

Research Methods for Child Life Specialists

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Edited by

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Cambridge
Scholars
Publishing



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This book first published 2021

Cambridge Scholars Publishing

Lady Stephenson Library, Newcastle upon Tyne, NE6 2PA, UK

British Library Cataloguing in Publication Data

A catalogue record for this book is available from the British Library

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ISBN (10): 1-5275-6495-9

ISBN (13): 978-1-5275-6495-4

Isaac Newton said, “If I have seen further, it is by standing on the shoulders of giants.” Our profession stands on the shoulders of many great research giants - B. J. Seabury, Mary Brooks, Sally Staub, Emma Plank, Barbara Haas, Richard Thompson, Gene Stanford, and Rosemary Bolig to name a few. This textbook is dedicated to all child life professionals who have contributed to child life’s field of inquiry, and to our hopes for the future generation of child life researchers/practitioners. May this textbook be a tool to help you change the lives of many children and families through research.

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INTRODUCTION

CARA SISK, PHD, CCLS
& SARAH DANIELS, MS, CCLS

This text is for child life specialists, whether they are providing clinical care, managing child life departments, or working in community-based roles – as well as those who are pursuing child life training and certification. It is right there in the title: *Research Methods for Child Life Specialists*. But who exactly *is* a child life specialist? All child life specialists work to reduce fear and anxiety among infants, children, youth, and families through interventions that promote developmentally appropriate play, preparation, and education (Plank 1962; Thompson and Stanford 1981; Thompson [2009] 2018). Child life specialists are trained to promote coping and adjustment in times of stress and trauma, and many child life specialists work directly in a clinical manner.

Although the profession began with a specific focus on the needs of children in hospital settings, over time child life work has expanded into community-based settings such as non-profit organizations, schools, behavioral health facilities, and even private practices. Other child life specialists may work in academia, helping to prepare students who aspire to work as child life professionals. Regardless of where you are in your child life journey, if you are reading this text it is likely that you are passionate about the work of the child life specialist. This passion probably stems from one or several of the values set forth by the Association of Child Life Professionals (ACLP), formerly the Child Life Council (CLC), found in Table I-1.

TABLE I-1. Association of Child Life Professionals values statements

“We as child life professionals, value:	
Infants, Children, Youth, and Families	The diversity of individual and family strengths and needs, acknowledging the importance of their support systems and community links. We promote individual and family integrity, development, and well-being by embracing the concepts of patient- and family-centered care.
Play	Play is an essential, natural part of childhood, important in its own right. Play facilitates healing, coping, mastery, self-expression, creativity, achievement, and learning, and is vital to a child’s optimal growth and development. Play is an integral aspect of child life practice with infants, children and youth of all ages.
Therapeutic Relationships	We are committed to relationships built on trust, respect, and professional competence that contribute to the development of confidence, resilience, and problem-solving skills that enable individuals and families to deal effectively with challenges to development, health, and well-being.
Communication	Infants, children, and youth communicate their needs through words, play, and behavior. We are committed to enabling all forms of communication. We accomplish this by observing, listening, and facilitating communication with those who may be misunderstood or who need support in order to be heard. Written documentation of child life assessments, interventions, and evaluation of outcomes is an essential aspect of our practice.
Theoretical Foundations of Practice	Knowledge and application of our foundations in theories of child development, play, stress and coping, and family systems are the basis for our professional practices.

Professional Collaboration	The shared and reciprocal efforts of individuals, disciplines, organizations, and communities are an effective means of meeting the diverse needs of infants, children, youth, and families. Child life practice includes professional collaboration, as well as commitment to the education, supervision and mentoring of novice child life professionals.
Professional Standards of Practice	The commitment to excellence and integrity in our professional practices involves lifelong learning, adherence to our code of ethics, and the development and support of educational and training programs based upon defined clinical competencies.
Research	Research is a fundamental tool of inquiry to guide our practices and interventions and to strengthen and promote our profession. Child life professionals have a responsibility to maintain a current understanding of research findings and participate in research that examines our practices.”

Source: Reprinted with permission from the Association of Child Life Professionals.

It is unlikely that someone enters the child life profession because of their interest in and passion for research. Instead, people are more likely to remark that their passion for child life centers around their interests in providing support to children and families in vulnerable times and using play as a vehicle of therapeutic support. But by reviewing the ACLP Values Statement you can see that research is indeed an important value recognized by child life specialists today.

Child Life’s Past, Present, and Future Relationship with Research

When recognizing the role of research in child life today, and also considering the role of research for child life in the future, it is important to first look back at the spirit of inquiry and scholarship that has existed in child life from its inception. Child life specialists are fortunate to have access to a resource that contextualizes the developmental progression of the child life profession and its professional organized, seen in the ACLP (CLC) Historical Timeline (see Table I-2.)

TABLE I-2. Association of Child Life Professionals (ACLP; CLC) historical timeline	
1922	Mott Children's Hospital, Michigan established early play programs for children.
1929	Babies and Children's Hospital of Columbia Presbyterian, New York established early play programs for children.
1936	Montreal Children's Hospital, Quebec established early play programs for children.
1949	At least 9 North American programs in existence.
1955	Emma Plank was asked by Dr. Fred Robbins (Nobel Laureate) to create a program to address the social, emotional and educational needs of hospitalized children at Cleveland City Hospital. Emma Plank served as director for the Child Life and Education Division until 1972.
1962	Emma Plank authored the book, <i>Working with Children in Hospitals</i> .
1965	Organizing committee met to discuss creating an organization, established in 1966, called the Association for the Well-Being of Hospitalized Children and Their Families (renamed the Association for the Care of Children in Hospitals, or ACCH in 1967).
1970s & 1980s	Child life movement experienced rapid growth. Many new programs were started.
1971-1976	ACCH held pre- or post-conference workshops for child life, play and recreation therapists to focus on skill development.
1974	A Child Life/Activity Specialist Committee was formed within ACCH and became a Study Section in 1975.
1978	A Child Life Task Force was formed within the Study Section to work on professional standards and staff accreditation. This group met before and after the 1979 ACCH conference.

1978	Canadian child life directors met in Hamilton, Ontario, at Ruth Snider's initiation, to discuss Canadian child life issues, and agreed to meet yearly.
1981	An Ad Hoc Committee on Structure for Child Life Professional Issues was established at the ACCH Board meeting. The group recommended the formation of the Child Life Council.
1982	Child Life Council (CLC) was formed. In 1983 there were 235 members.
1983	Phoenix Research Project began at Phoenix Children's Hospital, funded by ACCH. The results of the study became the theoretical framework and justification for child life practice.
1986	Professional certification by method of credentialing was established.
1987	Canadian Association of Child Life Directors was formed (renamed Canadian Association of Child Life Leaders in 1996).
1988	"An experimental evaluation of a model child life program" was published. The conclusion was that "this type of systemic child life care has a significant positive impact on hospitalization." CLC membership surpassed 800.
1996	The Vision-to-Action strategic planning initiative for the child life profession was carried out.
1997	The Mission, Values and Vision and Operating Principles for child life specialists were published.
1998	Professional certification by method of examination was established. CLC membership reached 1,500.
2001	CLC sponsored the first annual Child Life Week. Membership reached more than 2,000. About 400 child life programs in existence.

2002	CLC celebrated its 20th anniversary.
2005	CLC membership reached more than 3,000. About 470 documented child life programs in existence.
2007	Child Life Council celebrated its 25th anniversary.
2008	CLC released <i>Child Life Beyond the Hospital</i> , a publication dedicated to the topic of child life practice in alternative settings.
2014	CLC hosted an international summit: The State of International Pediatric Psychosocial Services.
2016	The organization rebranded as the Association of Child Life Professionals (ACLP).
2016	ACLP implemented the Child Life Internship Accreditation Program.
2017	ACLP launched the Child Life Professional Data Center.
2018	ACLP collaborated with the Beryl Institute to produce a white paper: <i>What Patient Experience Can Learn from Child Life Professionals</i> .
2020	ACLP publishes the white paper, <i>The Value of Certified Child Life Specialists: Direct and Downstream Optimization of Pediatric Patient and Family Outcomes</i> .

Note: Adapted from the Association of Child Life Professionals.

As you can see, the professional organization's (ACLP's) historical growth and development is predominant throughout the timeline. This is to be expected given that the ACLP collated these moments in history into a concrete timeline and continues to maintain and update that timeline now. Although there are several events more evidently related to the growth of child life programs and professional organization, research is evident within the historical timeline in several places. From Emma Plank's 1962 book, *Working with Children in Hospitals*, resembling a quality improvement initiative and demonstrating early scholarly writing in child life, to the publication of the Experimental Model of Child Life Programs by Wolfer et al. (1988) showing a complete observational evaluation of a child life

program, and again with Gaynard et al.'s (1998) publication on the 1983 Phoenix Children's Research Project, research has shaped and strengthened the child life profession. While the ACLP (CLC) historical timeline depicts many important moments in child life's history, there are several other important documents and events that demonstrate an important role for research into child life's past, present, and future.

Reviewing the Past

The ACLP (CLC) Historical Timeline was documented by the Archives Committee of the ACLP, but child life's valuable historical information has also been carefully preserved and documented by seasoned leaders and professionals in the field and proudly disseminated in *The Pips of Child Life: Early Play Programs in Hospitals* (Turner and Brown 2014) and *The Pips of Child Life: The Middle Years of Play Programs in Hospitals* (Turner and Brown 2016). Anne Smith is identified as a child life professional who actively pursued research in the 1930s (Turner and Brown 2014). Even the name "child life" came about from research. In 1967 Robert Dombro surveyed children's hospitals to unify the numerous names referring to the profession (Turner and Brown 2014). Also, within the original Association for the Care of Children in Hospitals (ACCH), the earlier predecessor of the Association of Child Life Professionals, there was an active Committee for Research (Turner and Brown 2014). Throughout child life's early years, leaders in the profession were dedicated to inquiry and research endeavors. These leaders aimed to inform professional practice for the benefit of children and families. Key people to recognize and respect for early research in child life include B. J. Seabury, Mary Brooks, Sally Staub, Emma Plank, Barbara Haas, Richard Thompson, Gene Stanford, and Rosemary Bolig (Turner and Brown 2014; Turner and Brown 2016). These are only a few of child life's field of inquiry and research influencers who have helped us grow to where we are today.

Considering Contemporary Work

The ACLP Values Statement is included in ACLP's Mission, Values, Vision, and Principles (2001), which outline the professional organization's core guiding tenets for the child life profession. Every three to four years, the ACLP shares a strategic plan which is the mechanism that ensures the mission, values, vision, and principles are implemented. Research is one area of focus embraced in contemporary work by the ACLP. Some examples of the ACLP's commitment to research are their annual

presentation of student and professional research awards, the inclusion of a research course as a requirement to meet eligibility to sit for the certification exam, the publication of the *Value Proposition Statement for Child Life Services* (Boles et al. 2020), and the launch of *The Journal of Child Life: Psychosocial Theory and Practice* in March 2020. Additionally, in 2020 the ACLP designated a new and prestigious membership category- Research Fellows- with the launch of the ACLP Research Fellows Program.

Envisioning the Future

While it is unlikely that someone enters the child life profession due to their interest in research alone (you can do research in any profession), the child life profession is now in a position that does indeed draw people with interests in doing professional and clinical research. Because the child life profession is much younger than other related disciplines, such as nursing, psychology, or social work, child life specialists can uniquely adopt research practices in ways that propel rapid growth and innovative dissemination of knowledge related to child life theory and practice. Whereas several neighboring disciplines already have years of pre-established research specific to their professions, child life is still evolving. With an open slate to explore theoretical foundations, best practices, and future directions for child life work, there are endless possibilities ahead for the child life researcher.

Where Do You Go from Here?

Extending from the examination of the role of research in child life's past, present, and future presented in this preface to the text, Chapter 1 will prepare the reader for the chapters ahead by walking them through five key steps for finding success in child life research. With a foundational understanding of research terminology and a newfound motivation to navigate the content ahead, in Chapter 2 the readers will learn about the importance of assembling resources like time, funding, and a team in order to achieve success in research. In Chapter 3, readers will learn to organize their research ideas through formal practices like developing questions, conducting a literature search, and selecting a research design suitable to their project. Chapter 4 describes research ethics and the processes for obtaining institutional approval to carry out your research study. In Chapters 5 and 6 the readers will learn more about research methodology – reviewing the underlying philosophies of study design to consider the types of methods that can be used in data collection. Chapter 5 discusses quantitative research

methodology, and Chapter 6 discusses qualitative research methodology. Chapter 7 dives into the world of data analysis for each methodology, and in Chapter 8, readers explore how, when, and where to disseminate their research findings. In the conclusion to this text, readers will find a mini inquiry evaluating the authors' perspectives on contributing to this text. Finally, several appendices to the text offer child life research case examples and tools for child life researchers.

Navigating the Text Ahead

Although this text is organized into specific stages that will help you, the reader, become more comfortable and familiar with research methods, it is important to remember that research is not always a linear process. The components of research described in this text are often interrelated processes that occur simultaneously. For instance, if you are new to research it will be helpful to first consider assembling your resources and organizing your research idea through practices like developing specific research questions and conducting a literature review early in your project timeline. However, as you become involved in research, you will notice that these practices often occur in different orders and ways. For instance, conducting a literature search may occur several times throughout the research project. Or, you may purposefully begin a project with a plan for dissemination in mind (e.g., ACLP annual conference) instead of considering places to disseminate findings after your analysis is complete. The authors encourage readers newly introduced to research methods to read the text comprehensively. Readers more familiar with research methods will still find this text helpful as a resource to refer back to throughout project development. What is unique about this text is that it provides education about research methods with specific application to child life theory and practice.

As you navigate throughout the narrative in each chapter, be sure to pay attention to the various textual features that will help you gain a deeper understanding of the content:

- **Key Terms:** relevant terminology to remember as you read this text and as you conduct a research project
- **Tips:** directives toward resources or information that help you apply chapter information
- **Did You Know:** short-but-sweet facts related to concepts presented in the chapters

- **Author Insight:** real-life applications to practice shared by chapter authors or editors
- **Take a Moment:** suggested activities that will help you understand the material from the text more deeply

Also, be sure to check out the appendices which feature exemplars from child life specialists and child life researchers.

Whether a clinician, academician, or student, if you are opening this textbook on the road to becoming a child life professional, or if you are an established child life professional, this text will provide you with information that will ignite a new passion for - or fuel an existing commitment to - research. After all, if you have arrived here, it is certain that you already possess the two unifying characteristics of any child life professional and successful researcher: curiosity and creativity.

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CHAPTER 1

FIRST STEPS FOR CHILD LIFE RESEARCHERS

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At the heart of the child life profession is the desire to help others. But the path to helping others may not always be direct. In clinical settings, many child life specialists provide interventions in hopes of improving a stressful situation, but do not see outcomes that immediately reward their efforts. Additionally, child life professionals must consider individual differences in patients, family members, and students and attempt to provide support to those individuals despite ever evolving and complex circumstances. Assessment, a fundamental skill that involves attention, openness, and investigation, prepares child life specialists to deliver quality care in individualized ways. Child life specialists describe assessment as a complex process that is difficult to describe due to its dynamic and ongoing nature (Turner and Fralic 2009). Although child life assessment and intervention are grounded in the theoretical foundations of child life, child life specialists blend knowledge and intuition as they plan and implement care (Turner and Fralic 2009). This personalization to child life practice means not all child life specialists make the same assessments or propose the same interventions. Through rapport building, child life specialists are able to develop care plans that meet the specific needs of each patient and family. The individualization of child life work is often a force of motivation for child life professionals to be creative in their work practices.

While variation in specific practices exists in child life, child life specialists consistently assess for, and make plans surrounding, patients' developmental level, coping style, temperament, parental availability, and previous hospital experiences (Turner and Fralic 2009). Several aspects of child life assessment and intervention have been well researched and documented. *The Value Proposition Statement of Child Life Services* (Boles et al. 2020) identifies six domains of child life services: resilience focused, individualized approach, play based, developmentally grounded,

relationship oriented, and trauma informed. An abundance of clinical research demonstrating the evidence-based nature of child life services is presented throughout the value proposition statement. By grounding each domain of child life services in research, the value proposition statement situates the child life profession as one that drives institutional savings, psychosocial outcomes, patient and family engagement, developmental growth, and healthcare consumership (Boles et al. 2020). Although several aspects of child life services are indeed well researched, there are many facets of child life waiting to be assessed, evaluated, and systematically explored.

As the child life profession continues to grow, there will be ongoing calls for research to document and validate interventions, to justify and advocate for child life's role in various settings, and to learn more about the developing child in changing cultural-historical-social contexts. Even if you are uninterested in spearheading research projects as a part of your daily work, it is important that child life specialists are open to serving as research study participants, are active and engaged members of research teams within their institutions, and are critical consumers of research publications and presentations as they seek to continually improve their practices with patients and families. While it may be every child life specialists' responsibility to engage in these tasks, getting comfortable doing so may be easier said than done for both novice and practicing child life specialists. Regardless of your level of child life experience or your level of exposure to research, a helpful tool for embracing research as a child life value is to align elements of research to child life clinical practice. A first step in making these connections is to become comfortable using the appropriate language regarding inquiry, research, and theory.

Step One: Differentiating Inquiry, Research, and Theory, Oh My!

As you begin to explore your own involvement with research as a child life specialist, and the greater role of research for the child life profession, it is important to first build a foundational level of understanding regarding research vocabulary. Some commonly misused terms in research vocabulary are inquiry, research, and theory. Inquiry and research are two terms that are often used interchangeably, but the two are not synonyms. **Inquiry** is the process of seeking information, asking questions, and actively exploring concepts. **Research** is a systematic and formal investigation into a problem with a goal of arriving at new ideas or discoveries. It is hard to separate research from inquiry, but people are often

engaging in inquiry without participating in formalized research (Holland 2017).

Formalized research practices are most often categorized as being either quantitative or qualitative. At some point in your academic or clinical training, you have likely been exposed to a research article, class presentation, or informational module that has referenced quantitative and qualitative methodologies. These two main approaches to research are grounded in different underlying philosophies, which helps account for the variability between them. It is essential to cultivate a foundational understanding of quantitative and qualitative methodology and the differences between each perspective so that you may design and conduct a strong research study using methodology that aligns with your research purpose and questions. In Chapters 5 and 6, the authors will provide more detailed information elaborating on each of these methodologies. See Table 1-1 as a reference for the primary differences between quantitative and qualitative research.

TABLE 1-1. Characteristics of quantitative and qualitative research		
	Quantitative Research	Qualitative Research
Perspective	Objective	Social Constructionist or Subjectivist
Purpose	Discover truths about reality	Explore, understand, or deconstruct
Focus	Relationships between variables	Participant experiences in context
Data	Numerical, measurable, quantifiable	Verbal, narrative, arts-based
Analysis	Statistical Evaluation	Content Coding or Narrative Analysis
Results	Replicable, Generalizable	Authentic, Useful, Transferable

Both inquiry and research, regardless of chosen methodology, are processes that utilize theory. A **theory** is a scientifically acceptable general or abstract set of principles which explain phenomena (Merriam Webster 2020). You may have heard people misuse the word theory in daily conversation. People are quick to use this word when describing their own ideas or guesses about daily happenings, such as the meaning behind the ending to their favorite television show. But these statements really do not reflect the way that theories are understood in scientific reasoning.

There are two key approaches to utilizing theory in research: the inductive approach and the deductive approach. The **inductive approach** to reasoning begins with observations and interprets data as a means for generating theories. This approach is most often seen in qualitative research studies. The **deductive approach** functions in the opposite manner, beginning with theory as a means for proposing a hypothesis, and then testing that hypothesis through data analysis. This approach is most often seen in quantitative research studies. Regardless of when theory appears, it is a central component of reasoning and a tool that ultimately guides researchers through their research process- from developing their questions (see Chapter 3) to disseminating their results (see Chapter 8). You will encounter discussions of theory in almost every chapter of this text.

Step Two: Connecting Theory to Child Life Practice and Research

Because theory is such a central component of the research process, let us take a moment to reflect on the theoretical foundations of child life assessment and intervention. Recall the ACLP Values Statement found in Table P-1 of the Preface to this text. The theoretical foundations of child life are those centering on child development, play, stress and coping, and family systems. In the academic preparation to become a practicing child life specialist, students are taught about key developmental and psychosocial theorists. It is the role of a child life specialist to translate their understanding of these foundational theories to the context of hospitalization. It is common that child life students encounter questions about the application of theory to child life practice as they interview for practicum and internship placement, and yet again as they seek employment. Indeed, child life specialists rely on an array of theories to guide their assessments and interventions each day. Some foundational theories embraced by the child life profession can be found in Table 1-2.

TABLE 1-2. Theoretical foundations of child life		
Child Development		Key Concepts
Jean Piaget (1959)	Cognitive Development Theory	<ul style="list-style-type: none"> • Stage-based <ul style="list-style-type: none"> ○ Sensorimotor ○ Preoperational ○ Concrete Operational ○ Formal Operational • Each stage has a corresponding age and goal to achieve <ul style="list-style-type: none"> ○ 0-24 months, object permanence ○ 2-7 years, symbolic thought ○ 7-11 years, operational thought ○ 12+ years, abstract concepts • Schema are building blocks of knowledge <ul style="list-style-type: none"> ○ Assimilation ○ Accommodation ○ Equilibration
Lev Vygotsky (1962)	Sociocultural Theory of Cognitive Development	<ul style="list-style-type: none"> • Learning is a social process • Language is a cultural tool contributing to learning • Zone of Proximal Development <ul style="list-style-type: none"> ○ Scaffolding from knowledgeable others and tools
Sigmund Freud (1938)	Psychosexual Development Theory	<ul style="list-style-type: none"> • Stage-based <ul style="list-style-type: none"> ○ Oral ○ Anal ○ Phallic ○ Latency • Involvement of unconscious mind

Erik Erikson (1963)	Psychosocial Stages of Development	<ul style="list-style-type: none"> • Stage-based <ul style="list-style-type: none"> ○ Trust v. Mistrust ○ Autonomy v. Shame and Doubt ○ Initiative v. Guilt ○ Industry v. Inferiority ○ Identity v. Role Confusion ○ Intimacy v. Isolation ○ Generativity v. Stagnation ○ Integrity v. Despair • Individuals enter crisis at each stage and must resolve appropriately to achieve positive psychosocial development
Albert Bandura (1971)	Social Learning Theory	<ul style="list-style-type: none"> • Social characteristics in learning <ul style="list-style-type: none"> ○ Attention ○ Retention ○ Reproduction ○ Motivation • Observational learning/modeling
Play		
Mildred Parten (1933)	Social Behavior Theory of Play	<ul style="list-style-type: none"> • Categories of play reflect social development of the child <ul style="list-style-type: none"> ○ Unoccupied Behavior/Play ○ Onlooker Play ○ Solitary Independent Play ○ Parallel Activity/Play ○ Associative Play ○ Cooperative/Organized Supplementary Play

Stress and Coping		
Lazarus & Folkman (1984)	Transactional Theory of Stress and Coping	<ul style="list-style-type: none"> • Identification of internal/external stressors • Primary/secondary appraisals of stressors • Evaluation of coping resources
Family Systems		
Uri Bronfenbrenner (1979)	Ecological Systems Theory	<ul style="list-style-type: none"> • Emphasis on the interrelated historical-socio-cultural contexts of development <ul style="list-style-type: none"> ○ Microsystem ○ Mesosystem ○ Exosystem ○ Macrosystem ○ Chronosystem

In looking over Table 1-2, you may notice one problematic trend in a few of the fundamental theories of child development; several theories are stage-based, meaning the developmental theorists took a universal approach to understand development, seeing the process of development in a linear, stage-based way. Child life specialists are academically prepared to understand these theories and incorporate them into practice, but it is also important that child life specialists learn about and acknowledge limitations to theory. For instance, many developmental theories grew from studies conducted by white, Western, male researchers with little diversity among the research participants. As such, several theories often fail to consider the social and cultural contexts that directly and indirectly impact developmental processes and behavioral outcomes. As child life specialists practice assessment and develop interventions based on these theories, they quickly note other factors like family dynamics, relevant environmental factors, and larger social and cultural values that impact the development of an individual in the hospital setting. While all theories provide a foundation of knowledge, child life specialists should embrace the value of clinical experience and develop curiosities that challenge some theories and encourage re-evaluation through research.