Implementing Kinder Training as a Preventive Intervention: African American
Teacher Perceptions of the Process, Effectiveness, and Acceptability

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Introduction

Virtually all teachers have encountered children in their classrooms with adaptive

or behavioral problems that seriously hinder their learning and adjustment to school.

Teachers are faced with the task of educating all children to standards of academic

proficiency at a time when 3.4 million (42%) children under age 6 live in low-income

families and 50% of children in low-income families are headed by a single parent; when

6 million (60%) African American children live in low-income families; and when

poverty is only one of the risk factors facing children in public schools (National Center

for Children in Poverty, 2005).

With the multiple risk factors facing children, increased attention has been given

to protective factors, or attributes that have direct ameliorative effects among both high

and low-risk populations (Haggerty, Sherrod, Garmezy, & Rutter, 1994; Luthar,

Cicchetti, & Becker, 2000; Werner & Smith, 1982). In an effort to clearly predict early

school failure as well as protective factors that might prevent failure, the Child Mental

Health Foundation and Agencies Network commissioned a review of the scientific

literature on why children are succeeding, or failing, as they make the transition to

kindergarten (Peth-Pierce, 2000). *Risk Factors for Academic and Behavioral Problems at

the Beginning of School* (Huffman, Mehlinger, & Kerivan, 2000), concluded that the

relationship a child has with his/her teacher can serve as both a protective factor and risk

factor in early school adjustment.

Teacher-Child Relationships

Researchers have demonstrated links between teachers' reports of their relationships with children in the early grades and a range of school outcomes including academic achievement, behavior problems, social competence, grade retention, and school adjustment (Birch & Ladd, 1997, 1998; Hamre & Pianta, 2001; Howes, 2000; Pianta, 1994; Pianta, Nimetz, & Bennet, 1997). A close, positive relationship with a teacher may have an ameliorative effect and serve as a protective factor for a student, while a difficult relationship may serve as an obstacle to academic success (Davis, 2001; Pianta, Steinberg, & Rollins, 1995). Pianta (1999) described the key qualities of the teacher-child relationship as being

> the ability or skills of the adult to read the child's signals accurately, to respond contingently on the basis of these signals (e.g., to "follow the child's lead"), to convey acceptance and emotional warmth, to offer assistance as necessary, to model regulated behavior, and to enact appropriate structures and limits for the child's behavior (p. 67).

Every child in school has the potential opportunity to develop a relationship with a teacher that can serve as a protective factor against risk. Therefore, the teacher-child relationship serves as a natural context for the focus of intervention efforts that may result in reducing risk factors for children and enhancing child academic and social competence (Pianta, 1999). However, despite the abundance of research findings substantiating the importance of teacher-child relationships, there have been relatively few intervention efforts that focus on the enhancement of the teacher-child relationship.

Existing intervention approaches often include the use of nondirective play activities between the teacher and student (Chaloner, 2001; Pianta & Hamre, 2001). Play is widely recognized as being of central importance in the natural development of

children (Gestwicki, 1999; Piaget, 1962)). Through play, children express their feelings,

master new skills, integrate new experiences into their understanding of their worlds,

develop social judgment, and improve their problem-solving skills and coping abilities

(VanFleet, 1994). Children act out what is happening in their lives, what has happened in

the past, and what they hope will happen in the future (McGuire & McGuire, 2001). Play

is used as the natural medium of communication with young children because play is the

child's symbolic language of self-expression (Landreth, 2002).

Kinder Training

Recognizing the positive impact that an effective teacher can have on young

children's development, White, Flynt, and Draper (1997) developed Kinder Training as a

consultation model for school mental health workers. Similar to existing intervention

efforts designed to enhance the teacher-child relationship (e.g., Banking Time (Pianta,

1999)), Kinder Training also incorporates the use of nondirective play – specifically,

child-centered play therapy. Drawing upon the work of Bernard Guerney (1964) and his

development of Filial Therapy and the theoretical principals of Individual Psychology

(Adler, 1983; Ansbacher & Ansbacher, 1956; Dreikurs, 1968; Dreikurs, Grunwald, &

Pepper, 1982; Dreikurs & Stoltz, 1964), teachers are trained to become therapeutic agents

for change with their students. The main purpose of Kinder Training

> is to enhance teacher-child relationships, thereby improving the child's school
> adjustment both behaviorally and academically while simultaneously providing an
> opportunity for the teacher to improve relationship-building skills and classroom
> management techniques with all students (Draper, White, O'Shaughnessy, Flynt,
> & Jones, 2001, p. 6).

Teachers participating in Kinder Training learn to (a) use child-centered play

therapy skills (b) alter their language and (c) set limits during "special play times" with a

child. Basic child-centered play therapy skills include maintaining a nondirective stance (e.g., avoiding asking questions and leading the child's play) and being nonjudgmental and respectful. The language of Kinder Training includes reflective statements, empathic statements, and encouraging statements. The purpose using this language is for children to feel understood, listened to, and important. Finally, limits are set in a respectful, clear, and firm manner and include the use of logical consequences.

In addition to instruction in child-centered play therapy skills and language, teachers are taught concepts from Individual Psychology (Adlerian Theory). Concepts emphasized include (a) the need for belonging (Dinkmeyer, Dinkmeyer, & Sperry, 1987; Sweeney, 1989), (b) social interest (Ansbacher & Ansbacher, 1956), and (c) goals of misbehavior (Dreikurs & Stoltz, 1964; Kottman, 1995).

Preliminary results of Kinder Training are promising because it appears to be instrumental in decreasing child behavior problems and increasing adaptive behaviors. The developers of Kinder Training hypothesized that this positive effect on child behavior encourages teachers to view their students differently (White, Draper, & Flynt, 2003). Troubled relationships between teachers and children often result from negative or inaccurate perceptions in which all aspects of the others' behavior are channeled (Pianta, 1999). Kinder Training, by changing teachers' perceptions of their children and providing effective strategies for communication, can help teachers and their children form a more positive bond that results in positive changes for children (White et al., 1999).

This current study presents Kinder Training as a preventive, classroom-level intervention. This study contributes to the current Kinder Training literature since this is the first study to examine the impact of Kinder Training as a class-wide, primary

prevention intervention. There are relatively few classroom-level intervention practices that are specifically designed to target relationships between children and their teachers (Pianta, 1999), and Kinder Training has been demonstrated to have potential to strengthen the relationship between teachers and all their students.

Treatment Acceptability

The purpose of previous Kinder Training research has been to demonstrate its effectiveness. Beyond treatment effectiveness, researchers are increasingly interested in examining the treatment acceptability of interventions (Kazdin, 1980). To date, no studies of the treatment acceptability of Kinder Training have been conducted. Treatment acceptability was originally termed by Kazdin (1980) and refers to the extent to which a treatment is considered reasonable, justified, fair, and appealing to the participants. Acceptable interventions are more likely to be implemented as planned, which is expected to yield positive effects on outcome.

Various models of treatment acceptability have been developed that identify specific elements of the intervention design and implementation that might influence an intervention's acceptance. Witt and Elliott (1985) developed a model of treatment acceptability that emphasizes the interplay between treatment acceptability, treatment use, treatment integrity, and treatment effectiveness. In this model, treatment acceptability initially influences the selection and use of a treatment. If a participant believes a treatment to be generally acceptable, then there is greater likelihood that the participant will use the treatment. In turn, if the intervention is implemented as intended (treatment integrity), the probability of the intervention effecting change is greater. If a participant determines that an intervention has been effective in meeting his/her

expectations, then the probability is higher that the participant will determine the intervention to be acceptable.

Reimers, Wacker, and Koeppl (1987) expanded Witt and Elliott's (1985) treatment acceptability model to include factors related to (a) participant's understanding of the intervention and (b) the degree to which the intervention disrupts established routines. Other factors identified as influencing the treatment acceptability of school-based interventions include: the language used to describe it (Witt, Moe, Gutkin, & Andrews, 1984), the amount of involvement required on part of the consultant (Martens, Peterson, Witt, & Cirone, 1986), years of teaching experience (Witt, Moe et al., 1984), perceptions of the severity of the presenting problem (Elliott, Witt, Galvin, & Peterson, 1984; Frentz & Kelley, 1986), and the time and effort required for implementation (Witt, Martens, & Elliott, 1984).

Kazdin (2000) further suggested that participant demographics such as socioeconomic status, ethnicity, and education level can indirectly influence treatment acceptability. As Paget (1991) pointed out:

> It is imperative that early interventionists understand the variance in cultural belief systems of American families and anticipate the mediating role this may play with respect to family members' acceptance of intervention recommendations…It becomes clear that family members' adherence to a culture-driven belief system, when contrasted with Anglo viewpoints, may serve to interrupt the acceptability of an intervention plan unless those beliefs are discussed explicitly within a context of collaboration (p. 6).

The influence of an individual's cultural belief system on treatment acceptability is particularly salient in the current study, since the teachers participating in the study were all African American.

African American Teaching Practices and Beliefs

Although there is diversity within any cultural group, other researchers (e.g., Delpit, 1995; Hale, 2001) have attempted to identify characteristics salient among African American teachers. Some of the distinguishing characteristics of African American teachers include: (a) an emphasis on the relationship with their students, (b) an authoritarian style of managing children's behavior, and (c) the use of clear directives for communicating expectations.

There is some evidence that teachers from communities of color often believe that teaching begins with the establishment of relationships between themselves and their students (Brown & Woodruff, 1999; Delpit, 1995). African American teachers have described their relationship with their students as that of an extended family (Ladson-Billings, 1994). Such teachers develop a sense of connectedness with their students and encourage the same relationship between their students. African American children have a strong affective orientation, and it has been suggested that to maximize school achievement they need much warmth, nurturing, and support from their teachers (Hale, 2001).

For many Black teachers, a classroom behavior management system is closely tied to their authority in the classroom. In many African American communities, teachers are expected to demonstrate their care and concern for their students by being capable of controlling their class and exhibiting personal power (Delpit, 1995). Hale-Benson (1982) suggested that the mother-child relationship in African American families has implications for early childhood education settings. Black mothers tend to be more firm and physical in their discipline than European American mothers. As a result, African

American children experience a cultural dissonance in educational settings when teachers act differently than the way they expect authority figures to behave. "When the child encounters a white teacher in school practicing all the techniques she learned in college, the children 'run all over her' and are labeled discipline problems" (Hale-Benson, 1982, p. 68).

In her ethnographic study of how children learn to use language in white working-class and black working-class families, Shirley Brice Heath (1983) points to the way in which teachers issue directives. She quotes directives given by the working-class white teachers: "Is this where the scissors belong?" "You want to do your best today." (p. 280). Delpit (1995) suggested that black teachers are more likely to say: "Put those scissors on that shelf." "Put your name on your paper and make sure to get the right answer for each question" (p.33). Black teachers give explicit directives, such as "I don't want to hear it. Sit down, be quiet, and finish your work NOW!" In contrast, it has been reported that European American teachers are more likely to say, "Would you like to sit down now and finish you paper?" (p. 168). Since African American children are more accustomed to direct and explicit commands, they are more likely to obey the first explicit directive and ignore the second implicit directive.

As mentioned previously, the research literature on treatment acceptability emphasizes the importance of considering cultural variables when investigating the treatment acceptability of interventions (Paget, 1991). Previous studies investigating the efficacy of Kinder Training have been conducted predominately with European American teachers. The cultural values and traditions of African American teachers may serve to enhance or impede the treatment acceptability of Kinder Training. Research literature of

African American teaching practices and values suggests that African American teachers highly value the teacher-child relationship and strive to establish strong bonds with their students. Kinder Training's emphasis on enhancing the teacher-child relationship, may serve to increase its acceptability to African American teachers. On the other hand, aspects of Kinder Training may be in contrast to African American teachers' typical style of interacting with children. During special play times, teachers are encouraged to maintain a nondirective, nonevaluative stance with children. The nondirective nature of Kinder Training may be in opposition to African American teachers' tendency to be highly directive and explicit. The degree to which these traits characterize the current sample may influence the treatment acceptability of Kinder Training.

Goals of the Intervention

The current project consisted in part of implementing and evaluating Kinder Training, with teachers of preschool children. The goals of the intervention were to: (1) strengthen competencies that enable children to succeed in school, (2) enhance the teacher-child relationship, (3) promote positive child behavior, and (4) increase the teachers' understanding and acceptance of the children.

To this point, the efficacy of Kinder Training has been examined using quasi-experimental research designs with limited numbers of participants. In an attempt to closely investigate teacher's perceptions of the process, effectiveness, and acceptability of Kinder Training, an ethnographic research design was utilized.

Guiding Research Questions

The following exploratory research questions were addressed:

1) What are the teacher's perceptions of the process and impact of Kinder Training?

   a) What are the teacher's expressed opinions of the content of Kinder Training?

   b) What are the teacher's expressed opinions of the structure/organization of Kinder Training?

   c) How does participation in Kinder Training affect the students, the teacher, and the teacher/child relationship?

2) To what extent is Kinder Training perceived as an acceptable intervention by the participating teachers?

   a) What are the most salient factors influencing the acceptability of Kinder Training?

Methodology

Context

Preschoolers, Parents, and Teachers (PPT): Building Competencies, Enhancing Relationships. The current research was conducted as part of a comprehensive primary prevention project entitled Preschoolers, Parents and Teachers (PPT). The purpose of PPT was to build the competencies (e.g., social skills, adaptive behavior, self-esteem) of preschoolers and to strengthen the relationships between preschoolers and their parents and their teachers. Funded by a Rockefeller Brothers Foundation grant provided to the American Group Psychotherapy Association (AGPA), the PPT project was conducted during the 2003-2004 school year at two elementary schools that were partner schools with College of Education at Georgia State University. Located in a large, urban school

district, school 1 housed two preschool classrooms, and school 2 housed four preschool

classrooms.

For the purposes of the PPT project, Filial Therapy (Guerney, 1964; Landreth,

2002; VanFleet, 1994) and Kinder Training were provided to preschool students' parents

and teachers, respectively. These programs were offered to all parents and teachers of

preschoolers at the two elementary schools. The parents of 47 preschool children (39%

of the total population) and all the teachers and paraprofessionals (N=12) agreed to

participate in the project.

Using a quasi-experimental design, participants were randomly assigned by

classroom to treatment or control groups. The PPT project used a waiting control group

design; therefore, parents, teachers, and preschoolers in half (N=3) of the classrooms

received the intervention during Fall 2003, and the participants in the remaining three

classroom received the intervention during Spring 2004. The participants of the current

research project included those teachers who received Kinder Training in the Spring.

Setting. The two elementary schools participating in the PPT project housed

preschool through fifth grade classrooms. Both schools were Title I schools and had an

enrollment of fewer than 500 students. Ninety-nine percent of the students at both schools

were African American. Sixty-three percent of students at school 1 and 81% of students

at school 2 were eligible for free/reduced meals.

Preschool class sizes ranged from 18 to 20 students, with a teacher and a

paraprofessional in each classroom. All classrooms contained toys and equipment

grouped into centers that were classified according to theme or use. One hour a day was

dedicated to self-chosen activities within these centers.