

**A SUPPORT TEAM'S EXPERIENCE OF A SOLUTION-FOCUSED
INTERVENTION WITH CHILDREN**

A Thesis Submitted

by

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We accept this thesis as conforming to the required standard.

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ABSTRACT

Child development literature informs us that families supported by caring social networks are more resilient and able to cope with challenges. Socioeconomic changes have resulted in the loss for families of the valuable resource of the social network. Devising ways to offer families of children with developmental challenges the advantages of a nurturing community could help. Interventions that create collaborative social networks and sustain caregiver interest and motivation might duplicate, or certainly supplement, a helping community. As a pilot project an eight-week intervention, based on Furman's (2002) "Kids' Skills" approach, was followed by an evaluation of experiences of the parent and caregivers working as a collaborative community. Participants were interviewed using Glasser's (1998) Choice theory model of psychological needs. This research raises questions for further studies evaluating caregivers' experiences of interventions promoting collaborative social networks.

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CHAPTER 1: INTRODUCTION

It Takes a Village

The saying “it takes a village,” from an African proverb, refers to the notion that the task of lovingly raising a child is more easily done with the help of our community. In a village or community, parents are often supported, strengthened, and advised by a circle of experienced and interested parties such as their extended family, friends, and teachers. Children in such a setting benefit from being parented by a broad benevolent circle of adults who proffer the nurturing attention essential to healthy emotional and physical development and who reinforce the life skills the children will learn throughout their growing years. At least that is the ideal.

Definition of Terms

A community is defined as a group of people with a common background or shared interests within society (Microsoft, 2006). From the construct of a community then arises the concept of *social capital*, defined by Putnam (2000) as the level of trust and reciprocity existing within that community. Trust refers to the safety and dependability we experience in our human surroundings, while reciprocity is the altruistic provision of support from those around us. Sociologists have considered these concepts with great interest in trying to understand optimum conditions for effective social transactions (Bronfenbrenner, 1979; Melton, 1995; Putnam, 2000). For the purpose of this paper, social capital also refers to the potential supports that families could experience in their environments.

Changing Social Contexts

Caring social communities are ideal environments for raising resilient families (Shonkoff & Phillips, 2000). The erosion of these communities due to mobility and displacement has resulted in the loss of networks that support young families (Putnam, 2000; Shonkoff & Phillips, 2000). Personal and professional experiences have provided this researcher many occasions to ponder how differently our children are growing up than those who grew up a generation ago. Then, when you introduced yourself as coming from a small town in the eastern provinces or from the prairies, this usually meant you had “grown up” there in every sense of the word. You had likely been raised, nurtured, and watched over by a community of relatives and friends; upon return visits, you could count on seeing familiar faces in your village. This experience is less common for our children today.

Strong relationships in our families and our community create a sense of familiarity, security, and predictability in our lives. Relationships are described by social researchers as childhood protective factors against later social-emotional disorders such as anxiety, difficult peer relationships, and poor school performance (Joseph & Strain, 2003). Early relationships also develop an attachment capacity which has importance throughout our lifespan. We all fare better emotionally when we are attached to our social milieu. It follows that dependable connections for parents and children provide a secure base of support from which families can grow (Bowlby, 1988).

Families with children presenting developmental needs are particularly vulnerable and need more care. For the parent of a child with developmental challenges, feeling accepted and understood creates security and a sense of hope and goes a long way to

sustaining parent well-being. And, for children with developmental needs, timely supports – even a watchful eye from a benevolent friend or neighbour – may preempt the escalation of behavioural challenges and preserve healthy family relationships. For these reasons, it would appear beneficial to create opportunities to duplicate these support networks in our communities.

Given that so many families today lack a close network of extended family and friends, I have been curious about the role communities can play in supporting families with children presenting with behavioural challenges. Supporting mental wellness for families with challenging children can prevent later family breakdowns and social problems such as delinquency and substance dependency. Can mental health practitioners play a role in recreating social capital, that is, a sharing of human resources in a trusting environment? Can we, in the microcosm of a child's daycare or school, construct experiences for adults and children that would duplicate the "village" where our grandparents once lived?

The Research Question

The broad research question is whether an opportunity exists to recreate on a smaller scale supportive networks for families that replicate the benevolent atmosphere of the village. The Solution-Focused "Kids' Skills" approach developed for children by Finnish psychiatrist Ben Furman has inherent in its design the concept of team collaboration, which mirrors the support provided in the village concept. The approach is therefore well suited for this research project.

The specific research questions are "How do parents and caregivers experience the Kids' Skills approach? What aspects of their experience might contribute to them

choosing to use this approach again?” I make the assumption that caregivers will appreciate those experiences that provide a sense of competency, allow choices and opportunities for collaboration, and are enjoyable (Glasser, 1998). Glasser (1998) considers these as basic psychological needs and asserts that people tend to choose experiences that will satisfy these needs.

Maintaining caregiver motivation and energy in a resource-tight work environment is important to ensure effective child and family support. Methods that encourage creativity and collaboration and that provide effective results may sustain caregiver engagement. We cannot escape the realities of our changing societies, but we do have some agency as health care practitioners to create an environment that duplicates an ideal one as closely as possible.

An Overview of the Thesis

The importance of this subject for mental health practitioners is supported by a review of the literature in Chapter 2. I consider the place of the community in family life over the last century and the positive characteristics that sustained an environment of support. The changes that have eroded these characteristics are addressed, along with their social impact on young families today. Mental health vulnerabilities and some current supports available to families are reviewed. A range of interventions is described with attention to the roles and experiences of caregivers.

Chapter 3 outlines the research project, which involved using the Kids’ Skills approach within a family and support network. Chapter 4 presents the results of the participants’ experiences as gleaned from the interviews. Chapter 5 discusses the interview responses and the possibility of creating a support network that replicates a

child's natural environment, the village. Implications for future research are also considered.

CHAPTER 2: REVIEW OF THE LITERATURE

Social Supports for Young Families

Children are raised in ecological environments made up of social networks, ideally within broader communities (Bronfenbrenner, 1979). Their well-being depends on stable, loving relationships with responsive adults and on safe, predictable environments such as those found in a cohesive community (Shonkoff & Phillips, 2000). Parents create these safe environments by maintaining connections with extended family members and friends. Ideally these natural helpers are easy to reach and available when needed. Dependable supports create security and provide peace of mind and well-being. I will examine how social changes have transformed the make-up of our communities and the accessibility of supports. Are current social supports sufficient in our communities?

Social progress or social losses? Our social ecological environment has changed dramatically since the upheavals caused by industrialization and urbanization in the late 19th and early 20th centuries. Putnam (2000) points out that the tremendous migration that resulted from these events put social capital at risk as people left friends, families, and social institutions behind. In unfamiliar urban settings, trust and reciprocity were greatly diminished.

To mitigate the effects of these losses, purposeful and inventive strategies were devised to recreate social connections in the form of clubs, associations, and organizations (e.g., Boy Scouts, Parent Teacher Associations, the Rotary Club). In the so-called golden years of the 1950s and 1960s, which had their own sociocultural challenges (Melton, 1995), geographic stability was the norm. For the most part, families found their

place where parents (fathers) worked for established industries or companies. A newfound community connectedness rooted families in neighbourhoods and communities for their lifespan. Extended family members and close friends living in the same community were accessible as natural helpers. Reciprocity was somewhat re-established.

In the last few decades, the geographic mobility associated with socioeconomic demands has once again resulted in families living farther apart (Settersen, 2002). Putnam (2000) explains that the organizations designed to reconnect individuals and recreate supportive environments for communities and families are currently threatened by technological and economic changes; he further reports that communal activities in social clubs, sports leagues, and organizations are on the wane. Once again, the social fabric is losing its cohesiveness. The benefits of change, even technological and communication advances, always carry some social costs (Bandura, 1997). Putnam's metaphor, in *Bowling Alone* (2000), is that of a nation of bowlers without a league to belong to.

Melton (1995) describes a society on the move where employment transfers send family members across the country. Children move away to further their studies, then build new networks and friendships and settle in regions that offer employment and a future. Those in primary resource jobs in rural areas or small towns may need to migrate to urban areas where technology jobs are abundant. People of retirement age frequently leave urban areas to move to smaller, more affordable towns, sometimes leaving the neighbourhoods and communities where they raised their families and formed friendships in shared activities. Better living conditions and work opportunities drive migration and displacement, creating a new social fabric. Transience is no longer limited to families with poor education in search of seasonal work. In this unstable environment, relatives

and familiar neighbours are not available, and families look elsewhere for connections and support.

Melton (1995) points out that while relationships between families and the community have undergone significant transformation in the past century, dramatic changes within family structure have also occurred. The traditional nuclear family is but one contemporary family structure. Single-parent families, grandparents parenting again, and same-sex parents create various configurations; these are accepted realities and their impact on children is the subject of many investigative studies.

The drain on human resources. Social mobility and separation result in a loss of a sense of community and a drain on traditional sources of informal help. These losses are particularly felt by young families living in poverty, without the financial means to access even publicly funded resources or programs designed to provide social support.

Insufficient material resources drain the emotional resiliency and motivation that normally sustain community spirit. Thus, the trust and reciprocity components of social capital are challenged. Parents and children are often left without sufficient social or financial aid. Family units become self-sufficient and have little time left after basic survival tasks to anchor themselves in a community or neighbourhood (Melton, 1995). This self-sufficiency can slip dangerously into social isolation, especially for families with special challenges. We know that social isolation has been identified as a high-risk factor for mental health problems (Bricker, Schoen Davis & Squires, 2004) and that positive outcomes for parents and children have been correlated with the presence of social networks (Bee & Boyd, 2002). Karen (1998) also found that effective family adaptations to parenting children with special needs is largely predicted by the level of

social support the family has. The well-being of families is best served within trusting social networks supported by proper resource allocation; this is particularly true of families with disabled children, who are most at risk for disengagement (Bee & Boyd, 2002). Replenishing drained resources appears essential; building social capital is in the best interest of the family and child.

Solutions are being sought to prevent social disconnect and resource disparities. Social researchers at the University of British Columbia, for example, are currently studying the characteristics that create ideal social environments for families. Epidemiologist Clyde Hertzman and a team of researchers are developing social maps of the province to identify strengths and vulnerabilities of regions and communities (Hertzman, McLean, Dunn, & Evans, 2002). These maps provide information about the relationships between child development and the local social and economic characteristics that predict vulnerabilities. The goal of this work is to support redistribution of community assets and rebuild social supports through the proper allocation of public funds. The creation of better physical environments such as daycares, libraries, and play parks can augment a community's social capital and provide families with the community and social support they need.

Community connections for families. We can observe that families today are still part of a broad social community, a new village, which may comprise the family daycare, schools, the parents' workplaces, shopping and recreational sites, and friends' homes. It is a broad, although not always tightly woven fabric, with social connections often site-specific. For example, preschool gymnastics moms may meet for weekly coffee after the class and parents of school-aged children may connect at monthly Parent Advisory

Committee meetings. In these settings, parents catch up casually on their children's progress; benevolent listening is usually the expectation, rather than advice giving. Others' familiarity with a family's challenging child may not exist as it did when kin and lifelong friends lived in close proximity. When Johnnie has a bed-wetting problem or difficulty with overactive behaviour or temper tantrums, parents may struggle on their own to work out these problems. Without wise and experienced grandparents, aunts, or long-time friends who live close by and are able to step in to help, these typical developmental issues may escalate into challenging behaviours. Timely, loving advice or the offers of a little respite are precious resources that are hard to come by in our disengaged neighbourhoods.

The ideal community. Cohesiveness in a society emanates from members feeling a sense of belonging and a common identity through shared activities. This identification is needed to create motivation to trust one another and to develop networks of helpers; cohesiveness also supports an effective context for human development (Bandura, 1997; Bronfenbrenner, 1979).

Where do parents now turn for help? Without a circle of kin and friends to step in casually when assistance is needed, families are at risk for discouragement and isolation. Bronfenbrenner (1979) states that without natural community support, parents find that their only sources of help are professional agencies. This situation carries with it many implications, such as perceived lack of parental competency and power differentials between helpers and recipients of help.

The focus of this paper now turns to a discussion of childhood mental health and resources available to families. Public policy will not be discussed, but it should be

considered that human support systems and communities are significantly influenced by social policy, political will, and economics.

Childhood mental health. Strong early relationships have been described as protective factors against later social-emotional disorders such as anxiety and poor peer relationships (Bee & Boyd, 2002; Shonkoff & Phillips, 2000). Because childhood mental health is so connected to early relationship experiences, it is essential to attend to parent-child interactions. Positive, constructive, and timely supports can pre-empt the escalation of behaviour challenges and promote self-esteem in children and families.

Young children who present with emotional regulation difficulties consistently have difficulty adapting to physical and social demands. They fall apart during transitions between activities, and they may be confused, slow, disorganized in self-care skills, and have a “shorter fuse” during social play. Their problems are not always perceived as disorders worthy of medical evaluation, but they may be pervasive enough to earn the child the label of “fussy” or “difficult,” with a story of challenges and disappointments becoming the narrative of their young lives (Brazelton, 1992). These children are at risk for stressful relationships with parents and caregivers who feel undermined in their ability to deal with the daily and moment-to-moment breakdowns. Infant mental health practitioners recognize that a child with poorly regulated emotional development can create stress on the parent-child relationship and on the process of attachment development (Bricker, Schoen Davis, & Squires, 2004; DeGangi, 2000). The child’s emotional development is then further at risk, as well as the parents’ own sense of self-efficacy (Bandura, 1997).

The range of social-emotional difficulties is broad. In the last thirty years, neuropsychologists have studied the neurobiological underpinnings of sensory integration difficulties and the modulation of responses children exhibit to environmental input (DeGangi, 2000). Children with sensory integration problems show heightened or diminished responses to auditory, tactile, visual, and movement stimulation from their environment; they may seek intense sensory experiences or they may wish to avoid them in order to self-regulate, that is, to attain an optimum state of “calm alert” (De Gangi, 2000). Parents are often perplexed at the unpredictable and intense responses their child will show in different environments. These difficulties have often been called invisible disabilities; like learning disabilities, they create great stress within the parent-child relationship.

These sensitivities are often misinterpreted as behavioural challenges; the disruptions they cause in social interactions and their persistence in the child’s early developmental years easily put a child at risk for mental health problems. Two pediatric occupational therapists, A. Jean Ayres (1975) followed by Georgia DeGangi (2000), researched sensory and emotional regulatory disorders with children, standardized assessments, and intervention protocols.

A significant focus of these interventions is helping parents to better understand this developmental difficulty and to create adaptations in order to live more easily with the challenges presented. As an occupational therapist interested in child and family well-being, I am aware of parents’ appreciation of being supported through these particularly challenging early years. Enlisting the support of teachers and friends makes a difference;

when these sensory dysfunctions are demystified through educational discussions, support teams feel more efficient and better equipped with understanding and strategies.

A Review of Selected Interventions

The research question is now placed in the context of a review of selected interventions. Behavioural interventions are abundant, ranging from advice to parents through popular literature to social-emotional curricula in schools and mental health applications. I have selected interventions representative of a range of approach philosophies and levels of supports required. I endeavour to highlight parent and caregiver responses when these are reported in the literature; caregivers can include teachers, extended family members, and friends.

Questions that will be considered include “Do popular or clinical interventions take into consideration the ease of application of their approaches? Do we consider caregivers’ perceptions of their ability to apply these interventions?” Doable methods that can be integrated into a busy family life with the collaboration of helpers may attract the interest of parents and caregivers. However, the review of the literature will show that effectiveness reports outnumber intervener satisfaction reports. Recognizing the value of social networks needs to be paralleled with an understanding of factors that are key to sustaining these networks. Armed with better understanding, we can develop effective training programs for community capacity building utilizing approaches that are user-friendly and satisfying.

The self-help approach. Sensory and emotional processing difficulties are also made easier to understand through psychoeducational groups or in parenting literature. In *Raising Your Spirited Child*, Mary Kurcinka (1991) demystifies regulatory difficulties and helps parents interpret the meaning of challenging behaviours by looking through the lens of sensory input and processing. This approach is particularly helpful with children presenting milder sensitivities, which nonetheless easily disturb family routines. Parents learn to modify their child's activities and create predictable "palatable" environments. This parenting book also stresses the commonness of children's sensitivities to different environments and aims to reassure parents that they are not alone.

Bookstores are replete with self-help literature aimed at alleviating parents' concerns by proposing various behaviour management techniques. Some approaches use tangible reinforcers to encourage positive behaviours, while disciplinarian techniques include the use of logical and natural consequences (e.g., missing a television show if dawdling to put pyjamas on), time outs, and the withdrawal of privileges to discourage negative behaviours.

The emphasis on positive discipline is presented in current popular literature with information about children's temperament and personality. Nelsen, Erwin, and Duffy (1995) help parents interpret their child's behaviour and understand developmental principles behind parenting tips. Another popular parenting book, Barbara Coloroso's *Kids Are Worth It* (1995), gives parents specific skills based on current cultural, psychological, and philosophical tenants. The information provides an opportunity to evaluate one's personal parenting style and learn different ways to "correct" problematic behaviours.

“Training” the parents. Nichols and Schwartz (2004) report on the application of various family-based interventions such as parent management training. The focus in these approaches is to help parents identify and respond to the child’s problem behaviour, applying social learning principles to increase positive parenting skills and providing opportunities to practice these skills. The emphasis is on the parent’s skills, rather than the child’s skills. Powell, Dunlap, and Fox (2006) present a model for promoting young children’s social competency with levels of intervention from prevention practices to social-emotional learning strategies and intensive individualized interventions. Parent and teacher training through creative curricula are described along with effectiveness results. Parent experiences, however, are not reported.

The entry point to early intervention. In a child development agency, parents can refer their child for therapy services, childcare supports, or family services which include counselling and parenting groups. In my current practice in such a setting, I have heard some parents report during intake interviews that they are reluctant to discuss their child’s issues with friends or even extended family members, expressing fear about judgment regarding their competency or knowledge base. These parents feel more comfortable seeking the support of professionals to answer their questions and to receive suggestions regarding their child’s difficulties. Can this be an indication that seeking advice from family or friends is a less familiar experience, whereas the reliance on professional help, more common in many spheres of life these days, is more comfortable?

Interventions developed by therapists are intended to be family centered with child-focused activities. Individual intervention allows the therapist to develop a trusting relationship with the parent and offer emotional support. When assessments indicate the

appropriateness of therapeutic intervention, a support circle is frequently formed from an interdisciplinary team (physiotherapy, speech therapy, occupational therapy, social services, and teacher's aid) in preschool or daycare settings. Alternatively, parents may decide to attend organized parenting groups where there is an opportunity to share common concerns and strategies with peers. Post-group evaluations frequently give positive reviews as to the benefits parents experience from the support and sharing. In these groups, a circle of support is constructed with previously unconnected individuals.

School-Age interventions. After kindergarten entry, a school community becomes available to parents and children. A child identified with learning or behavioural difficulties will receive supports with individual educational plans (IEPs) set by a school-based team. Again the circle broadens with new adults who join together to assess and provide problem-solving strategies. The goals for the child are then implemented by the appropriate team members, each supporting various objectives. Communication between team members occurs mostly at team meetings, there being little casual time during a school day for informal sharing. Parents and teachers mostly meet at predetermined times.

Currently, positive behaviour supports (PBS) is a method of choice in behaviour intervention reviewed extensively in American educational journals (Safran & Oswald, 2003). PBS was developed as an alternative to traditional disciplinary methods which were found to actually increase the incidence of negative behaviours. Having identified that children's difficulties exist within a social context, the proponents of PBS focus on environmental adaptations. PBS is based on a collaborative team approach and stresses positive intervention (education, coaching, and cueing) as opposed to punishment and

negative feedback. The premise supports a community approach but is slowed down by pre-intervention process. The reliance on archival data (e.g., history of the problem, management approaches utilized) is a hallmark of this approach as a source of identification of the problem as well as for analysis of effectiveness. The approach remains a problem-driven intervention, and goals are developed by the school personnel, an essentially top-down stance. While there is information on the successful results of this intervention, there is scant information as to the subjective experience of the professionals and lay people who play active roles in the behavioural supports. There is allusion to the importance of team collaboration and long-term involvement with identified students (Safran & Oswald, 2003). The process for implementation describes pre-intervention meetings to identify the method of collecting and reviewing data, followed by development of a plan. Significant amounts of time can pass while the student continues to struggle. The intervention is school-based with parents “invited” to attend meetings; a broader connection to the community (e.g., the school bus driver, the recess supervisor) is not the norm. Again, the research reports mostly on personnel feedback as to its ease of application; research questions do not address the participants’ experience in terms of working collaboratively with a team, or how the teacher and student may have experienced a more supportive relationship.

Challenging behaviours. Programs fitting the descriptor of social-emotional development curricula are aimed at fostering protective factors against later mental health problems; they also aim to reduce risks associated with learning problems, such as dropping out of school and substance use in youth. Joseph and Strain (2003) conducted an analysis of various curricula to gather evidence of methods that consistently have

positive results. They looked at such factors as consistency of application between interveners, generalization of skills across sites, and maintenance. The curricula reviewed discussed the various tools and strategies specific to each approach to problem-solve behaviour challenges and to provide children with opportunities to succeed in play settings and at home; each curriculum had predetermined lengths of sessions and numbers of weeks. Although the summary reported on consistency of approach (treatment fidelity), it did not give information as to why or how treatment fidelity was observed. Criteria reported on in these studies did not include what helpers experienced as interveners or as part of a child's resource network.

O'Reilly and Dillenburger (2000) summarized research on the application of intensive training to the treatment of child conduct problems. Coercive exchanges in family interactions were noted where child aggression had been identified. In high-intensity parent training programs, reinforcement schedules and behaviour reduction procedures were used to achieve results with difficult to manage children. The researchers reported on the difficulty of implementing strategies in all settings, such as schools, care facilities, and home. This particularly intensive training required higher levels of therapist contact and was therefore expert based. It was costly to implement due to the facilities required and the level of professional intervention needed. While a decrease in aggressive behaviour and more positive parent-child relationships were achieved, the researchers recognized that parents did not generalize these interventions to other pro-social behaviours.

Attachment interventions. The “theraplay” approach developed by psychologist Ann Jernberg (1999) engages the parent-child dyad in short-term treatment aimed primarily at helping families and children with attachment and relationship problems. By replicating the early patterns of engagement, structure, and fun that are observed in healthy parent-child relations, the approach aims to enhance intimacy and engagement between the parent and the child with an “explicit emphasis on the child’s health and strength” (1999, p. 5). A message of hope is communicated so that the child comes to see her or himself as special, lovable, and capable. The activities initially modeled by the therapist quickly include the parent. Skill building is mutual, and the parent is taught to replicate short, high-intensity engagement activities at home. Parents are frequently supported by two therapists in this short intensive intervention. The application has been used in early childhood centers and in schools with groups of children, with teachers learning the value of nurturing, attachment-enhancing behaviours. There is opportunity for parent counselling and feedback; however, the parents’ experiences of the intervention are not reported.

Outside the intervention box. What happens to children who do not meet the criteria for individualized supports, for whom frustrated parents cannot mobilize a team of professional interventionists? In these days of managed care and tight educational budgets, such service gaps are identifiable, particularly at the primary and elementary school levels, where early intervention funding has been dramatically reduced. These gaps are recognized and lamented by teachers and parents. The human resources allocated to addressing children’s behavioural needs are insufficient due to underfunding of these services.

Therapists have long recognized the value of naturalistic intervention in young children's milieu (Schaaf & Mulrooney, 1989). In child development centers of this province, there is an emphasis on community education to support and enhance caregiver capacity. Children presenting with mild to moderate needs can receive support in their milieu from individuals trained to problem-solve around behavioural difficulties; children can also receive help to develop skills that can enhance their learning, their connections to peers, and their development in independence skills. From an entry point to early intervention with children, a shift occurs to parent skill building and community enhancement.

Again, the concern remains that children presenting with emotion regulation difficulties and immature learning skills may often go unsupported until the problem reaches a level that warrants professional attention and intervention. Without timely attention, these milder difficulties can become entrenched and affect the child's development at many levels. Currently it would appear that society's response to the loss of natural community support is a greater reliance on public support services, such as medical and social services and therapy intervention. These services do not necessarily satisfy all the needs of families and caregivers, however. The reliability and familiarity of past community connections are not as easily replicated.

Timely attention does not necessarily have to mean professional attention. Parents as experts in the knowledge of their child could have supports that are accessible, friendly, and non-intrusive. What if a team of helpers were to be developed from peers, teachers, care providers, extended family members, and friends to build a broad base of collaboration, a kind of momentum of support that is led by the child? What if a family's

daycare provider or a family friend could cofacilitate an intervention with a parent that would help a child to overcome a challenge by learning a specific social skill? Can parents experience the “village” or extended family in a way that could alleviate their sense of isolation? Is there a way to replicate the village with support embedded in a child’s daily activities?

Community-Focused interventions. Evidence-Based early childhood practices focus on interventions that build family and community capacity as well as contributing to improving child development (Dunst & Trivette, 1998). Community education and training currently are promoted as a cost-efficient and effective means of enhancing skills for parents and caregivers. Through various training programs, helpers in care facilities and preschools are given skills to anticipate and solve behaviour problems. Building parent and community capacity, or social capital, promotes better parent-child relationships leading to better developmental outcomes. Parents can feel supported by well-trained community workers, and their children receive intervention without individualized therapy delivered by professionals. The added benefit to community workers is the enjoyment of learning about team work and collaborative communication skills, leading to less intervener burnout (Dunst & Trivette, 1998).

Partnerships in Addressing Challenging Behaviours (British Columbia Centre for Ability, 1998) is one example of community training offered by the Supported Childcare Development Program of British Columbia. The goal is to facilitate skill building for caregivers and to help them become more confident and self-reliant in providing interventions for children. These training programs prepare caregivers to problem-solve behaviour challenges and to provide children with opportunities to succeed in play

settings and at home. Community capacity building capitalizes on physical and human resources in the family's immediate surroundings (Dunst & Trivette, 1988). Studies by the Center for Evidence-Based Practice (2006) further support the efficiency of interventions that utilize community supports with families.

In the last fifty years, interventions have shifted from medical model and professionally based interventions to community- and family-centered approaches (Dunst, 2000). The family-centered approach takes the appropriate stance that professionals need to listen to parents and help them to become part of the intervention (Greenspan, 1995). Behavioural approaches that used to encourage parents to focus on strategies to deal with and modify problem behaviour (Nelsen, Erwin, & Duffy, 1995) are now more attentive to skill teaching (Furman, 1992). Children are no longer just the "target" of behaviour interventions but are now enlisted in the process of change.

Brief Therapy. In recent years, brief therapeutic approaches have been utilized in social work and counselling when working with families with multiple health and social issues. Brief Therapy has been widely accepted as a result of endorsement from cost-conscious mental health funding sources (De Jong & Berg, 2002). The interventions are interactive, relying on the inclusion of the client's social context to collaborate on solutions to presented problems. The focus is to develop solutions and skills rather than to "cure" the problem (Furman, 1992). The problem may not always be eliminated, as explained by de Shazer (1991), but it can be seen simply as an obstruction to a goal. The professional takes a step down and honours client capacity by respecting their goal choices and the direction of behaviour changes.

Brief therapies, and the Solution-Focused approach in particular, have recently been applied to a younger population. The jargon- and blame-free stance is both collaborative and conducive to decreasing resistance; it instils hope in clients for learning better coping abilities. Recent reports on the application of this approach in schools (Lethem, 2002) assert that children and teenagers become active participants in developing a preferred future with problem-free talk and an invitation to look at times when life is going well – that is, exceptions to the problem. The solutions are skill-based interventions easily reinforced by lay support networks. Outcome research reports positive results with Solution-Focused application in high schools. Of particular interest for this paper are the findings of benefits experienced by the counsellors, who report less exhaustion and depersonalization (Lethem, 2002).

Solution-Focused intervention adapted to young children. It is out of this body of work that the Kids' Skills approach takes shape. In the 1990s, Finnish psychiatrists Ben Furman and Tapani Ahola developed "Solution Talk" (Furman & Ahola, 1992), which was later adapted to a young population (Furman, 2002). The application, which focuses on a child-driven goal assisted by supporters, draws on the theoretical foundations of Brief Therapy. This constructivist approach relies on the synergy and collaboration of a broad support team – the village, so to speak. The Solution-Focused Kids' Skills approach is a multistep intervention, with each step grounded in theoretical constructs ranging from Narrative Therapy to Brief Therapy to systems theories. The approach builds on the presumption that the child has a difficulty as a result of a skill he or she is lacking; the goal is then to devise not a problem-oriented intervention, but rather a set of skills that helps the child overcome the problem. The design inherently sets up a

community approach by soliciting supports from peers, parents, teachers, and other adults chosen by the child.

Unlike psychodynamic therapies or traditional problem-focused interventions, Solution-Focused therapists claim that focusing on the cause of problems is not necessary and that clients already have the skills and strengths required to overcome difficulties (Berg & Steiner, 2003). Solution-Focused practitioners have observed that uncovering problems often leads to more deeply entrenched underlying problems, which then become the focus of the “cure.” Steven de Shazer (1991) states that dealing with many issues leads to many explanations, creating conditions that are ripe for dissension between individual clients, families, and therapists.

Berg and Steiner (2003) describe the engagement and communication that occur between parent and child during a mutual solution search: Adults tap into their resourcefulness and creativity, which can earn them credit for their child’s skills rather than blame for their child’s problems. Optimism and strengths-based thinking give parents and children dignity and reinforce self-efficacy, which is a foundation to personal satisfaction (Glasser, 1998). It has been found that caregivers express the most satisfaction with programs that are perceived as family centered (Schaaf & Mulrooney, 1989); could this acknowledgement of caregiver resourcefulness be an essential ingredient that encourages adults to choose this mode of intervention as a preferred approach?

Solution-Focused interventions differ from traditional therapies in that the interventions become embedded in, rather than separate from, the activities of daily life. Solution-Focused work is about changing ways of being, creating a culture of self-

improvement rather than problem-specific changes. The intervention is not necessarily limited to a finite time frame; parents and their children engage in an ongoing fashion in choosing and practicing new skills to improve their relationships.

The Kids' Skills approach: Theoretical foundations. The Kids' Skills approach (Furman, 2002) was chosen for this research project because of its sound theoretical foundation. This foundation is presented next, and the Kids' Skills procedure is described in the methods section.

In this application, children are given a voice. After parents review their child's behavioural needs and decide what the child should improve, they discuss with the child what skills would be helpful to learn in order to tame a problem. An initial discussion involves socializing and joining with the child. In Rogerian terms, family members hold the belief that they are competent to direct themselves and deal constructively with their needs (Rogers, 1951). A systemic approach underlies the discussion where parents present which skill they would like their child to learn; this allows clarity of the parents' role in directing the course of the intervention. Strengthening the parent-child subsystem creates healthy boundaries and supports the parents' rightful place as the authoritative adults (Nichols & Schwartz, 2004).

In a Solution-Focused approach, the client is encouraged to clearly set goals. In the Kids' Skills approach, parent and child are encouraged to set the goal of choosing the skill the child will practice. In an initial conversation, parent and child explore activities the family enjoys doing together; they discuss the child's talents and abilities in order to build on positive experiences. This creates acceptance and belief that while behavioural issues may be part of their lives, they do not define their lives: The issues are resolvable

and therefore can be seen as transitory. Strengths-Based talk sets a tone of optimism and hope and facilitates the construction of positive solutions (Berg & Steiner, 2003; Glasser, 1998). Collaboration is more easily established between child and parent, and resistance to the task can be avoided. De Shazer (1991) points out that people cannot offer resistance to their own ideas. There is also little risk that strategies chosen by clients will be incompatible with their personalities or beliefs (Miller, Duncan, & Hubble, 1997). While the discussion may include a description of the problem, causes of the problem are not discussed; identifying causes is not necessary for building solutions. As stated by Nichols and Schwartz (2004), the solution is often unrelated to the way the problem developed.

In the theraplay approach, Elizabeth Munns (2000) speaks of “parents learning to interpret emotional behaviour as a signal of the child’s competence or lack of it in a specific situation” (p. 80). Similarly, Kids’ Skills is focused on relationship enhancement rather than on problems. While “theraplay” strengthens attachment by developing play skills between parent and child, Kid’s Skills’ attachment features derive from collaboration, recognition of progress, and expression of confidence in the child.

The Kids’ Skills approach parallels principles put forth by Neufeld and Maté (2004), who write about children being stuck in patterns of behaviour due to “defendedness.” They describe children who have difficulties learning from what does not work, who lack initiative and creativity, and who are given to impulsiveness, categorical thinking, and counter will. Neufeld and Maté stress involvement, or attachment, when children need our help. They believe that children are clearly not meant to work outside of the “attachment village,” interestingly echoing my own initial premise

Relationships create the context for working with the “stuck child”; the interaction must not be problem centered but relationship focused. Neufeld and Maté argue that teachability comes through attachment.

The child intervention Kid’s Skills was chosen for this project because its procedure exemplifies an application that relies on team supports, crafted with people in the child’s play and learning settings. Its design conveys a sense of competency to parents and caregivers by allowing them agency in the choice of skill to be practiced; its application is fairly straightforward and does not require behavioural charts or contingency reinforcers as in behaviour modification interventions. My interest was the parents’ and the community’s response to an enlargement of supports inherent in the design of this particular approach. Would this approach provide a natural community of supporters? I was also interested in knowing whether an approach such as the one chosen could replicate a community of natural helpers by providing an environment of trust between caregivers and an interest in helping a child in a collaborative way much as we would see in a supportive community. I was curious whether the Kids’ Skills approach could be an intervention that helped build individual and social capital in terms of trust and reciprocity.

Choice Theory. The work of William Glasser (1998), as described in *Choice Theory: A New Psychology of Personal Freedom*, underlies my hypothesis that the needs-satisfying characteristics (such as competency and connectedness) of the Kids’ Skills approach are instrumental to the engagement and motivation of social networks. Over a period of 30 years Glasser (1968, 1998) developed a theory of human psychology which states that all our behaviours are our best attempt at all times to meet our basic

physiological need for survival as well as our needs for belonging, power or achievement, enjoyment, and freedom of choice. Wubbolding (2000), a close associate, has continued to develop and teach this theory; he states that meeting our needs results in a sense of personal control and self-actualization, or self-fulfillment. The emphasis is on human behaviour as a choice. Glasser devoted a significant portion of his work to the application of choice theory towards the building of better schools and communities. In *Schools Without Failure*, Glasser (1968) guided educators to teach students by developing strong connections and by being aware of language that controls, rather than influences, behaviour. He taught teachers to be persistent in believing in students' abilities to learn to self-evaluate and to make better choices. The values of collaboration and altruism, which Glasser argues are the foundation of social capital, are espoused in Choice Theory and echoed in the Kids' Skills philosophy, which led to my selection of the latter for this project. A goal of this research project was to evaluate whether participants experienced satisfaction or fulfillment in the course of their work with the team and the child through meeting their needs for belonging, power or achievement, enjoyment, and freedom of choice as emphasized by Glasser.

CHAPTER 3: DESCRIPTION OF THE RESEARCH PROJECT

The pilot project involved the application of the Solution-Focused Kids' Skills approach with a child, her parent, and a support team. The application was followed by interviews with the adult participants. The interview questions were designed to glean information about the participants' experience with the approach and about factors likely to sustain caregiver motivation.

The Kids' Skills Procedure

The Kids' Skills steps are described in detail in this section as they inform us about the features of the intervention that parents and caregivers would likely find satisfying. Furman (2002) drew from Client-Centered (Rogers, 1951), Solution-Focused (De Jong & Berg, 2002; de Shazer, 1991; Furman, 1992; Selekman, 1997), systemic (Nichols & Schwartz, 2004), Narrative (Freeman, Epsten, & Lobovits, 1997), Choice Theory (Glasser, 1998), and attachment (Munns, 2000) philosophies to construct the 15 steps that lead to a well-practiced skill. An illustration of the steps is included with his permission.

1. Convert problems into skills the child can learn. The first step guides the adults, usually the parents and other caregivers, to agree on a skill they believe the child needs to learn to overcome a problem. The parents are the experts and enablers of change. A teacher or a therapist can initially teach this approach and then step aside as the intervention is easily applied by caregivers without "expert professional" guidance (Furman, 1992; Selekman, 1997). The skill equates to a "well-formulated goal" as elaborated by De Jong and Berg (2002) in the Solution-Focused approach. Pre-session change questions guided by a teacher or therapist can help the family with clues as to

where solutions may lie in terms of behaviour goals; for example, the parent may report wishing to see the child respond more calmly when he or she does not get his or her way, or wishing the child would get along better with friends.

2. Talk with the child about the skill you want him¹ to learn. An agreement is made with the child about a particular skill to be learned to overcome a difficulty; the tone remains encouraging and hopeful. In a manner similar to that of a therapist-client alliance in Solution-Focused therapy (De Jong & Berg 2002), the parent-child alliance or engagement is formed through a discussion of what could be going better for the child. Looking through the lens of a systemic approach, one can observe a parent-guided discussion where the child is caringly supported by those who are responsible for him (Nichols & Schwartz, 2004).

3. Help the child see the benefits to self and others of learning the skill.

Motivation to practice the skill is also instilled in the child by discussing the benefits of acquiring the skill; this helps him to create a new narrative of a preferred future. The parents, as the expert on their child, can tap into the child's interests, affinities, or desire for improved relationships with friends. The alternative – that of not learning the skill – then presents dissonance, an ambiguous dilemma for the child (Rollnick & Miller, 2006). This dilemma builds motivation, as the child will want to seek the most satisfying alternative.

¹ The description of the Kids' Skills method requires the use of many pronouns relating to "the child"; to avoid the clumsiness and repetition of using both masculine and feminine pronouns in so many instances, and, because the specific child in the study is a female and will therefore take the feminine pronouns, this descriptive section will use only the masculine pronouns he/him.

Kids' Skills



1. Convert problems into skills the child can learn.



2. Talk with the child about what skill you want him to learn.



3. Help the child see the benefits of the skill, for others as well as for himself.



4. Let the child give a name to the skill.



5. Ask the child to choose a power animal that helps him learn the skill.



6. Help the child find supporters.



7. Ask the child's supporters to tell him why they are confident he will learn the skill.



8. Make a plan with the child about how to celebrate when he has learned the skill.



9. Ask the child to demonstrate to you how he will behave when he has learned the skill.



10. Help the child tell people what skill he is going to learn.



11. Let the child practice the skill by giving him opportunities to show how skilful he already is.



12. Let the child tell you how he wants to be reminded if he forgets the skill.



13. When it is time to celebrate, ask the child to thank all the supporters for their help.



14. Give the child an opportunity to teach the skill to other children.



15. Discuss with the child the next skill he will learn.

4. *Let the child name the skill.* In this step of the process, Furman (2002) uses an externalizing technique as is practiced in Narrative Therapy (Freeman, Epsten, & Lobovits, 1997). While in Narrative Therapy the *problem* is externalized and given a name, here the *solution* is externalized as a skill to be learned and is given a name. These steps create fun and tap into the child's personal resources, providing additional incentive. The playfulness involved in naming the skill is motivating; it brings in humour and fun in addressing the issue at hand.

5. *Ask the child to choose a "power animal" who will assist in learning the skill.* After the child names the skill, he is invited to find a "power animal" or creature that will help him learn the skill. Summoning the powers of a mascot taps into the fantasy world that children are drawn to. It also provides concrete or tangible reminders, easy for some children to relate to.

6. *Help the child to find supporters.* Soliciting helpers from amongst parents, teachers, neighbours, professional helpers, and peers creates encouragement and a broad context for opportunities to practice and reinforce the skill; opportunities to practice and receive positive feedback are multiplied through the network. As the child begins to work with many supporters, a network of attachments is created; this provides an important protective factor for the child (Bee & Boyd, 2002; Neufeld & Maté, 2004). This network is a constructed village, which benefits not only the child but the community of supporters who get an opportunity to share in the child's goals, compare notes, and work as a team. Occasions arise amongst the caregivers for consultations, mutual support, and advice exchanges during setbacks. Caregivers can receive acknowledgement and benefit from mutual help. Furman (1992) stresses the importance of giving credit to one another

as team members, a basic principle of Solution-Focused interventions. Credit giving improves relationships, models collaboration for children, and improves collaboration by allowing team members to show appreciation for each others' roles rather than competing for expert space.

The experience of learning skills supported by the “village” of attachment enables the child to connect emotional benefits with skill learning. Neufeld and Maté (2004) see children as capable of learning to act responsibly, be considerate, and get along with others when they are supported emotionally. By seeking supporters amongst the population of caring villagers, the child reaches out to people with whom he is emotionally attached and who therefore can influence him. In Neufeld and Maté's language, these supporters are accepted compass points. In a Solution-Focused paradigm, the parents witness the power of support and the offering of help from others who may have had similar experiences with the problem or its solution. Collaboration, trust, and reciprocity – the tools of social capital – are constructed to the benefit of the child.

7. Ask the helpers to express their confidence in the child. A key step in Solution-Focused interventions is acknowledgement of the client's own resources and potential for goal achievement. This step is stressed in Kids' Skills where the supporters are invited to tell the child why they are confident that he will learn the skill. This invites the supporters to notice other times when they have had a positive influence on the child. Parents may report on positive behaviours in recent days, reinforcing the idea that change is possible. A mutual benefit is achieved in this step. Motivation is captured through expressions of confidence in positive outcomes. The parent is taught to focus on the child's past successes, bringing up examples of difficulties the child has surmounted in the past.

Focusing on success creates a ripple effect, which de Shazer (1991) asserts encourages children to believe in their ability to learn a new skill.

8. Make a plan with the child about how you will celebrate once the skill has been learned. A plan to celebrate learning the skill instils confidence that it will be achieved and hope for the parents and the child. The optimistic tone facilitates an open frame of mind, which is helpful for learning (Levine, 1994). Celebrations are mutualizing events, a sharing of accomplishment amongst close ones or those who have shared a common goal. Planning to celebrate acknowledges the newsworthiness of a change in the child's repertoire of skills and creates space for the child to receive positive attention. The anticipation of a celebration in the not-too-distant future is based on Solution-Focused therapists' belief that therapy can be brief and still effective (de Shazer, 1991).

9. Ask the child to demonstrate to you how he will behave when the skill is learned. Teaching the skill is done through talk, demonstration, and modelling, which are cognitive, kinesthetic, and visual processes that underlie childhood learning. The child is asked to demonstrate how the skill is performed; awareness of being observed by supporters creates a social context for learning the skill. This practice also solicits witnesses; it invites discussion about the skill components, observation, evaluation, and comparison to prior behaviour. Practicing in an emotionally safe environment such as role-play gives the child a script to try in real situations (Berg & Steiner, 2003). The child can then feel the difference between this performance and past ways of behaving, thereby learning a new, more effective response to a challenging situation (Glasser, 1998). The concrete step of practicing a new skill is well known by preschool teachers who model and teach through the approximation of target social behaviours (Nelsen, Erwin, & Duffy

1995). Bandura (1997) recognizes that self-modelling enhances proficiency by providing the child with a clear way of performing the skill, thereby strengthening his belief in his capabilities.

10. Help the child to tell people about the skill he is going to learn. Broadcasting continues the solicitation of supports and witnesses, creating momentum around the skill. It benefits not only the child but also the team of caregivers, who are named and recognized for their anticipated role with the child.

11. Let the child practice the skill by providing opportunities to show how skilful he already is. In this step, opportunities to practice the skill are created and notes are taken of observed skill demonstration. The child and the support team contribute to a poster or scrapbook recording progress in the skill development. This keeps the skill in people's minds, teaching adults to notice positive rather than negative behaviours, and providing them with opportunities to contribute to the project.

12. Let the child choose the preferred type of reminder in the event the skill is forgotten. In the Kids' Skills approach, setbacks are clearly anticipated by asking the child how he would like to be reminded of the skill should he forget. This gentle acceptance of relapse shows benevolence and a compassionate approach to the difficult task of change. By asking how the child has used the emerging skill in the past, the child learns to observe and self-evaluate: Which way was more effective (Glasser, 1998)? Setbacks seen in the context of change are normalized. Supporters learn that setbacks do not mean the child is not progressing. Reminders also increase the frequency of practice. Levine (1994) believes that positive reinforcement of effective behaviours supports learning more quickly and durably than does negative attention directed to a problem.

13. When it is time to celebrate learning the skill, ask the child to thank all the supporters for their help. The actual celebration is a time for the child to be congratulated for achievement towards the skill. This recognizes effort, not just achievement, and is an opportunity for social appreciation. Celebrations are part of our cultural traditions; here they are introduced to honour persistence and hard work towards change. Celebrations demarcate a before and after change of status (De Jong & Berg, 2002). The opportunity to show gratitude and recount how each caregiver supported the skill learning is reinforcing and keeps the attachment village united. We value recognition from those we help, as well as credit from colleagues; this recognition in turn creates positive feelings and motivates repetition of the event. In Choice Theory terms, the sense of belonging and competence influences the likelihood that the behaviour will be continued, more so than coercive and externally controlled demands (Glasser, 1998). Recognition creates a bond that keeps the community alive.

14. Give the child the opportunity to teach the skill to other children. Having the child teach the skill to a peer reinforces it and provides opportunities for practice. Reciprocity becomes part of the lesson and the child's self-concept is further supported, a gain for the foundation of social capital. The child's competency is rewarded, and the act of teaching the skill to others allows connections to be developed with peers.

15. Discuss with the child the next skill he will learn. Teaching the child that personal development is ongoing is exemplified through the last step, in which the child is encouraged to choose the next skill to be tackled. In Furman's Kids' Skills approach, parents influence rather than coerce the child to consider a particular skill. Influence is further manifested through discussion of the benefits to the child when learning a certain

skill. The child is included in these early discussions, and inclusion is continued with the choosing of a name for the skill, finding a mascot, and choosing supporters and forms of reminder should the skill be forgotten. The absence of coercion reduces resistance and supports adherence to the project (de Shazer, 1991).

Research Method

The project was carried out with a family and a small group of caregivers. Skill practice occurred at the daycare site, at school, and in the home.

Participants. The criterion for the child participant was the exhibition of mild to moderate behavioural or developmental needs, such as adaptive difficulties with transitions and routines, self-care delays, or social-emotional adjustment difficulties.

Other criteria for inclusion were:

- There were no concerns regarding possible family violence or abuse.
- The child was between the ages of 4 and 6 years.
- The child was not actively receiving mental health services.
- The child was not receiving occupational therapy services.

The participants in this research project were a parent and other invited adults whom the child chose as her supports: the daycare provider, a grandparent, the kindergarten teacher, and a 12-year-old sibling. The grandparent and the other parent were included in the skill practice but were not participants in the interviews.

Method. The research project was presented to interested preschool coordinators in the local school district until a family agreed to participate. The preschool coordinators were asked to offer the opportunity to participate in this project to families who had

identified a need for behavioural supports for their child (See Appendix A). An introductory discussion was set up with a family who agreed to participate. The participants in this family were a mother, a twelve year old sister, and the six year old child who practiced the skill. Informed consents (see Appendix B), including the scope of commitment, were discussed along with an explanation of the Kids' Skills concept and its application. The child and family were asked to invite potential supporters.

My role as researcher was to explain the goal of the research project and to describe the Kids' Skills approach. My role was also to organise meetings, provide clarification as needed, and finally conduct interviews to collect the data for the thesis.

The participants and researcher had an initial meeting without the child present; behavioural issues were discussed from which the parent was to present suggestions to the child about a particular skill to practice. As per the Kids' Skills steps, the child was invited in to discuss the skills the parent had considered important to focus on. In an upbeat and fun manner, parent and child chose a particular skill to practice. The child was eager to begin the process with her participant team. Implementation of the steps occurred immediately and was maintained over an eight-week period. As support for the skill practice would occur in the moment, the parent and caregivers were advised that it would be difficult to estimate how much time per day they would spend assisting the child with the skill.

At the three-week mark, the team met to see how the child was doing and to check in with comments and questions. The following question was posed: "How will you know whether the Kids' Skills approach is one you'd like to use again?" This question generated preferred outcomes, which were then integrated into the end-of-

practice interview questions using the echo technique (Bavelas, Bavelas, & Schaefer, 1980). A final meeting at the end of eight weeks was set up to complete the interviews. Interview summaries are reported in Chapter 4 in table format.

The child's chosen skill. The child participating in this study was an articulate six-year-old who tended to be bossy, impatient, and physically rough with her friends. She had not yet acquired the critical social-communicative skills necessary to gain peer and adult attention appropriately. The child and parent decided that she would work on the skill of helping others to understand what she wanted in the course of her day by indicating her needs verbally rather than through rough gestures such as pushing and shoving. The child loved her black cat at home so this became her power animal. The name of the skill chosen by the child was "Kitty Helper." She wore a "kitty" pin and had a "kitty" sticker on her desk and on the wall at preschool. She was a bright, articulate little girl and she was able to practice helping her friends understand that she needed more space to play and more time to be left alone. In other words, she was learning to let others know her wishes instead of belligerently pushing them away. This skill was practiced at home, during kindergarten, and at daycare. In the daycare and kindergarten settings, it was left to teachers to decide when and how to help the child practice her new skills; at times, it was set up as a specific skill practice.

Hypothesis. My hypothesis was that the participants' experience of the Kids' Skills approach would be satisfying if it met their psychological needs for belonging, power or achievement, enjoyment, and freedom of choice, as described by Glasser (1998). Given that these needs were met, an additional question was whether the participants would choose to use the intervention again. I hypothesized that if they found

the experience satisfying, they would likely be willing to replicate it, thus creating a beneficial social network.

Researcher bias. As a developmental therapist and student of counselling psychology, I have an interest in intervention outcomes that support a family's well-being. In my daily practice, I am satisfied with my work as an interventionist when I help parents understand their child's developmental challenges and observe their confidence and ability to live with the challenges presented. When I support changes that allow a family dignity while enhancing their enjoyment of greater options in their activities, my personal sense of competency is enhanced. In addition, I appreciate the concept that matching an intervention to a client's world view is essential when working with families of varying socioeconomic, cultural, and educational backgrounds (Miller, Duncan, & Hubble, 1997).

I recognized the importance of adopting a neutral stance during the Kids' Skills practice. The description of the Kids' Skills approach in this thesis demonstrates its sound theoretical foundation and, likely, my bias toward the benefits I perceived for parents, children, and support networks. During the project I presented the procedure clearly, without intention to cheerlead its strengths. While this was my intention, I am aware that researcher bias for a particular approach is difficult to avoid.

The interviewees knew me as an educated middle-aged woman with experience in the area of pediatric intervention within an established agency in the area. This familiarity allowed trust and a common language with the caregivers and teachers. Conversely, it might also have influenced the neutrality and objectivity of interviewee responses. I nonetheless encouraged an open and unencumbered conversation with the participants,

encouraging freedom to relate positive and negative experiences as well as their opinions about the intervention.

Ethical considerations (See Appendix C). The adults' experience of the intervention was the focus of the project; as such, the child was not presented with risks to her well-being and safety. The intervention was non-coercive and involved steps to solutions developed by the child and her family; I did not impose them. Furthermore, the parent and child chose a skill in such a way that the child received recognition for successful attempts to learn the skill. The emphasis was on doing something positive, the practice of a new skill. The interview was presented as an information-gathering tool; the child was not a participant in the final interview portion of the research project.

I explained my role as a presenter and coach for the behavioural approach, maintaining a neutral stance free from personal expectation regarding the outcome of the skill practiced or the team's experience. I maintained a neutral position by designing a semi-structured interview with open-ended questions. While I aimed for neutrality and objectivity, it is realistic to assume that my position as a professional created a power imbalance that may have influenced participants' perception of my role.

Safeguards were put in place to ensure the child's and the participants' well-being. I discussed the possible risk of disappointment for the family if any of the participants were to discontinue the project. Possible outcomes for the child were also reviewed, including successful acquisition of new skills, increased difficulties, or no change in behaviour.

Participants were encouraged to share information according to their comfort level and sense of safety. The policy regarding confidentiality of information shared was

reviewed. I assured participants that if issues or concerns requiring professional attention arose during the project, families would receive the referrals they needed to access professional services. Sensitive information was to be treated with confidentiality. Participants were advised that they could discontinue participation in the project at any time, and that the information gathered to that point would not form part of the project documentation without their permission. Participation in this project would not alter a child's place on any waiting list, nor would participation affect the type, quality, or frequency of services the child received or was entitled to receive. Parents were told they could invite any supporters they or their child would be interested in working with; all were invited to become participants in the project. As a researcher, I did not participate in regular daycare/preschool team meetings, other than meetings scheduled for this research project.

This project proposal was accepted by a Caucasian family. I believe the Kids' Skills approach and the Choice Theory concepts are respectful in the stance they assume with clients in their adaptability to a range of world views; the respective client-focused principles render them appropriate and acceptable for multicultural application.

Interview design. The Kids' Skills practice was followed by an interview of the participants. Michael Quinn Patton's (2002) qualitative interviewing technique was utilized to capture the complexity of the participants' experiences as well as their perceptions; it also allowed me as the researcher to attend to the participants' language when they described their view of the child's learning and their responses to the skill practice. I designed the interviews to capture responses which would be interpreted based on predetermined thematic categories, utilizing the four basic needs as described by

Glasser (1998). Individuals' reports of their experiences were analyzed to see whether they indicated satisfaction with the Kids' Skills process and, if so, which aspects of the process they most appreciated (Glasser, 1998).

A Solution-Focused question was presented at the three-week mark of the project: "How will you know whether you will choose to use the Kids' Skills approach again?" The purpose of this question was to elicit descriptions of a satisfying experience. The decision to use this question to elicit participant-generated evaluation criteria was based on the "echo technique" suggested by Bavelas, Bavelas, and Schaefer (1980), where participants' own criteria are used to evaluate their experiences. The descriptors elicited were then integrated into the main questions of the semi-structured interview. A semi-structured interview format allowed for efficient information gathering followed by probing questions for more focused answers. Available time and schedule constraints of a working parent and busy teachers confirmed that this was an optimum format for this project (Rubin & Rubin, 2005).

The post-intervention interview questions were designed to integrate Glasser's (1998) Choice Theory principles and to inquire whether basic psychological needs were met. Questions were asked to investigate whether the team members would be satisfied with the experience if it met the following basic psychological needs:

- Love and belonging: connectedness with the child and the team; the "village effect."
- Power and control: a sense of competence in using this behavioural approach.

- Freedom: a sense of choice regarding how to choose the skill and when to reinforce and support the child. Was the intervention time-consuming and did they feel constrained in its application?
- Fun and enjoyment: Was the approach fun for all the participants?

Glasser (1998) maintains that psychological satisfaction and a sense of being in effective control of oneself are achieved when our actions provide a means of meeting these needs.

Interview questions. The end-of-project interviews began with the following introduction to the participants:

“You talked three weeks ago about factors that would influence your decision to use the Kid’s Skills approach again. For example, you said ‘I would be less frustrated; I would be more relaxed; I would feel more kindly towards the child; and I would repeat myself less. I would not be redirecting the child constantly; I will only need to do one reminder.’ I am wondering whether the Kids’ Skills approach met any of these expectations.”

The interview then continued with the following questions:

1. The Echo Technique: At this point, are you thinking differently or the same, relative to those comments? What was your general experience of using the Kids’ Skills approach in the last two weeks?

Probe: How is this different from other ways of helping the child get along with her friends? What did you like the most? What else? What did you like the least? What else?

2. *Love and belonging.* What was your sense of being with the child this way? In the initial interview, you mentioned you would feel less frustrated and be more positive towards the child.

Probe: How did the child respond to you when you reminded her? What was that like for you? How did you feel about telling the child to remember the skill? What relationship might this create with the child?

3. *Power and control, or competence.* Tell me about the application of the approach. Did you feel you could proceed with it?

Probe: What did you find challenging (e.g., implementation, confidence to apply the approach, confidence to use it independently)? How did you respond to the challenges? What would you need to make this approach better?

4. *Freedom.* Tell me how it fit or did not in your daily tasks with the other children. Did you feel constrained? How was the planning of the approach (e.g., using it in various sites, fitting it into the day's routine)? What was it like to think of a skill rather than to think of the problem? Did this feel different? How often were you aware that you were paying attention to the skill?

5. *Fun and enjoyment.* How was this fun/not fun? You mentioned wanting to feel more relaxed. What was your experience of that? When was it challenging, or not as much fun? What told you the child was having fun using the Kids' Skills approach? What told you other team members may have been enjoying the approach?

6. *The Solution-Focused Question:* Do you think you will use the Kids' Skills approach again? Why or why not? What would you need to make this happen? Could you start on your own?

Interviews were held eight weeks after the initiation of the project and were audio taped. Tapes were kept in the researcher's office in a locked cabinet. They were erased at the end of the project.

CHAPTER 4: RESULTS

The child's parent and the daycare provider were interviewed during a two-hour meeting. A separate meeting with the kindergarten teacher lasted one hour. Participants were eager to share their individual experiences and enjoyed the opportunity to engage in validating discussions.

Participant responses to the interview questions detailed in the preceding chapter are organized below in table format. There were frequent concurring opinions; in the interest of brevity, these are not repeated.

Choice Theory provided an effective framework within which to evaluate participants' experiences in this research project. The interview questions were designed to investigate how the participants' experiences met their basic psychological needs as identified by Glasser (1998). These needs, and the interview questions relating to each, are identified in the tables.

The participants are identified as follows:

Parent: P

Daycare provider: DP

Kindergarten teacher: KT

Sister: S

Interview Responses

Question # 2	<i>What was your sense of being with the child this way? How did the child respond to you when you reminded her? What was that like for you? How did you feel about telling the child to remember the skill? What relationship might this create with the child?</i>
Need	Love and belonging , including: satisfying relationships, concern about the well-being of others, feeling connected to people, closeness with friends and loved ones.
P	It brought an easier bond between us; we didn't have to get mad at each other; with this [the Kids' Skills approach] you're not directing bad behaviour. It's positive as opposed to being scolded; I'm not angry so much. She got more positive feelings from me; she doesn't need to be disciplined; other friends join her to play, as they weren't before; she wanted to show the skill off in the restaurant.
DT	It's discreet, not embarrassing to the child.
S	We didn't have to get mad at each other; she was having fun with it.
KT	This made our relationship a little bit different, it felt special (a fun complicity). I was talking more positively, rather than watching for negative behaviour. I found myself advocating for her. I didn't feel on the same page in the beginning, not having attended the first meeting. I would like to participate from the beginning in other skill practices.

Question # 3	<p><i>Tell me about the application of the approach. Did you feel you could proceed with it? What did you find challenging (e.g., implementation, confidence to apply the approach, confidence to use it independently)? How did you respond to the challenges? What would you need to make this approach better?</i></p>
Need	<p>Power and control, or competence: This takes many forms, including prestige, respect, recognition from others, self-efficacy, accomplishment, and creativity. It concerns control over self, not others. Being able to do a required task in a competent way also provides a sense of personal power.</p>
KT	<p>This falls in line with my belief, it's not remediating but accommodating. I was more aware of her social interactions. The Kids' Skills helped me focus better on the skill she needed to learn. There was no mythical figure (disciplinarian); we were all involved in the child's life. This is a very important part of this. It's easy to remember.</p>
DT	<p>I didn't feel like a broken record, this was more calming for me; I can see using it with the whole class, that way no one gets singled out. To make this better I would ask her more often: How can you get your 'Kitty' (mascot) to help you with this?</p>
P	<p>I'm quite confident with it; I used the word 'helper' to cover many areas (of challenges). In the beginning I needed to remind her a lot, and then it took less time. A challenge was to keep ourselves organized in the beginning. The Kitty badge was helpful as a good reminder. It gives you more ability to keep the child in control. I told another mom about it at school to use with her child. There are no compromises with this, you either do it or don't: it's black and white.</p>
S	<p>I just had to say, remember your Kitty badge. She actually listened to me. It felt like wow, this is helping her realize she is changing something. She showed it off; it made things easier.</p>

Question # 4	<p><i>Tell me how it fit or did not in your daily tasks with the other children.</i></p> <p><i>Did you feel constrained? How was the planning of the approach (e.g., using it in various sites, fitting it into the day's routine)? What was it like to think of a skill rather than to think of the problem? Did this feel different? How often were you aware that you were paying attention to the skill?</i></p>
Need	<p>Freedom: Freedom involves autonomy and a lack of constraints in one's actions. This may include freedom to pursue one's goals and to choose by which means to attain them. Freedom also means a willingness to take responsibility for one's actions.</p>
P	<p>I just had to insert the word 'helper' and she knew what I meant when I asked her to change her behaviour; her father counted way fewer times he heard her siblings call her name (in exasperation); instead of everything being a two hour battle, it was two minutes; I just had to say, where's your Kitty badge? It was quick, two words.</p>
DT	<p>In the beginning I had to remind the child more. Then it took less time. I just had to tap her on the badge. It's appropriate for any situation or scenario. It gave the child a way out of trouble quickly. I was able to say 'Wow, this works.'</p>
KT	<p>I did not feel constrained by this task. Touching the kitty picture was time saving. It's freeing because you are using non-verbals.</p>

Question # 5	<i>How was this fun/not fun? You mentioned wanting to feel more relaxed. What was your experience of that? When was it challenging, or not as much fun? What told you the child was having fun using the Kids' Skills approach? What told you other team members may have been enjoying the approach?</i>
Need	Fun and enjoyment: This includes a need for play, pleasurable activity, learning new things, creative activity, enjoyment of a sense of humour, the ability to laugh at oneself, spontaneity, and a positive outlook on life.
P	It was fun to see it through her eyes; it was neat to watch her learn; she was keen to tell her gymnastics teacher; she spontaneously told people about it; the stress level at home has gone down. I'm not always playing the referee. I'm more a mediator. I'm not angry, I'm more comfortable. My child had fun using this. It made her feel more important.
DT	It was fun to listen to the child; I was beginning to think where did my sense of humour go?

CHAPTER 5: DISCUSSION

The research question regarding the participants' experiences of the Kids' Skills approach has been answered: Participants replied favourably to the interview questions relating to the way the intervention met their basic psychological needs. The participants experienced self-efficacy (relating to the need for power and control, or competence); connectedness with the child and with each other (relating to the need for love and belonging); enjoyment and fun; and autonomy and lack of constraint in their ability to provide assistance (relating to the need for freedom of choice). The belief that the child could succeed created an atmosphere of optimism and hope. All of the participants reported feeling personal and communal satisfaction when working this way. Their support for the child in learning the skill became integrated into the day's activities and was not perceived as an additional task.

The participants' responses as to the benefits and the enjoyment of working collaboratively were also positive. The caregivers had a common goal: to help the child practice learning the skill at home, at the daycare, and in kindergarten. When the parent met the teacher at the school arrival time, she was able to check in with the teacher and appreciate that she "was not alone" in supporting her child. This situation recreates, to some degree, a village, where close friends and relatives would share such knowledge and take an interest in a child's progress.

The Kids' Skills approach seems to have promoted the autonomy of the parents and the child, as the skill was chosen by them and was not prescribed or suggested by a therapist or counsellor. This sense of agency was reflected in the comments. Reciprocity

was acknowledged through the experience of mutual help between participants; being “on the same page” fostered solidarity. In short, a “village” was created.

The participants’ responses acknowledged positive changes in the child’s behaviour. Although gratifying, for the purpose of this study, effectiveness of the intervention was ancillary to the participants’ reported experiences. Intervention effectiveness is not, however, a negligible factor in participant satisfaction with approaches in general. It contributes to a sense of competency in caregivers, and it can encourage diligence and motivation to do more.

Participants reported on the child’s responses as being excited and proud to have a skill to practice; she mentioned it frequently throughout the day, pointing to the “kitty” mascot and telling her schoolmates about it. The child demonstrated that she was acquiring the skill of verbalizing her needs and was applying the skill at home, in school, and in the daycare. She was also generalizing her skill to other activities. Her parents reported less stress in the home, as the child was calmer and better able to sleep. At school she responded more quickly to nonverbal reminders, preserving self-esteem as well as better social regard. As a therapist and researcher, hearing about the changes in the child’s behaviour was encouraging, particularly hearing the child’s mother say she knew of another skill she would present to the child for practice. The parent’s perception of a “problem” had already been transformed into a skill to be learned; the parent had the knowledge and experience to use an effective parenting skill to benefit her child. In addition, the team was visibly pleased by the child’s behavioural changes and by her improved social standing with friends and family. They perceived themselves as able to effect this change through their support of the skill practice.

As a researcher familiar with the Kids' Skills approach, I was mainly involved during the set-up of the intervention. The process was easy to teach and the tasks were transferred to the caregivers. In future applications, as caregivers become proficient in the approach, they can apply the model as they wish to many types of behavioural needs. I perceived confidence and a sense of autonomy from the participants as they expressed looking forward to using the approach on a larger scale, including a few children at a time. The Kids' Skills video produced by Dr. Furman (n.d.) in Finland shows an example where teachers adopt the approach along with their students to change personal habits and practice self-improvement, an added benefit to the children as they learn through positive modelling. Within this environment of positive collaboration, there appears opportunity to create supportive networks for families that replicate the benevolent atmosphere of the village.

The participants' experiences support McGoldrick's (1998) view of relational resilience promoted by mutual supports that strengthen families and their communities: "Highly resilient people reach out for help when needed, turning to kin, social and religious support systems, as well as helping professionals" (p. 64). The child's mother reached out to community supporters and was strengthened by their responses; these responses prevented potential isolation and fostered trust building for the family. Similarly, participants expressed appreciation that during the project other team members were there to turn to, and they were not alone in supporting the child. Individual and group self-efficacy as the foundation for collective competency was demonstrated, which is further supported by Bandura's research (1997). The inherent collaborative style of the Kids' Skills approach sustained the participants' interest and motivation, and duplicated a

nurturing community. Building social capital and community capacity through approaches such as Kids' Skills is supported by the research of Dunst (2000) and Putnam (2000). Evidence-Based practice research encourages community capacity building as a creative and effective solution for service delivery (Dunst, 2000); Dunst (2000) offers evidence that families are best served in this way.

The participants' experiences with the collaborative methods of the Kid's Skills approach lend support to the ecological perspective of broad physical and human involvement; many caregivers in various sites supported the child in her skill practice. The benefits to one member of the team were observed and appreciated by the others. As in an environmental ecosystem, the team members did not function in isolation. The cohesiveness of the social network was created by team discussions and the shared activity of supporting the child to learn this new skill. An ecological approach was also demonstrated by embedding the skill in the day's activities rather than as a practice set at designated "therapy" times. Natural opportunities to generalize the skill to other tasks presented themselves.

Strong relationships are key to preventing the development of social-emotional problems (Bricker, Shoen Davis, & Squires, 2004). The Kids Skills approach created strong adult-child bonds and widened the child and family's social network. Shonkoff and Phillips (2000) stress the value of this social network as an important preventive factor for later mental health issues.

Although social policy and economic considerations were not a focus of this research, it is important to note that publicly funded health and educational facilities rely increasingly on community-based supports. Collaborative approaches that support

parents and caregivers with tools to provide timely responses to children with behavioural needs can alleviate some demands on social and health services. Such approaches may also help prevent escalation of problems when parents and families are on wait-lists for intervention.

Limitations of the Research Project

The small participant number is a limitation of this pilot project. The Kids' Skills approach was applied with only one family, and this has obvious limitations in terms of generalizing results. It would be helpful to replicate this type of project with a larger sample of participant families to determine need-satisfying conditions for supportive social networks. Comparison of Solution-Focused interventions with traditional problem-oriented approaches currently used in educational settings would be of interest with respect to the perception of mutual supports and collaboration between team members.

I would recommend a few modifications to the procedures used in this pilot project if a larger study were conducted. Shorter periods of time between meetings would allow for better monitoring of the process. The design of the project and the time constraints permitted only a limited amount of support from the researcher. Reliability and consistency of application of the Kids' Skills approach were informally reported through anecdotal reviews. The availability of a counsellor or therapist between consultation meetings for questions and check-ins could mitigate future inconsistent applications of the intervention; however, this may influence the perception of professional involvement needed.

A recommendation from the kindergarten teacher was to remember the importance of gathering the key players together at the initial discussion about the skill

choice. This would help all participants to be “on the same page” and enhance early engagement, with everyone beginning the supports at the same time. The logistics of gathering team members requires planning around work schedules, a frequent hurdle in the coordination of team work. In addition, because the child chooses the supporters, teams cannot be preselected to attend the initial discussion with the child.

A critique of Solution-Focused interventions is that they do not necessarily assess the broader contextual issues of a concern (De Jong & Berg, 1997). Consideration of family issues is certainly important when addressing emotional problems causing distress. Likewise, a family’s concerns with a child’s behaviour should be attended to with proper intake and developmental assessments. Studies support the importance of addressing contextual issues in order to avoid parent disengagement in treatment (Prinz & Miller, 1994). The Kids’ Skills approach is not meant to short-circuit appropriate client care. It is an intervention method that supports the principles of Solution-Focused intervention in pursuit of future-oriented goals. Nonetheless, ethical and professional application requires consideration of comprehensive client care.

Implications for Future Research

The participants’ experiences were collected by means of a semi-structured qualitative interview. A more in-depth analysis of the participants’ experiences would utilize quantitative measures permitting comparison between psychological needs; it might be possible then to discern those conditions most apt to sustain motivation and engagement. From the interview responses in this research project it appeared that connectedness between participants and between the participants and the child (relating to the need for love and belonging) were the most salient features.

There is still insufficient empirical data to support the efficacy of the Kids' Skills intervention; likewise, caregiver experience with the Kids' Skills approach has not yet been reported from Finland or other areas. The possible benefits of this approach could be promoted to early childhood educators and elementary teachers to encourage its wider utilization; this would provide opportunities to evaluate its use in various educational sites and its application to different populations.

During project team meetings it was possible to gauge the level of support the participants needed to become confident in their application of Kids' Skills. Further study could address the applicability of the Kids' Skills steps, providing information as to the possible "hands-off" presence of professionals. This information would be helpful for replication of the intervention.

As a pilot project this study provided information on network supports and their sustainability. Further research on interventions that meet parent and caregiver needs is needed. What benefits do participants identify with most consistently? If indeed meeting parent and caregivers' psychological needs contributes to effective and satisfying work, what other opportunities can we create to offer these conditions and encourage parent/caregiver engagement? These questions will also have implications for the effective use of therapies and the provision of psychoeducational training for parents and caregivers.

Concluding Remarks

We are social beings who gain great strength from membership in our ever-changing communities; recognizing the value and benefits of shared goals and collaborative actions can strengthen our desire to be part of a caring society. We all have

a stake in our children's well-being to ensure they develop their potential to become healthy and productive adults. Without extrapolating too broadly from this small-scale project on community supports it is possible to envision practices that not only sustain families and caregivers, but model sustainable behaviours to our children. Mental health professionals are aware of the value of social capital. The application of creative approaches to constructing nurturing "villages" where they do not exist naturally is limited only by our imagination and our will.

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APPENDIX A

Letter to preschool or daycare supervisor

Francine Gohier
2129 Michigan Way
Nanaimo, B.C. V9R 6S2

March 24, 2006

Dear (preschool supervisor)

I am a student in a Master of Arts in Counselling Psychology program at City University. Presently, I am preparing a thesis as a requirement for completion of this degree. I, in the role as a researcher, would like to share information concerning the goal of my thesis and discuss the possibility of a family from your daycare participating in a short thesis-related project.

The purpose of the project:

In this project, children with mild to moderate behavioural needs are encouraged, by a participant team consisting of their parent(s) and supporters, to devise a solution to a behavioural problem. The solution utilizes steps described in a behavioural approach called Kids' Skills. This approach was developed by Finnish psychiatrist, Dr. Ben Furman (2002). The Kids' Skills approach helps children manage a behaviour problem by encouraging them to identify and practice, with the help of parents and supporters, new skills they need to learn to achieve positive behaviour. The approach is particularly applicable to schools, daycares and, of course, to home.

The goal of this project for the researcher is to receive and appreciate the participants' experience of the Kids' Skills approach. The participants are the child's parent(s) and chosen supporters. This project will allow participants the opportunity to inform the researcher about their experience of the Kids' Skills approach and whether they would consider using the approach in the future should a behavioural issue arise again.

This request, should you be interested, is that you suggest a family that you consider appropriate as a possible candidate for participation in this research project. This researcher would initially discuss this family with you before contacting them, to assess whether the child would match the following criteria:

- The child would exhibit a mild to moderate behavioural or developmental problem such as adaptive difficulties with transitions and routines, self-care delays, or social-emotional adjustment difficulties.
- The child is between the ages of 4-6 yrs.
- The child is not currently receiving mental health services.
- The child is not currently receiving Occupational Therapy services.
- There are no evident concerns regarding family violence or abuse issues.

Involvement expected:

Initially, an information session will be held involving the parents, invited supporters, and myself, the researcher. The session will explain the steps to the Kids' Skills approach and the purpose of the research project. Dr. Furman's *Kids' Skills Parent Manual* will be available to clearly outline the approach. Information is also available from the internet sites kidsskills.org or reteaming.com.

During a subsequent session, the researcher, parents and caregivers, joined by the child, will discuss what skill the child might learn in order to address a behavioural problem. The child will be asked who he/she would like as supporter(s). The Kids' Skills steps, as outlined in the manual, will be reviewed taking as little as 15-20 minutes, and done in an upbeat and fun way.

The implementation of Kids' Skills occurs over the following 6-week period. The practice with the child happens "in the moment"; as such, it is difficult to estimate how much time parents and supporters will spend each day assisting the child with this skill. For example, for a child who uses loud cries to communicate, the skill might be to learn to use a soft "Dora" or "Pooh Bear" voice. Parents and supporters may need to remind the child 3- 4 times a day about how to practice a soft voice. The child can be given reminders such as verbal, signal, or picture cues. As this practice becomes integrated into the day, it may become second nature and not be perceived as an additional task.

The researcher and participants will meet 2 to 3 weeks later to determine the project's progress and to jointly address questions, or concerns that may arise.

At the end of six weeks, final meetings will be held individually with the participants to complete a short individual survey and a tape-recorded interview. The survey questions will pertain to the participants' impressions of the Kids' Skills approach, and whether they might choose this approach should a behavioural need arise again.

Benefits/risks to the child and participants:

This approach looks at behavioural intervention in a different way; the focus of Kids' Skills is not on the child's behavioural problem but on the practice of a new skill to address this problem. The intervention is a solution initiated by the child and his parents, not the researcher. The researcher will clarify that parents and supporters need not endorse the Kids' Skills approach from the outset.

Participation in this project will not alter a child's place on any waitlist, or affect the type, quality or frequency of services he/she is entitled to receive.

The researcher will prepare consents for all participants, that is, the parents and the chosen supporters, which may include staff members of your facility. Children are not participants in the final thesis surveys. The researcher will review with all participants ethical considerations, such as anonymity and confidentiality.

There will be no monetary compensation for participation in this project. It is voluntary. The parents and supporters will be welcomed to read the thesis of this project after its completion. The researcher will ensure that team members will be well supported in terms of having access to appropriate resources should issues or concerns arise during the project.

As the researcher, I am happy to answer any questions you might have regarding the project, and the involvement this would require. I am excited about the learning opportunity this will be for me and hopefully for participating team members and families.

Thank you for your consideration,

Francine Gohier
Phone: 250-753-7475

APPENDIX B

Participant Consent

Hello,

My name is Francine Gohier. I am a student in a Master of Arts in Counselling Psychology program at City University, Bellevue, Washington (Victoria B.C. campus). I am also an Occupational Therapist specializing in early childhood development. Presently I am beginning the thesis portion of this program, which is a requirement for this M.A. degree. This thesis will report on participant feedback regarding their experience in a research project using a behavioural intervention called Kids' Skills.

Explanation of the research project:

The research project will be based on a program for behavioural change and personal growth developed by Finnish psychiatrist Dr. Ben Furman (2002). This program assists children to address behavioural problems by helping them identify and practice, with the help of their parents and supporters, new skills they need to learn to achieve positive behaviour. For example, if a child hits or bites other children, the child needs to learn a skill such as using words, rather than biting, to express disappointment or frustration.

The goal of this project is for the researcher to receive and appreciate the parents' and supporters' experience of the Kids' Skills approach.

In this research project, children with mild to moderate behavioural needs will be encouraged, by their parents and their supporters, to choose a skill to practice. This new skill will help them deal with their behavioural problem. The steps to achieve this solution are described in the Kids' Skills approach.

The researcher's role is to inform parents and supporters (the participants) about the Kids' Skills approach, and its application. The research project will be conducted over a six-week period. During this period, the researcher will provide support to the participants with scheduled meetings, and respond to questions by telephone as required. At the end of the six-week period, interviews will be held and a short survey will be completed. These will be related to the participants' experience of the Kids' Skills approach.

The participants in this project are the parents (one or both parents), and other supporters whom the child chooses. If a peer is selected as a supporter, he will not be involved in the final project interview. The suggested supporters are preschool teachers, grandparents, neighbours, babysitters, or professional helpers.

Involvement required:

An information session including parents, invited supporters, and this researcher, will take place to explain the Kids' Skills approach. Dr. Furman's *Kids' Skills Parent Manual*,

which clearly outlines the approach, will be available. Information is also available from the internet sites kidsskills.org or reteaming.com.

A separate meeting will be planned, where the researcher and participants, joined by the child, will discuss what skill the child might learn in order to address his/her behavioural problem. This will take as little as 15-20 minutes, and will be handled in an upbeat and fun way.

The implementation of the steps occurs over the following six-week period. The support to the child is provided “in the moment”; as such, it is difficult to estimate how much time per day parents will spend assisting their child with this skill. For example, a child who uses loud cries to communicate might practice the skill of using a soft “Dora” or “Pooh Bear” voice. The parent might need to help the child practice this 3-4 times per day. The teacher might support the child as frequently in a preschool session. The child can be given reminders, such as verbal, signal, or a picture cues. As this practice becomes integrated into the day, it may become second nature and not be perceived as an additional task.

The researcher and participants will meet 2-3 weeks later to determine the project’s progress, and to address jointly any questions that may arise.

At the end of six weeks, final meetings will be held individually with the participants to complete a short survey and a tape-recorded interview. The survey questions will pertain to the participants’ impressions of Kids’ Skills, and whether they might choose this approach should a behavioural situation arise again.

Benefits/risks to the child and participants:

The focus of the Kids’ Skills approach is not on the child’s behavioural problem, but on the practice of a new skill to address this problem. The intervention is a solution initiated by the child and his parents, not the researcher. The likely outcome for the child is progress towards the skill, which, at the very least, will be considered a success. In this respect, the child will not experience “failure” or disappointment.

There is always a risk, as with all programs, that no improvement or increased behavioural problems may be noted. Another risk could be disappointment, if the child or any of his/her chosen supporters loses interest before the child has successfully learned the skill.

Participants are encouraged to share information according to their comfort level and sense of safety. Participants will be requested to maintain each other’s confidentiality. While confidentiality is part of the process, the risk of breach of confidentiality always exists.

Participation in this project will not alter a child’s place on any community agency waitlist, nor will participation affect the type, quality, or frequency of services the child is receiving or is entitled to receive.

The researcher will be acting solely as a leader/supporter during this project. In order to avoid a conflict of interest the researcher will not provide therapy to the child. The researcher will ensure that if issues or concerns arise during the research project, participants will receive the referrals they need to access professional services.

Confidentiality:

Professional codes of ethics include the following exceptions to confidentiality: There is a need for disclosure of information when there is clear and imminent danger to the client or others, when a child is in need of protection, and when legal requirements demand that material be released. These provisions are for the participants' and children's safety.

The written surveys and taped records of the interviews will be kept in a locked filing cabinet in the researcher's home office; the surveys will be shredded and the tapes erased after the project is written up (anticipated in July 2006).

Participation in this research project is voluntary and participants may choose to withdraw at any time. Any information gathered up to that date would be included with permission only. There will be no monetary compensation for participation in this project.

The completed thesis will be available for participants to read at the end of this research project. Participants are invited to contact this researcher, or her faculty advisor Dr. Brenda Adams, at any time during the project should questions or concerns arise; contact numbers and best times are indicated below.

This thesis will be a public document. The researcher may use some of the information from the thesis for the purpose of future writings, such as publication in a professional journal, or in a related presentation. The participants' consent will allow inclusion of this information, again maintaining confidentiality.

The advisors at City University have reviewed this consent and have given their approval for this research project.

Contact people:

Francine Gohier:
250-753-7475 (Monday to Thursday, 6:00 pm to 9:00 pm)

Dr. Brenda Adams: City University Advisor.
250-701-1247 (Monday to Friday, 9:00 am to 4:00 pm)

Parent Consent:

I have read and I understand the description of this research project and I consent to participate in this project; I also consent to designated team members supporting my child

using the Kids' Skills approach. I consent to further use of the thesis information for research and publication.

Name: _____

Phone: _____

Signature: _____

Date: _____

Preschool, Daycare or Agency Owner/Supervisor Consent:

I have read and I understand the description of this research project. I consent to participate and/or for a staff member to participate in this project. I consent to further use of the thesis information for research and publication.

Name: _____

Phone : _____

Signature: _____

Date: _____

Research participant consent:

I have read and I understand the description of this research project. I consent to participate in this project. I consent to further use of the thesis information for research and publication.

Name: _____

Phone: _____

Signature: _____

Date: _____

APPENDIX C

ETHICAL REVIEW PROTOCOL

1. Project Title:

Support Teams' Experiences of a Solution-Focused Approach with Children

2. Student's Name: Francine Gohier

Address: 2129 Michigan Way, Nanaimo, B.C. V9R 6S2

Telephone: 250-753-7475

E-mail: fmgohier@shaw.ca

3. Advisor's Name: Dr. Brenda Adams

Address: 216-80 Station St., Duncan, B.C. V9L 1M4

Telephone: 250-701-1247

E-mail: brenda.adams@shaw.ca

4. Does this thesis involve contact with research participants, including informants? Yes

5. Abstract:

6. Description of participants (include number, ages or age range, location, and special characteristics):

The researcher will conduct the project with the participation of two families. There may be a different number of participants for each family, depending on the number of parents and others the child chooses.

To clarify further, the participants in this project are the parents (one or both) and usually another adult supporter chosen by the child. The child may also choose from among his/her peers, but a peer selected will not be involved in the final research project interview. Adults suggested as supporters are preschool teachers, grandparents, neighbours, or professional helpers.

Appropriate family candidates will have a child that will match the following criteria:

- The child will have mild to moderate behavioural needs, that is, difficulties with adaptive skills such as transitions and routines, social-emotional adjustment problems or persistent self-care delays. The parents and caregivers will have identified these needs:
 - The age of the child will be in the 4-6 year age range.
 - The child will not be actively receiving Mental Health services.
 - The child will not be actively receiving Occupational Therapy services.
 - There will be no evident concerns regarding family violence or abuse.

A child's behaviour problems generally occur in the family's home, or in community facilities the child attends: schools, daycares, or friends' homes. The skill to be practiced can take place in any of these locations concurrently.

The researcher's role:

- to inform the participants of the goal of the research project utilizing the Kids' Skills approach;
- to organize meetings and provide program clarification; and,
- to conduct the survey/interviews in order to collect the data for the thesis.

7. If research is conducted through an agency or institution, include or attach written approval and permission. List the names, contact information, and contact persons for any institutions or agencies:

This research project is conducted independently of any agency. The researcher is conducting this project as a City University student, and is not a staff member of any preschool or daycare where the research project will take place. The researcher will be acting solely as a leader/supporter during this project. In order to avoid conflict of interest the researcher will not provide therapy to the child.

All participants will be asked to sign an informed consent. Participants, who work in a preschool where the child will be supported, will have the written approval of the supervisor to participate in this research project. Participation is voluntary.

8. Describe how participants will be identified or recruited:

Following initial phone contact, the researcher will send a letter of invitation to two preschool owner/supervisors in the School District 68 area describing this research project. Letters will be sent to additional preschool owner/supervisors until two invitations are accepted. Those who agree to participate will present the opportunity to families who match the criteria for participation.

Two families will be included in the project, one from each preschool. The letter of invitation to the preschool supervisor will contain the preliminary information to present to parents. Recruitment will occur one family at a time; this will avoid a selection/rejection scenario. Each family will be invited to look at the project sequentially. Should a family decline to participate, the preschool supervisor will invite another family to participate.

9. Describe how contact will be made with participants:

The researcher will telephone interested parents identified by the preschool supervisor. A meeting will be coordinated with this researcher to inform the parents of this research project, the project goals, and its purpose. Each family will be seen individually. Following an agreement to participate, the researcher will review full disclosure of expectations and consents.

10. Will participants receive inducements or rewards? Give details. No

11. How will the confidentiality of the data be protected?

The child and his team will be identified as team A or Team B only.

The A team participants will simply be:

Child: A. Parent: A. Professional: A. Caregiver: A. Other: A.

Likewise for Team B.

To provide anonymity for the participants, descriptions of the child's needs and the family will be general. As this will be for children with mild to moderate behavioural needs there will be no physical descriptors.

The consent will acknowledge that for each participant a survey and a tape-recorded interview will be utilized during the completion of this research project. The researcher will request that parents and other participants maintain confidentiality to encourage freedom of opinion regarding their responses. The data compilation will indicate the results of the survey responses for each category of participant. For example, Parents A and B responded by saying... Teachers A and B responded...

13. How will data be stored and for how long?

The written survey results and the tape-recorded interviews will be in the possession of the researcher until the project write-up is complete. These will be kept in an anonymous format (Team A and Team B) in the researcher's home office in a locked filing cabinet. The researcher will destroy (shred) the written surveys, and erase the audio tapes following completion of the thesis (anticipated by July 2006). The researcher may use the thesis information as a basis for publication in a journal article, or in a related presentation; the consents will allow inclusion of this information, again maintaining confidentiality.

14. Describe the informed consent process and give samples of forms and consent statements to be used:

The consent will include information about the Kids' Skills method, the purpose of the study and the degree of involvement requested. The researcher will explain the manner in which the survey results and the taped interview information will be stored. A sample of the consent is attached to this ethical review.

15. Describe any possible risk or distress and safeguards in place to address risk or distress:

The adults' experiences of the intervention will be the focus of the project; as such, the children will not be presented with risks to their well-being and safety. The interventions

are Kids' Skills steps to solutions developed by the child and his family; the project researcher does not impose them. The parent and child will choose a skill in such a way that the child would receive recognition for successful attempts to learn the skill. The emphasis will be on doing something positive, the practice of a new skill; it is not about the negative consequences for problem behaviours, such as the loss of privileges.

The researcher will explain her role as a presenter and coach for the behavioural approach, maintaining a neutral stance, free from personal expectation regarding the outcome of the skill practiced or the team's experience. The researcher will maintain a neutral position by designing a survey and an interview questionnaire allowing for positive, negative, and neutral feedback. The researcher will explain the emphasis of the survey as an information-gathering tool. The children will not be participants at the final interview portion of the research project.

The researcher will discuss the possible risk of disappointment for the family, should any of the participants discontinue the project. Possible outcomes for the child will also be discussed such as no changes in behaviour, increased difficulties, or successful acquisition of new skills.

Participants will be encouraged to share information according to their comfort level and sense of safety. While the researcher will ask participants to maintain each other's confidentiality, the risk of breach of confidentiality always exists. A child's parents may have different experiences of this behavioural approach; the introductory discussion will give parents an opportunity to express their thoughts or concerns regarding these possibilities.

The researcher will ensure that if issues or concerns requiring professional attention arise during the project, families will receive the references they need to access professional services. Sensitive information will be treated with confidentiality and will not form part of the project thesis. The researcher will advise the participants that they may choose to discontinue participation in the project at any time, and that the information gathered to that point will not form part of the project thesis without their permission.

Participation in this project will not alter a child's place on any waitlist, nor will participation affect the type, quality, or frequency of services the child is receiving or is entitled to receive. Some children receive support in their care facilities from Supported Child Development personnel. Parents and children may invite these support teachers to become participants in this project.

The researcher will not participate in regular daycare/preschool team meetings, other than meetings scheduled for this research project. The researcher will act solely as presenter of the project and recorder of the material gathered.

Student signature: _____ Date: _____

Approved by:

Thesis Advisor's Name: _____

Signature: _____ Date: _____

Faculty Name: _____

Signature: _____ Date: _____