

**Rockefeller Brothers Fund Grant to
American Group Psychotherapy Association (AGPA) for
Prevention Project with At-Risk Preschool Population**

**Preschoolers, Parents, and Teachers (PPT):
Building Competencies, Strengthening Relationships**

PROJECT SUMMARY

Purpose of Awarded Funds

The purpose of the awarded funds (\$75,000 grant) was to develop and implement a school-based, group work oriented prevention project for preschoolers at-risk for future mental health problems. Atlanta, Georgia was viewed as a promising location for the initiation of such a grant since the state of Georgia offers formalized pre-Kindergarten programs for its residents via state lottery funds. Other sites considered included Chicago, IL and NY, NY.

Development of Grant-Funded Project

Kay Draper, AGPA member and assistant professor in the Department of Counseling and Psychological Services at Georgia State University worked in concert with Faye Mishna, Child and Adolescent Liaison for AGPA and Associate Professor at the University of Toronto Faculty of Social Work, Marsha Block, CEO of AGPA, and Diane Feirman of AGPA, as well as Michael Andronico and other AGPA members, to develop a proposal for a prevention project with preschoolers. This group determined that a play-based intervention designed to a) enhance the competencies of parents, teachers and preschoolers, and b) strengthen relationships between the preschoolers and their parents and between preschoolers and their teachers, was a feasible, research-supported approach. The scope of the project was discussed and decided. At this point, the research design was agreed upon by the working group from AGPA. Also at this time, it was decided that Kay Draper would take leadership as primary investigator of the project and be responsible for designing, implementing and evaluating the intervention.

Significance of the PPT Project

This intervention was intended to improve the functioning of preschoolers who may or may not have been functioning well prior to their participation (via parents and teachers) in the project. They were, by virtue of their ethnic minority status, their urban school setting, and the generally low socioeconomic status of the preschool population (based on free and reduced lunch percentages), considered at-risk in some ways. The goals were to strengthen competencies that enable children to succeed in school, and enhance relationships that are vitally important for children's academic development. Children's progress in school is significantly affected by their early years in the classroom. Their excitement about school, and their ability to succeed, is influenced tremendously by their relationships with the significant adults in their lives (parents and teachers). In order to prevent future discouragement about school, and in order to avoid future school failure, the most important adults in preschoolers' lives can be provided with additional skills

that they can use to build the competencies of, and strengthen their relationships with the children.

Design of the PPT Project

The intervention design for this project was twofold. First, it directed efforts at building the competencies of, and strengthening the relationships between, preschoolers and their parents. Second, it aimed to build the competencies of, and strengthen the relationships between preschoolers and their teachers. It is clear from the literature that these early relationships can be a significant protective factor for all children, and perhaps especially for children who may face greater challenges by virtue of their ethnic minority status and low socioeconomic status.

The research design for this project was multifaceted and included quantitative and qualitative approaches. The quantitative design involved pre- and post-intervention data collection with a treatment group participating in the intervention in the fall and the waiting control group participating in the intervention in the spring. The qualitative design involved individual interviews, group interviews, and journaling.

Implementation of the PPT Project

PPT Parent Intervention (Filial Groups)

The intervention with parents consisted of training parents to play with their preschooler during special play times with a variety of selected toys. The toys were chosen to facilitate emotional expression and included creative toys (i.e., crayons, paper), dramatic toys (i.e., family dolls, dress-up items), aggressive toys (i.e., plastic dinosaurs, soldiers), and nurturing toys (i.e., baby dolls, plastic food). During these special play times, parents were asked to allow the child to lead the play. Accordingly, the parents were encouraged to refrain from asking questions, from initiating activities, and from deciding what particular toys are or how they should be played with. Parents were instructed instead to implement four main skills: tracking (the parent verbally responds to what the child is saying and doing), empathic responding (the parent is particularly attuned to the child's feelings), encouragement (the parent notices the child's abilities, strengths, and resourcefulness) and limit-setting (the parent lets the child know what the behavioral expectations are in a specific four-step process). Parents were trained via once-a-week group meetings that lasted eight weeks. The duration of each session was two hours. During the first two weeks, parents were provided background in child development, and trained in the specific skills needed during special play times. Thereafter, sessions were centered on discussions of how the play sessions went, and focused on encouraging the acquisition of skills that were taught. Other parenting topics (i.e., encouragement versus praise, punishment versus consequences) were covered as well. In the latter sessions, efforts were made by the leaders to help parents generalize their newly acquired skills to their interactions with their preschooler outside the play sessions. The group meetings were a vehicle for a) teaching parents the desired skill set for the intervention, b) encouraging parents to report back about their at-home play sessions, and c) providing the opportunity for parents to receive support and feedback from the

group about their play sessions as well as other parenting issues that might arise. This parent intervention is based on the Filial Therapy model established by Guerney (1964), expanded by Landreth (1994), and empirically supported by numerous studies and meta-analyses (Bratton, Ray, Rhine, & Jones, 2005; Ray, Bratton, Rhine, & Jones, 2001).

PPT Teacher Intervention (Kinder Training)

The intervention with teachers consisted of training and skill development very similar to the parent training described above. However, the teachers from both schools met for a one-day training in a group rather than meeting as a group each week. Once trained, they practiced the learned skills in their classrooms for 30 minutes once a week for eight weeks. During these weekly sessions in the classroom, teachers were not asked to change their schedule or teaching plan. Instead, they selected one 30 minute time period out of one day each week that was an appropriate time for them to practice the skills of tracking, empathic responding, encouragement, and limit-setting (the same core elements of special play times as taught to the parents). In every case, the teachers chose “center time,” a time when students are permitted to choose from a variety of play-based activities. Although teachers did not have play kits with specific toys as the parents did, they were asked to use the same skills in their classroom setting during their designated time. The teachers focused on utilizing the skills with students whose parents are participating in the study, but it was acceptable and predictable that other students in their classroom who were not involved in the study also heard their teachers practicing the “special play time language.” Teachers were assisted by the presence of a classroom coach during the 30-minute classroom play sessions. These coaches were present to model and encourage the desired skills. Coaches also spent time consulting informally with teachers about the new skills and sometimes about the students after classroom play sessions. The teacher intervention is based on the Kinder Training model developed by White, Flynt, and Draper (1997) and supported by initial studies (Draper, White, O’Shaughnessy, Flynt, & Jones, 2001; White, Flynt, & Jones, 1999).

Parent Group Leaders/Co-Leaders and Classroom Coaches

All parent group leaders were selected to participate in the intervention based on their knowledge and skills in the areas of counseling, play therapy and group leadership. The leaders were either current doctoral students or practitioners in the fields of school counseling or school psychology who were known or recommended for their abilities related to the intervention design. All leaders attended a one-day training. The training was an opportunity to review the content of the parent groups and to answer any questions group leaders had at that time. Once parent groups began, leaders were supervised both individually and in small group meetings. Supervisors were the primary investigator of the project and a professor at GSU who is well-known for her expertise in the area of play therapy. All parent group leaders journaled each week about the experience as a group leader. Their entries were prompted by a specific set of questions provided to them.

Co-leaders for parent groups were sought and hired prior to the start of groups. Since every leader was Caucasian and every participating parent was African-American, it was determined that it would be helpful to have co-leaders assist in facilitating the parent groups to assist in cross-cultural issues that might arise. Particularly since the groups were about parenting practices and skills, it seemed important to work to breach any cultural gaps that might arise during the group work. All co-leaders were mental health professionals; some had experience in group work and one had limited experience with play therapy. Co-leaders also received supervision as they co-lead the groups and they journaled in the same way that the parent group leaders did.

Teacher training as well as classroom coaching was provided to teachers by the primary investigator, her colleague, Dr. JoAnna White of GSU (the aforementioned professor with expertise in play therapy), and an advanced doctoral student who had significant experience with play therapy and school consultation with teachers. The classroom coaches consulted regularly and journaled each week as well.

Data Collection

Both quantitative and qualitative data were collected from two sources: the parents and the teachers involved in the study.

Quantitative Parent Data

Several measures were given to parents as part of this intervention study. The purpose of these instruments included the following:

- to collect demographic data
- to assess the presence and intensity of problem behaviors of the preschoolers in the study
- to assess the adaptive skills of the preschoolers in the study
- to assess the level of parenting stress of the primary caregivers in the study

Qualitative Parent Data

Four sources of qualitative data were collected in order to gather descriptive information about the degree to which the intervention was viewed as acceptable by the parents in this sample. These qualitative data sources included the following:

- Individual interviews with a subset of participating parents (n=10)
- Videotapes of the parent group sessions
- Journals recorded by the parent group leaders
- Focus group interviews conducted with a subset of participating parents (n=30)

Quantitative Teacher Data

Several measures were given to teachers as part of this intervention study. The purpose of these instruments included the following:

- to assess the presence and intensity of problem behaviors of the preschoolers in the study
- to assess the adaptive skills of the preschoolers in the study
- to assess the social competence of the preschoolers in the study

Qualitative Teacher Data

Four sources of qualitative data were collected in order to gather descriptive information about the degree to which the intervention was viewed as acceptable and effective by the teachers in this sample. These qualitative data sources included the following:

- Semi-structured individual interviews - each teacher (n=6) was interviewed before and after the intervention.
- Focus group interviews - two focus group interviews were conducted with the teachers - one immediately after the intervention and one six months later. A focus group was also conducted with the classroom coaches.
- Participant observations - observations were conducted during the one-day teacher training and during classroom coaching.
- Reflective journals - classroom coaches maintained journals recording their observations and experiences in the classroom.

Results

Quantitative Parent and Teacher Data

Based on the number of participants who provided complete data sets, the following are the quantitative research questions that could be answered by the data:

1. Does participation in the PPT project prevent the development of behavior problems in preschool students from an at-risk population?
Results from teacher data indicate that the students who did not participate in the intervention (waiting control group) exhibited significantly more behavior problems than students who participated in the intervention (treatment group).
2. Does participation in the PPT project facilitate the development of social competence in preschool students from an at-risk population?
Results from the teacher data indicate no significant difference in social competence between the treatment and waiting control groups.
3. Does participation in the PPT project alleviate stress related to parenting in parents or primary caregivers from an at-risk population?
Results from the parent data indicate no significant differences in parenting stress between the treatment and waiting control groups.

Qualitative Parent Data

Based on initial review of the parent qualitative data, the following conclusions can be drawn:

1. *Participating parents found the structure (e.g., group training*

sessions, special playtimes) and content (i.e., play language and skills) of the intervention to be acceptable.

2. Parents reported positive changes in themselves, their children, and their relationships with their children, as a result of their participation in the intervention.

Qualitative Teacher Data

Based on comprehensive data analysis of the teacher qualitative data, the following conclusions can be drawn:

- 1. Kinder Training was a moderately effective and acceptable intervention. Positive outcomes include:*
 - Teachers found Kinder Training to be effective in improving children's on-task behavior, self-esteem, and verbal communication.*
 - Teachers also reported that children's behavior problems decreased.*
- 2. Teachers appreciated certain aspects of Kinder Training and felt other aspects were a challenge:*
 - They thought the skill of tracking encouraged increased communication.*
 - They liked the respectful nature of the play therapy language.*
 - They had difficulty maintaining a nondirective stance.*
 - They thought that the newly learned skills represented a significant shift in the teachers' usual manner of interacting with their students.*
- 3. Factors influencing the effectiveness and acceptability of Kinder Training included:*
 - need for additional training*
 - characteristics of the teachers*
 - child characteristics*
 - lack of comprehensive understanding of Kinder Training*

Expenditures from Grant Funds*

A. PPT Data

Payments to parents for data completion
Payments to teachers for data completion
Instruments used for data collection
Data entry by graduate research assistant
Miscellaneous expenses related to data collection (folders, audiotapes, batteries for tape recorder)

B. PPT Parent Groups (Filial Groups)

Payments to parents for PPT parent group attendance
Payments to PPT Parent Group leaders
Payments to PPT Parent Group co-leaders
Play Kits provided to participating parents
Refreshments provided to participating parents
Materials for PPT Parent Groups (notebooks, overheads, handouts)

C. PPT Teacher Training (Kinder Training)

Payments to teachers for PPT teacher training attendance
Materials for PPT teacher training (notebooks, overheads, handouts)
Refreshments provided to participating teachers

***Several additional costs were not expenditures of the AGPA grant but were instead funded by Georgia State University (GSU), where the primary investigator was employed. These costs include the services of three faculty members and several graduate research assistants during the development, implementation and analysis phases of the project. Foremost among these additional contributors is Christine Siegel, Ph.D., who conducted much of the qualitative study of this project and took over the quantitative data analysis after Dr. Draper left GSU. JoAnna White, Ed.D., chair of the Department of Counseling and Psychological Services, and Caroline Solis, Ph.D., a recent graduate from the department also contributed in countless ways.**

Respectfully submitted by Kay Draper, Ph.D., Primary Investigator of the PPT Project.

PPT Project Timeline

Spring/Summer 2003	Legwork done and permission is obtained from school system as well as university to conduct project.
August 2003	Leaders of parent groups and classroom coaches receive training.
September 2003	Parent and teacher quantitative data collected (pre-intervention).
October 2003	Treatment group: parent groups and at-home play sessions begin; teacher training conducted and classroom play sessions begin
January 2004	Treatment group: parent groups and at-home play sessions end; classroom play sessions end.
February 2004	Qualitative interviews conducted with parents and teachers. Parent and teacher quantitative data collected (post-intervention). Waiting control group: parent groups and at-home play sessions begin; teacher training conducted and classroom play sessions begin.
May 2004	Waiting control group: parent groups and at-home play sessions end, classroom play sessions end.
Spring 2004	Additional qualitative interviews conducted with parents and teachers. Additional quantitative data collected from both treatment and waiting control groups.