Participation in enjoyable structured activities can promote resilience in young people

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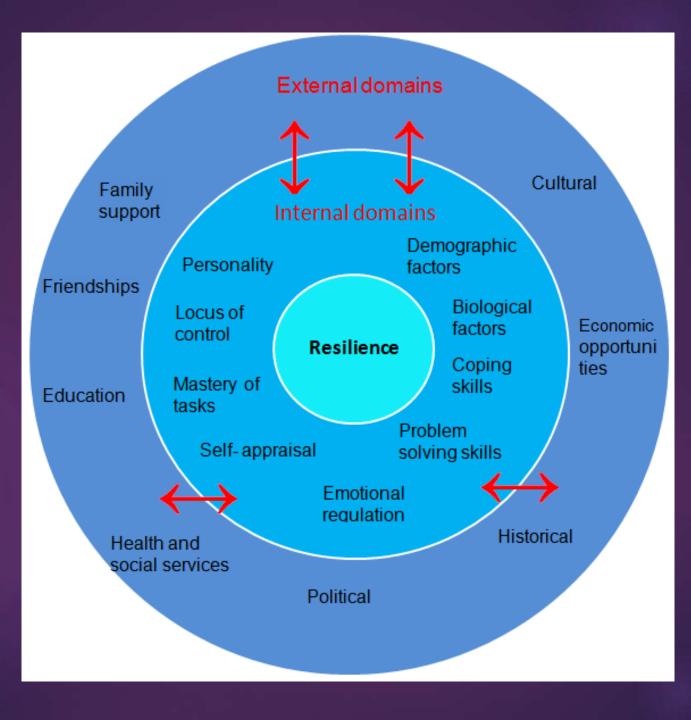


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What does resilience mean to you?

What is resilience?

- Resilience a dynamic process of positive adaptation to adversity (Hart et al 2007, Masten 2011).
- Adversity intense and persistent negative life events including neglect, abuse, poverty, mental health conditions, addictions, disability and discrimination (Hart et al 2007).
- Measuring resilience assets and resources within an individual and their environment, and longitudinal processes (Ungar 2009).
- Successful recovery from adversities can contribute to future resilience (Rutter 2012).
- An occupational perspective (Wilcock 2006) role of human doing.



Gaps in literature review

- How can young people develop resilience to respond to adversities? (Hart et al 2007)
- Multidisciplinary approaches (Masten 2011).
- What role occupational factors can play? (Hart and Heaver 2013, Henley 2007)



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- Perspectives of professionals (Teram and Ungar 2009).
- Resilience in the most disadvantaged children in our society: 'deprived, distressed, poor, at risk, unequal, abused, neglected, excluded...' (Hart et al 2007, p.5).
- Exploring historical perspectives (Imagine 2013).

Literature review – activity participation

- Positive self-identity, including improvement in self-esteem, sense of control, coping, taking care of themselves, confidence, belonging, satisfaction, goal-orientated behaviour and optimism (Scholl et al 2004, DeLuca et al 2010, Woodier 2011, Hart and Heaver 2013).
- Improved learning outcomes, and development of new roles and responsibilities (Hart et al 2007, Ungar 2009).
- Developing friendships and belonging to supportive relationships (Scholl et al 2004, Grunstein and Nutbeam 2007, Hart and Heaver 2013).
- Addressing occupational injustice and meeting basic needs (Hart et al 2007, Ungar 2009, Masten 2011).

Wilcock's (2006) theory: through doing people shape who they are – they become – particularly as they move into adulthood.





Marta Jobani, Wikipedia.org



<u>SCA Svenska Cellulosa</u> <u>Aktiebolaget</u>, <u>Flickr</u>

Da Nang, Wikipedia.org

Methodological limitations

- Lack of detailed description of settings, participants and interventions.
- Only Jessup et al's (2010) research focused on leisure activities
- Only one study (Woodier 2011) was UK-based.
- Of the two studies which included practitioners' perspectives (DeLuca et al 2010, Woodier 2011) - just DeLuca et al (2010) provided in depth description of specific practitioner support strategies used to promote resilience.

Historical research

- Some longitudinal studies ranging up to three years were identified, no papers presented accounts of past practices.
- Capturing the complex processes of adversity and the use of occupational strategies in adapting to life transitions, including the change in availability of adequate supports (Wiseman and Whiteford 2007, Kirk and Wall 2010).
- The change in both individual and organisational resilience over time.

Research question

How did retired professionals use activities to promote the resilience of young people they previously supported?



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Methods

- Five retired health, education and social care professionals were recruited using purposive sampling.
- Participants took part in individual semi-structured interviews which explored how they used activities to promote the resilience in adolescents in adversity.
- Narrative data analysis: the core stories and regularly reoccurring themes within and across them.
- Member checking and reflexivity increased trustworthiness.
- Ontological and epistemological position: critical realism.



Participant Pseudonym	Profession	Period of practice discussed
Matt	Youth worker in 1970s subsequently qualified as a social worker and then as a family therapist. Retired in 2012.	2000s
Jude	Jude worked as Special Educational Needs Co-ordinator in schools and nurseries, and volunteered at The Sparkle since 1980s. The Sparkle – a charitable youth organisation that organises weekly activities and occasional trips aiming to help youth to develop skills, gain confidence and learn about the world. Retired in 2013.	1980- 2010
	Social worker at The Rainbow – a country-side based residential place offering 'youth in trouble' support to engage in constructive activities over the weekends. Retired 30 years ago.	1970s- 1980s
Pat	Qualified as social worker in 1980s. Discussed experiences at a centre supporting children with learning and physical disabilities. Retired in 2012.	1990s
Ruth	Qualified as a primary school teacher in 1970s. Also volunteered with various youth organisations. Retired in 1990s.	1980s

Young person (age) and adversities	Professional and activity intervention details.
Paul (16). Mother died when he was 14, youth	Matt – Mindfulness mediation, family therapy or
offender, suspended from school. Paul had seven	bereavement, individual work with some of the
siblings and lived with a single dad.	siblings. Weekly sessions over 6 months.
Sara (12). Divorce, dad's mental breakdown,	Matt- Qi Gong, liaising with school and mother.
financial struggles. Severe anxiety, irritable bowel	Weekly sessions over 3 months.
syndrome (IBS), stomach pain. Stopped going to	
school and spent days in bed.	
Peter (8-19). Adopted with two siblings, some	Jude - International camping trips, running a
learning difficulties.	hip-hop group. Weekly meetings and yearly
	international camping trips.
Simon (8-27). Sustained a serious head injury.	Jude - International camping trips, meetings.
	Weekly meetings, camping trips.
Jo (8-19). Adopted, learning disability.	Jude - Games. Weekly meetings, camping trips.
Nora (8-22). Adopted, ADHD, stealing, lying.	Jude - Camping trips, weekly meetings.
Ann (8-22). "Incredibly self-centred', grew up with a single mother.	Jude - Camping trips, weekly meetings.

Various girls and boys (12-14). Deprived families	Sam - Cooking, making beds, roller-skating,
with social problems (drinking, unemployment,	football, ice-skating, canoeing, painting, night
'bad parenting', chaotic routines, sometimes	walks, walking in the woods, knitting, visiting
violence). Youth had difficulties following routines	theatre, volunteering at cafes, nursing homes,
and rules, anti-social behaviours: stealing,	hairdressers. Weekends / alternative weekends
breaking car windows, drug misuse, violence,	"as long a period as required".
poor school performance; at risk of being	
transferred to residential care.	
Luke (10-16). Tourette's, obsessive compulsive	Pat - Psychoeducational exercises to recognise
disorder, domestic violence, poverty, lived with a	emotions and the potential for change,
single mum and a younger brother.	arranging a sessional worker to access sports
	and interests. Weekly sessions for 10 weeks then
	ad hoc sessions.
Eva (12). Relocated to a children's home, missed	Ruth - 1:1 support at school one day per week –
a lot of schooling, concentration, behavioural and	academic, gardening, music. Attended a
emotional regulation difficulties.	youth organisation a few times.
Young people (12-18) from various backgrounds	Ruth - Opportunities to pursue hobbies, interests,
facing a range of challenges.	sports and develop practical skills, camping.
	Weekly sessions and trips.

Findings: themes

- Healing through positive emotions;
- Developing roles, routines and taking responsibility;
- Constructive relationships;
- Therapeutic support;
- Social Policy and Service-level change;



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Healing through positive emotions

Activities may not be therapeutic if young people do not experience positive emotions:

▶ Fun and enjoyment.

Releasing negative energy through physical activity and bodily awareness.



Paul Townsend, Flikr

Examples – enjoyment

'The games they play should always be fun. That's the whole essence of it.' – SENCO Jude.

Gardening was the only occupation that Eva took pleasure in and benefited from. 'Everybody else was at the same stage as she was. She felt more at ease, [...] less tense, more amenable and interested [...] – to see the flowers come out, the tomatoes forming' – primary school teacher Ruth.

Examples – gathering positive energy

Family therapist Matt: 'Sara could write a book on anxiety management. But in her body she was still experiencing huge anxiety', recalled family therapist Matt. She stopped going to school and spent her days in bed. Qi Gong helped her to use negative anxious energy in her body and gather warm calm positive energy. A few months later Sara returned to school and was relatively free from IBS. Matt worked closely with her mum and school.

Examples – anger management

Family therapist Matt used mindfulness to help Paul to recognise and manage his anger. 'If you notice your hands clenching, is that happening when you are relaxed, tense, feeling angry? If the hands are relaxed, then you are relaxed. [...] With kids, if you get them to work with their bodies and hands, it's much easier than getting them to work with their emotions.' Additionally, family therapy was also offered to Paul's family and Paul was supported to liaise with his teachers.

Paul developed self-awareness, self-respect, did not get involved in any further violence, returned to college, shared future aspirations.

Developing roles, routines and taking responsibility

Opportunities to take part in balanced structured routines can help young people to develop new roles, follow routines and take responsibilities.

Sometimes not only this resilience was promoted at the time, but also supported future transitions.



Mysid, Wikipedia.org

Examples

- A countryside-based residential home 'Rainbow' provided young people with opportunities to follow a healthy daily structure. They had to get up at certain time in the morning, help to make beds and prepare meals (Sam reported some discovered they liked vegetables).
- Sam explained, 'The big boys would go out and make sure the fox does not get any chickens. One day the fox got some of the chickens and they were very sad about that. Next time they would make sure the fox would never get any chickens.'

Examples

Primary school teacher Ruth reflected that sometimes development of interests and skills influenced career choices. "It was amazing how some children would learn to cook, get a badge and eventually become a chef."



Wartax, Wikipedia.org

Examples

Sometimes resilience only became more evident in adulthood. Nora presented with difficult behaviours at the youth organisation. "But her lowest time was when she wasn't [there]. She was virtually living on the streets for a while. [...] She turned up to help years later. Her mother [...] was incredibly impressed with her. '[...] Maybe all those experiences have given her real empathy.' She really has turned a corner and is a very pleasant young woman [...] training to be a social worker", contemplated Jude.

Constructive relationships

Structured activities can promote social skills, including cooperation, helping behaviours, role-modelling, autonomy, strong friendships and reduction in antisocial behaviours.



Easa Shamih, Wikipedia.org



Vancouver Film School, Flickr

Examples: cooperation

Collaboration was considered important by Jude because, "we all do our best if we cooperate rather than be in competition." Cooperation was promoted by encouraging youth to play without winners and losers, learning to negotiate and compromise.

"If you have never had socialisation and responsibility to a group you won't [compromise] because the child is so strong in you", explained social worker Sam.



Vait_mcright, Pixabay

Examples: helping others

14 year old Ann used to dwell on "her own problems, things that she didn't like [...]", remembered SENCO Jude. They went on a camping trip overseas, "everybody was ill. [...] I expected her to be one of the worst, but [...] she didn't get as ill and actually rose to the occasion." She helped the children "who were really rough. [...] Seeing somebody in a worse situation [encouraged] her to think about them. [...] I saw a side to her that I hadn't seen anywhere else."

Ann was able to leave her abusive husband and live independently with her child at the age of 22.

Examples: role-modelling

- Older youths became role models for younger ones of how to behave, being caring and helpful – primary school teacher Ruth.
- Social worker Sam: supporting others allowed children to learn that everybody has different strengths. She recounted how a 12 year old boy was teaching her roller-skating. "I was petrified – 'I'm going to fall, break my neck!' And he would say, 'you won't fall'. There was roundness in the relationship – it was not just about us teaching them."

Examples: long-lasting friendships

Jude remembered Simon had "a massive head injury" as a result of a serious car accident. When his friends from The Sparkle went to see him, "he realised who they were and went to speak to them. His father was almost in tears because it was the first indication that his mind was working properly." Simon made "a remarkable recovery" and his friends from The Sparkle "have been supporting him during all this time."



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Therapeutic support

Most professionals acknowledged their role in ensuring the activities were enjoyable and successful. Professionals reported they nurtured youth's resilience through role-modelling, encouragement, feedback, offering opportunities for reflection and guidance within a safe space.



Giftedstudieswku, Flickr

Examples – fun

SENCO Jude: the role of the facilitator is to ensure that activities are fun. "It's got to remain fun. If it doesn't, then you quickly adapt the rules or move on to a different game. You don't want to knock their confidence. You need to be vigilant."



<u>Alan Kotok</u>, Flickr

Examples – reflection

Helping youth to reflect on their experience was an important part of the process. Family therapist Matt enabled Paul and his family to talk about their experience of bereavement.

Eva was supported to explore "the other person's point of view", according to primary school teacher Ruth.

Examples – support and encouragement

Jude knew Peter was able to dance hip-hop, and so consistently encouraged and supported him to run a session for the younger ones. "I think he felt very pleased with himself afterwards. [...] It's the sort of double-edged success. It's a lot to do with giving opportunities, but then support to make sure that it does work."

Unstructured activities with peers can promote antisocial behaviours and maladaptive coping strategies.

Social Policy and Service-level change

Historically the integration of services has been improving which can improve service users resilience outcomes. However, challenges related to funding, flexibility, direct client contact and the role of activity in mental health services have been increasing.



<u>Geralt</u>, Pixabay

Examples – integration

- According to social worker Sam who retired 30 years ago "there weren't enough communication and togetherness [between the organisation and the parents]. It was quite isolated – we took them out of that sphere and put them in another."
- However, in more recent social worker Pat's experience, "you are supporting the family so the family can keep the child at the centre. [...] Now working with brother and sister together [is possible]. In those days there was nothing like that."

Examples – funding

Continuity of funding of youth organisations has always involved some issues, leading to the closure of The Rainbow thirty years ago.

- Getting government grants is difficult now; leading to timelimited interventions, targets and long waiting lists.
- Limited therapy input might have contributed to Sara's and Luke's relapses.
- More funding is given to talking therapies, while forty-fifty years ago "activities were all we ever did", stated Matt.
- Sam: activity participation has become more valued in schools.

Examples – client contact

Increasing accountability and reliance on complex computerised systems can reduce direct contact of working with children and their families; and reduce opportunities for resilience work.

The lack of flexibility, increased focus on materialism and negative perceptions regarding being tactile with children were negatively associated with resilience work.

Some professionals expressed a relief they are not part of the current system.

Discussion

Discussion

- Activities included: leisure, work/volunteering, pursuing hobbies and interests as well as elements of cognitive approaches such as mindfulness, family therapy and psycho-education.
- Structured activities promoted competence, confidence, self-esteem, self-awareness, roles, routines, responsibility and constructive relationships among young people experiencing adversity. Sometimes this translated into long-lasting friendships, better learning outcomes and future achievements. This supports the findings discussed in the literature review.

The role of positive emotions

- Successful outcomes can be linked to positive emotional experience (enjoyment, self-managing anger and anxiety).
- Positive emotions an underlying mechanism for resilient adaptation, associated with resistance to and recovery from stressful life events (Ong et al 2010).
- Openness to experience, feeling calm, safe, connected and trusting others (Csikszentmihalyi 2002).
- The concept of FLOW (Csikszentmihalyi 2002) can explain the importance of matching challenges and skills.
- Limited acknowledgement of this in relevant literature.

Targeting poverty

Enhancing a young person's capacity to cope with adversities may not be sufficient.



Poverty, fragmented families and occupational deprivation (Wilcock 2006) led to maladaptive coping strategies as attractive alternatives to meet their needs (S Bazyk and J Bazyk 2009, Caldwell and Smith 2013).

Inequalities gap is widening (Mackenbach 2011, Reiss 2013).

The UK government has recognised the importance of targeting child poverty (HM Government 2014), however, the proposed strategy is not sufficient (Kids Company 2014).

Limitations

Influence of the researcher's unique life experience.

- The professionals' perspectives may differ from young people's experience.
- Possible memory bias.
- No occupational therapists' contributions on using activities therapeutically to promote resilience and how the use of activities within services has changed over time.

Definite conclusions are difficult to draw from the study due to the heterogeneity of the professionals' and youth backgrounds, activities, services and points in history.

Implications for practice

Structured enjoyable activities can be significant in promoting resilience.

The practitioners in the current study employed the following approaches in using activities to promote resilience: nurturing the experience of fun, mindfulness applications, collaborative work with families, debriefing strategies, promoting collaborative behaviours, creative and varied interventions, and considering longer-term impact on resilience.

Occupational therapists could also offer their expertise in disabilities, individualised goal setting and activity grading.

Conclusion

- Enjoyable structured activities can promote youths' resilience.
- Adequate support can facilitate adolescents' positive experience and success, including future transitions.
- Broader systemic changes may be required to sustain resilience outcomes.

How can you use activities to promote resilience of the people you work with? Thank you!

Any questions?

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