

Mount Saint Vincent University
Department of Child and Youth Study

Play at Work, Work At Play: Play Based Relationship Building in Child and Youth Care

by

Lender Bowles

A Thesis

Submitted in partial fulfillment
of the requirements for the degree of
Master of Arts in Child and Youth Study

January 2016

Copyright 2016 Lender Bowles

To Auntie Heather.

Acknowledgements

I would like to thank my beautiful partner, Andrea Conrad for her love, support and encouragement over the years. Without her, none of this would have been possible.

Thank you Stella and William.

I thank my sister, Laura Bowles for her love and support.

This whole project would not have been possible without Dr. Donna Varga, who guided and helped me with her never-ending genius and patience. I also thank Dr. Devi Mucina for his support and advice.

Thanks to Olivia Vuille, for lending me her book several years ago (I think you can have it back now).

I especially thank all of the children and youth I worked with over the years. Many of their stories and experiences were crucial to this thesis. Thank you for allowing me to be a small part of your lives. You all made my work worthwhile, and gave my career meaning. I wish you all the best.

Table Of Contents

Chapter	Page
One: An Unexpected Journey	1
Two: Theoretical Focus and Methodology	12
Three: What is Play?	27
Four: Playing at Work	53
Five : Conclusion	81
References	85

Chapter One

An Unexpected Journey

I was a child and youth care worker [CYCW] in a residential treatment centre for fifteen years. Working with at risk children and youth in such an environment can be both challenging and rewarding. Over the years I have found that it is the responses of the child and youth care workers which have the most affect, either positively or negatively, on residents behaviours. While teachers and therapists also attempt to form relationships with their clients as part of their jobs, youth workers see this as being of the most importance (Rodd & Stewart, 2009). Tally Moses (2000) pointed out that a youth worker's abilities to form quality relationships with their clients is strongly linked to children's positive outcomes later in their lives. From my experience I agree that before any intervention work can be attempted, all energy should be devoted to developing a healthy client/worker relationship. It was only after pursuing my Master's degree in Child and Youth Study that I came to the realization that much of my practice had been devoted to forming relationships with my clients, and that I had often successfully done so through my playful interactions with them. My learning about the importance of play on children's healthy development has reinforced my belief that a play-based practice model is perhaps the best avenue for developing relationships with at-risk kids, as well as a means for their therapeutic healing. It has the added benefit of providing personal fun while engaging in a fulfilling but demanding and often stressful job.

If someone had told me when I was younger that I would spend most of my professional career working with troubled children and youth, I would not have believed

them. It is interesting to me that I did not really seek out a career in this field as much as it found me. When I was younger I was shy and did not socialize much with other children. I grew up on an isolated farm where I was often left to my own devices and had to rely on my imagination to entertain myself. When I did get to play with other kids I made sure I got the most out of it and played my heart out. I learned through trial and error how to adapt my actions while playing so that the play would keep going. I remember telling my mother that I was good at playing and that kids would make the best actors because they played all the time. She responded by saying that actors are trained professionals and kids are just playing when they play. Although my mother devoted a lot of her time playing with me, I don't think she really grasped the significance that play has on children's development, or how important it really is to them.

I did not have any neighbourhood kids to play with, but I had a long suffering and willing playmate in my younger sister. She did not seem to mind acting out my play scenarios that mostly revolved around space exploration or swords and sorcery. Through my experiences playing with other kids I learned that in order to keep the interest of my playmates, I needed to become what Brown (2009) called a good player. I unknowingly improved my skills by learning how to interpret the reactions of my playmates and adapting my behaviour to keep the play going and becoming more socially literate. Unbeknownst to me, I was also learning from my play and gaining knowledge of the world by acting out situations that were beyond my real life experiences. At the time I did not know who he was, but I think Lev Vygotsky would have been pleased.

After graduating high school I drifted without direction, trying to earn a living but doing unfulfilling work. When I was still in my twenties I went to Cuba. I had never been to a developing country and was fascinated by the fact that even though the majority of the people did not have many worldly possessions, they had free access to education and health services that were not provided in my own country. This trip was a real awakening for me and I decided to devote my energy to becoming more of a social activist and work to help people less fortunate than myself. I decided to go to university to get my undergraduate degree in International Development Studies. I loved that program because it touched on so many subjects important to me such as political science, psychology, sociology and history.

While going to classes and living in Halifax I managed to get a job working at a science centre as an exhibit interpreter, during which I came to realize that I enjoyed working with young children. I enjoyed how the centre promoted and educated them about scientific concepts through hands on interaction and play. I noticed that the children were curious about how each exhibit worked and the principles that it demonstrated, but they often lost interest when some of the interpreters were too technical in their explanations. I cannot really fault these interpreters for their sometimes bland explanations since they were training to become real scientists. Since I considered myself more of a social scientist interested in science, I decided to interpret the displays in a manner that made it fun for everyone. I also consciously adapted my presentation style depending on the age of the audience.

After finishing my degree, I yearned to move back to my hometown and applied for a position as a child and youth care worker at a new residential treatment centre. It was not something that I saw myself doing for very long, but thought it would get me back home and would be a worthwhile experience. I was very green and nervous when I first started. The other workers seemed to have more experience working with troubled young people than myself, and most had some form of education regarding childhood development. Most of them wondered how a degree in International Development Studies and experience working at a science centre was an asset for working with troubled youth. I quickly learned that to be successful in this field it wasn't necessarily what you had studied, but how you presented yourself that mattered most. I learned much from the other more experienced workers, adapting some of their strategies and incorporating them into my interactions with the residents. I often felt that some of the ways other staff interacted with them did not fit with my values, and I often found myself at odds with them. Many portrayed themselves in an authoritarian manner, which I thought placed a barrier between themselves and the youth. I began to focus on forming relationships with each young person and noticed that I could positively interact with them while still maintaining my authority. Other staff often criticized me for this approach and I often contemplated that I was not a good worker. I started to think that perhaps this was not the place for me. I was seriously considering leaving the position for some other career until one particular intervention made me realize that residential treatment was actually where I belonged.

One day after a very violent and tiring intervention with a young man, I was given some useful feedback, not from co-workers, but from the young man himself. I was trying to process the incident with him, and was getting nowhere, when he looked at me and asked, “ You know why you are great?” I was perplexed. I was under the impression that this guy hated me as he had just spent half an hour telling me so while calling me, and many of my family members, every epithet in the book. Now he was asking me why he thought I was “great.” The only response I could muster was a very weak, “No?” Since I was at a loss for words I let him continue. He said, ”You didn’t study how to work with kids like all those assholes in the office.” I often had conversations like these with the residents while my co-workers were in the office, frantically trying to decide how to respond. He continued, “ You used to build chimneys and worked at a science centre, you don’t pretend that you know everything about kids and have all the answers.” These words from this troubled young man finally made me feel validated. At that moment I was no longer the new inexperienced guy, but had found my purpose in life. I had been looking for praise and positive feedback from my peers and felt that they did not respect me as a worker, when all along I had been making an impression on the people that really mattered most to me: the clients. Right then I changed my plan to go North to work in the oil industry and decided to stick it out as a Child and Youth Care Worker.

I realized that being a good CYCW was not about being an authoritarian, or trying to be too nice, but finding a balance and being authentic. Children in care have excellent skills of quickly gauging who is sincere and who is only interested in a paycheck. I also

became aware that by focusing on relationships I was able to gain their respect and trust, with the benefit of them responding more positively to me.

While pursuing my Master of Arts (Child and Youth Study) at Mount Saint Vincent University, I became interested in the importance of play in the development of young people, and the potential that play can be used in the residential setting as a therapeutic tool. Learning about the importance of play in aiding the cognitive and social development of children allowed me to reflect on my own interactions with children and youth in residential care, and to measure my success in forming relationships with them. I have found that my relationships with residents have been strengthened after engaging in either unstructured or structured play activities. The act of playing with the residents improved my future interactions with them.

I also think that when other staff attempted to play with the children, their efforts may have been hampered by not understanding that these children may not have the necessary play skills to respond appropriately. Perhaps the child did not have ample opportunities to engage in play earlier in their lives and were unable to respond in the way that a typically developed child of the same age would. Without realizing it, the worker may have attempted to engage in an activity that was not within the child's Zone of Proximal Development (Vygotsky, 1978). This would cause the adult to become frustrated and terminate the play, further depriving the child of a chance to expand on their play skills, and potentially isolating them from future opportunities for play.

Children who are able to develop emotional attachments to their caregivers are much more successful in forming bonds with others, engaging in positive social

interactions with peers, and successfully joining social groups. They also demonstrate higher rates of school success, being more likely to finish high school and to continue on to post-secondary education (Hemmeter, Ostrosky & Fox, 2006). Studies have shown that children unable to develop emotional attachments to their birth parents but who are later able to form a healthy bond with an adoptive parent or other caregiver, are likely to be more successful later in life than children who are unattached. Children living in institutions, who often already suffer from emotional trauma and attachment issues before placement, have a much more difficult time forming new attachments due to the institutionalized environment (Bakermans-Krannenburg, Steele, Zeneah, Muhamedrahimov, Vorria, Dobrova-Krol, Steele, vanIjzendoorn, Juffer, & Gunnar, 2011).

However it is not easy for CYCW's to develop emotional relationships with the residents with whom they work. Shift work, multiple staff teams, staff burnout and high rates of experienced worker turnover compound residents feelings of neglect and abandonment, making it a difficult environment for them to form healthy bonds with caregivers (Colton & Roberts, 2006).

It has been argued that children who display poor peer social interactive skills can benefit from child educators and workers who introduce play-based interventions as a means of improving peer interactions and social behaviours. When guided by informed and trained professionals, children in care are more likely to integrate into social settings with their peers and ultimately be more successful in school and later in life (Glover Gagnon & Nagle, 2004). According to Bedrova and Leong (2007), Vygotsky argued that children can learn important play skills if they are guided by adults who get involved

within the play activity. He believed that the role of the adult/teacher is more effective if enacted within the play activity rather than passively observing. Vygotsky believed that adults can also benefit and enhance their own skills from play experience, and that it is essentially a two way street.

I believe that a major component of any treatment plan for at risk children and youth should include a strong focus on play. Until they gain the necessary social skills, children and youth need learn skills from a more experienced partner (Bedrova & Leong, 2007). Therefore, Child and Youth Workers need to be more actively involved in playing with those in their care. However, it has been my experience that many of the staff and management do not realize the significance of play as an important component of childhood development and as a potential means of emotional and social restoration. The rigid structure in residential settings does not provide sufficient opportunities for the residents to engage in free play either alone, in groups or one on one with staff.

Although treatment plans come from different professionals, I often thought that if I involved the child directly in their planning and implementation, I could achieve better outcomes. With all of my clients, I try to present myself as having a playful outlook, which I believe shows them that we can work together and have fun doing it.

Play activities such as cards, chess and the memory game (most of which I am not good at) provide many opportunities to talk casually and get to know each other. They also provide me the chance to role model appropriate social responses to winning and losing. I have noticed that children in care really appreciate staff members spending time playing with them, especially in activities that are spontaneous.

Although the client/prime worker relationship is important, the youth worker must still build relationships with the other residents. I have assisted other primary workers in creating treatment plans for their clients. I try to demonstrate my willingness to spend time with each resident to pass-on the approaches that have worked for me. Over the years, I have utilized play as a means to build relationships with the children and youth residing at the centre. It is often necessary to initiate play with the children in order for them to be drawn to you. Showing kids how to draw, write stories or songs, doing puzzles, dancing and playing the guitar are methods I have used to create the parameters for forming relationships and demonstrating play skills.

I have noticed that staff members who are unwilling or unable to engage in play activities with the kids have much more strained and difficult interactions with them during their shifts. These staff members act as overseers and containers of negative behaviours rather than spontaneously engaging and playing with the clients. I have often thought that violent behaviours of the children could have been lessened if staff had focused on relationship building through play rather than attempting to affect behavioural change merely by reacting to negative behaviours. Since there was no positive interaction previously, the client did not have a base level on which to gauge the individual interacting with them. If a staff member merely acts as an authority figure, the client will feel that they are not being treated equally and be resistant to requests made of them. Most kids in treatment have had negative experiences with authority figures in their past, and do not respond well to individuals who rely on their position of power while interacting with them. I have found that it is possible to achieve positive results by

finding a balance between my position of authority and my willingness to treat the children in my care with kindness and respect.

Many of the children that I have worked with in residential treatment grew up in abusive and/or neglectful homes. These children generally were deprived of positive play experiences in their homes, and often lack the social skills necessary to interact with their peers effectively. Children who live in abusive environments usually do not feel safe to explore the world in ways that typically developing children do. They often lack the social literacy skills necessary to be accepted by their peers and are often unsuccessful in school situations (Cooper, 2000). Many of these children will be involved with social services and unfortunately some will be apprehended and placed in residential treatment.

This thesis will focus on critically examining my fifteen years of experience using play to form relationships and also as an intervention technique. My expectation is that the reader will learn and benefit from my experience and hopefully integrate some of my ideas and suggestions into their own practice. Through this narrative, I hope to form a plan that will enhance the play experiences for children living in residential care. I will attempt to demonstrate how important play is for the healthy development of growing children, and how I have personally used play in my work with troubled children and youth to form healthy relationships with them, while teaching important social skills they can use throughout their lives.

The final product of the thesis will be a document meant for administrators and other professionals in the field intended to affect prevailing attitudes about the importance and usefulness of play within the residential setting. I believe that my skills

coupled with my continuing theoretical knowledge, will provide useful, and hopefully entertaining examples of how to incorporate play as a therapeutic tool. Through critical self reflective examination of my interactions with the clients, it should be possible to learn from my many successes as a CYCW, but more importantly from my mistakes so I can do a better job in the future.

Chapter Two

Theoretical Focus and Methodology

For me, talking and writing about play is not nearly as entertaining as actually engaging in it. As we age, it seems to become more and more difficult to find the time in our busy modern lives to engage in play. If you are lucky enough to work with children, or if you have children, you may find yourself involved in a situation where the best response is to dust off your skills and get playing. You also may realize that it is only after finding time to play in your own way that you feel less stressed and more energized to go on with your busy life.

I will utilize a number of theoretical perspectives in my critical analysis, highlighting Lewin's admonition: "there is nothing so practical as a good theory" (Brendtro, 2006). I will refer specifically to Vygotsky's theory of play scaffolding and play as leading development, Erikson's theory of psychosocial development, Bowlby's attachment theory, and Bronfenbrenner's ecological systems theory.

Zone of Proximal Development

The Russian psychologist Lev Vygotsky's early twentieth-century writings about play added substantially to psychological theories and our understanding of human development. One of his interests was the role that children's play serves in their continuing development. He argued that play was not merely a feature of childhood but a leading factor in their development (Vygotsky, 1978). Vygotsky theorized that children learn social skills from their interactions with others, and then utilize what they have

learned into their future play situations. Play-acting and practicing adult roles allows children to progress to more mature levels of human behaviour (Bodrova & Leong, 2007).

Vygotsky called the progression through which children play beyond their actual skills the “Zone of Proximal Development.” For Vygotsky, the ZPD represented the difference between what one can achieve on one’s own and what is achievable with assistance (Howard & McInnes, 2013). A component of this theory is that as a child learns greater skills, they are able to pretend beyond their actual ability, a major factor in their continuing development (Vygotsky, 1978). Imaginative play allows children to try out new roles and ideas without being constrained by rules of reality. Vygotsky proposed that children play in order to gain communication skills to enhance their social acceptability, while developing higher thought processes. Before being internalized, children’s thoughts are acted out loud (Howard & McInnes, 2013).

One of Vygotsky’s concepts especially relevant to parents and child-care workers, is that children learn communication and social skills from adults that are involved within the play activity while guiding them. He argued that the role of the adult/teacher is more effective if they are acting within the play situation rather than passively observing. Vygotsky also argued that adults can benefit and enhance their own skills from play experiences, and that it is essentially a two way interaction (Bodrova & Leong, 2007). It is important for adult practitioners to realize that if they think they have lost their ability to play, they can regain it by re-introducing play back into their lives.

Bodrova and Leong, (2007) noted that Vygotsky theorized children's play to be governed by an intricate set of rules that correspond to the role that must be adhered to in order for the play to continue. For instance, children will often state who their character will be and determine the play scenario before they begin to play. They will agree on the course of action guided by what they understand to be the confines of the situation. Once these rules are established, a consensus between the players must be reached before any major change can take place.

An example is provided by the dialog that I heard of my seven-year-old son and his friends having while playing in our backyard:

Zane- We are back in the old days, and we are knights.

Louis- O.K., I am a good guy.

Monty- I have my guns in my belt.

Zane- You can't have guns, we are knights in the old days.

Monty- But I want to have my guns.

Louis- (After a long pause) Maybe you came from the future.

Zane- Yeah you came from the future to help us.

Monty- O.K. I came from the future.

This type of discussion can be heard countless times between children before they begin to act out their scenarios. As long as everyone involved adheres to their roles and conforms to the limits agreed upon by the actors, the play can continue, and any change to the script must be agreed to by all of the individuals or the play will break down. This is an important aspect of which to be aware when interacting with children and youth as

they might not be skilled in social literacy and therefore know how to engage in these discussions. It may be beyond their ZPD to interact with peers their own age and are often unable to negotiate in order to keep the play situation going. I have witnessed many occasions when children, who have thoughtfully constructed their roles and begin to play, exclude another who attempts to join them because of their inability to pick up on the story line. Often from a staff perspective this child can be rebuked for disturbing the harmony of the group, without understanding that she/he may need extra support to engage positively with peers. With some added support, it is possible that the child will be able to learn positive interaction skills that could potentially be used in future interactions.

As children gain more experience playing, the roles and situations they act out become more intricate. In this way both actors learn from each other, and learn valuable new skills that can be applied to future play experiences and carried into their future lives. If a child is deprived of play experiences, their cognitive, emotional and social development will be hampered (Bodrova & Leong, 2007)

Children's social competence and play abilities depend on their skills to interact positively with their peers. Through play, children also begin to learn self-restraint and self-regulation. Since they must learn to negotiate with one another and agree on the parameters of the play, they rely on their skills to place constraints on their behaviour. By doing this, they learn to direct their own behaviour and rely less on adults to resolve disputes. They must also learn, through practice, how to maintain positive peer relationships crucial for social competence which affects cognitive, communicative and

social development (Glover-Gagnon & Nagle 2004). The importance of children learning to form healthy relationships with their peers has been directly linked to their social popularity and success in school and beyond into adulthood (Glover-Gagnon & Nagle, 2004).

Pretend play can involve re-enacting actions of others and imagining roles and themes outside their direct experience. In order for children to progress into the realm of social pretend play with their peers, they must learn how to co-ordinate their roles and plan with other players to maintain the play (Whitebread & O'Sullivan, 2012). Children that are able to negotiate with their peers have gained the cognitive ability of social literacy (Gharfour & Wien, 2005).

Children who have developed social literacy skills are more able to accurately interpret the attitude of their peers and respond with appropriate behaviour that will enhance their play. Research by Gharfour and Wien, (2005) indicates that children who are more attuned to the feelings of their peers are able to keep them interested in the play scenario longer. Children who lack social competence are less likely to interact positively with their peers and are less popular. Since play is such an important component of early peer interactions, these children are more likely to be deprived of future peer interactions and learning new social skills, and are more likely to have negative attitudes toward school and their peers (Glover Gagnon & Nagle, 2004).

In order for children to become socially literate they must learn how to be good negotiators with other children. It is through play that children can practice social skills necessary to take the initiative, solve problems, negotiate social relationships, collaborate

and take turns (Gharfour & Wien, 2005). It is unfortunate that in the case of residential care most, if not all of the residents lack these important social literacy skills and have a difficult time interacting positively with each other. For children who display poor peer social interactive skills it is believed that child educators and workers should introduce specific play-based interventions to improve their opportunities and social behaviours. If these children can be aided by informed and trained professionals, children will be more likely to integrate into social settings with their peers and ultimately be more successful in school and later in life (Glover Gagnon and Nagle, 2004).

Reflecting within the framework of Vygotsky's theories will allow me to better understand where my interactions may have not been appropriate for the child's ZPD, and suggest alternate approaches for similar situations in the future. The work of Vygotsky supports my belief that practitioners who prioritize play into their interactions with at-risk children and youth will be more successful in forming positive relationships with them.

Erikson's Psychosocial Theory

Erik Erikson hypothesized that human development progresses through eight psychosocial stages, with each stage requiring a crisis that should be mastered in order to move on to the next. Although it is possible for an individual to move to a subsequent stage without overcoming the crisis involved, it will continue to present a challenge unless worked out in a future stage (Atalay, 2007). Although Erikson was not necessarily concerned with play being a major component of development, the first two stages of his theory, basic trust vs. mistrust, and autonomy vs. shame and doubt, cover the periods from infancy and early childhood when children begin forming trusting relationships with

caregivers and mastering feelings of self-control. The third stage of Erikson's model is initiative vs. guilt, during which children attempt to gain autonomy by becoming more independent of adults and gaining confidence to form relationships beyond the sphere of their caregivers (Atalay, 2007).

Employing Erikson's theories, in the context of residential treatment it can be argued that most if not all, children and youth in care likely have unresolved crises that are hindering their development. The function of child welfare professionals is to help them overcome their crises and move on to the next psychosocial stage. Erikson's theories are useful for professionals wishing to understand the early lives and challenges facing children and youth living in residential care.

My understanding of Erikson's stage theory benefits my analysis as it helps to demonstrate that children in care may, for reasons of their personal history, be hampered in their development due to unresolved crises. In my analysis I have questioned my competence in understanding what potential crisis each individual may have not yet overcome, and if I was able to help them overcome it.

Bowlby's Attachment Theory

Bowlby made considerable advancements in the understanding of human development and is considered the originator of Attachment Theory (Bretherton, 1997). He argued that in order for children to develop, they needed to experience a mutually satisfying and enjoyable warm and intimate continuous relationship with their primary caregiver. The consistent interactions between mothers and infants allow children to know who their caregivers are, and to anticipate the caregiver's behaviours, foundational

to knowledge for interacting and developing relationships throughout life (Mason, Briggs & Silver, 2011). Although this bonding should be between a mother and child, Bowlby stated that young children are able to form strong attachments with other caregivers as well. Bowlby's ideas that formulated into attachment theory were meant to explain why the disruption of the bond between mother and child had such adverse effects on young children (Follan & Minnis, 2010).

Bowlby was also interested in the early emotional bond, or attachment, between mother and child that gave the child the feeling of security to explore their world. He argued that supportive parental attachment relationships are internalized by the child and form the basis for how the individual enters and maintains future relationships (Bretherton, 1997).

Children suffering from parental neglect and abuse have difficulty forming stable bonds in their homes and opportunities for play experiences and play development are likely to be disrupted (Cooper, 2000).

If a child is not able to form a secure attachment to their caregiver they may develop what Bowlby described as Reactive Attachment Disorder [RAD]. Children diagnosed with RAD have difficulty bonding with subsequent caregivers and are unable to form healthy relationships with their peers (Follan & Minnis, 2010). Children referred to residential treatment programs are often unable to form bonds with foster families, have difficulties interacting with other children in the home, and usually lack the skills necessary to play with their peers at school (Luke & Banerjee, 2012). Many child and youth care workers will find Bowlby's ideas of secure and insecure attachment useful for

their understanding of children in care, as well as formulating individual treatment plans for them. Using play based strategies in the therapeutic relationship provides children with positive experiences that lead to the formation of new attachments. These new attachments enhance relationships and give children the skills necessary to form future positive attachments (Homeyer & Morrison, 2008).

Successful child and youth care workers are able to form healthy attachments with the children in their care. It is not easy for children in care to bond with their workers. Attachment theory offers hope that a nurturing and caring environment will help unattached children form bonds while in care and in the future. My analysis will consider whether my ability to form relationships was enhanced by incorporating play into my practice.

Ecological Systems Theory

Urie Bronfenbrenner also argued that a trusting bond between children and their caregivers is the most powerful force in their positive development. His ecological systems theory illustrates that a child's development is the outcome of ever widening influences called systems. Initially the child is influenced most by intimate acquaintances. Outside of the home influences such as society, government and the passage of time affect what goes on inside the home. Bronfenbrenner argued that it is impossible to understand a child without examining the interactions within and across these environmental circles (Brentro, 2006). His ideas acknowledge that development occurs in social and environmental contexts that indirectly and directly shape behaviour (Howard & McInnes, 2013)

He also stated that it is wrong to focus on the child as the problem when the real responsibility rests on the social institutions that helped to create what he called alienation, and their failure to respond in ways that promote human needs and values (Bronfenbrenner, 1974). Bronfenbrenner proposed a two part solution for the problems of alienation and problem behaviour that included the active involvement of caring adults directly in the life spaces of children, and assisting the children and youth to find solutions to their problems by reconnecting them to their communities (Brento, 2006).

Bronfenbrenner wrote that play was a significant factor in the social development of children. Children learn from their interactions while playing in different settings and situations. If the home play environment is unhealthy, they will be deprived of the experience to function in social settings outside the home.

Residential treatment centres need to change their approach and offer young people a thoughtful and supportive environment for them to heal and grow. According to Bronfenbrenner, we are all influenced by our immediate environment and the people within it. As I investigate each play interaction discuss in this thesis I will consider whether they made the children feel nurtured and cared for, and how this affected our relationships. In other words: was I able to demonstrate that I was one adult in their lives that was crazy about them?

Methodology

This research undertakes a qualitative approach that analyses the play experiences I have had while working with children and youth in residential programs. I examine my recollections using critical reflection techniques. Through critical reflection, it is possible

to understand and gain insights into one's skills, competencies and knowledge as well as encouraging practitioners to scrutinize their experiences, thereby providing a means for preparing to manage similar future situations (Lucas, 2012). In other words one must be able to learn from one's mistakes, as well as successes in a never-ending process of personal and professional growth.

According to Gupta (2010) critical thinkers must remain open-minded as they examine information, as well as their values and assumptions. They must also balance their technical knowledge while understanding power relationships, the values of the workplace, and keep in mind the rights of others. Individuals engaging in critical reflection often apply what they have learned to their professional practice. They believe it is beneficial to seek out problems and solve them, with the intent that some form of action will result (Paff Ogle & Damhorst, 2010). By critically examining my experiences in this manner, I enrich my own practice and provide means to help other professionals place more emphasis on play in their work.

The residential treatment setting allows the worker to observe if their interactions with clients are having the desired effect of improving behaviour. Since the focus is to form relationships, and then endeavour to improve behaviours, the treatment centre can be viewed as a laboratory where a complex social experiment is taking place. An interdisciplinary team constructs individual treatment plans for each child with the hope that there can be a measurable outcome of improved behaviour. It is up to the frontline youth workers to implement these plans as best they can. It has been my experience that

not all members of the staff team share the same abilities, but by combining their strengths they can affect positive behavioural change.

In my reflection I draw upon experiences working with at risk children and youth over the years. I draw upon my experiences of achieving positive behavioural changes with many children and youth in residential care through my belief that a focus on relationships through play does indeed have a measurable outcome. As I reflect on each interaction, I try to answer as many of the following points as possible:

1. Who initiated the play?
2. How and why did the play begin?
3. What was the content and quality of the play?
4. What were the positive and/or negative interactions that occurred during the play.
5. How long was the event, and how did it end?
6. Did others become involved?
7. Was the play helpful forming positive relationships, if so was I able to draw upon the experience during future interactions?
8. What was the type of play engaged in by the child/children/ myself in each analysis?
9. How is the definition of play applicable to each different play scenario?
10. What were the developmental abilities of the children's play and did my interaction match and extend, or was too far beyond, or too far below the child's Zone of Proximal Development?

11. How can the interactions be understood from one or more theoretical perspectives?

These questions provided a useful framework for my analysis and aid my efforts to organize my ideas.

Although many of my successful interventions were through play, I will also examine and reflect on situations or circumstances where play as an intervention was ineffective, and to contemplate why this might have been so. Reflecting on both my positive and negative outcomes through play will provide my narrative with more objectivity and balance.

Limitations

A significant limitation of my thesis is my sole reliance on my own interpretation of my personal experiences working with a specific population in a single facility. The fact that most of my recollections will be drawn from my memory will limit the validity of my analysis. My accounts may not be trustworthy as I unconsciously may only choose incidents that illustrate my argument rather than those that would undermine my viewpoint.

Since I have not discussed the interactions with the people involved, I cannot confirm that my interpretations are accurate. I am unable to include the perspectives of the clients in the analysis, so I am left to guess as to what they were thinking and experiencing at the time.

I do believe, however, that my years of working in the field, and the many successes I have experienced will provide useful information for developing an argument to support play initiatives in residential centres.

Summary

Although no single theory comprehensively explains childhood development, it is important to realize that children appear to develop in ways theorists suggest and that development occurs in a wider context. Early experiences in secure, loving and warm relationships are crucial for health, providing the basis for future interactions with family and peers. Children learn through imitation, modelling and association as well as sensory and physical experiences when offered sensitive support from adults and through self-directed experiences. Play matures to become more cognitively and socially sophisticated as children learn and develop over time. Emotional health, self-esteem and a sense of independence are important for children to have the confidence to interact in, and explore the world around them. It is also important to realize and understand that children must be understood as products of their social and cultural environments. It has been my experience that using play as a relationship building tool has been successful in preventing and reducing emotional and behavioural difficulties for young children and youth residing in residential care.

Like Howard and McInnes (2013) who combined major ideas of children's learning and development in their work, I am also not bound by a single theory in my analysis. According to the situation/interaction being analyzed, I utilize the appropriate theory, or theories, that best apply. Using more than one theory allows the breadth and

scope necessary to understand the complexities of the circumstances being discussed, and perhaps offer possible solutions for others facing similar situations in their work.

Chapter Three

What is Play?

Before an analysis of play can occur, it is necessary to form parameters around what it is. This chapter will highlight several types of play as well as their importance in the lives of typically developing children and the impact that a lack of positive play experiences can have on those who have been abused and neglected. Often adults watching children play misconstrue what is taking place as a “childish” activity rather than the complex, beneficial and necessary human activity that it is. Humans are not the only life form that engage in play, as it can be seen across many species, and there are specific developmental milestones that can be linked to the importance of play.

Play has been recognized as contributing positively to cognitive, physical, language, social and emotional skills (Cooper, 2000). As children mature, their play changes from simple sensory exploration of objects to their constructive use of objects, to functional play and finally to symbolic play with pretence (Kelly & Hammond, 2011). At first, children rely on caregivers to facilitate play. When this is caring and supportive it builds confidence and skills enabling them to take control of what and how they play. Through play children gain experience and use those experiences to organize concepts that enable them to better understand the real world (Lin, 2010).

Defining play is difficult as it can be interpreted in multiple ways. Researchers have categorized many types of play including sensorimotor, constructive, imaginative, and rough and tumble. Play has been defined as anything that is spontaneously done for its own sake, is purposeless, generates pleasure and joy, leads the participant to the next

stage of mastery, is self-directed and motivated (Lockheart, 2010). Others have described play as engagement in activities that are chosen and directed by the individual without depending on other's direction, manufactured items or external rules. Play can also be framed as structured or unstructured, and as being child-directed or adult-facilitated. The influence of gender play behaviour preferred is also a consideration.

Early Sensory Play

From birth, children learn about their environment by touching, smelling, tasting, hearing and seeing. Stimulation of the senses creates and strengthens neural pathways crucial for learning and brain development (Gainsley, 2011). These early interactions with the environment are primarily provided by caregivers and close family members. Through their actions, the caregiver stimulates the infant and offers an environment that instills a strong bond and a sense of safety and well being that will enhance the child's growing confidence to begin to explore the world around them. As objects are introduced, there is a gradual progression from involuntary to voluntary movements. Using their developing fine motor skills, objects are directed to the mouth for exploration. The infant also responds to sounds made by others, and begins to make sounds of their own, such as shaking rattles and using vocalizations to demonstrate when upset or unhappy (Howard & McInnes, 2013). This is the beginning of the important stage where the child learns that certain responses will be rewarded with further positive interactions. The success at which caregivers engage and encourage children in this type of play has been linked to future emotional development and behaviour (Lin, 2010).

During their first three years, children begin to experiment with mark-making. Their earliest attempts may involve smearing food on their highchair top or scribbling with a mark-making tool. At this early stage their marks are not thought to have any symbolic meaning, but are done for the enjoyment of watching the marks appear. Through further experimentation, children begin to understand that it is their actions that are causing the patterns and shapes. Vygotsky proposed that these early marks are children's first attempts at symbolic communication (Howard & McInnes, 2013).

Pretend and Symbolic Play

Although toddlers often play alone, adult modelling of pretend situations increases the duration, complexity and diversity of children's pretend play (Kavanaugh, 2002). During this time, adults assume the lead in the play and use strategies to support their child in gaining higher levels of pretence. In this early form of didactic play the adult offers prompts and direction to the child by describing the child's pretend actions as well as their own. They also guide the child by offering supportive commentary, asking questions and repeating or expanding on the child's pretend actions (Kavanaugh, 2002).

Children also begin to play with small toys, such as cars or animals, using them in ways that demonstrate their growing realization that they are separate from the world. Although children begin to experiment with objects and toys, they are at first unable to allow one object to represent another.

Children demonstrate enhanced cognitive capacity as they begin to transform objects into toys and assign symbolic meaning and use gestures to represent absent objects or properties in symbolic play. The ability to use their imagination in this way is

linked to the development of representational thought (Cooper, 2000). Playing in this manner also helps to further develop and refine gross and fine motor skills, eye hand coordination and manipulation skills (Cooper, 2000).

Symbolic play is thought to begin around the age of two peaking in the pre-school years and declining at approximately six years of age. It is the ability of children to shift the focus from themselves to other objects, which are utilized in other than culturally ascribed. For instance, children are able to use a doll as the main character in the play scenario instead of focusing the action on themselves. The child manipulates reality but does so consciously (Kelly & Hammond, 2011). A child's symbolic play reflects their ability to represent a person or object through the use of words, gestures, substitutions and associations from their personal experiences. A child's capacity for symbolic play is linked to the caregiver-child relationship and contributes to their emotional, social and cognitive development (Noll & Gibb Harding, 2003).

This type of play occurs when the child has learned to construct scenarios that they can act out. At this point children are able to use objects in their scenarios and with their growing socialization skills to engage in play with others. They are able to reenact situations from their lives and also create scenarios from their imaginations. Vygotsky wrote that children learn from this type of play by their acting out situations that are beyond their age or experience (Howard &McInnes, 2013).

When engaged in imaginative play with peers, children express their ideas through the use of language. They also begin to see things from their playmates perspective and practice negotiation, problem solving and sharing (Lin, 2010).

Children raised in abusive or neglectful environments are unlikely to have the opportunity to engage in symbolic play and demonstrate a significant lack of play ability. When these children have never learned how to play they appear to be frozen at an earlier developmental level. They tend to engage primarily in solitary sensorimotor activity which prevents them from exploring new play objects and interacting with their peers (Cooper, 2000).

Constructive Play

As the child gains confidence through interactions with the world, they will begin to engage in constructive play, moving objects with the intention of creating something using toys such as building blocks, puzzles and creating artwork (Luckey & Fabes, 2006). Children gain basic cognitive knowledge about language, science, and mathematics through constructive play (Lin, 2010).

Construction tasks improve cognitive abilities such as visuo spatial cognition, imagery, visual search and problem solving, all of which act to improve working memory (Richardson, Jones, Croker & Brown (2010). From the age of four to adolescence, linear increases in cognitive ability and working memory can be attributed to early and continued play with construction toys and activities (Richardson et al., 2010).

When engaged in constructive play with others, children are able to practice their language and social skills, by expressing their ideas through the use of language. They also develop their creativity and imaginations by using objects to develop themes for their play scenarios. These situations allow children to communicate and negotiate their ideas with others and learn to self-regulate (Kelly & Hammond, 2011).

From the ages of four to six, children will continue to experiment with mark making. The images they produce will usually progress from ambiguous scribbles to constructing images that represent more realistic interpretations with symbolic meaning. They also begin to develop drawing styles of their own and use ideas and images over again in later drawings, perfecting their form and meaning. The benefits of drawing go beyond mere enjoyment and children who are encouraged to draw will draw more often, which encourages the development of fine motor skills and leads to the early development of literacy and numeracy skills (Howard & McInnes, 2013).

The ability to create more complex structures is linked to the child's ability to represent spatial relationships mentally, which is linked to future success in preschool and mathematical achievement in high school (Richardson et al., 2010).

Structured Play and Games With Rules

Children are usually able to engage in games with rules around the age of five. Games-with-rules differ from make-believe play since the roles and actions of the players are dictated by the rules of the game. In make-believe play children agree on their expected roles, but the play is not necessarily terminated if someone acts outside the agreed-upon sequence. Since games have explicit rules, everyone must adhere to them in order for the game to continue (Bodrova & Leong, 2007).

Adults often lead games-with-rules until children internalize the rules and are able to lead the play themselves. Unlike unstructured play, which is usually done for immediate joy, games-with-rules include delayed gratification until a goal is achieved. Many games-with-rules are structured so that one person is declared a "winner".

Winning, however, requires that the child have the necessary skills to be proficient at the game. Games with rules also introduce the concept of losing, which provides the experience of dealing with the frustration and temporary failures that are an important part of self-regulatory learning. Games aid children by providing a framework for dealing with temporary setbacks and to problem solve by offering the chance to play again, and perhaps win the next time (Bedrova & Leong, 2007). Participating in games allows children opportunities to pursue delayed goals through game practice which helps prime young children for formal learning situations. Playing games also enhances children's social skills by offering circumstances for children to cooperate, share and work together (Bedrova & Leong, 2007).

Rough and Tumble Play

One aspect of children's play that is often overlooked and misunderstood by child care workers is rough and tumble play. Rough and tumble play [RTP] has been shown to be an important element for the development and maintenance of social awareness, cooperation, fairness and altruism in the lives of typically developing children (Brown, 2009). Physical play with adult males allows young children a safe environment where they can learn social competence while regulating their emotions and expressing them in appropriate ways. The social skills that children learn while engaging in RTP with adult caregivers improves self-regulation, which allows them to interact with their peers more confidently and with less aggression (Fletcher, et. al 2011). Activities such as wrestling, grappling, tumbling and chasing can appear to be aggressive, which is why many adults think it disruptive and dangerous. What many do not realize is that when children are

engaged in RTP they are not only developing their physical skills, they are also developing cognitive, emotional, self regulatory and social skills necessary for interacting positively with peers (Flanders, Simard, Paquette, Parent, Vitaro, Pihl & Seguin, 2010).

There is controversy and debate over whether to allow children to engage in rough and tumble play in childcare settings. Although many children enjoy some type of rough and tumble play, and it is seen throughout the natural animal world, it is generally frowned upon in most professional childcare settings as a potentially dangerous activity. This negative view held by many child-care workers may be due to their lack of understanding about the positive benefits of RTP. It has been speculated that since the majority of staff working with children are female, they may feel uncomfortable with this type of play as they lack the experience and skills necessary to competently manage RTP (Howard & McInnes, 2013). Also many institutions restrict or prohibit RTP based on fears that legal action may result if children are injured during RTP (Fletcher et al., 2011).

Traditionally, rough and tumble play has been seen as the domain of men and boys, although girls have been noted to also enjoy it as well. This is the one form of play that is mostly the domain of fathers or other men who teach younger children the physical and social limits of their bodies (Fletcher et al., 2011).

Rough and tumble play is found throughout the animal kingdom, and is recognized to be an important part in the healthy socialization across many species of mammals (Flanders, et al., 2010). Experimental studies have shown that when young rats that are able to smell, hear and touch their peers through a wire mesh, but are deprived of

playful opportunities, they have a marked atrophy in the medial prefrontal cortex. This is the area of the brain associated with social recognition. Fletcher, et al (2010) found that those rats deprived of play, compared to those engaged in RTP, were unable to recognize social partners, were socially ridged, and exhibited impaired rule learning (Fletcher, et al, 2011).

Lab rats that have been given lesions in their right prefrontal cortices exhibit signs of hyperactivity, which can then be alleviated by abundant opportunities for RTP (Flanders et al, 2010). While studies involving animals have been able to demonstrate the benefits of RTP, for ethical reasons, those involving humans are more difficult to conduct (Fletcher, et al, 2001). A main difference between animal and human RTP is that young animals tend to play with each other, while young humans play at first with their parents/caregivers and as they gain skills and confidence, begin to play more with their peers.

Flanders et al., (2009) demonstrated that RTP is an important form of play for both boys and girls and is helpful for children to learn self-regulation and social skills. Their research has shown that children who were deemed to be more integrated in schools and popular with peers had engaged in RTP with their fathers on a consistent basis. They also showed that it was not merely the rough and tumble play that was engaged in, but the style of the father's play that had the greatest impact on the children studied.

Children with fathers who were passive in their play techniques have more difficulty interacting with their peers in social settings than do children whose fathers had

been more dominant while playing with their children. The authors argued that fathers who did not allow their children to always win during RTP, demonstrated that losing is sometimes a natural part of life, and that children learn self-soothing and self-regulating skills during those situations. Children whose fathers were more passive did not learn how to self-regulate the same as the children of more dominant fathers, and were seen to be more violent in their interactions with peers in social settings. These children were also not sought out by other children, which further alienated them from having positive experiences and gaining the skills necessary to interact with others.

Flanders et al, (2009) found that when fathers engage in RTP with their children they are conveying many underlying messages, such as trust and the exchange of give and take between the players. The father may allow the child to gain the upper hand for a while, only to come back with renewed strength and continue the game until its conclusion. Since the father has retained control of the situation, and even though he is significantly stronger, the child knows that they are safe from physical harm. This engenders feelings of trust in the child, which can transmit beyond the father child dyad to future play interactions with other children (Flanders et al, 2009). As Vygotsky (1978) argued, the child has learned important skills through social interaction within their environment, which can be used later to teach others how to positively interact in similar situations.

The benefits of rough and tumble play have been well documented, but among practitioners there still appears to be a wariness to allow RTP into child-care settings. Rough and tumble play is beneficial for both boys and girls, and may be an important

developmental component missing in the lives of children living in homes without a positive male role model. Time spent with professionals may be the only occasion during their day where they might experience RTP with other children in a safe environment. For any change to occur, female workers particularly must strive to overcome their negative bias against RTP and embrace it as an acceptable pursuit for the children in their care. If more professionals were educated about the developmental importance of RTP, and how to competently facilitate it, there may be increased willingness to introduce more physical play into their organizations.

Social Relationships and Play

Children between the ages of two to five years also learn socialization skills by playing with other children. These play times are mainly adult driven since it is they who set up opportunities and who closely monitor the activity, offering guidance and reinforcing what interactions are appropriate (Ramsetter, Murray & Garner, 2010) . At first, young children play next to each other, sometimes engaging in similar activities, but not interacting with each other. This serves as a bridge to more cooperative forms of play where eventually they will reach out to each other and play together. Mutual play offers children important insight into how others think and feel which leads to the conception of empathy. Through mutual play, children learn social skills such as sharing, listening to others, self-regulation and begin to form relationships with their peers (Brown, 2009).

One of the earliest and influential studies on children's social play was conducted by Mildred Parten in 1932. She argued that children's social play occurred in a sequential manner and could be divided into three levels. The first level being non-social

activity, where the child engages in unoccupied, onlooker behaviour and solitary play.

The second is parallel play, where children playing in a shared space do not communicate with each other, and finally in the third stage, children begin to socialize together either through associative or cooperative play. In associative play children engage in separate activities but talk amongst themselves about their play; in contrast cooperative play occurs when children work together toward a common goal or play scenario (Xu, 2010).

Although many of Parten's assertions have been disputed or modified, such as her view that solitary social play was a negative behaviour, her classification of young children's social play is still valued as one of the most complete descriptions of children's social play behaviour (Xu, 2010).

Playing with others provides experiences that young children need in order to develop metacognition and self-regulatory behaviours. As social play becomes more complex, the partners must engage in reciprocal communication to coordinate and plan their roles so as to maintain the play scenarios. Before children begin to act out their situations they first establish a framework of rules for the playgroup that must be adhered to. Any subsequent change to these rules must be discussed and agreed to by the group before it is adopted. Failure to follow the established rules will result in negative sanctions from the other participants (Whitebread & O'Sullivan, 2012). Children, for whatever reason, who are deprived of social play experiences are unable to self-regulate and lack the negotiation skills necessary to be a cooperative play partner. These children are often ostracized by other children, which unfortunately prevents them from being included in social play and developing new skills (Cooper, 2000).

Non-Social Play

Other types of play that are often misunderstood, but which are relevant for child and youth care workers understanding, are non-social and parallel play. For many practitioners, a child playing away from the group is considered to be a sign of problems with social engagement and maladjustment. However, some researchers argue that many aspects of non-social play can be beneficial.

Non-social play has been organized into two categories: solitary play during which the child is involved in some sort of play by themselves; and reticent behaviour where the child is not engaged in any type of action. Non-social play includes solitary constructive play where children intentionally use objects in a creative way, and solitary non-constructive play where the action involves repetitive muscle movements with objects but appear to have no purpose (Luckey & Fabes, 2005). Children involved in reticent behaviour watch others playing without trying to join in, stare into space or wander aimlessly around without any apparent purpose (Coplan, Gavinski-Molina, Lagace-Seguin & Wichmann, 2001). Reticent behaviour is thought to be a maladaptive response to social anxiety and shyness in preschool children. The fear of social interaction causes the child to avoid contact with others, even in cases where there is a desire to join in (Coplan et. al. 2001).

Parallel play occurs when children are engaged in a similar activity in close proximity without talking or interacting to each other. This is not a form of non-social play but is thought to be a bridge between solitary and social play. Children playing next

to each other are in a position to reach out and join in each other's activities (Brown, 2009).

Often when children are observed playing alone it is assumed that they are somehow deficient in social or cognitive skills. In institutions, children are discouraged from playing alone and encouraged to join the larger group. What many practitioners fail to realize is that there are many reasons why children play this way and some forms of non-social play are actually constructive or adaptive (Rubin, 1982). Some children wish to play on their own simply because they desire solitude. Being alone frees them from the social and self-imposed pressures on their behaviour and allows them time to self reflect and explore the environment on their own terms (Luckey & Fabes, 2005). Some children who find social settings stressful can use time on their own to self-regulate. Other children may wish to play alone in order to be in full control of the play situation without having to please others (Luckey & Fabes, 2005).

As some other forms of non-social play are the result of the child's feelings of anxiousness or shyness, it is important for caregivers to carefully weigh the benefits or drawbacks of each type of non-social play before planning to intervene.

Unstructured Play

In unstructured play, the players are free to decide the parameters of what and how their play will be. In collaborative play situations, each child shares equal responsibility for the development of the play narrative, and must negotiate with each other to keep the play moving forward. Children who are encouraged to play in this

manner learn to accommodate other's desires and work together to solve differences (Jarvis, Newman & Swiniarski, 2014).

In formal childcare settings such as school, daycare and residential treatment centres, it is important that children and youth have times where they can freely engage in activities of their own choosing. Although it can be supervised by adults, unstructured play gives children a break from academic tasks, and a time to rest, imagine and socialize. It allows children to interact socially and to practice role-play as well as valuable communication skills including negotiation, cooperation, sharing and problem solving (Ramstetter, Murray & Garner, 2010). It also frees children from adults who view play mainly as a means to promote academic concepts necessary to be successful in formal learning situations (Jarvis, Newman & Swiniarski, 2014) It should be noted that children are more attentive and able to learn following unstructured play times, rather than if their day consisted only of adult driven structured play (Ramstetter, Murray & Garner, 2010).

Adults have an important role in the early and continued development of play skills acquired by children. From a Vygotskian perspective, it is important for adults to support and role model play skills until the children are able to direct their own play (Bedrova & Leong, 2007). However, adult practitioners must be careful not to constantly intervene in children's play or to use play only as a teaching tool. Aside from ensuring the safety of the children in their care, they must allow the children to remain in control and lead their own play (Howard & McInnes, 2013).

Gender Differences in Play

Gender does not seem to influence children's play development as each follows the same progression through sensory, symbolic and then leading to role play. There are however, differences across genders of toy choice and the preferred types of play. Males engage in more physical or rough and tumble play, while females are more likely to prefer dress up or role play type activities. Studies have demonstrated that boys are attracted by construction or wheeled toys, and girls gravitate toward dolls and domestic type toys (Owen Blakemore & Centers, 2005). Female caregivers primarily engage in cognitive object oriented play and role play with their children, while male caregivers tend to play more physically in ways that open up the child to explore the outside world and stand up for themselves (Fletcher, May, St George, Morgan & Lubans, 2011).

Some of these gender preferences might be a vestige of our primordial past, when males were hunter warriors and females were responsible for raising the children and nurturing the family unit (Gredlein & Bjorklund, 2005). There is also strong evidence that gendered behaviour is a result of social learning reinforced through adult-child interactions, the media which fortifies gender roles through its programming as well as gifts from friends and relatives (Howard & McInnes, 2013).

Owen Blakemore and Centres (2005) found that gender stereotyped toys appeared to be less supportive of optimal development than neutral or moderately gender-typed toys. They suggest that to support children's physical, cognitive, artistic and other skills, both genders should have access to gender neutral or moderately masculine toys.

Social Literacy Through Play

Children's social competence and play abilities depend on their skills to interact positively with their peers. Through play, children also begin to learn self-restraint and self-regulation. Since they must learn to negotiate with one another and agree on the parameters of the play, they rely on their skills to place constraints on their behaviour. By doing this, they learn to direct their own behaviour and rely less on adults to resolve disputes. They must also learn, through practice, how to maintain positive peer relationships crucial for social competence which affects cognitive, communicative and social development (Glover-Gagnon & Nagle 2004). The importance of children learning to form healthy relationships with their peers has been directly linked to their social popularity and success in school and beyond into adulthood (Glover-Gagnon & Nagle, 2004).

Pretend play can involve re-enacting actions of others and imagining roles and themes outside their direct experience. In order for children to progress into the realm of social pretend play with their peers, they must learn how to co-ordinate their roles and plan with other players to maintain the play (Whitebread & O'Sullivan, 2012). Children that are able to negotiate with their peers have gained the cognitive ability of social literacy (Gharfour & Wien, 2005).

Children who have developed social literacy skills are more able to accurately interpret the attitude of their peers and respond with appropriate behaviour that will enhance their play. Research by Gharfour and Wien, (2005) indicates that children who are more attuned to the feelings of their peers are able to keep them interested in the play

scenario longer. Children who lack social competence are less likely to interact positively with their peers and are less popular. Since play is such an important component of early peer interactions, these children are more likely to be deprived of future peer interactions and learning new social skills, and are more likely to have negative attitudes toward school and their peers (Glover Gagnon & Nagle, 2004).

In order for children to become socially literate they must learn how to be good negotiators with other children. It is through play that children can practice social skills necessary to take the initiative, solve problems, negotiate social relationships, collaborate and take turns (Gharfour & Wien, 2005). It is unfortunate that in the case of residential care most, if not all of the residents lack these important social literacy skills and have a difficult time interacting positively with each other. For children who display poor peer social interactive skills it is believed that child educators and workers should introduce specific play-based interventions to improve their opportunities and social behaviours. If these children can be aided by informed and trained professionals, children will be more likely to integrate into social settings with their peers and ultimately be more successful in school and later in life (Glover Gagnon and Nagle, 2004).

Piaget argued that children's cognitive development follows an orderly progression of four stages of intellectual growth as they mature into adults. The first of Piaget's stages is called sensory-motor intelligence, which begins at birth and continues to about the age of two. The second stage, the preoperational period, continues from age two to seven years, and is followed by the concrete operations stage that covers the ages

between seven to eleven. Finally, according to Piaget, comes the formal operations stage which begins at age eleven and continues into adulthood (Glietman, 1992).

Piaget suggested that humans attempt to organize their understanding of the world by constructing mental models that he called schemas, which help to guide and interpret their experiences. At first, the schemas of young children contain misconceptions of the world that are inaccurate. As they gain more experiences interacting with their environment, children begin to build more accurate mental models of the world (Lindsay, Paulhus & Nairne, 2008). Piaget argued that children's cognitive growth occurs through a process of assimilation, where people fit new experiences into their existing schemas, and accommodation, by changing their preconceived schemas to accommodate new incidences as they happen (Glietman,1992). According to Piaget, children's cognitive development behaviour is motivated intrinsically rather than extrinsically, and that they are largely responsible for their own development (Flavell, 1996). He described social play as an important factor in the child's social and cognitive development. When interacting with others, children are pushed away from egocentric thought patterns as they are forced to consider the viewpoints of their playmates (Xu, 2010).

The Effects Of Abuse and Neglect On Play

Vygotsky theorized that children construct knowledge by organizing and interpreting information as they interact with their environments (Ghafouri & Wien, 2005). As they learn to pretend independently, applying the rules of society that they have learned, they mature to the next level of development. Vygotsky called the cognitive space wherein children learn and apply the rules of play, the Zone of Proximal

Development (Vygotsky, 1978). Children who have been abused and neglected are often not receiving support on their journey through the zone of proximal development.

Without the guidance of supportive caregivers, maltreated children are hindered from learning social norms and suffer delayed cognitive development (Kavanaugh, 2002).

Although the importance of play has been accepted by many professionals, studies that focus on the effects of abuse and neglect on early childhood play have not received much attention from researchers (Cooper, 2000).

Children who are abused suffer mental health problems that influence their current and future emotional, behavioural, and cognitive development as well as their social and physical well-being. Studies have shown that if children suffer abuse at an early age, the adverse effects are more severe and harmful. The severity of the abuse will also determine the detrimental consequences (Frederico, Jackson & Black, 2008).

Physically abused children and adolescents have difficulty forming healthy relationships with their peers, and are more likely to develop relationships that can influence antisocial behaviour. The inability to form appropriate peer relationships also affects adolescent's and young adult's ability to have healthy romantic and sexual relationships in their later lives (Trickett, Negriff, Ji & Peckins, 2011).

Vygotsky argued that children must learn and master social rules in order to function effectively in a play scenario (Ghafouri & Wien, 2005). Children gain many of these social literacy skills through interactions with their caregivers. It has been shown that active parental involvement and modelling of pretend actions leads to an increase of the duration and complexity of children's play (Kavanaugh, 2002). Although caregivers

must be involved in their children's early lives they must learn to allow the child to explore more and more on their own. As children become more confident in their play they develop their own ideas and become confident problem solvers (Lockheart, 2010).

The give-and-take between child and caregivers helps to strengthen children's psychological development. At first, children are unable to lead play activities independently and must be nurtured and guided by a supportive and caring adult in how to do so. With each interaction the child gains important psychological tools that help to develop higher mental processes. The result of these interactions is a maturing metacognition, or a sense of one's own mental processing, and self-regulation skills (Whitebread & O'Sullivan, 2012).

In addition, the ability, or willingness, of parents and other caregivers to respond and interact appropriately with their children as they play will determine the quality of the attachment between parent and child. There is a strong indication that accurate parental feedback and responsive parent-child interactions is a strong determinant of the child's later development and social competency (Cooper, 2000).

It has also been shown that children who feel safe in their environment and are securely attached to their caregivers are more likely to engage in playful activities than children who are anxious (Kavanaugh, 2002). It is critical for children to form secure attachments through quality interactions in the first year of their lives in order for them to develop social competence and social identity. Children who grow up in abusive environments are unlikely to develop competent social skills (Cooper, 2000). Abused children do not feel safe and are wary of the possibility of constant impending danger.

Children who live in this state of hyper-vigilance do not feel safe and therefore do not play. These feelings prevent them from interacting appropriately in new social situations and hamper their ability to develop trusting relationships in social or therapy settings (Cooper, 2000).

Many abusive parents were also abused as children and therefore lack parenting and play skills necessary to offer their children a safe and supportive environment. Although child maltreatment can occur to children in all socioeconomic spheres, it appears to be much more common in lower socioeconomic households (Trickett, Negriff, Ji & Peckins, 2011). The environments of abused and neglected children living under low socioeconomic conditions often lack age appropriate toys and opportunities for healthy play experiences for them to develop naturally (Cooper, 2000).

Since abused and neglected children have delayed language, cognitive and motor skills, they also display a delay of play development. They often have not learned how to play and are thus unable to make proper use of play materials and interact positively with their peers (Cooper, 2000). Children who lack social skills often act-out violently toward others. The maltreated child therefore has a greater difficulty forming healthy peer relationships, than the non-abused child. The result of this destructive and violent behaviour is that maltreated children become isolated and withdrawn from further play opportunities. Since they lack social play skills they are unable to make friends through play, and are more likely to be rejected by their peers (Trickett, Negriff, Ji & Peckins, 2011).

One of the successful methods used to help maltreated children to overcome the effects of abuse and neglect is play therapy. The effects of traumatic experiences often remain lodged in the non-verbal parts of the brain. The intention of play therapy is for children to physically act out traumatic events through play, which helps to bring traumatic memories toward the verbal parts of the brain (Homeyer & Morrison, 2008).

Play therapy gives maltreated children a safe and supportive environment to play out their negative experiences. It has been especially useful for those who have been resistant to other therapeutic interventions in overcoming resistance to therapy and helping form a working relationship between themselves and a therapist. Physical and sensorimotor play within the therapeutic environment allows for appropriate corrective emotional experiences, which leads to new attachment formations. In theory, the creation of attachment between child and therapist has the benefit of enhancing other future relationships (Homeyer & Morrison, 2008).

Although play therapy, in its varying forms, appears to help children that have been traumatized improve their social skills, LeBlanc and Ritchie, (2001), attempted to show its actual effective outcomes. They argued that since play therapy has gained wide acceptance and use, it was important to validate the treatment claims. They found this task difficult due to the lack of research that attempted to present outcomes that could be generalized beyond individual cases or studies. They also found that because of the vast personal differences amongst participants in play therapy, it was difficult to generalize results to larger populations. The authors did note that although they were unable to prove

the efficacy of play therapy in gaining positive results, they found it was as effective as verbal therapies with adults and other non-play based therapies with children.

In spite of the evidence that play therapy is an effective intervention for children who have been maltreated, it is unfortunate that the play therapy approach has not been considered as a potential treatment program in mainstream residential youth treatment programs. Since child and youth care workers often find themselves in the role of caregivers, it would seem that an approach similar to parent-child play therapy would be an effective tool for abused children and youth. To provide better service, child and youth care workers could be trained in play therapy approaches that would enable them to respond more therapeutically to their clients needs.

Summary

After reviewing the importance of play in the development of children, and the detrimental effects of the lack of play, the importance of play as a potential therapeutic healing tool for children in care can not be disregarded.

Typically, in my experience, treatment for children residing in a residential centres focuses on structure. Throughout the day there are few times for the residents to engage in self-directed play, or for the staff to take advantage of spontaneous free play moments with the residents. From my own experiences and work approach, I have found that my relationships with many of the residents were strengthened through positive play. If more time for play was considered an important part of treatment plans, it would be reasonable to assume that positive outcomes could be achieved.

If more practitioners learned about different play types and stages of play development, they would have the knowledge and understanding to interpret the actions of children in their care and apply this knowledge to devising appropriate treatment plans and goals. Many children and youth in care are developmentally delayed and do not play in age appropriate ways typically developed children do. A child who is chronologically twelve may be functioning at a much earlier age, and may benefit from play types normally expected for much younger children. Age adjusted play focussed treatment plans could perhaps allow older children to gain the cognitive, self regulatory and social learning skills that they lack and help them act in more age appropriate ways.

For security and safety reasons, children in residential care must be supervised at all times. This situation does not allow them to freely play on their own or with each other without adults close at hand. For workers, it is often difficult to know when to be involved directly in the play situation or when to perform a supervisory role. Adults who understand their role in the various types of play and know when to lead, intervene or allow the children to play on their own would be more effective in supporting children's healing and development.

For play based residential treatment strategies to be successful, it would be necessary to educate caregivers about the beneficial aspects of play and encourage them to play with their children so that when they are discharged they can expect similar interactions at home.

Child care workers also need to understand that occasional solitary play in residential treatment should not always be discouraged, or viewed negatively, and is often

a beneficial way for children to deal with stress. Children in care must conform with constant adult expectations and are rarely away from their peers. It makes sense that they should be given space and time to sometimes play on their own.

For me, play came naturally and I used it as a way to engender trust and relationships with many children and youth throughout my career. Much of the success I had was due to my willingness to play. At first, I was unformed and acting primarily on instinct. Now after having studied play, I feel validated that my methods had potential therapeutic benefits. I am not proposing that all structure should be omitted from residential treatment and that children in care should be allowed to run amok freely. Structure is important for children in care to learn and to feel safe, but there should be more of a balance between structure and time to play.

Chapter Four Playing At Work

Most children admitted to RTCs have behavioural and social difficulties resulting from previous abuse or neglect that prevent them from succeeding in regular social settings. They often also present with Attention Deficit Hyperactivity Disorder [ADHD], Conduct Disorder, Fetal Alcohol Spectrum Disorder and attachment issues. They often lack the social literacy skills necessary to be accepted by peers and often do poorly in school situations (Cooper, 2000). Getting them to interact appropriately their peers can be one of the greatest challenges facing CYCWs.

During my 15 years working in residential treatment centres I have had many experiences building relationships through play. As the majority of children in residential treatment have experienced abusive and/or neglectful homes, they have likely been deprived of early positive play experiences and usually do not feel safe to explore their environment in ways that typically developing children do. However children who demonstrate the most challenging behaviours are often the ones who react most positively to efforts to play with them, and want to play when given the opportunity to do so in a safe nurturing environment.

Incorporating play into residential work can be as varied as drawing, doing puzzles or playing in the woods. Once, after a very tiring shift during which the kids seemed agitated and bored, and I had been reacting to negative behaviours throughout, I decided to be more proactive, and planned my next shift around a play activity. I brought my Hot Wheels tracks and cars and proposed that we play with them. I was not sure how the residents would respond, but to my surprise and delight they were enthusiastic. I was

also surprised when they went to their rooms to fetch their own cars that up until then I had not known they had. We spent most of the day racing cars to find out who had the fastest, or whose could loop the best. To my great satisfaction our interactions were positive and showed a degree of sportsmanship and cooperation that I had not seen before.

Years later, when talking to one of these participants he reminded me of the Hot Wheels races and how much fun he had that day. I use this example as evidence that a play activity led by an adult can have a positive and lasting impression. Through this interaction I was able to use my position as an experienced play partner to model and pass along my skills to others. I learned from this experience as well, further demonstrating Vygotsky's argument that everyone can learn from play as long as they are willing to be actively involved (Bedrova & Leong, 2007).

The dragon and the king.

As I write this, I am reminded of a positive experience with a youth I had almost forgotten about. Johnny was an awkward thirteen year old who had a tragic history of parental abuse and neglect. Despite this, unlike most of the other kids that I worked with, he loved to play and had an exceptional imagination. He made incredible creations with whatever he could find around the centre. Most of the staff avoided him because his ambiguous sexuality made them uncomfortable, but I was drawn to him by his sense of playfulness.

One day, he asked if we could go for a walk on the trails that snaked through the woods around the centre. Before we left, Johnny put on a plastic crown and tied a

blanket around his shoulders. I didn't take much notice, and just went along with it. On our walk, Johnny began to pretend that he was a king riding through his kingdom. He came up with an imaginative play scenario and told me that I could be his trusted squire who assisted him on his adventures. When we got back to the centre, I made Johnny a large cardboard shield, and myself a tinfoil helmet. I looked ridiculous, but I didn't care because Johnny seemed happy and I was having fun at work.

I looked forward to our daily walks and during one, the story of "King Johnny" became more elaborate. I soon realized that Johnny was actually working out some of his personal issues while he was in character. His real life father had left when he was very young, and King Johnny was searching for his father who had vanished after going on a quest to fight a dragon. Each day that we played we found more clues as to what happened to the father, but he was always out of reach. We never were able to conclude the search because Johnny moved away, but I had always hoped that his father would emerge from the woods dressed in armour and wielding his sword, to save us from the dragon.

Playing with Johnny was the first time since I was young that I was so involved with the power of play. At one point, we were dashing for cover behind a mound of dirt as the dragon flew overhead, burning the forest all around us with its fiery breath. Johnny broke character and looked at me with a big smile on his face and said, "This is a lot of fun eh, Lender!" I burst out laughing and could only answer with a big smile of my own. After all these years, I still think of playing with Johnny as one of the best times I ever had working with children.

His sense of playfulness also had an effect on some of the other youth that were residing at the centre during this time. There was a very tough older teenage female from Halifax, who had been involved with drugs and prostitution, and arrived as an emergency placement. She did not respond well to being at the centre or to the staff, and often acted out violently. One day when Johnny and I returned from one of our adventures, she said she had a surprise for us. While we were gone, this very difficult and troubled young woman had painted beautiful murals of castles and forests on long strips of newsprint and hung them on the walls for Johnny. The biggest surprise was a full size dragon hanging at the end of the hall that Johnny had to fight with his sword. I don't know who was more surprised, Johnny or myself. It was also the first time I had seen this young woman really smile. As Johnny marvelled at the scenes she had painted, she was beaming.

I look back at this almost forgotten period of my life and wonder what ever happened to these young people, and could we have helped them more if we were able to play with them a little longer?

Beyblades in the morning.

Persons in residential care are often wary of new people and hesitant to form new relationships. Many have had multiple placements and many caregivers. I have found play to be a very good "icebreaker" when meeting new clients and for strengthening the bonds I had already created. When Beyblades, a battling top toy, were popular a few years ago, a friend of mine gave me one as a joke gift at Christmas. I brought it to work not really knowing what I would do with it, but had my chance first thing that morning. One of the boys had great difficulty getting up for school. Everyone

on the staff team, myself included, had experienced unpleasant interactions attempting to motivate him in the morning. This time, instead of using my usual wake up call method, I opened his bedroom door and launched my Beyblade into his room. As soon as it hit the floor, he was up and exclaimed excitedly, "You have a Beyblade!" I responded that I was very hip for an old person, and if he got up we could battle our Beyblades together after school. He agreed and excitedly got ready. We spent the afternoon free time battling our tops. Some of the other residents saw how much fun we were having and asked if they could join us. This was an added unexpected bonus of my initiating the play.

Grover to the rescue.

Sometimes using props creatively can have a positive effect when dealing with a resident who is upset. On one occasion, I was monitoring Jude who was in the Secure Isolation Room (SIR) due to his violent behaviour. My job required that I observe his actions and offer support while taking notes until he gained control of himself. After forty-five minutes, he was not showing any signs of calming despite my attempts at using talk to de-escalate his emotions. I realized that my strategy was not working and I needed to take a radically different approach. In the corner of the office I noticed a plush Sesame Street Grover, held it up, and began talking to it. I used my own voice when talking and answered in my convincing Grover voice. Very soon there was a subtle change in Jude as he began to focus on what Grover was saying rather than to me. I said, through Grover, "Ignore that man in the room and talk to your furry pal, Grover." I was surprised when Jude calmed down as he explained to Grover why he was so upset. He also began to

smile. Within a few minutes of Grover's deescalating techniques, I felt comfortable enough to go into the SIR and debrief the situation with Jude.

Playing with the kids has also made me a better player. As people get older, they often drift away from play. How lucky am I to work in a profession where I can continue to keep my play skills honed on a daily basis?

A missed play opportunity.

I grew up on a farm, and like most kids, used objects from my environment to enhance my play endeavours. One fall day years later, I was spending one-on-one time with Ike, with whom it was very difficult to connect. When he was young his parents struggled with drug addictions and he was often neglected. He had great difficulty interacting with peers, and usually had to be separated from the group because of his disruptive behaviours. He appeared to lack the social skills necessary to play with his peers and many of the other residents avoided him, depriving him of positive relationship building experiences. Most of the staff team, myself included, had great difficulty connecting with him and also tried to avoid spending time with him. On this day I could tell that he was getting bored and that I needed to somehow occupy his attention before he became agitated. The outdoor setting reminded me of childhood memories on the farm in Autumn, and I decided to share one of my favourite pastimes with Ike. I pointed out that the goldenrod had grown tall and had the potential for many uses. I showed him how to strip the leaves and flowers from the shaft and proposed that we play a game with them. I set up a target and showed him that by throwing the rod like a javelin, we could practice our throwing skills. I reasoned that this game would improve our hand-eye

coordination, as well as pass some time. I hoped that he would see the fun in trying to hit the target, but he became bored with the idea after a few throws. He decided, without consulting me, that he was going to arrange the sticks on the ground and pretend that they were the outline of a store. He was going to be the shopkeeper and I was going to be the customer. I did not like this new story line, but decided to go along with it. Then he told me what I supposed to say and how I was to react in this new play scenario. As I was trying to adapt to this new game, he changed the store into a boat, and now he was the skipper. At this point, I started to feel agitated and realized that this young person did not know how to play with others, and understood why the other kids got so frustrated with him. He lacked the social give and take skills necessary to keep his playmates interested in playing with him. Also by trying to control every aspect of the situation, it did not give his playmates any opportunity to add their input. Like his peers, I became frustrated with him and suggested we stop what we were doing and go back inside and watch television or some other activity. Like so many others who had tried to interact with him, I was frustrated and left his company and decided to devote my energies to another resident. I made many other attempts to play with this boy, but unfortunately during his time at the facility, there was no progress.

Looking back at this incident I now realize that I should not have given up so easily. I should have realized that Ike never had the opportunity to learn how to play during his formative years. I knew from reading his file that he was diagnosed with Reactive Attachment Disorder, but failed to make the connection that his inability to play with me was linked to the fact that he was often left alone as a small child. I also failed in

my interaction because I was attempting to lead and direct the play situation from my own Zone of Proximal Development (Vygotsky, 1978), and did not adapt it to his. Like his peers, I did not have the patience to adapt the play to his stage of development and aid him in potentially learning new skills. I now know that this failure was the result of my lack of understanding of the intricacies of play and what my role should have been in the interaction. Since he lacked the social literacy that typically developed children would possess, it would have been more effective if I had altered my interactions and expectations in a way that would support his play experience. I should have been willing to go along with his changing play scenarios but also help him with learning how to go along with mine. This might have allowed Ike to learn new play skills that he could use in the future with his peers.

Dr. Seuss and the jungle gym.

I experienced a similar situation years later when I was studying play and attempting to incorporate it into my practice. I was asked to spend one-on-one time with Jared, who was not allowed to go on a class trip due to his problematic behaviour. At the time, I was working as the house parent and worked primarily in the kitchen, so I saw this as an opportunity to improve my relationship with Jared and practice my play skills. We went to the toy room and he began to play with the toys in the corner. I did not want to sit there and passively watch him so thought I'd try to engage him by reading a story. I chose the Dr. Seuss book, *The Cat In The Hat* as I liked to read it to my own children. Since I had read it many times, I was familiar with the text. My children enjoyed when I

read the book using different character voices and changed the tempo of my reading to add excitement and keep their interest.

As I started to read, Jared stopped playing and began to listen to me. I thought he was enjoying my reading but to my surprise he shouted out, “What are you doing!” He seemed agitated and upset with me and told me to stop. Right away I realized that no one had ever read to him like this and he was not prepared for the experience. I realized that like in the earlier interaction with Ike I had made the same mistake of acting to far outside his ZPD. However this time, learning from my previous mistakes, I changed my behaviour and apologized to Jared for upsetting him. I then explained that I was reading the book the same way I read to my own children. I put the book down and asked him what he wanted to do. He said he wanted to play cars so we did that for the rest of our time together. Thanks to my understanding of play and child development I was able to react more appropriately with a more positive outcome.

A week or so later, during recess Jared took out a Jenga game and dumped it on the floor in front of him. Ordinarily I would not have bothered to engage with him, but with play in mind I sat on the floor and asked if I could play too. He agreed and we began the game. We each seemed to enjoy it and when recess was over he made a point of thanking me for playing with him. Later that afternoon, I noticed that he was angry so I approached with the intention of offering him some support. He was angry with another staff member and yelled that if I came any nearer he would throw his bicycle helmet at me - - “Swear to God!” He did throw the helmet, but it seemed a halfhearted gesture. As I tried to verbally de-escalate him he became increasingly upset. I even tried using the

fact that we had just played a game of Jenga together to persuade him to become calm. By this time, the other staff were watching so I decided to try another tactic. I mentioned, nonchalantly, that I hadn't really looked at the newly installed playground. I climbed up the ladder to the platform and yelled out in my best pirate voice, "Yahhrr maties! I am the captain of this tharr ship!" As he watched me his demeanour changed and he came over and offered to show me all the different features of the new equipment. He showed me how to climb up the ladder, and how to go down the slide. I said, "Well, you know I can't let you have all of the fun," and also went down the slide. His anger dissipated and he began to smile. I thought to myself, "I gotcha!" It was that easy! I also noticed that the staff, who had envisioned an imminent restraint, were also smiling. I gotcha too! I never did find out what he was mad about, but he rejoined the group in better spirits after playing on the jungle gym with me.

This experience helped show me that the answer to most of the issues at my work could be solved if we devoted more time to playing with the kids, and less time on structure and enforcing compliance to the program. The adults also might catch themselves having fun too! The power of these play moments in forging stronger bonds between workers and clients was further proven to me when Jared apologized to me the next day for throwing his helmet at me. I told him that it was all right, and I didn't think he was really trying to hurt me. He also said that we should play Jenga again sometime.

Fox holes and snow forts.

Alphonse was the kind of kid who loved the outdoors. He always appeared to be unsettled when he was inside, but his behaviour changed whenever he was outside. It

now seems obvious that being inside the centre was a constant reminder that he was institutionalized and away from his family. From the ecological systems theory perspective, this was an environment that he resented. When he was outside he was free of most rules that restrained him. I had many negative interactions with Alphonse inside the centre, but my memories of him outside were of him as a different person.

It is interesting, and a great compliment, to me that Alphonse usually sought me out when he wanted to go outside to play. I think he knew that I would also much rather be outside too.

After a snowstorm, Alphonse asked me to help him build a fort. We both got bundled in our outdoor clothes and got to work. I usually came prepared for such circumstances and had brought extra clothes and shovels. We started on the edge of the parking lot and began to construct walls and digging tunnels. Our activities aroused the curiosity of other residents and they offered to help, and Alphonse accepted. I was surprised that he did so as he did not usually get along well with peers. During this play he enjoyed putting the other kids to work and monitoring their progress, directing them to various projects while also working hard himself. Like any good boss he offered tips on how to do their job more efficiently, and encouraged them with praise. I was also put to work and didn't mind because we were playing together. I also love building snow forts, and would have liked to have had Alphonse as a play partner when I was a kid. Oh what things we could have accomplished!

The other residents came and went, but Alphonse and I stayed out all day digging and building, breaking only for lunch and supper. We worked on this fort for many days

and in the end it had towers, rooms, slides and tunnels. It was over two hundred feet long and wrapped around the perimeter of the parking lot when we finally were satisfied with its dimensions.

One day as it was getting late, Alphonse asked me if he could stay out and keep building until bedtime. He said he would skip snack and go directly to bed and not cause any issues if I agreed. Alphonse usually had trouble settling for bed, but since it was a beautiful moonlit night and he had given me his promise, I decided to trust him. As we played I kept a close eye on my watch hoping that I had not made a bad decision. When bedtime approached, a staff member came out to remind us that we had to come in for snack. I explained that Alphonse had promised he was going to skip snack to keep working on his fort and then go right to bed. This staff member appeared upset with me for breaking the rules, and made it clear, in front of Alphonse, that he believed that this would cause problems. To my great relief, at nine o'clock Alphonse put down his shovel and went to bed without any issues. There may have been many factors why Alphonse went to bed so easily that night. It could have been because he wanted to honour his promise with me, or to show that the other staff was wrong to doubt his word, or it may have been because I had allowed him to tire himself out. Whatever the reason, I felt vindicated for having trusted Alphonse and allow him extra time to play outside.

When I got back into the office, I was reproached by the other team members for having broken the rules. In spite of the positive outcome, I had to defend my actions and point out that Alphonse kept his promise and was in his room. Over the years, I had many such instances justifying why I decided to follow a course of action. I often had the

feeling that they were jealous that I was able to get residents to listen to my directions. They didn't realize that I was constantly working to form relationships with the kids through play. I was also disappointed to see how little value the staff placed on the fort, as not many helped with it for any length of time, and no one thought to take any pictures of us at play.

I believe that because I let Alphonse be the boss of the fort and work with him he thought of me more as an equal, rather than an adult always having to have control over him. I continued to build snow forts over the years with many different kids, but the one I built with Alphonse was the grandest.

I was reminded recently about how engaging in play can be viewed as a negative preoccupation that requires explanation to be understood and valued. One day Alphonse who still presented very challenging behaviours, wanted to know what a fox hole was. I explained that soldiers dug them in the ground for personal protection. I mentioned that I owned an antique trench-digging tool from the war, and that it was useful for digging holes. Alphonse asked me to bring the shovel to work so he could try it. I told him I would bring it if he continued to control his behaviour, complete his routine, and meet expectations. He did so I brought in the shovel and told staff that I intended to let Alphonse use it. Most thought this was not a good idea, fearing that he could hurt himself and in light of his past violent outbursts, potentially hurt others. I reassured that them I would closely monitor the use of the shovel and was prepared to intervene if necessary. I showed the shovel to Alphonse and he was pleased that I had remembered to bring it. He asked if he could try and to dig a hole in the yard. After choosing a spot on

the edge of the yard, he began to dig. For several hours he dug his foxhole and during that time we talked about many things. Sometimes other residents would come by to see what was going on and ask questions. Alphonse was more than happy to explain what he was doing and what he had learned about foxholes.

I was surprised at the reaction of the staff that came out to watch, especially the team leader who seemed perturbed that I was allowing a kid to dig a hole in the front yard. She made me promise that we would fill it in when we were finished as she was concerned that someone could fall into it. I remember thinking that she was being a real stick in the mud, unable and unwilling to allow Alphonse to enjoy himself.

When Alphonse was satisfied with the dimensions of the hole, he handed me the shovel, and lay down in it. He looked up at the sky and said he felt safe in there. He played in that fox hole for many hours that day, and seemed proud of his accomplishment. I was proud of him as well because he kept his promise to be careful with the tool and he had worked so hard. He also had fun. The other staff there that day were not so understanding. Instead of supporting Alphonse and praising him for his imagination and efforts, they kept pointing out that it was dangerous for him to have a potential weapon or to have dug a hole in the front yard. I was told that I was lucky that he didn't hurt me or someone else with the shovel and that someone could fall into the hole. I must admit that I was disappointed for this lack of understanding and for not realizing that luck had nothing to do with my interactions with Alphonse. I worked hard to demonstrate to Alphonse that I trusted him and showed him many times that he could trust me.

Even though the foxhole was a visible sign of play, and that kids had taken ownership of the space, we were forced to fill it in after a few days.

I was reminded of this event over ten years later by the former team leader, who still harboured negative feelings about my role in allowing a kid to dig holes in the front yard. I reminded her that no other staff was willing to spend that amount of time with Alphonse, and that it was a very good example of how adults can get in the way of children playing. I explained that Alphonse was engaged in something that he wanted to do, and that it should be viewed positively as play. I also mentioned that I thought Alphonse wanted a place to hide and feel safe. After my explanation, she seemed to view this event differently and said that Alphonse probably remembered digging the foxhole as one of the more positive times during his placement at the RTC.

Sam and the game.

It is also interesting to see what happens when adults who care for at-risk kids step back and allow the children to direct the play activity. Sam was a new resident at the centre, who was older than the others and did not exhibit the usual signs of developmental delays. He was a bright individual, with varied interests including reading, and did not display any overt behavioural issues. I was talking with him one day about how when I was younger people played fantasy games such as Dungeons and Dragons. He asked many questions about how the game was played and I tried to answer as much as I could remember. When I returned the next day, I found that Sam had spent much of his free time developing his own version of Dungeons and Dragons. I was impressed with his effort and tried to help him further develop his game. When he was

satisfied with the result he asked if I wanted to play in order to test it out. I of course agreed and we started to develop some characters to use in the game. The original game involved a leader who prepared an adventure for others to play out. The players threw multi sided dice to develop their characters and determine the outcomes of the action. The game did not involve a board, and players had to make maps to keep track of where their characters were, keep lists of their equipment and whatever treasure they found. All the action took place in the player's imaginations.

Our first step was to find enough multisided dice to use in the game, which we found in the classroom. The teacher was understanding and allowed us to take some from his supply. Then I made my character and outfitted him with whatever equipment I could afford. Once all of the preliminaries were finished, we began to play. I was impressed with Sam's preparation and his skill as the leader of the game and found myself engrossed in his fantasy world. I spent most of that shift playing "The Game" and looked forward to my next chance to find out what would happen next.

One day while we were playing, one of the other residents, who usually did not interact well with his peers and was unable to focus on small tasks, asked if he could play with us. Although I was skeptical that Earl would be able to play the game seriously, I was willing to be proven wrong. Not only was Earl able to keep on task, he played The Game very seriously. I was surprised that he was so involved in the role-play since previously he had shown no interest in the fantasy genre. Each time the game was played he joined in and kept on playing for the next few months until Sam left the Centre and returned home. Other kids asked to join in on the Game but did not display the same

devotion to it as Sam, Earl and myself. Sadly when Sam left, the spirit of the Game left with him. No one else could keep our interest like he did.

This incident is interesting in many ways. Sam was allowed to lead the play because he was able to keep his fellow players interested in playing. He showed advanced play skills and role modelled them to others. The other residents became interested in part because I was involved, and allowed Sam to lead the play activity. His social literacy skills allowed other kids to feel welcome and accepted in his fantasy game. It is also interesting that Sam and Earl, who previously had no interest in interacting together, would play the game with each other when I was not around.

Music as play.

Music plays an important role in the lives of adolescents and can be a crucial element in their emotional development. Young people use music as a way to express their feelings and emotions and as a way individualize themselves. By identifying with a certain style or genre of music, they are able to express their complex ideas and emotions without having to rely solely on verbal means (Baker & Bar, 2008). I have found this to be especially true for emotionally challenged children and youth in care.

Although I have not been formally trained as a music therapist, I am intrigued by the philosophy behind it and have often attempted to use the methods in my work in residential treatment. I have spent countless hours teaching children and youth how to play the guitar and have noticed that our relationships improved as well as their behaviour.

Many of the residents, who previously would act out violently when upset, would now go into their rooms and loudly play their guitars instead. They also showed a sense of pride, enhanced self-esteem and accomplishment that they lacked before they learned to play. Many at risk kids in the centre identified with angry violent musical genres like gangster rap. After learning how to play the guitar they often broadened their musical horizons and sought out other music that still might have been loud, but also more positive. One time a young man I was showing how to play asked me why I did not enjoy rap music. I didn't want to insult him since he was a fan of that style, so I had to think of something diplomatic to say. The best answer I could give was that there were no guitar solos in rap music, and since I was a guitar player, I liked music that predominately featured guitars. He seemed happy with my response, since I didn't dismiss his favourite type of music.

I used to bring my guitar to the centre and play for the staff and residents with the hope of entertaining them. One day James, a difficult client, asked if I could teach him how to play the guitar. I had not had many positive experiences with James and did not go out of my way to interact with him. I thought that since he was reaching out to me, this might be the opportunity to start building a better relationship with him.

I quickly realized that I had made the right decision. Although he struggled at first, he kept practicing and demonstrated that he was a talented and eager student. Very quickly I noticed subtle improvements in his behaviour and in his interactions with me. When James became upset, instead of becoming violent, he would go to his room and play his guitar until he calmed himself down.

One day as I was going to spend some guitar time with James, another staff member asked me, “How can you stand being in the same room with that guy for so long?” I said that James was actually a nice kid once you get to know him.

James became so enamoured with guitars that he asked me if we could build a guitar of his own from scratch. He showed me a design that he had drawn and wondered how hard it would be to make it. I told him that I had not built a guitar before, and could not guarantee that it would work, but said I was willing to try. I consulted with his prime worker and we developed a plan that through good behaviour, James could earn Guitar Bucks to use to buy supplies. Over the next few weeks we worked on James’ creation, and in the end we were successful in building a pretty cool guitar. I was pleasantly surprised when we plugged it in and it worked and played beautifully.

Gary was a child who displayed many of the physical and emotional characteristics associated with FASD. In spite of his diagnosis, he was likeable, and I had many positive interactions with him. However, he could react violently over minor situations and often needed physical intervention for him to regain control. I often felt drained by his behaviour and many of my co-workers attempted to avoid him. I kept trying to make a connection with Gary in spite of his behaviours. When working with difficult children, I often remind myself of a quote by Charles Applestein (1998), where he stated that kids with behavioural difficulties and who had attachment issues were good at “pushing people away.” Even with this knowledge I was very skeptical when Gary asked me to teach him how to play the guitar. Based on my earlier experience I decided that this might be a positive way to connect with him. I started by showing Gary some

rudimentary skills on the guitar. In a short time I was amazed at how quickly he learned, and how hard he practiced. Although he was able to play the guitar and write his own songs, he still displayed all of his negative behaviours, but I felt that in spite of his emotional troubles, I had been able to make a real connection with him, and maybe even a place in his heart. I later apologized to Gary for doubting him but was very happy to have once again been proven wrong.

My notion that I had a strong relationship was shattered however on the day Gary left our centre for a new placement. Usually the kids that you share so much time with will make an extra effort and say good-bye to you, and maybe even give you a hug when they leave. I usually use these times to wish the kids leaving the best of luck and encourage them to be good. I also make sure to tell them that they can call me any time at the centre if they ever want to talk to me. In this way I hope to make sure that they know that I am not just another person that they formed a connection with who is now leaving their lives. I was dismayed however, that this young man that I had shared so much time with didn't say good-bye to me before he left. At first I felt a little stung, but then I thought that it was normal for Gary to behave this way as he had many similar transitions in his life. I continued on with my day until the phone rang. It was Gary who had made his driver stop on the side of the road so he could call me to say good-bye. He told me that he had forgotten during the turmoil of his day and felt guilty that he had forgotten about me. I wished him the best of luck and told him that it meant a lot to me that he called. To this day I think of this moment and the connection that we were able to develop as one of my proudest accomplishments.

The horse.

Marlene was an eleven year old girl who had watched the movie “Flicka” many times. She was enamoured with the story about the bond between a wild free-spirited horse and a young girl. During her free time, she began to act out scenes from the movie and pretend that she was the horse. Sometimes when staff made requests that she did not agree with, she would make horse sounds and stamp her feet. She often did not want to play sports with the other kids who were engaged in what she saw as a boring, organized, rule driven boy sport, and would rather pretend to be a horse and run freely around the field. Sometimes, through her convincing actions and body movements, she looked like a prancing horse. Other times she would appear to be the rider taming and soothing the wild beast. I did not view Marlene’s play as problem behaviour, but some of the staff voiced concerns that she was acting in an immature manner.

One recess Marlene became upset when no one would watch her play “Flicka”. I volunteered to watch her while the staff played road hockey with the other kids. One of the staff warned me to watch her closely because once Marlene had refused to come inside the last time someone had let her run freely in the yard. Up to this point, I had been having difficulty interacting with Marlene. No matter how hard I tried, most of my interactions with her deteriorated into unpleasant interventions. I decided that this might be a chance to work on our relationship and apply some of the knowledge that I had gained during my recent studies. I knew that in less than fifteen minutes I had to get “Flicka” to trust me and come when I called her.

As I watched Marlene prance around the yard, I wondered if she would come in when I asked her, or if she would bolt and lead me on a long chase through the woods. I decided to step up my interaction with her and playfully called out, “Here Flicka.” She stopped and shook her head like a horse, and waited. I called her again and she shyly started to trot toward me. When she got close I scratched her on the nose and praised her for being good horse and pretended to give her a sugar cube. Marlene broke character for a moment and smiled, then snorted and ran off.

We interacted this way for a while, but then I was needed somewhere else and had to leave Marlene. Another staff came over to take my place. I told them that Marlene was playing well and had been listening well to my direction. When recess was over, the other worker called out to Marlene to come back inside. She did not respond and continued prancing around the yard and making defiant snorting sounds and stamping her feet. The other staff was getting frustrated that Marlene was not listening and began to threaten her with consequences if she did not come inside. These threats seemed to have a negative effect on Marlene’s behaviour, and she became more rebellious than before.

I noticed from a distance what was happening, and thought I could offer some assistance. I walked over and said to the staff, “Watch this.” Then I called out, “Flicka, come here girl.” “Flicka” stopped and looked at me as if in recognition of my voice, but then began to trot again. The staff person did not seem impressed, but I said I was not going to give up so easily. Once more I called out, “Flicka girl, come here.” From the distance, I could see Marlene smile and she ran over to me and I rubbed her nose and said, “Good girl, that’s a good horse.” I told her I had fun playing with her, but now it

was time to go back to school. She said OK and went back to class. For several days I played with Marlene in this manner and noticed that our relationship improved dramatically. After this I no longer had issues with her and whenever she was upset with someone else, I was able to calm her down without having the use of physical intervention. I was astonished that it only took us a few minutes of play to form a strong sense of trust between us that lasted until she moved away.

When I reflect on this interaction I realize that Marlene was engaging in animal-role pretend play to act out and understand some of her previous trauma. While the other staff may have been correct that she was acting in a manner that would be seen much earlier in typically developing children, Marlene was in many ways delayed in her development. Viewed in the context of Erikson, I believe she was working out a crisis of a previous stage, trust versus mistrust, in order to advance to the next developmental stage. While the other staff were correct in their view that Marlene was acting immaturely, she was catching up to her actual age through play.

While pretending to be an animal, children do not need to rely on their language skills to express what they are communicating. They are also free from the demands and restraints of proper human behaviour which gives them the opportunity to engage in improper behaviours (Meyers, 2002). Through her snorting, whinnying and foot stamping, Marlene was attempting to show that she did not trust the adults put in charge of her care. Her play scenario allowed for a framework where she and I could develop an attachment and trust in each other, in an unconventional, but effective way.

Marlene listened to me because we had established a play frame when we had earlier played out our roles. The other staff did not do this, so were unaware of the play script that Marlene was acting out. If they had, I believe, they would have been more successful in their attempt to get her to comply with their request, and not have to resort to threatening consequences.

Summary

In each of these situations, I used play as the focus of my interactions and the means to develop relationships. After reflecting on my interactions, I realize that I became more able to interpret the actions of the residents and tailor my responses after I began my graduate studies. Any previous successes I enjoyed was primarily a result of trial and error and experience I gained based on my instinctive actions. Learning about the theories of Vygotsky, Erikson, Bowlby and Bronfenbrenner helped me to understand why certain interventions on my part were successful while others were failures. These theories also aided me as I continued to work with troubled children in an informed and more confident manner. Even though I sometimes may have been primarily acting on my instinct, the effectiveness of my interactions were improved with my understanding of child developmental theories. Utilizing my theoretical knowledge also provided me with the knowledge and confidence to explain my actions more effectively to my co-workers. I noticed that my actions and ideas were taken more seriously than in the past, and I faced less criticism in my daily practice.

I attribute my earlier failure to engage with Ike due to my lack of knowledge of the ZPD and how I should have responded to support him in gaining new play skills. I

was more successful with Jared when I realized that I was acting outside his ZPD and adapted my response more in step with where he was developmentally.

It is a shame that many adults working with troubled children and youth feel that to stay in control, they must be serious all the time. Perhaps fearing ridicule from other adults, they appear unwilling to regress to an earlier age when play came naturally to them. Thankfully, I had no such hang-ups and allowed myself to be silly and never completely turned my back on play. Allowing myself to be involved in the play scenarios of Johnny and Jamie demonstrated that I was willing relax my adult role and bring myself down to their level. Once I had proven that I was willing to let them play and join in, if they asked, I noticed an improvement in our relationships.

From a CWCW perspective, my use of play at times had ulterior motives. It was no accident that I allowed Sam to control his gaming group. While he was in charge, it made my job easier. He spent much of his time working on his game and planning adventures. This kept him occupied and he was less likely to get into conflict with peers or staff. All I needed to do was participate and make sure that the other gamers were acting appropriately. Occasionally, there were four or five other residents playing the game and getting along with each other. I think the reason there were no issues between them was that I allowed one of them, Sam, to be in charge.

I have noticed however, that all of my recollections, with the exception of one, focus on my relationships with males residing at the treatment centre. After reflecting upon the potential reasons and implications for my omission of females in my stories, I have come to some interesting revelations. Although I did interact with many female

clients over the years, the vast majority of the residents at the RTC were boys. I stated in my limitations that I might unconsciously choose stories that illustrated my idea of using play as a means of forming relationships with troubled children. It appears that my choice of stories was limited to certain male oriented forms of play. Although I did play with the female residents, it was not as frequent or as obvious as pretending to fight dragons wearing a tin foil helmet. My play with the girls involved drawing, painting, shopping, playing with dolls, playing board games and having my nails and hair done. These activities, although equally important to me, were not the type of play that I preferred or perhaps felt comfortable with. Also, most of the boys regarded me as a positive male role model who would take chances and engage them in more vigorous forms of play. They were also much more vocal in their requests for my time, which may have overpowered any female voices from being heard.

Many of my interactions with the male residents were one-on-one situations where it may have been inappropriate with a female child. Although it is risky for a CYCW to be alone with any child, the worker must use their best judgement to ascertain any potential risks. My choices to be alone with a child were always carefully weighed against the relationship I had formed with the individual, and their personal history. It is a sad reality that even though most of the children admitted to the RTC had histories of trauma and abuse, it was the females who had the most experiences with sexual abuse. Often children who have been sexually abused make allegations against male childcare workers, which makes it difficult, from a professional standpoint, to form close relationships with them. In certain situations, for my own safety, I would have to limit

my interactions with these children, and either have another worker nearby, or avoid them altogether.

In fairness to myself, I must point out that often the choice of who I interacted with was not always up to me. Often I was left with or assigned the more troubled kids by staff who tried to avoid them as much as possible. Other workers would focus on the less difficult children, usually the girls, and leave me with the boys. Also many female workers avoided playing with the boys since they were not as comfortable engaging in masculine types of play. These staff would often come to work with plans that involved the girls, but excluded the boys.

Reflecting on my experience has raised the possibility that my gender bias prevented me from living up to my full potential as an effective child and youth care worker, but I am not willing to take all of the blame. In order for all child-care workers to be successful in forming relationships with the young people in their care, they must also come to terms with their personal biases. The workplace should encourage an environment where male workers are supported while engaging in feminine aspects of play, and where female workers are inspired to play with boys. If both genders of workers made a conscious effort to engage in different forms of gendered play, boys and girls in residential care would have increased opportunities to play and form relationships in ways that are more suited and beneficial to them.

Understanding the importance of play and childhood development gave me the confidence to continue applying play to my practice and using it as my main method of building relationships. It is a shame that my realization came relatively late in my career

as a CYCW, and in some ways I wish I could go back and do it all over again. As much as I enjoyed being a CYCW, I felt that I was working alone and in the dark. My message of play was not getting out to other professionals in the field. Now I see myself as someone who must pass my experiences and methods on to the next generation of child and youth workers so they can play at work, and work at play.

Chapter Five

Learning From Play at Work

Writing this thesis allowed me to realize how much of my daily interactions with the residents revolved around play. While reflecting on incidents from long ago, I was often surprised by my emotional response. I smiled to myself and laughed out loud as I wrote, sometimes my eyes welled up by what I was remembering and feeling. Often when engaged in Child and Youth Care work, it is easy to become desensitized to your surroundings. Professionals must face the contradiction of maintaining an ethical distance from their clients, while attempting to connect with them. This separation is necessary in order to protect the client and worker from being too emotionally involved in each other's lives. Sometimes because of this, positive client/worker interactions can be overlooked or forgotten. Reflecting on my career has allowed me to appreciate some of the subtle nuances I may have missed at the time and has better prepared me to conduct myself with more understanding in the future.

Before pursuing my Master's Degree, I seemed to know instinctively the importance of building relationships, and how to integrate play as means to do so. As I reflected on my interactions, I realized that even though I was successful a majority of the time, I did so without the theoretical understanding I now possess. As I continued to reflect, I began to apply the knowledge gained from studying child developmental theories to my practice. I began to feel more confident in my abilities since I knew there was a basis for what I was attempting. There were already established play-based theories, I merely needed to embrace them. With this in mind, I immediately noticed an

improvement in my relations with my clients and began to feel more at ease with them. I was also more confident when communicating with other professionals about the importance of play in the residential setting, and how it could be used to further the treatment goals of the children living there. Referring to the theories of Vygotsky, Bowlby, Erikson, Bronfenbrenner and others gave my arguments authority and improved my advocacy for promoting play in the life spaces of children in residential care.

It was my recollection that the residents responded more readily to my requests after I had made a conscious effort to connect with them through play. I gained their trust by allowing the children to control their play and for them to decide what my role, if any, would be. This not only took the pressure off me to think of activities, but allowed the young people to choose something that they were interested in. This sometimes took me out of my comfort zone, but by doing so I improved my play skills and gained many positive experiences. If I had always needed to be in control I would never have launched paper boats on the LaHave River, ridden through the forest fighting dragons or felt the satisfaction of watching the residents playing together like other typical children.

It is unfortunate that I often faced criticism from other staff who did not agree with or understand what I was attempting. Part of their unwillingness to incorporate my methods or try new ideas may be attributed to the residential system which did not value play as therapy, and did not emphasize its importance. These adults appeared to be more comfortable in the role of guards rather than guardians. They were reactive rather than proactive in their approach; responding to crisis instead of preventing it. Not all staff were like this, and many of them to their credit, did seem more willing to use play in their

work. However, many of these staff were not consistent and would vary their approach depending on who else was working that day.

It would take a system-wide initiative that promoted play based interventions to make management and staff realize the importance of play as a viable method to help in the development of at risk children and youth. I have seen first hand the lasting effect of kids having a chance to play and then sharing their new skills with others. As an added bonus the adults also had fun.

I am more convinced than ever that treatment plans for children and youth in care need to be focused on play, rather than mere behaviour modification. When I make this suggestion I am not only talking in terms of playing sports or board games, but giving precedence to free play either alone, with peers or involving adults. Play should be tailored to each individual's zone of proximal development, rather than what would be expected from typically developed children of a specific age. It is crucial that adults and care-givers get more involved in the play scenarios and participate, either by offering guidance to group play, or in one on one situations. Play based treatment should also include training for parents and other care-givers that would encourage them to continue to play with their children as an after care strategy.

After many months of reflecting on my previous practice and experiences, I wish I could go back and do it all over again. I would do a better job by using every opportunity I had to engage in more play with the residents. Using my theoretical knowledge, I would be more proactive in convincing the other workers of the importance of play and advocating for more play experiences within the therapeutic milieu. Of

course I can't go back, but reflecting on the past has helped me to better appreciate what I was able to accomplish, and has given me the confidence to continue to apply what I have learned in the future. The force that drove me back to university was the ambition to be an informed advocate for change and lead the discussion of how to make play in residential care a priority. Children in residential care are like other children: they love and need to play. Child care professionals must prioritize play based strategies into their work. Providing children in care with the opportunities to learn the skills they lack, will help them to continue to develop, grow and mature.

My success as a CWCW was due to a balance between being a positive adult role model, and a willing play partner. This combination allowed me to form relationships with my clients, and improve the relations between the children and youth living at the centre. That is what Child and Youth Care is all about: relationships, relationships, relationships! There is no better way to form a relationship with someone than through play. It worked for me, it will work for you.

References

- Applestein, C. D. (1998). *No such thing as a bad kid*. Weston, MD: The Gifford School.
- Atalay, M. (2007). Psychology of Crisis: An overall account of the psychology of Erikson. *Ekev Akademi Dergisi*, *11*(33), 15-34.
- Baker, F., & Bar, W. (2008). Can music preference indicate mental health status in young people? *Australasian Psychiatry*, *16*(4), 284-288.
doi: 10.1080/10398560701879589
- Bakermans-Kranenburg, M. J., Steele, H., Zeneah, C. H., Muhamedrahimov, R. J., Vorria, P., Dobrova-Krol, N.A., Steele, M., van IJzendoorn, M. H., Juffer, F., & Gunnar, M. R. (2001). III. Attachment and emotional development in institutional care: Characteristics and catch up. *Monographs Of The Society For Research In Child Development*, *76*(4), 62-91. doi: iv.1111/j.1540-5834.2011.00628.x
- Bodrova, E., & Leong, D.J. (2007). *Tools of the mind: the Vygotskian approach to early childhood education*. New Jersey: Pearson Education, Inc.
- Brentro, L.K. (2006). The vision of Urie Bronfenbrenner: Adults who are crazy about Kids. *Reclaiming Children & Youth*, *15*(3), 162-166.
- Bretherton, I. (1997). Bowlby's legacy to developmental psychology. *Child Psychology and Human Development*, *28*(1), 33-43.
- Bronfenbrenner, U. (1974). Behaviour-alienation: The origins of alienation. *Journal of Learning Disabilities*, *8*(1), 33-34.
- Brown, S. (2010). *Play how it shapes the brain, opens the imagination, and invigorates the soul*. New York, NY: Penguin Group.
- Colton, M., & Roberts, S. (2007). Factors that contribute to high turnover among residential child care staff. *Child and Family Social Work*, *12*, 113-142.
- Cooper, R. J. (2000). The impact of child abuse on children's play: A conceptual model. *Occupational Therapy International*, *7*(4), 259-276.
- Coplan, R., J., Gavinski-Molina, M-H., Lagace-Seguin, D., G., & Wichmann, C. (2001). When girl versus boys play alone: Nonsocial play and adjustment in kindergarten. *Developmental Psychology*, *37*(4), 464-474.
doi: 10.1037//0012-1649.37.4.464

- Flanders, J.L., Simard, M., Paquette, D., Parent, S., Vitaro, F., Pihl, R. O., & Seguin, J. R. (2009). Rough-and-tumble play and the development of physical aggression and emotion regulation: A five year follow-up study. *J Fam Viol*, 25, 357-367.
- Flavell, J.H. (1996). Piaget's legacy. *American Psychological Society*, 7(4), 200-203.
- Follan, M., & Minnis, H. (2010). Forty-four juvenile thieves revisited: From Bowlby to reactive attachment disorder. *Child: care, health and development*, 36(5), 639-645. doi: 10.1111/j.1365-2214.2009.01048.x
- Frederico, M.M., Jackson, A.L., & Black, C.M. (2008). Understanding the impact of abuse and neglect on children and young people referred to a therapeutic program. *Journal of Family Studies*, 14(2-3), 342-361.
- Gainsley, S. (2011). Look, listen, touch, feel, taste: The importance of sensory play. *Hightscope Extensions*, 25(5), 1-7.
- Ghafouri, F., & Wien, C.A. (2005). "Give us a privacy": Play and social literacy in young children. *Journal of Research in Childhood Education*, 19(4), 279-291.
- Gleitman, H. (1992). *Basic psychology*. New York, NY: W.W. Norton & Company.
- Glover Gagnon, S., & Nagle, R. J. (2004). Relationships between peer interactive play and social competence in at-risk preschool children. *Psychology in the Schools*, 41(2), 173-189. doi: 10.1002/pits.10120
- Gredlein, J., M., & Bjorklund, D., F. (2005). Sex differences in young children's use of tools in a problem-solving task. *Human Nature*, 16(2), 211-232. doi: 1045-6767/98/\$6.00 = .15
- Gupta A. (2010). Critical reflection and decision making in the family courts: A case study involving siblings with competing interests. *Journal of Social Work Practice*, 24(2), 197-207. doi: 10.1080/02650531003741694
- Hemmeter, M. L., Ostrosky, M., & Fox, L. (2006). Social and emotional foundations for early learning: A conceptual model for intervention. *School Psychology Review*, 35(4), 583-601.
- Homeyer, L.,E., & Morrison, M.,O. (2008). Play therapy: Practice, issues, and trends. *American Journal of Play*, 1(2) 210-228.

- Howard, J., & McInnes, K. (2013). *The essence of play*. New York, NY: Routledge.
- Kavanaugh, R.D. (2002). *Pretending in animals and children*. New York, NY: Cambridge University Press.
- Kelly, R., & Hammond, S. (2011). The relationship between play and executive function in young children. *Australasian Journal of Early Childhood*, 36(20), 21-27.
- Lin, Y-C. (2010). Improving parent-child relationships through block play. *Education* 130(3), 262-469.
- Lindsay, S., Paulhus, D.L., & Nairne, J.S. (2008). *Psychology: the adaptive mind*. Toronto, Ont: Nelson
- Lockheart, S. (2010). Play: An important tool for cognitive development. *Hightscope Extensions*, 24(3),1-8.
- Lucas, P. (2012). Critical reflection. What do we really mean? *Collaborative Education: Investing in the Future-Proceedings of the 2012 ACEN National Conference*, 29, 163-167.
- Luke, N., & Banerjee, R. (2012). Maltreated children's social understanding and empathy: A preliminary exploration of foster carers' perspectives. *J Child Fam Stud* 21, 237-246. doi: 10.1007/s10826-001-9468-x
- Luckey, A., J., & Fabes, R., A. (2006). Understanding nonsocial play in early childhood. *Early Childhood Education Journal*, 33(2), 67-72.
doi: 1082-3301/05/1000-0067/0
- Mason, Z. S., Briggs, R. D., & Silver, E. J. (2011). Maternal attachment feelings mediate between maternal reports of depression, infant social-emotional development, and parenting stress. *Journal of Reproductive and Infant Psychology*, 29(4), 382-394.
doi: 10.1080/02646838.2011.629994
- Moses, T. (2000). Why people choose to be child care workers. *Child & Youth Care Forum*, 29(2), 113-126.
- Myers, O. L. (2002). *Pretending in animals and children*. New York, NY: Cambridge University Press.

- Noll, L., M., & Gibb Harding, C. (2003). The relationship of mother-child interaction and the child's development of symbolic play. *Infant Mental Health journal*, 24(6), 557-570.
doi: 10.1002/imhj.10071
- Owen Blakemore, J., E., & Centers, R., E. (2005). Characteristics of boys' and girls' toys. *Sex Roles*, 53 (9/10).
doi: 10.1007/s11199-005-7729-0
- Paff Ogle, J., & Damhorst, M. L. (2010). Fostering tolerance of obesity through empathy and critical reflection: A curricular unit incorporating filmed testimonials. *College Student Journal*, 44(3), 598-626.
- Palmer, S. (2006). *Toxic childhood: how the modern world is damaging our children and what we can do about it*. London, UK: Orion Books Ltd.
- Ramsetter, C., L., Murray, R., & Garner, A. S. (2010). The crucial role of recess in schools. *Journal of School Health*, 80(11), 517-526.
- Richardson, M., Jones, G., Croker, S., & Brown, S. (2010). Identifying the task characteristics that predict children's construction task performance. *Applied Cognitive Psychology*, 25, 377-385.
doi: 10.1002/acp.1702
- Rodd, H., & Stewart, H. (2009). The glue that holds our work together the role and nature of relationships in youth work. *Youth Studies Australia*, 28(4), 4-10.
- Rubin, K., H. (1982). Nonsocial play in preschoolers: necessary evil? *Child Development* 53, 651-657.
doi: 0009-3920/82/5303-0022\$01 00]
- Trickett, P. K., Negriff, S., Ji, J., & Peckins, M. (2011). Child maltreatment and adolescent development. *Journal Of Research On Adolescence*, 21(1), 3-20.
doi: 10.1111/j.1532-7795.2010.00711.x
- Vygotsky, L. (1978). *Mind in Society*. Cambridge, MA: Harvard University Press.
- Whitebread, D., & O'Sullivan, L. (2012). Preschool children's social pretend play: supporting the development of metacommunication, metacognition and self-regulation. *International Journal of Play*, 1(2), 197-213.
doi: 10.1080/21594937.2012.693384

Xu, Y. (2010). Children's social play sequence: Parten's classic theory revisited. *Early Child Development and Care, 180*(4), 489-498.
doi: 10.1080/0300443080209043