers, or delivering curriculum in a classroom:

I would say, I’m going to say 25 to 30%.

At this point, let’s see, I am going to say 40%. I used to be in a different position at the same job site. So right now I am a children’s counsellor, but prior to that I was a children’s activity worker and when I was in that position it was 80 to 90%.

My findings show that the majority of participants reported using activities with 100% of children, aged 6 to 11, in their work settings. Ten out of thirteen participants reported using activities with 100% of children in their work settings. One participant reported using activities with 95% of children in her work setting and 2 reported using activities with 50 to 70% of children. The participants’ who reported using activities less than 100% with children in their
work setting attributed this to children doing other types of non activity programs or their age being older than eleven.

All participants reported they use activities with all children, aged 6 to 11. Practitioners 3 and 4 provide examples of how most participants responded:

...all of them – 100%.

100%, all of the kids that I work with right now are involved in the activities that we do every day.

Practitioner 11 described how children’s age may influence children’s participation in activity-oriented interventions:

50 to 60 % of my population I use activity-based intervention. The other 40 % I am working with older kids.

Practitioner 10, Children Who Witness Abuse counsellor, described how some children may choose not to participant in an activity program, but will choose to be involved independently in non-directive activities:

Probably 95% I would say. We sometimes have kids who will be staying with us that choose not to do the program. So, I might get some toys for them to have in their room or photo copy some activity pages to give to them or something like that. Just so they have something to do.

In sum, the prevalence of using activity modalities with children among these child and youth care professionals is high. My findings show that 100% of participants use activity-
oriented interventions with all children aged 6 to 11. Eleven out of thirteen participants spend 50 to 75% of their direct client time using activity-oriented interventions. Given this high prevalence of using activity-oriented modalities, it is important to understand how child and youth care professionals describe and understand their use of activity-oriented interventions with children.

**Types of Activities**

As noted above, all participants in this study use activity in their interventions with children aged 6 to 11. This begs the question: What specific activities are child and youth care professionals using with children? The purpose of this section is to describe the broad range of activities child and youth care professionals reported using in their interventions with children.

My research findings show participants use a wide variety of activity-oriented modalities with children. Most activities fall under four main modalities: art, dramatic arts, physical activities, and play-based activities. A few participants described using program group activities, videos and books, but these modalities are not as widely used among participants.

All participants described using some form of art or dramatic art in their activity-oriented interventions with children, and reported using drawing, painting, and colouring in their interventions with children. Many participants also mentioned that they use crafts with children, like scrapbooking, beading, Paper Mache, and building model cars. Examples of how they described their work follow.

Practitioners 2, 4, and 10 provided a description of art supplies that are common among all participants:
We might pull out papers, pens, markers, and paints and really focus on drawing.

We have everything from coloured paper, felts, pencil crayons, pastels, crayons, paints, we have clay, pipe cleaners, those fuzzy little balls that you can glue on to things. We also have, you know, scissors glue, beads, the girls particularly love beading bracelets and hemp. Ah, what else is there? Stamps, ah yeah I think that’s there to.

Every day we use paper and crayons, felt markers and pencil crayons and then we often paint on really big or small paper. We also have some craft supplies like glue, and scissors, pipe cleaners and all that kind of stuff. I would say paper and stuff to draw with is used the most.

Crafts make up an activity-oriented modality that participants described using in their interventions with children. Crafts involve constructing something out of various materials. For example, Practitioner 6 described how she uses a scrapbooking craft to aid children in reviewing their history.

*I’ve done lots of scrapbooking with kids who don’t have a lot of their history and have moved around quite a bit from foster home to foster home. We’ll pick up the binder and art supplies. We’ll start collecting pictures and photos and report cards and whatever we can get our hands on. I’ve worked with them on what we have called a life book, same idea as a scrap book.*

Practitioner 12 described making paper lanterns out of tissue paper, glue, and sticks:

*This week we made paper lanterns. We used a template with circles on it and we used an exactor knife to cut out holes. We glued tissue paper over the holes and then it lights up*
pretty with a flashlight inside. They can hang them in their windows, sort of a stained glass effect.

Many participants described using some form of dramatic play with children. I cite examples below of the use of drama, skits, role plays, and dress-up games, puppets and puppet shows in interventions with children. Practitioner 3 described using drama as a way for children to express themselves:

If I had a 7 or 8 year-old, I might attempt to do some of the drama work. A drama example would be using dress-up clothes and acting out some situations. They might act out situations that might happen in a family or situations that might be happening at school.

Practitioner 12 described using role plays to teach various social skills:

We do scenario-type games with the children, like role-playing. It is not exactly a game, but I definitely use it in this setting, slightly different from a counselling session, in a more playful way.

Practitioner 2 described how she uses puppets with children to practice skills. In the example, puppets are used to facilitate the role-play:

Sometimes the activity is really play-based, like doing a puppet show. I’ll have them put on a play for me and maybe for their caregiver that shows a little story and action that they get to play out all their safety skills.
Practitioner 4 described using music with children to facilitate their expression of feelings:

\[
\text{We’ll put on music and ask the kids to scribble to however the music makes them feel.}
\]

Most participants described using play as an activity-oriented modality with children. For example, participants described using toys, doll houses, sand trays, board games, group games, and card games.

Practitioner 10 described a variety of play-based toys that is shared by many participants:

\[
\text{We have a sandbox, water table, and a little dollhouse with Barbies and ponies. And we have a train set and a bunch of cars and trucks. We also have books and puzzles, they are all on the shelf and they have free access to them if they like.}
\]

All participants described employing play-based activities involving games or board games. For example, Practitioner 7, and 8 described various board games that were commonly used by many participants:

\[
I \text{ do work with children with special needs and sometimes we use simple board games, like Snakes and Ladders, or Checkers, or Connect Four for social interactions.}
\]

\[
\text{There is a variety of games, from Connect Four which is a two person game to Trouble, just a variety. We have Checkers, Pictionary – they really like that one, and Bingo.}
\]

\[
\text{Yeah, just a real variety.}
\]

Card games were another play-based game mentioned among several participants. Participant 5 described a card game she employs with children:
I had a group of boys who were very shy and very awkward and very withdrawn and so I played this game it was Skip-bo. It’s a number game you can play with two people or you can play with six people. I have a number of decks of Skip-bo cards and it’s good for any ages that are able to count up to 12, you basically just have to count to twelve.

Many participants described using physical activities in their interventions with children. Physical activities include: All types of ball games; hula hoops and jumping ropes; different types of tag games; running and climbing on playground equipment; nature walks and other types of activities that include movement. When participants described using sports or tag games in their interventions with children, it is typical with a group of children rather than a single child. Participants who employ the use of climbing structures, and nature walks typically described using these activities both with children’s groups and with a single child. Practitioners 9 and 12 described physical activities that include sports and climbing structures. Sports and climbing structures were common descriptions among participants:

We have an outdoor structure nearby that includes a slide and a rock climbing wall, and monkey bars, so we definitely use that. We also have a lot of sports supplies. We’ve got a basketball, we’ve got a soccer ball, and a bat and a baseball and a toy bowling set and badminton, so we do various games with that.

We do floor hockey, volleyball, we do volleyball with a really low net or basketball, hula hoops, low hoops instead of the tall ones and traditional sports.

Outdoor activities are commonly used in activity-based intervention among participants. For example, tag games, nature walks, and playground games were typical descriptions among
Kinds of activities that I use in my work with children are outdoor activities such as hide and seek, tag, nature walks, collecting things on the beach, treasure hunts, sporting equipment such as balls, Frisbees, badminton. We go to the beach and go on nature walks. We go to the playground and kids play on the play equipment.

Practitioner 13, described using a unique outing she does with children, called “Geo Caching”. Geo Caching is an outdoor activity where you use a map to find a hidden treasure:

The majority of my work is solo, so two of us might do some things geared towards more outdoor play like Geo Caching. Geo Caching uses a GPS and there’s what is called caches hidden all over the world. You use an old fashioned compass in finding your way, but you use the GPS to find the cache. Caches have coordinates and then you have to work to find the coordinates and follow the trail and then at the end of it there is a cache hidden and you have to find it.

Another unique physical activity is employed by a Practitioner 3. She described a type of kinesiology activity to aid children who experience sensory integration issues:

Another activity I do is Brain Gym. It’s an old kinesiology book and it’s really simple exercises. It’s about tricks that you do with your body that make your brain do what you want it to do. I use that sometimes when I see a child I think has some sensory integration issues. I try and get them to do some things like roll across the floor and wrap themselves up in a blanket on the way and then unroll.
Group community-building games and programs are commonly used in intervention by participants to assist children in building peer relationships and developing a sense of inclusion. While most participants described generic community building games, two curriculum activity programs are described: “Roots of empathy”, and “Play it Right”. Practitioner 5 described using “Roots of Empathy” and Practitioner 12 described “Play it Right”:

I do the Roots of Empathy program with a classroom of children. We do many activities with the children and a baby. They watch the baby play with different toys; we sing songs and do simple games with the baby. We’re always down on the carpet.

I’ve been using a curriculum lately and it’s called “play it right”. It’s an initiative put out by an organization called Equitas. It is a federally funded initiative and it’s based on children’s rights and promoting inclusion, cooperation and respect for diversity. There are different values in the curriculum and every activity focuses on a different value. It could be developing trust within the group or enhancing cooperation or encouraging listening skills, so there are a variety of them within that.

Finally, participants described using electronic media and books as an activity-based modality in their interventions with children. Practitioner 9 described using books with children. The use of books was a common activity-oriented intervention among participants. Practitioner 9 described how books generate information sharing with children. She will read a story with a specific focus to a child or small group of children. Each page of the story will prompt children to share their ideas or thoughts:

We have lots of the books. We’ve got lots of different ones on domestic violence and bullying and some are also on feelings, and some are even on families. For example, this
one on families is basically talking about how families are all different. The book uses animal characters that are not realistic; they are cartoon-like and it goes through families that are big and families that only have one parent or families that have parents of the same sex and families that have parents that might not be biological and all this. When we are going through each page, and it talks about one type of family, the child engages and says their thought or opinion on what’s going on in the story it would allow me to gauge their understanding and their beliefs around family.

Video is another medium modality that participants described. The use of electronic media such as videos is not a common modality among participants, but a few mentioned the use of videos in their interventions with children. Practitioner 2 explains her view on videos as an activity:

We even watch videos. In some ways you could say watching a video is an activity. I consider it a slightly passive activity, but you can argue that it is.

In sum, my findings show that participants use a broad range of activities in their work with children. While there is this broad range, participants describe five main activity-oriented modalities they employ with children: graphic art, crafts, performance art, physical activities, and play-based activities.

Primary Themes and Quotes

Section One: Participants descriptions of how intervention planning influences activity use

Child and youth care professionals employ intervention planning in their practice with children. Tobin (2007) states “Intervention is the practical process in which a professional enters
another person’s life to assist in the creation of positive change (p. 34). Intervention planning is a developmental practice method for professional child and youth care practitioners (Mattingly, Stuart, & VanderVen, 2010). In my findings all participants described two competencies of intervention planning that were common among them: Intervention goal setting, and use of a child-directed approach. Selecting and planning appropriate goals and encouraging client participation in intervention planning are two competencies of intervention planning for professional child and youth care practitioners (Mattingly, Stuart, & VanderVen, 2010). This section will show how participants described their use of these two competencies and how they relate to activities.

**Theme 1: Intervention goals influence the use of activities.**

All participants in my study described activities as an integral part of their interventions with children and talked about how intervention goals influence their use of activities. Participants stated that intervention goals influence what type of activities they use. Many participants explained that the stage of intervention can influence the choice of activities. For example, at the beginning of an intervention, practitioners will find out what the child is interested in doing or offer a variety of activities for the child to choose. Practitioner 9 described how different intervention stages determine the use of activities:

> I guess it depends on what I want to explore and do with the child at that time. If it’s me just relationship building and spending time with the child, then I would be far more likely to just ask them what they wanted to do and then we would go from there. But if I was to be spending time with the child and focusing on a certain topic such as either looking at feelings or exploring safety or creating a safety plan or talking about abuse
and family violence then I would be more likely to use certain activities that we have, depending on what the topic would be.

Practitioner 3 described another example of how intervention goals influence activity choices. She suggested that activities are focused on specific goals that a child is working towards:

The majority of my practice is psycho-educational. So you have some goals that are psycho-educational but how you get to those goals is different in every circumstance. Also, it’s based on the current goals that we’re working towards. For instance, if I’ve just had a meeting with that child’s parent or with their people at school, and everyone talks about a need, or a certain thing they are hoping to have addressed, and I talk about that with the child and they agree, yeah that’s going on, then certain activities might lend towards specific areas that are better than others.

Theme 2: Activities as child-directed approaches.

Many participants described using a child-directed approach in their activity-oriented interventions with children. A child-directed approach refers to the child choosing and leading an activity, although not necessarily without some form of social boundary. The practitioner gives the child minimal direction or focus and the child is encouraged to lead the activity and the practitioner follows the child’s lead. This approach encourages the child to participate in the intervention, which is a competency in intervention planning. For example, Practitioner 13 described a child-directed approach when employing a play-based activity. In an initial session with children, Practitioner 3 allows the children to choose a play-based activity and lead the play:
Sometimes what will happen is the kids will just see the toys we’ve got like Lego, different dolls, and things like that. The use of them is less directed by me, if at all. It is more the kids saying “I want to play with the doll house”, so I end up playing dolls with kids. For the boys, we’ve got dinosaurs and Lego. I’ve ended up building some Lego towers and having some dinosaur battles with the boys.

Most participants described some form of social boundary when employing a child-directed approach. For example, Practitioner 2 described a child-directed approach within the boundaries of the playroom:

*If it is right in the beginning of my relationship with the child I’ll offer many different things and I’ll sort of see where the child tends to go. Of course that doesn’t mean it’s a free for all, there are rules and the rules are very clear right off the bat, so they know that it’s not acceptable to be violent and when play time in the playroom is over it’s really over. If you don’t want to leave and you make it difficult, that means that we don’t go into the playroom next time. So there are very clear boundaries and very clear rules, but apart from that they get to lead the play.*

Many participants described employing activities that have a specific focus or theme for children to follow. The focus or theme supports children with intervention goals and a child directed approach allows children to have choices within the activity. Practitioner 2 illustrates how play-based activities using toys can implement a focus of boundaries while building a castle with a child:
Every time we go into the playroom, we have a whole bunch of dollhouses and different things like that. It’s very played-based; we might build a castle to be a metaphor for building boundaries.

Practitioner 10 described how even when children are given a specific focus, they still have the freedom to choose:

*If we’re doing an activity like the paint or draw your family with the animals we give them the option if they’d like to use crayons or paints or whichever.*

In sum, my participants described how intervention planning influences the use of activities with children. Participants emphasized that if the intervention goal is focused on getting to know the child, a range of activities may be offered. Further, participants explained that activity choices become more focused when intervention goals are directed to the child achieving specific skills. Additionally, participants described how they encourage children to participant in the intervention planning by using a child-directed approach. All participants described giving children choices in activity planning and allowing children to lead the activity. Using a child-directed approach will also influence the type of activities and how activities are employed in an intervention.

**Section Two: Participants’ rationale for employing activity-oriented interventions**

In this section, participants described common themes that support their use of activity-oriented interventions. The following themes, 3 – 15, provide an understanding of how practitioners explained and supported their use of activity-oriented modalities with children.
Theme 3: Activities aid in child assessment.

Many participants reported that activity-oriented interventions aid in their assessment of children. They explained that engaging children in activities can provide practitioners with a good perspective on their development. When practitioners employ activities with children, they have an opportunity to observe children’s abilities. This provides practitioners with important information about the children they work with, thus helping practitioners to understand the needs of a specific child. Practitioner 1 described how activity-oriented interventions can provide her with an on-going assessment of the child and aid her in seeing the child’s stage of development:

*What comes out of it is an on-going assessment. There is that on-going assessment about who the child is in their activities. Even in their abilities to write and make pictures, talk or whatever there is a certain amount of assessment I am making about this child. Is the child underdeveloped, overdeveloped or just right for their age?*

Practitioner 6 described how her activity-based approach aids her in gathering important information about a child. Knowing the child’s interests enables her to advocate for the child’s needs:

*Activities gives us a place to start our relationship, it starts the dialogue around....when I say to a child that “I’m going to come out to your foster home and I’m going to pick you up and we’re going to go do something.” “Is there anything that you’d like to do?” Is there anything on your wish list where you want to go or ideas that you want to do?” “We could go for a bike ride or go to the mall or go to the skateboard park.” I’ll put it out to the kids. When I do that it really helps give me information and it lets me know where the child is at and the things that he or she is interested in. It helps me learn about*
that child, so when I go back to my office and I need to discuss what is in the best interest of that child and what they are needing, it helps me to tell the others what their needs are.

**Theme 4: Activities promote child engagement.**

All participants in my study described the children they work with as engaging more easily when an intervention focuses on an activity. Participants noted that activities are stimulating and maintain children’s interest. Practitioner 5, 7, and 9 illustrate this point:

*I find when you engage kids in activity – they are engaged. They’re interested, they interact, and they can practice skills that have been identified as a problem.*

*Yes, activities are the best way to engage any student, the most difficult students.*

*I use strategies, like activities, that will keep them engaged for a longer period of time, so they don’t get bored and they find it stimulating. I think this a big factor in using activities.*

Practitioner 10 described how activities can bridge the interaction between the helping professional and the child. When the focus is on an activity, children are more easily engaged in the interaction:

*I’ve noticed in the work that I do it’s easier for children to become more engaged when we’re using activities instead of just sitting and listening to somebody talk. If they are physically making something with their hands or listening to something, or drawing something then they seem more engaged.*
Many participants noted that children are more resistant when interventions are based on verbal conversation; children are more easily engaged when the intervention is play-based. Practitioner 2 illustrates this point.

*It’s very played based, it’s all around engaging them because as you can imagine due to their developmental stage they don’t want to talk about trauma.*

**Theme 5: Activities facilitate relationship building.**

All participants stated that it is their experience that activity-oriented modalities assist them in building rapport and relationship with children. Participants explained that relationship with children relies on one’s ability to establish safety, trust, and common ground as well as a sense of equality and shared power between practitioner and child. Participants noted that activities aid in the ability to develop these qualities:

*I definitely use activities for relationship development. When you share an activity, you share an experience; therefore you gain some common ground which I think is important to relationship development (Practitioner 12).*

*I think using activities is useful in relationship building. I know that when I had first started in my position I wasn’t as familiar with using activities in a therapeutic sense, so I would try to sit and talk with children. When I just talked with them what I would find was they would be distracted by looking at things on the walls and it was really hard to engage them. This also made it more difficult to develop a relationship because it could feel quite threatening just to be in a room face-to-face with each other. When the focus is*
on the activity that we’re doing I think the child develops more trust with me because
they’re having fun with me (Practitioner 9).

First and foremost I focus on the activity as a means of developing the relationship. That
is a precursor for me to actually go to those areas of goals that I want to work
therapeutically with the child. I first use activity as a means of developing a semblance
of equilibrium of power between us. Because when the child is engaged in the activity, I
am engaged with them. When that happens the child feels comfortable, the child can also
allow themselves to be vulnerable emotionally. It also allows them to not be guarded and
maybe whatever anxiety that may be there diminishes over time. The focus is not
necessarily to share horrible memories and feelings and focus on what things they did
wrong, but to focus on this great thing that is happening with us (Practitioner 11).

Theme 6: Activities promote child empowerment.

Many participants noted that activities can create a sense of power for children by giving
them choices and a sense of accomplishment. For example, with an art activity, children can
choose what tools to use (paints, crayons, or markers); they can choose what colors to use; and
what to put on the page. At the end of the activity, children have the final product to show as
evidence of what they created. This process of making choices and translating those choices into
action that leads to accomplishment allows children to feel in control and have a sense of
empowerment. Practitioner 3 described her experience of this process with children:

Activities can create some kind of power for a child, where the child takes back their own
power around “well I can do this”, “look at what I’ve done”. Sometimes art therapy, for
instance, can sort of have evidence of how they have gotten some power again. It’s about giving them a way to have power to control things that feel out of control.

Practitioner 11 described how activities provide a sense of control for the child because the child is in control of the play or activity; thus they are in charge of what they share or don’t share:

Using activities is more experiential and provides some sense of control for the child. I don’t expect them to just open up and go where I expect them to go, but I would rather have that focus with the activity where they can be in control of that. It gives children a sense of control and power. They can express things via an imaginary play with a toy or playing with play dough or doing something or a video game that we could just talk about. They feel that this is still a part of their level of control, but they’re still able to share some stuff with me.

Theme 7: Activities facilitate a sense of belonging.

Many participants believe that when children participate in activities with practitioners and other children, they share a sense of belonging. Participants noted that it doesn’t matter what the activity is; it is the shared experience that matters. Practitioner 4 illustrates this point:

I guess the over-arching thing is that they kind of come together regardless of whether it’s arts and crafts or a group game or a sport that we’re doing. It brings the group together so it creates that level of camaraderie.
Practitioner 12 explained that when children and adults engage in activities together, children feel important. She goes on to explain that shared experiences contribute to a sense of belonging:

...I also think that what happens [when children are engaged in activities with a practitioner] is that kids feel important and included, and focused and happy. And, a priority, like someone is creating an experience or helping them create an experience that they enjoy, that they are getting something out of, that they are happy doing. I think a co creation of experience, like I said before, a shared interaction whether that be between adult and child or child and child, there is a shared experience that contributes to a sense of belonging and just a positive social interaction.

Theme 8: Activities fit with children’s developmental stages.

All participants in this inquiry believe that activity-oriented modalities are the best way to work with children because activities fit with children’s developmental stage. For example, Practitioner 3 and 9 described how activity-oriented modalities fit with children’s developmental stage:

*The age of the child and how they seem to be presenting developmentally would be the biggest influences to using activities.*

*For children, activities just ties in with their stage of development.*

Several participants explained that children do not have the cognitive development to engage in talk therapy with helping professionals. Practitioner 3 described this rationale for using activity-oriented interventions with children:
It’s about a child’s cognitive development. So, ah, if I am sitting down to have a therapy session with a 38 year-old, there could be some activities that could be valuable, but I don’t think it’s essential like it is for a child who is 6 or 7 who’s cognitive development isn’t at the same place. The brain is just not fully developed and so they don’t have that same ability to verbalize or even to be aware of the bigger picture or impact. They don’t have that ability cognitively. So that’s another reason why I think that activity-based practice is very important for children.

**Theme 9: Activities aid in children’s learning.**

All participants spoke about how activity-oriented modalities provide children with opportunities for learning because children learn through play and activities. Practitioner 10 described how activity-oriented modalities can facilitate learning for children:

> Personally I would say that children learn more through play, and a lot of the purpose of our program is to help children process feelings and educate them about abuse.

Practitioner 2 explained how a game can build a child’s emotional vocabulary:

> Children can learn so much from a game. A game I do with them all the time, it’s a favourite, a hit with every kid. It is what we call fishing for feelings. They have a little fishing rod and these little fishes. Each of the fish has a feeling written on them. They roll the dice and pick out how many turns to go around the board. They pick out a feeling and they have to tell a story about a time when they felt that feeling or if they can make up a story where they can imagine someone feeling that way. So that helps them expand their emotive vocabulary.
Practitioner 4 explained how an activity-based program can teach social responsibility.

*Activities are a teaching mechanism. Social responsibility is a key component of what we’re trying to teach the kids. When we have children engage in things like a recycling program and a composting program is just teaching them about becoming responsible little citizens.*

Many participants described how activities like role-plays and drama aid children’s learning through acting out situations. Practitioner 12 described how charades, a role-play game, is a medium for children to learn and practice social skills or emotional regulation:

*I might do it like a charade game where we draw scenarios out of a hat and then act them out with a purpose in mind. We do this when we know that a child could benefit from some practice in social interaction or emotional regulation that sort of stuff.*

Practitioner 3 described how role-plays and drama help children discover problematic situations and learn to act in new ways.

*The goal of those activities is to help flesh out things that are happening for the child that they wouldn’t be able to sit and verbalize. Then we can work on changing those situations and make up a new play about how those things might go.*

**Theme 10: Activities aid in the expression of feelings and emotions.**

Many participants noted that children have difficulty verbally expressing their feelings and emotions. Participants explained that in their experience, children do not fully understand their emotions or have the language ability to fully communicate their feelings. These
participants believe that activity-oriented approaches aid children in expressing their feelings and emotions in a non-intrusive way. Practitioners 1 and 2 described how activity-oriented approaches provide children with a non-verbal way to communicate:

*The second rationale for me is the non-verbal communication. Giving them a message that they don’t have to say the words in order to express it is very helpful. The paper and the pencils provide them a picture view of information that allows me to support them to express themselves.*

*With activities, kids don't have to say the words in order to express their feelings, it is very helpful.*

Some participants described how children are often uncomfortable in sharing negative feelings, emotions, and experiences. With the inability to fully understand their emotions and feelings, children often do not have the ability to comprehend situations they may be a part of. Practitioner 7 and 11 described activities as an indirect and non-intrusive way for children to express their feelings, thoughts and emotions:

*I find that activities indirectly are able to help them find the words or be able to express themselves by drawing a picture, or by acting it out. With children, I find activities are an indirect way of getting to those feelings or getting to those thoughts that trying to talk or express in words just wouldn’t do.*

*Activities provide a non-intrusive approach as well as activities help to externalize issues and the children’s feelings.*
Theme 11: Activities reduce stress and anxiety.

Several participants noted that when they employ activity-oriented interventions, children feel less stress and anxiety. These participants explained that when they see children, it generally is because of some trauma in the child’s life. Practitioner 1 explained that she expects children to feel stress in the intervention and she prepares for it by having a toy available to help them relieve stress:

*I anticipate children will be stressed because they are talking about their parents and about their life and I think kids are pretty private. So, I anticipate that they are going to be stressed because it’s a stressful circumstance and I know that having something like a squeeze toy will help to physically relieve stress. I also get them to physically move to release the stress.*

Practitioner 2, who works with children that are dealing with trauma, suggested that physical activities aid the children she works with discharge negative energy like stress and anxiety.

*When we do activity-based with them as well as all the other therapeutic stuff they discharge stress and settle right down.*

Theme 12: Activities provide positive experiences.

The majority of participants noted that activity-oriented interventions provide a positive experience for children. When children engage in activities they find fun and enjoyable, there are fewer problems. Practitioner 4 illustrates this point and Practitioner 13 concurs, that activity-oriented approaches are just plain fun:
For the most part it kind of creates fun and a positive energy in the program. Generally, the busier we keep the kids in a given afternoon, the less opportunity there is for them to sort of ... you know there seems to be less problems with the group the busier we keep them.

There is some fun to be had and something comes out of it because they usually find it enjoyable. They have fun.

**Theme: 13 Activities are effective.**

All participants spoke with conviction about believing that activity-oriented interventions as the most effective approach for children. In fact, participants stated it is the only way they work with children. Practitioner 5 and 7 described this common response among participants:

*I think that it is the most effective way to work with kids actually.*

*I guess because I find it effective and I continue to use it – it’s effective.*

Several participants explained that activity-oriented interventions are effective because activities give them tools to promote therapeutic change. Practitioner 11 and 12 illustrate this point:

*Activities have given me the tools to actually make therapeutic change and ultimately affect the child (Practitioner 11).*

*Activities have provided me with tools to achieve the therapeutic goals that I see possible (Practitioner 12).*
**Theme 14: Activity-based approaches are rewarding for practitioners.**

Several participants noted having a rewarding experience when they engage in activity-based approaches with children. These participants described having a sense of reward when they connect with children through activities and seeing children being successful as a result of their work together. Practitioner 6 and 10 illustrate this experience:

*It makes me feel like I have some reward out of my work at times. It is rewarding for me as a professional to actually connect with the child and feel like I have taken the time to listen to them.*

...*yeah, I implemented that activity and he obviously learned something from it and he retained it for a whole week so it must have worked. That is really beneficial for me and it keeps motivating me to keep doing the same kind of thing.*

**Theme 15: Activities are a “natural fit” for practitioners’ personal styles.**

Several participants described activity-oriented approaches as a “natural fit” for them. These participants explained how they remember enjoying activities as a child. They noted that because they were once young, activities come naturally to them. They also recognized that children naturally embrace activities, so using activities feels like a natural medium to use with children. Several illustrative quotes follow:

*For myself I would say it’s a natural....you know I was a kid too and so I kind of know kids enjoy activities they enjoy being active, they enjoy doing different things, they enjoy them with friends, they enjoy fun new things. So, I just kind of know myself, I remember being young (Practitioner 7).*
I think getting into this kind of work was natural for me. I fell into using activities naturally (Practitioner 13).

I think that activities are integrated into who I am and the way I work with kids (Practitioner 2).

In sum, participants described many good reasons to support the use of activity-oriented interventions with children. In my findings participants described how activity-oriented activities benefit children. They described how activities are stimulating for children and hold their interest. Activities create a positive experience for children and promote children’s sense of empowerment and belonging. Thus, activities easily engage children in interventions with practitioners and aid in relationship building. Participants in my study described how activities establish safety, trust, and common ground, qualities required to facilitate the development of relationship with children. They believe activities fit with children’s developmental stage, aid children in expressing their feelings and emotions and aid in children’s learning. My participants also believe that activities aid in reducing children’s stress and anxiety. Finally, participants believe the most effective way to work with children is using an activity-based approach.

My participants also described several good reasons to support their use of activity-oriented interventions for their practice. Many participants described how activity-oriented interventions fit with their own personal style and are a rewarding experience for them. Participants also described how activity-oriented interventions provide them with an opportunity to gather important information about the children they
work with and observe their abilities; thus aiding practitioners in their assessments of children.

Section Three: Origins of Participants Acquaintance with Activity-Oriented Interventions

Many participants reported that they become acquainted with the use of activities through their own life experiences, education, and work experience. All participants described a combination of these three areas in learning to use activities; with the majority of participants describing life experience and their education as being the most significant area. Several participants cited their work experience as being the most significant area where they learned how to use activities with children.

Theme 16: Learning activity-oriented approaches through life experiences.

The majority of participants described various circumstances that assisted their skill and knowledge in activity-oriented interventions. Many of these circumstances are related to life experience such as personal interests and childhood experiences. The following illustrates common responses from the participants:

*I remember what it was like to be a kid. I remember what it was like having squishy toes in the sand kind of thing. So, children are probably going to like to squish their hands into clay (Practitioner 2).*

*Well I volunteered for years with youth right. I did teen mentoring things in grade 11 and 12. So, I guess I watched older kids doing it with younger kids, finding activities and making them happen. I probably watched some adults doing that also. So, I guess that would have given me the idea and then just trying things out on my own (Practitioner 3).*
Theme 17: Learning to use activity-oriented approaches through formal education.

The majority of participants described learning to use activity-oriented approaches through their education. Many participants described how child and youth care elective courses and their practicum supported them in learning how to use activity-oriented approaches. Further, participants attributed their education about early childhood to being a factor in learning to use activities with children. The following quotes illustrate common participant responses:

*I think learning to use activities came from my education as well. I started in early childhood education at college and got a diploma first before doing a degree. A lot of the curriculum in that program was learning through play and planning curriculum for preschool age children. So, I think a lot of that came from a theoretical base first of all and then sort of a trial and error in practice (Practitioner 10).*

*I think courses that I have been a part of that focus on therapeutic programming were definitely part of it. Also, child and youth care courses that often don’t have a name, but focus on the importance of relationship. I’m trying to think of the names of the ones I’ve been a part of, but, those are a part of the ones that are a staple of the CYC curriculum, whatever their names are. They often focus in on relationship development and the importance of that. Activities often become a part of that discussion, I think. Specific courses and I think that the culture of the whole CYC training provided. I think it’s infused; the importance of activity and programming is kind of infused throughout CYC (Practitioner 12).*
Theme 18: Learning activity-oriented approaches through work experience.

Several participants described learning to use activities with children through child care work experience, such as in a day care or recreation field. The following quotes illustrate participants’ responses:

*The majority of the work that I’ve done with kids has been in recreation. So, having spent a number of years in recreation, you just sort of pick up ideas along the way and again it’s a matter of trying things out seeing what works and then continuing to use them if they do work (Practitioner 4).*

*I started out working in day care, working with kids between eighteen months and five year-old and that was kind of all through my undergrad. Prior to that was in early childhood; it’s a very hands on, very activity-based. So, I was kind of lead through how to do that from senior staff and then I just watched how those child care settings were established and then I would follow the same kind of activity-based stuff so that’s how I learned initially. I’ve taken a lot of that and added it to my professional practice where it may not be so focused on recreation or activities but I think that that is important so I’ve made the link for myself (Practitioner 6).*

In my findings, participants cited three areas where they learned how to use activity-oriented interventions with children. While all participants described learning to use activity-oriented interventions through all three areas, my findings show two areas to be most significant for the majority of participants: life experience and their education. While work experience was described by many participants as being a factor in their learning, only several participants described work experience as being a significant area in learning how to use activity-oriented interventions.
In sum, my findings in sections 1 – 3 show eighteen primary themes that describe participants understanding, application, and rationale of activity-oriented interventions. Participants described how intervention goals influence the use of activities and how participants employ a child-directed approach when working with children. Participants described their rationale for employing activity-based interventions. They believe employing activity-oriented interventions with children aids them in assessments, engagement and relationship building. Participants believe activities promote children’s learning, sense of belonging, empowerment, and expression of feelings. They further believe activities provide a positive experience for children and reduce their stress and anxiety. Participants also believe that activities fit with children’s developmental stage and are an effective approach for children. Participants described how activities support their own practice by being a “natural fit” and a rewarding experience for them. Many participants described their acquaintance with activity-oriented interventions through their life experiences, formal education, and work experience. As the primary themes show, all participants described activity-oriented interventions as a positive approach for both child and practitioner.

Still, although participants spoke very positively about using activity-oriented interventions, they also noted that such approaches had some albeit few limitations and mentioned that in some cases, barriers to their use existed. The following participant quotes, while not themes, speak to these limitations or barriers.

**Participants Descriptions of Limitations of Activity-Oriented Interventions**

All participants believed that there are some limitations in employing activity-oriented approaches. They reported that limitations of activity-oriented interventions relate to
environmental issues, professional practices, attitudes of other professionals, and children’s personal factors. Participants reported that most limitations involve external factors and barriers to using activities with children. For example, lack of funding or resources to support activity-oriented interventions, lack of space or the right equipment, and lack of support from professional colleagues can be barriers to using activities with children. Additionally, lack of skills and knowledge of employing activities can also be a limitation in using them. Practitioner 2 described how professional practice issues can be a limitation in using activities:

*I just think the only limitations are the ones that we impose ourselves. If we are too focused and too structured then that would be a limitation, but if we allow for that intersection of the personality of the child, the activities, the toolkit, all the activities that we know, then it just happens. The only other thing I would say is it’s practitioner-based. If you only ever use the same old activities that would be a huge limitation because you’re not open to how the fit happens with a particular child. You are also not open to the creative process. I think the real danger lies in when we think we know enough and we stick to the same old tools and the same old stuff we’ve done before. I think those are the limitations. I think it would be practitioner-based, not activity based. It wouldn’t have anything to do with the activity.*

Practitioner 12 described how practitioners’ lack of involvement in activities with children is a limitation.

*I see limitations for practitioners if they haven’t been trained to see the therapeutic potential of activities. So, they are often limited in the activities potential that they see. They may be just the kind of sports guy or sports girl and that’s their focus, so they don’t*
see themselves facilitating anything outside of that. Or, with anything they facilitate, they
don’t see the bigger picture of it, why it’s not just doing a project together, but that it’s a
venue for all this other positive stuff to happen. They will plan an activity for example,
like today is going to be a board game and free art period. So, they will plan that and
their programming responsibility is fulfilled, but when I watch them implement it, they
are not engaging with the kids. They brought the board games to the room, they have put
out the art supplies, but they are not using it to its full potential by involving kids in a
game or creating excitement around it, or engaging with kids in the coloring or creation
or that sort of thing. Activities can flop if adults aren’t purposeful and engaging with
kids.

Practitioner 6 described how professional attitudes can be a limitation to activity-based
interventions:

A limitation can be if your professional setting doesn’t see activities as being valuable. I
think that’s a large limitation because I know often I was encouraged to meet with kids
and go out and do this big document it’s called a comprehensive plan of care and we had
to do one every six months with children or every time they move which in some cases,
depending on what is going on, is too often. Sitting down with kids and doing this
document can be valuable, but at other times it’s bureaucratic and often I found actually
taking a child out to do an activity gave me the same amount of information as if I would
have sat with the child and gone through this totally boring document. Children don’t
want to answer questions and often I would get more information when we did an
activity. My workplace settings wouldn’t necessarily see it that way. So that’s a
limitation. So if your profession sees value in recreation and activity-based information
gathering and trust building, then it’s more effective.

Practitioner 7 described how the lack of funding and resources in work settings can be a
limitation to using activity-oriented interventions:

A limitation is money and resources in terms of what I have at hand. Administration and
what their philosophy is, so what they’ve got at my disposal in terms of money, in terms
of a budget or in terms of providing resources. So, sometimes it’s certain things that are
above me that can be a limitation to.

Practitioner 11 described how environmental settings can be a limitation when using
activity-oriented interventions:

Not having access to the right environment can be a limitation. Sometimes, some
children just cannot function well in big areas, they may be agoraphobic. With some kids
their boundaries of being outside are so limited. I have worked with some kids that are
afraid actually to go out for a walk and be out at a playground. They’ve been bullied or
ostracized and shunned, “No, I can’t do that; I can’t play on the playground”. So, there
have been problems where being outside has been a problem, so I will see if I can get this
child to do something inside where they are finding it safe so some school environments
may be problematic.

Finally, practitioner 11 described how children’s personal factors can be a limitation in
using activities:
Some children may not necessarily have had their medication or enough sleep, or not necessarily be in that space of being emotionally available or free to experience the activity that we are trying to do. They may be too distracted, too tired, or hungry or they’re just sick for the day that’s all. Those are some of the limitations of having experiential activities that would be therapeutically beneficial, but they just cannot do it.

In sum, the participants in this study believe there are some limitations with activities, limitations that relate to largely external factors such as limitations that can be associated with practitioner skill, knowledge, and willingness to try new activities. Participants also noted that professional attitudes can be a limitation. For example, if colleagues and supervisors do not see the value in activity-oriented interventions then this approach is not well supported in the workplace. As well, participants pointed out that a lack of funding, resources, and appropriate space can present a limitation. Finally, participants suggested that children’s personal factors can be a limitation. For example, children who are hungry, tired, or ill may find it difficult to engage in activity-oriented interventions.

Summary of Findings

In this chapter thirteen participants described their prevalence of use of activity-oriented interventions, the types of activities they employ, and their rationale for employing activity-oriented interventions. My findings here show that all participants use activity-oriented interventions with all children, aged 6 to 11. Most participants spend 50 to 75% of their direct client time using activity-oriented interventions. My findings show that child and youth care practitioners in my study employ a wide range of activities which include: graphic art, crafts, performance art, and play-based activities, physical activities, reading books, and using
electronic media. In my findings I attempted to show how participants apply, understand, and support their use of activity-oriented interventions with children through eighteen themes that emerged from the data analysis. I show detailed verbatim quotes that support each theme from my participants. Further, my findings show participants’ understanding of where they learned how to employ activity-oriented interventions with children. Most participants described life experiences, and education as being a main resource for their learning; work experience was also described by a few participants. Finally, my findings described limitations that participants suggest impede the use of activities with children: practitioners lack of knowledge, and skill; lack of funding and resources; and lack of credibility that employers or other professionals place on activity-based approaches.
CHAPTER FIVE: DISCUSSION AND IMPLICATIONS

An individualized, developmental approach encourages us to use a better-stocked toolbox.  

Straus (1999, p. 12)

In this chapter, I first discuss my key findings relevant to the literature that supports activity-oriented interventions as an effective developmental and therapeutic approach with children. Second, I discuss the limitations of my study. Third, I discuss the implications of my research findings to child and youth care practice. Finally, I provide recommendations for future research and provide a conclusion.

Research Findings in Light of Relevant Literature

An Effective Developmental Approach with Children

The literature asserts that play (i.e. activity) is children’s natural language (Shi, 2003; Straus, 1999; Wittenborn et al., 2006). My findings agree that activity-oriented interventions are a natural fit for children’s developmental stage. Participants in my study noted that in their work with children they use activity-based interventions because children under eleven respond well to activities. Further, participants noted that in their experience younger children find it difficult to express themselves using words. My participants reported that play and activities are a natural part of children’s development; thus making activities a comfortable fit for children in therapeutic interventions.

As Bratton et al. (2005); Bratton, Ray, and Landreth (2008); Landreth, Baggerly, and Tyndall-Lind (1999); and Struas (1999) all found, using conversational approaches with children is ineffective because children find expressing themselves with words difficult. Generally,
children under eleven lack the abstract thinking and reasoning skills to understand their emotions in light of their experiences. The literature shows that activities are a medium for children to express their feelings, thoughts, and behaviours. For example, Nickerson and O’Laughlin (1982) propose that activities assist children in acting out conflicts and behaviours that they would not be able to express in words. My findings suggest that activities are a natural medium for children to express themselves. Many participants in my study described how they believe art and performing arts activities were an aid in children’s expression of feelings, thoughts, and behaviours. My participants agree with the literature that children are still developing their abilities to understand their emotions and they do not have the abstract understanding of what they are experiencing. Activities are an indirect way for children to draw or act out their feelings and thoughts.

Further, the literature shows that talking to children in therapeutic interventions is not as effective as play and activity-based therapies (Phelan, 2001; Straus, 1999). My findings concur that conversational approaches with children are not effective in engaging them in a process of interaction with practitioners. My participants reported that it was their experience that talking with children doesn’t work because children often find it difficult to articulate their feelings, and thoughts. They may be threatened by face-to-face conversations or become easily distracted and bored. Play and activities are children’s natural way to communicate and using activities easily engages children into therapeutic interactions (Nickerson & O’Laughlin, 1982; Straus, 1999). Clearly, activity-based modalities fit naturally with children’s developmental level.
A Relational Therapeutic Approach with Children

The literature shows that relationships develop through activities like play, art, crafts, games, sports, drama, and outdoor activities (VanderVen, 1999). The participants in my study concur that activity-oriented interventions facilitate the relationship between practitioner and child. All participants described using activities with children and all participants use activities to build relationship with children. Many participants described how activities engage children in interventions with the practitioner. Sharing an activity together facilitates a connection between child and practitioner and helps children develop a sense of comfort with the practitioner. VanderVen (1999) refers to this as “energy flow” between people (p. 143). Many participants noted that when they engage in activities with children they create a common experience which is important to relationship development. The process of this interaction is also referred to as “joining” (Maier, 1991; Radmilovic, 2005).

Straus (1999) asserts that the therapeutic relationship needs to be sensitive to children’s lack of control, and needs to allow children to share in the therapeutic process. Straus claims that involving children in the therapeutic process helps children have some sense of control. My participants agree; they reported that children who feel they have some power and control in their interactions with adults are more likely to be open emotionally because they feel safe, and safety builds trust. Participants reported that engagement in activities with children creates a sense of equity with regard to power between them which allows the child to feel safe, thus allowing the child to be less guarded and emotionally more open. The literature also shows that when children have a sense of power and control, resistance in the therapeutic process is less likely (Nickerson & O’Laughlin, 1982; Straus, 1999). In line with this thinking, my participants
also reported that child-directed activity-oriented interventions allow children to feel a sense of power and control within the therapeutic process.

Additionally, with respect to equity and empowerment, all participants in this study reported using a child-directed approach with children, where children are given choices. Children often choose the activity or they may choose some element within the activity. For example, a child may be asked to draw a picture, but the child has the choice to use crayons or markers, and choice over what the picture will look like. Participants reported that it was their experience that when children feel they have some control, they are better able to express themselves through imaginary play, or activities. My findings extend the understanding provided by the literature by showing that activities create a sense of empowerment for children by providing them with a sense of accomplishment. For example, when children produce artwork or achieve a skill learned through an activity, they feel a sense of empowerment which allows them to be more open in therapeutic interventions.

The literature characterizes a therapeutic process in the helping field as one that assists people to deal with problems, improve their relationships, and learn new skills (Shebib, 1997; Tobin, 2007; Watts Jr., Cashwell, & Schweiger, 2004). My findings suggest that activity-oriented interventions facilitate a therapeutic process with children. My participants reported that activities provide the context for children to experience a positive, enjoyable, and supportive interaction with adults. This positive and supportive environment helps children to gain insight and create change. VanderVen (2003) supports the idea that activities are a means for children to gain insight into their beliefs and then change these in the light of new experiences. The participants in my study agree that activities help children to externalize issues they are
experiencing. My participants give examples of how drama activities can help children act out situations that they find difficult to express in words, and then work on changing those situations through acting out more viable alternatives. The literature agrees that activities assist children in gaining insight into their behaviour by providing an opportunity for reflection and new ways of coping (Nickerson & O’Laughlin, 1982). Nickerson and O’Laughlin (1982) suggest that activities like play and games reveal children’s behaviours, ways of relating, and solving problems. The participants in my study agree that using activities, like role-plays or charade games, enables children to reflect on their behaviour with practitioners. The participants in my study reported that they purposefully plan activities, so children can work on recreating situations they encounter in life, and work them out in a safe place.

A Vehicle for Learning and Skill Development

As indicated in the literature, activities promote children’s development of social skills, problem solving skills, communication, and positive interaction (VanderVen, 2003; Radmilovic, 2005). VanderVen (1999) states activities may be “one of the primary cornerstones of learning” (p.137). In my study, all participants reported using activities as a means to promote children’s social and emotional development including their social skills and sense of social responsibility, and thereby confirm the literature. Further, the literature shows that activity-oriented interventions act as the scaffolding for children's development (Straus, 1999; VanderVen, 1999), where scaffolding refers to an adult's active participation in the activity; whether the adult is role modeling steps for the child or providing support for the child through the activity. Activity-oriented interventions involve active adult participation, not passive information sharing (VanderVen, 1999). Activities provide opportunities for social interaction between adult and
child; thus promoting children’s development by fostering competence and self-esteem. My study also suggests that adult involvement is critical to promoting children’s development in activity-oriented interventions. For example, to promote a foster child’s sense of identity, practitioner 6 works with the child on a life book. To support the development of social interactions and emotional regulation, practitioner 12 plays card games with children. Finally, to teach safety skills, practitioner 2 creates puppet shows with children. All participants describe being involved in the activity along with children.

**An Enhancement of Child and Youth Care Practice**

Child and youth care is noted for its commitment to working with children from a developmental perspective (Anglin, 1999). Activity-oriented interventions make it possible for practitioners to observe children’s developmental levels and skills and to assist workers to see the world through children’s eyes. A consistent theme across participants was that they use activities as a way to gather information about children. Many participants reported that they learn about children’s development by sharing various activities with them. Additionally, all participants reported that using activities with children is a way for them to get to know the child. Doing so gives them a window through which to see who the child is. My research agrees with the literature which shows that activity-oriented approaches do provide adults a window through which they can observe and enter a child’s world (Nickerson, 1973).

As well as providing insights into children’s development and their perspectives in life, my findings show that activities allow child and youth care professionals to work with children from a strength-based approach that builds on children’s existing skills and abilities, an approach that is a cornerstone of child and youth care practice (Anglin, 1999). Participants reported that
an activity-oriented approach gives them the means to observe children and identify children’s strengths, abilities and needs, and then use activities as a tool to work effectively with children toward positive change.

The literature shows that child and youth care professionals attempt to work within the context of children’s lives by collaborating with parents and other people who are significant in the lives of children (Anglin, 1999). My participants also reported that they collaborate with parents and other professionals who are significant to the child. Participants provided examples of how activity-oriented goals are developed in collaboration with parents, school staff, and the child.

**Practitioner and Environmental Limitations**

My findings extend the understanding provided by the literature by showing that there are no intrinsic limitations in using activities with children. In my study, all participants reported using activities with children regardless of children’s developmental stages, and abilities. Instead, participants reported that limitations to using activities lie in the environment or in the practitioner’s lack of skill and knowledge in applying activities. For example, practitioner 2 reported that a limitation is present when practitioners are too focused and structured, and not open to the creative process. Practitioners need to account for the personality of the child and be open to how an activity will fit a particular child. It is limiting when practitioners use the same activities and are not open to using new ones. It is also limiting when practitioners take a passive role when implementing activities with children. Participant 12 described an example of practitioners who set children up with a game or an art activity and then step back leaving the
children on their own. When practitioners are not involved in activities with children, the practitioner misses the opportunity to promote development and positive change with children.

Additionally, my findings extend the understanding provided by the literature by showing the limitations when other professionals do not see the value in activity-oriented interventions. Many participants in my study reported that employers, colleagues, and parents do not understand the fundamental benefits of using activity-oriented approaches. Because of that lack of understanding, practitioners are faced with lack of funding and other resources. My participants reported that lack of funding and resources is a barrier to using activity-oriented interventions. Another limitation reported by participants is inappropriate space. For example, participants reported that some children have difficulty in either too large or small a space. This may be a challenge for many practitioners who have limited choices in the space they can use with children. Finally, some limitations stem from personal issues; client hunger or tiredness may impede activity use.

Limitations of Study

An initial limitation of my study may be that it involves a self-selection bias. Child and youth care professionals who volunteered to participant in my study did so because they have a strong interest in advocating for activity-oriented interventions. Participant interest in activity-oriented interventions may have an influence on the findings. A second limitation of my study lies in its single recruitment strategy. All participants were recruited by electronic invitation to current and former child and youth care students of University of Victoria. My recruitment strategies have thus excluded child and youth care professionals with degrees from other educational institutions. Participants from other child and youth care university programs may
have different perspectives on activity-oriented interventions based on their different educational programming. Finally, some readers may see a limitation of my study in the small size of my participant group. It is my opinion, as outlined in chapter 3, that my sample size does meet currently accepted standards for a sample size for qualitative descriptions. The purpose of my study is not to generalize to the larger population of child and youth care professionals, but to clarify how my child and youth care respondents describe and understand their use of activity-oriented interventions.

**Implications for Child and Youth Care Practice**

My study has significant implications for child and youth care practice. They include a need for increased education in activity-oriented approaches to undergraduate and graduate students, and the need for promoting greater knowledge of the effectiveness of activity-oriented interventions to government and other funders.

**Increased Education in Activity-Oriented Approaches**

As noted in Chapter 3, all participants have either a Bachelor degree or a Masters degree in Child and Youth Care. My findings show that most participants reported learning how to employ activity-oriented interventions through three areas: life experiences, education, and work experience. The majority of participants reported that life experiences and their education being the main source of learning how to apply activities with children. Many of my participants attributed early childhood education and recreation as being their main source of learning to employ activities. Several participants attributed their undergraduate child and youth care elective courses and their practicum work as being their main source of learning to apply activities.
The first implication of this finding is a need for increased education in activity-oriented interventions as an effective approach with children aged 6 to 11. As noted in the introduction, activity programming is a developmental practice method for child and youth care professionals. Competencies associated with activity programming involve articulating developmental rationales, developmental outcomes of activities, principles of activity programming, and the significance of play (Mattingly, Stuart, & VanderVen, 2010). To meet these competencies child and youth care practitioners need to have both knowledge of how activity-oriented approaches work with children and how to apply them. Participants in my study agree that knowledge and skill are essential when employing activity-oriented interventions. Having activity-oriented programming in the core curriculum at both the undergraduate and graduate programs would give child and youth care students a solid theoretical foundation and the skills necessary to the application of activity-oriented interventions with children. Further, a solid theoretical foundation would enable child and youth care professionals to promote the effectiveness of this approach to funders, government programs, and employers.

A second implication of this finding is the need to promote greater knowledge to employers and other professionals about the effectiveness of activity-oriented approaches with children. Many participants described a lack of support with using activity-oriented interventions from supervisors, funders, government departments, parents, and other professionals who have influence on funding and resources. Participant 6, a social worker, described how professionals in her department value conversational approaches over activities to gather information from children. Many other participants described the same experience of employers and other professionals in their work setting who do not recognize the value of activity-oriented interventions. The participants in my study described this as a barrier to
employing activity-oriented interventions with children. Further education and research are required to inform employers, funders, and government programs about the effectiveness of activity-oriented approaches with children. As previously noted, this may involve universities offering activity-oriented therapeutic programming in their undergraduate and graduate core curriculum. Additionally, it may involve further inquiry about how activity-oriented approaches are essential when working therapeutically with children. Promoting formal education on activity-oriented interventions will help to inform employers, funders, and government programs about the effectiveness of this developmental approach.

**Recommendations for Future Research**

To build on my current investigation, future research might examine outcomes of activity-based intervention goals to gauge the effectiveness of activity-oriented approaches with children. Research that focuses on activity-based outcomes may help to increase its credibility among employers and funders. A larger study might examine differences between activity-based and conversation-based approaches with children 6 to 11. A study such as this would use both qualitative and quantitative methods with a selective sample of participants who use activity-based interventions and those that use conversational approaches. Understanding differences between activity-based and conversation-based approaches, in terms of child engagement, relationship, and promoting expression of feelings, may further support and strengthen the findings of my study. Additionally, future research might explore how prepared child and youth care degree students actually are in general in applying activity-oriented interventions upon graduating. Further research into the confidence that child and youth care students have in
applying activity-oriented interventions may support increased core training at the university degree level.

Core curriculum in activity-oriented interventions is essential, especially at the graduate level where students are preparing to work with children at a more advanced level and to take on supervisory positions where they will guide the work of other child and youth care workers. Another recommendation would be to specifically offer core course work that develops the competencies outlined by the *Competencies for Professional Child & Youth Care Work Practitioners Revised 2010*. Core curriculum would include: developmental rationales and expected outcomes for employing play and activities, intervention theory and design, activity analysis, adaptation, and strategies for involving children and youth (Mattingly, Stuart, & VanderVen, 2010).

**Final Summary**

My qualitative study, as noted previously, describes, how thirteen child and youth care professionals understand and apply activity-oriented interventions with children aged 6 to 11. Through semi-structured interviews, participants described how activities like play, games, art, crafts, drama, and outdoor activities can be used to effectively engage children, build therapeutic relationships, and aid in their learning. Participants in my study believe that activity-oriented interventions fit with children’s developmental stage and are effective in facilitating self-awareness and promoting behaviour change. Additionally, participants described barriers to using activity-oriented approaches as including a lack of credibility among other professionals who can limit funding and resources. Finally, participants described practitioner barriers as
involving a lack of knowledge and skill. This investigation highlights the lack of activity-oriented core training in child and youth care programs in several universities.

**Conclusion**

Employing activity-oriented interventions requires theoretical knowledge and practical skills. This knowledge and these skills are outlined and described in the *Competencies for Professional Child & Youth Work Practitioners, Revised 2010* document and well supported by the existing literature that speaks to how to most effectively work with children under the age of 11. Despite this, there still exists a deficit with regard to activity-based education and training in core curriculum in Child and Youth Care across Canada. My research clearly shows a need for increased core curriculum in activity-based interventions in both Child and Youth Care undergraduate and graduate programs in all Canadian universities. It is my hope that my study adds weight to the call for core curriculum in activity-based training in Child and Youth Care and my research-supported belief that such a curriculum would ensure that child and youth care students will then be well provided with the required knowledge and skills to work most effectively with children.
List of References


Grant Mac Ewan University, Edmonton, Alberta, Faculty of Health & Community Studies, Programs. (2011, March). Retrieved from Programs, Bachelor of Child and Youth Care, Course List, Year 1 web site: [http://www.macewan.ca/wcm/SchoolsFaculties/HCS/Programs/BachelorofChildandYouthCare/CourseList/index.htm](http://www.macewan.ca/wcm/SchoolsFaculties/HCS/Programs/BachelorofChildandYouthCare/CourseList/index.htm)


Mattingly, M.A., Stuart, C., & VanderVen, K. (2010). Association for Child and Youth Care Practice: Competencies for Professional Child & Youth Work Practitioners, Revised 2010. PDF retrieved from: 


Ryerson University, Toronto, Ontario, Child and Youth Care Program. (2011, March). Retrieved from current course selection, curriculum and course information, four year program website: [http://www.ryerson.ca/cycp/current/courseselection/](http://www.ryerson.ca/cycp/current/courseselection/)


University of Fraser Valley, Abbotsford, B.C., Academic Calendar 2010/2011. (2010, April 23). Retrieved from Course Descriptions Child and Youth Care web Site:

http://www.ufv.ca/calendar/2010_11/CourseDescriptions/CYC.htm

University of Victoria, Victoria, B.C., School of Child and Youth Care. (2010, May 11). Retrieved from New and Prospective Students, Required Courses web site:

http://www.cyc.uvic.ca/prospective/ba_cyc/ba_cyc_req_2010.php

University of Victoria, Victoria, B.C., School of Child and Youth Care. (2010, May 11). Retrieved from Graduate Students, MA in Child and Youth Care, Program of Study, Core Courses web Site: http://www.cyc.uvic.ca/prospective/ma_cyc/index.php

Vancouver Island University, Nanaimo, B.C., Calendar, University Degree Completion. (2011, February 28). Retrieved from Calendar, Bachelor’s Degree Programs, Bachelor of Arts in Child and Youth Care web site:

http://www.viu.ca/calendar/UniversityDegreeCompletion/bacyc.asp


APPENDICES
APPENDIX A

INVITATION TO PARTICIPATE IN A CHILD AND YOUTH CARE STUDY

Are you a Child and Youth Care professional with a Bachelor of Arts degree and/or a Master’s degree in Child and Youth Care? Do you work directly with children aged 6 to 11? Have you been working with children for at least two years? If so, please read on.

This is an invitation to participate in a research study that aims to understand how child and youth care professionals use activities in their work with children aged 6 to 11. As a participant, you will be asked to describe your use of activity-oriented modalities (play, games, and creative arts). Your participation will involve a 30 minute introductory telephone call, a maximum 60 minute interview and/or answering a survey question (stated below). Participants will have the option of doing interviews in-person, on Skype, or on the telephone. All interviews will be confidential. Participation is voluntary and you may withdraw your involvement at any time.

Your participation will contribute valuable information toward our understanding of how and why CYC practitioners use activity-based interventions, and the prevalence of their use. This information will play an important role in making the case for increased education and training opportunities in action-oriented therapies in child and youth care.

SURVEY QUESTION

Do you use activities in your work with children aged 6 to 11? (place an X after the box)

☐ Yes

☐ No

☐ Yes, I would like to participate in an interview. Please send your contact information to me in your e-mail.

Please email this survey question by sending a copy of this letter in an e-mail message as an attachment to ddgaardbox@live.ca or, contact:

Donna Damsgaard, M.A. CYC Candidate

Telephone: 250 753-6203 (Nanaimo) E-mail ddgaardbox@live.ca
APPENDIX B

UNIVERSITY OF VICTORIA
OFFICE OF THE VICE-PRESIDENT, RESEARCH
HUMAN RESEARCH ETHICS COMMITTEE

Participant Consent Form

Activity-oriented approaches in Child and Youth Care interventions

You are invited to participate in a study entitled “Activity-oriented approaches in Child and Youth Care interventions” that is being conducted by Donna Damsgaard, BA CYC. Donna Damsgaard is a Graduate student with the University of Victoria in the department of Child and Youth Care at the University of Victoria and you may contact her if you have further questions by telephone, 250-753-6203 (Nanaimo) or e-mail, ddgaardbox@uvic.ca

As a Graduate student, I, Donna Damsgaard, am required to conduct research as part of the requirements for a degree in Child and Youth Care. It is being conducted under the supervision of Dr. Sibylle Artz and Dr. Bruce Tobin. You may contact my supervisor by telephone or email. Dr. Sibylle Artz 250-721-6472 (Victoria) sartz@uvic.ca, Dr. Bruce Tobin 250-652-4383 (Victoria) brucetobin@aol.com

Purpose and importance of study

The purpose of this study is to understand how child and youth care practitioners describe and understand their use of activity-oriented interventions with children aged six to eleven. Activity-oriented therapies that employ play, games, and creative arts are approaches child and youth care professionals may use with children under eleven years old. Currently, it is unknown how child and youth care professionals use activity-oriented modalities with children, or how they employ and understand the use of activity-oriented interventions. Research of this type is important because it will help to clarify the extent to which child and youth care practitioners use activity-oriented therapies. Further, it will help to inform and increase the knowledge of therapeutic interventions with younger children.

Participants selection

You are being invited to participate in this study because you identified yourself as a child and youth care professional with a bachelor degree and/or a master’s degree in Child and Youth Care. You work with children aged 6 to 11 and you have at least two years experience.
What is involved?

If you agree to voluntarily participate in this research, your participation will include answering a survey question and/or one, maximum 60 minute semi-structured audio recorded interview, and one, maximum 30 minute phone call to set up interview dates and times. The audio recorded interview will include the following questions: You noted in the survey that you use activities in your work with children, please describe the kinds of activities that you use? What percentage of your direct client contact time with children do you spend in activity-based intervention? With what percentage of your child client population do you use activity-based intervention? How did you come to use activities in your work with children? (What is your rationale for using activities?) You’ve described several activities that you use with children (name these here) what influences you to use one or another of these? How did you come to know how to use activities with children? Do you see any limitations to using activities with children? If so, what do you understand these limitations to be? What is your overall sense of how using activities has affected the way that you work with children? The interview may have additional open-ended questions to help you describe your perceptions more clearly. You may decline to answer any question in the interview.

If you choose to participant in the audio recorded 60-minute interview, interview location and time is at your discretion. Interviews can be done in-person, on Skype, or on the telephone. The location for an in-person interview may be your home, if researcher lives within a reasonable distance from you. For in-person interviews outside of your home, interview locations will be in a private setting such as a private study room at the University of Victoria Library or a private meeting room at Vancouver Island Regional Library. If you choose to participant by simply answering and submitting the survey question to the researcher, you may do this through email.

Inconvenience

Participation in this study may cause some inconvenience to you including time requirements to read the Participant Consent Form, one 30 minute telephone call and one, maximum 60 minute interview or time spent answering and submitting the survey question. If you choose to participant in an in-person interview outside of your home, you will endure gas expenses and possibly child care costs. The thirty-minute phone call will be to discuss interview dates, times and location. Interview location and time are at your discretion.

Risks

Participants may feel fatigue or stress because of participating in the research. To prevent or deal with any fatigue or stress you may experience, the following steps will be in place. Before the interview, I will acknowledge the information you share is for educational purposes only and your anonymity and confidentiality will be maintained. You may pass on any question or stop the interview and audio recording. During the interview process a break will be offered after 30
minutes of interview time or you may take a break if you feel you need one at any time. In the unlikely event that you experience emotional stress, I will encourage you to discuss the emotional content with someone you trust (for example a friend, colleague, work supervisor or professional counsellor). I will remind you that participation is voluntary and you may withdraw from the research study without a reason. The audio recording will be erased and any documents will be shredded.

Benefits

The potential benefits of your participation in this research include a heightened awareness of your practice methods and intent with activity-oriented therapies. You will have an opportunity to discuss how you approach working with children and how you apply activity-oriented therapies. A brief summary of your answers will be summarized for you at the end of the interview. Further, your participation will help this study inform and increase knowledge of therapeutic interventions in the Child and Youth Care field.

Voluntary Participation

Your participation in this research is voluntary. If you do decide to participate, you may withdraw at any time without any consequences or any explanation. If you do withdraw from the study your data will be erased from the audio recorder and the researcher’s computer. Any documents that contain transcriptions of your interview will be shredded.

Continued or On-going Consent

To assure your ongoing consent to participate in this research, I will review informed consent with you before interviewing you. You will also have a copy of this informed consent.

Anonymity

In terms of protecting your anonymity I only require your first name and a contact telephone number and/or e-mail address. I will identify you as the practitioner in the data and writing the thesis. Location of the interview will not be identified in the data or writing the thesis.

Confidentiality

Your confidentiality and the confidentiality of the data will be protected. I will keep the audio recorder, consent forms, and a password protected external disk drive in a locked filing cabinet. Any electronic information such as transcriptions of the interviews and data will be kept in a password protected computer file. Transcription will be done by me, the principal investigator.
APPENDIX C

Title of Project: Activity-oriented approaches in Child and Youth Care interventions

Semi-structured interview questions

Interview questions will be conducted by:

- In-person
- Skype
- Telephone

1. You noted in the survey that you use activities in your work with children, please describe the kinds of activities that you use?

2. What percentage of your direct client contact time with children do you spend in activity-based intervention?

3. With what percentage of your child client population do you use activity-based intervention?

4. How did you come to use activities in your work with children? (What is your rationale for using activities?)

5. You’ve described several activities that you use with children, (name these here) what influences you to use one or another of these?

6. How did you come to know how to use activities with children?

7. What happens when you use activities with children?

8. Do you see any limitations to using activities with children? If so, what do you understand these limitations to be?

9. What is your overall sense of how using activities has affected the way that you work with children?