PARENT ADAPTIVE DOLL PLAY WITH CHILDREN EXPERIENCING PARENTAL SEPARATION/DIVORCE

DISSERTATION

Presented to the Graduate Council of the University of North Texas in Partial Fulfillment of the Requirements

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By

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Parent Adaptive Doll Play, a technique in an early stage of development, is designed for use by parents in assisting their young children to cope with the stresses of parental separation/divorce. The effects of technique implementation by parents of three- through six-year-old children were investigated. Data was collected before and after parents received training and implemented the technique over an eight-week period. Parents completed the Child Behavior Rating Scale, Burks' Behavior Rating Scales, the Parenting Stress Index, and the Parental Attitude Scale.

Twenty-two parents, reporting marital separation through separation and/or divorce, within 18 months prior to the beginning of the study, and reporting more than 50 percent physical custody of a three- through six-year-old child qualified for participation. Twelve children were experimental subjects and ten were control subjects.

To determine differences between groups, a one-way analysis of covariance was performed on each posttest variable. Positive differences were calculated in several areas of child behavior by parents of subjects in the experimental group. No significant differences between groups were found in any area of child behavior. The score which most closely approached significance, however, was found in the Burks' Behavior Rating Scale area of poor anger control.
The Parenting Stress Index data analysis resulted in non-significant differences. Parents of seven experimental subjects reported decreased posttest total stress scores. Little or no change was reported in total stress by control parents.

No significant differences were found in Parental Attitude Scale data. More than half of the experimental parents reported less dominating and permissive attitudes upon posttesting. Least variation in scores reported by all parents was in the area of ignoring attitudes.

Verbal feedback from experimental subjects' parents was highly positive. Each reported success implementing the Parent Adaptive Doll Play technique and improved child behavior during the training period.
ACKNOWLEDGMENT

To my daughter, Abby, without whom the Parent Adaptive Doll Play technique might not have been realized.
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CHAPTER I

INTRODUCTION TO THE STUDY

Divorce constitutes a critical event in the life of the family system (Goldsmith, 1982; Hetherington, Cox, & Cox, 1978). Implications are that the incidence of divorce is increasing and that the postdivorce family is the largest minority group in our country (Goldsmith, 1982). Despite the prevalence of divorce, however, there continues to be a very limited amount of research exploring the effects of divorce on parents and children (Chethik & Kalter, 1980; Goldsmith, 1982; Hetherington et al., 1978; Wallerstein & Kelly, 1975).

When divorce occurs, interactions between individual family members are disrupted, as is the functioning of the entire family system (Goldsmith, 1982). Though every family system is confronted with events that disrupt its equilibrium from time to time, divorce appears to be an event that throws the system into a state of upheaval for an extended period of time (Beal, 1980; Goldsmith, 1982). Divorced families may take several years to evolve into newly formed, stable systems (Goldsmith, 1982); and unless satisfactory negotiation of relationships within the divorcing system occurs, it appears likely that unresolved difficulties will detrimentally affect the future functioning of the system (Beal, 1980).

With an increase in the incidence of divorce there is a concomitant increase in the number of households headed by single parents. Based on census statistics, Beal (1980) reported that most
children experiencing parental divorce are under the age of seven years at the time of separation and/or legal divorce. It has been estimated too, that 40 percent of children in our country will be affected by divorce during the next few decades (Bane, 1976).

The literature reveals disagreement about the nature of the effect of divorce on young children. One source reports that children under the age of five appear to have the greatest degree of difficulty adjusting to parental divorce (Beal, 1980), while other sources speculate that age is not so much a factor in determining the detrimental effects of divorce on children as are the child's developmental level at the time, the quality of the relationship with each parent and the child's environment (Mendell, 1983; Smart & Smart, 1980; Tessman, 1978).

Development is considered to be a process that divorce can interrupt in the lives of young children (Beal, 1980; Chethik & Kalter, 1980; Mendell, 1983). The loss of a parent as a real object in the life of a young child can result in loss of a significant resource for role identification (Chethik & Kalter, 1980; Goode, 1956), for socialization (Goode, 1956), and for successful negotiation of tasks that are age-appropriate (Chethik & Kalter, 1980; Mendell, 1983) such as walking or toilet-training. "Developmental arrest," (Chethik & Kalter, 1980, p.282) or the inability to continue with tasks necessary for healthy emotional development, has been described in clinically-treated children who had experienced parental divorce between the ages of two and one half years and five years of age, thus indicating the difficulties young children in divorce situations are likely to experience.
As has been stated, a child's environment and relationship with each parent are factors that bear consideration when examining the possible effects of divorce on young children. Parents involved in the process of marital dissolution will undoubtedly be affected by their own feelings of distress (Kelly & Wallerstein, 1977), loss (Chethik & Kalter, 1980), and turmoil (Tessman, 1978). In addition, parents must also deal with a variety of new and stressful issues such as custody, visitation, and changing parenting styles (Smart & Smart, 1980). A study conducted by Hetherington and associates (1978) revealed that both mothers and fathers "felt more anxious, depressed, angry, rejected, and incompetent" (p. 157) during the first year following divorce than parents in intact families. In divorce situations custodial parents most often assume the day-to-day responsibility for child-related decisions while also working outside of the home (Smart & Smart, 1980). Information in the literature implies that younger children require more caretaking, thus making the dual role of breadwinner and single parent of such children especially difficult to balance (Smart & Smart, 1980). In addition, sources indicate that the emotional adjustment and coping skills of both parents following separation and divorce have a definite bearing on the emotional reactions and adjustment of the children involved (Goldsmith, 1982; Mendell, 1983; Tessman, 1978). Clearly, parents of young children, experiencing marital separation and divorce, are in a position to benefit from experiences that enhance coping skills and post-divorce adjustment.

The very nature of the parent-child relationship warrants a child's being able to depend on a parent for his or her physical and
emotional well-being. A parent experiencing emotional distress in a separation and divorce situation, however, may have difficulty recognizing a child's reactions and stresses. Therefore, a child may not receive the attention necessary at the appropriate time for resolving difficulties related to the situation (Kelly & Wallerstein, 1977). Several sources describe intervention and treatment programs by professional therapists with children experiencing emotional distress from divorce (Chethik & Kalter, 1980; Kelly & Wallerstein, 1977; Mendell, 1983; Wallerstein & Kelly, 1975). Kelly & Wallerstein (1977) however, theorize that for preschool-aged children who do not have a history of psychological difficulty, the most expedient intervention is that which is delivered through the child's parents.

The literature indicates that there is a connection between what a parent communicates to a child and the child's behavior (Cameron, 1977; Ferguson & Allen, 1978; Kelly & Wallerstein, 1977; Kliman, 1968; Lafiosca, 1983). Inadequate mothering and inadequate fathering have been linked with problem and delinquent behaviors in children (Jenkins & Boyer, 1970) and a correlation has been found between parental stress, maternal anxiety, and behavior problems in children (Lafiosca, 1983). Studies by Cameron (1977, 1978) conclude that a child's temperament reflects inborn characteristics and past experiences, and that child temperament plus parental behavior build a foundation from which future child behavior problems arise. Ferguson and Allen (1978) concluded that family harmony, as expressed through parents' perceptions of themselves, their mates, and their children, as well as through the expression of marital satisfaction, contributes positively to children's adjustment.
The reactions of children to parental divorce appear to vary with age and developmental level (Kelly & Wallerstein, 1977; Mendell, 1983; Smart & Smart, 1980; Tessman, 1978). Sources indicate that verbally repeated explanations help young children understand and integrate what has happened over time (Kelly & Wallerstein, 1977; Kliman, 1968; Wallerstein & Kelly, 1975). However, the writings of Piaget on the development of thinking indicate that a child's ability to converse with another about mental images of concrete objects, or to mentally reverse a sequence of events in order to trace a pattern of events, does not develop until the child is between seven and eleven years old (Singer & Revenson, 1978), but that the ability to transform reality and express the self through symbols can be accomplished through symbolic play as early as two years of age (Piaget & Inhelder, 1969; Singer & Revenson, 1978). It seems then, that the most effective approach toward helping children under the age of seven years make a healthy adjustment to what has, and is happening in their lives, would be through the use of play with symbolic objects.

Marital separation and divorce can have far-reaching effects on the individuals involved. Parents, as well as children, experience the stresses of separation and loss that accompany marital disruption. Literature examining the effects of divorce on parents and children is inadequate, and there is a need for research in the area of techniques and skills that can ease the stress of divorce for parents and children.

Purpose of the Study

The purpose of the study was to determine the effectiveness of the use of a parent adaptive doll play technique on the adjustment and
behavior of young children experiencing separation and/or divorce situations as reported by custodial parents, and on the custodial parents' attitudes toward childrearing and reported level of stress.

Significance of the Study

The literature reveals a variety of difficulties children experiencing parental separation and/or divorce might encounter. McDermott (1968) reported that the majority of preschool-aged children experiencing divorce evidenced feelings of anger, shock, depression, denial and blame, which often resulted in observable behaviors likely to negatively impact children's relationships, at home as well as at school. That the literature cites childrearing as one of the stress-related difficulties parents experiencing separation and divorce report, is of particular interest.

There appears to be a lack of research regarding ways of helping children through the difficulties of parental separation and/or divorce. Hospitalized children have been helped through the emotional upsets surrounding hospitalization and medical procedures by staff members' facilitation of play, which sometimes incorporates the use of puppets. Reports of specific, similar techniques for use with children experiencing separation and divorce-related stresses, however, are few.

Reports in the literature imply that parents can successfully help children through difficult or troublesome times (Fuchs, 1957; Mendell, 1983). Bradley and Stone (1983) suggested that parents often know how they want their children to be, but that they "simply lack the understanding and techniques to use in accomplishing those goals" (p.4). It is also evident that when children behave appropriately, parents feel
more relaxed and are less likely to resort to techniques such as nagging (Axline, 1978).

Parenting is a vitally important task, and is one for which there is little or no formal preparation (Bradley & Stone, 1980; White, 1975). As a result, many parents may unintentionally mishandle childrearing at times, with disturbing and detrimental results. Parents may then find themselves faced with the task of "undoing" and "trying again," with little or no reliable frame of reference to follow. When such a situation arises, most parents resort to rearing their children the way the parents themselves, were reared.

Bradley and Stone (1980) point out that childrearing practices are passed down through generations and that most American practices had their beginnings in Europe, which was largely monarchial and, therefore, based on authoritarianism. At all levels of society, including within the individual family, power was in the hands of a few, and it was the duty of those without it to obey. A child's being "seen and not heard" was the rule rather than the exception. Bradley and Stone (1980) further explain that many of the authoritarian techniques that were passed along, and which were probably practiced when today's child's parents were reared, are unsuccessful due to the movement in recent years toward greater equality among all people in our country. The need for parenting and childrearing education for today's parent is clear.

Divorce appears to be affecting families in our society in increasing numbers. Many of today's parents may come from families where parents remained together throughout their marriage and thus have little if any personal experience with marital separation and divorce.
It is little wonder, with the current reality, that parents of young children today, experiencing marital separation and divorce, are at a loss as to what to do when it comes to being of assistance to children who need help weathering such tumultuous times. One source reveals that 80 percent of divorcing parents of young children participating in a divorce counseling program had found the task of telling their young children of divorce-related situations too difficult and, consequently, the children experienced little or no parental support in this area. Intervention that focuses on a parent’s learning to understand and deal with their young children more appropriately has resulted in fewer regressive, symptomatic and fearful behaviors in children (Wallerstein & Kelly, 1980).

It is quite apparent then, that parents need training, not only for the everyday challenges of childrearing, but for the challenges of coping effectively with the disruption that marital separation and divorce bring. Studies reported by Vogelsong & Guerney (1980) indicate the existence of a positive relationship between parents who communicate warmth, acceptance and support, and children’s positive self-esteem, and social and emotional development. At a time when parents are likely to become somewhat disabled due to the stresses of marital disruption (Wallerstein & Kelly, 1975), it is evident that appropriate intervention in the form of specific techniques that parents can use to help facilitate their children’s optimal adjustment is certainly warranted.

Related Literature

Divorce has been viewed by many as something that happens only to spouses. However, the available literature acknowledges that divorce
impacts all family members (Hetherington et al, 1978). Mendell (1983) reports that all children affected by parental divorce will, regardless of age, react with "rage, sadness, self-blame, evidence of narcissistic injury, fears of abandonment and rejection, and a shaken sense of security and identity" (p.321). Kelly and Wallerstein (1977) imply the extent of distress experienced by parents in such situations by stating that "the parent's understandable preoccupation with his or her own distress and needs often blunts sensitivity to the child's response" (p. 30). Similarly, Tessman (1978) addresses the effects of divorce on parents and children when reporting that "tolerance for one's own grief is necessary before one can support the child in grief" (p. 501). A need clearly exists for finding ways of helping parents and children, so that the effects of the stresses associated with separation and divorce can be lessened and a smoother transition can be made toward postdivorce stability.

Children, Parents, and Divorce

Children and parents experience a loss when separation and divorce occur (Chethik & Kalter, 1980; Goode, 1956; Kelly & Wallerstein, 1977; Kliman 1968; Mendell, 1983; Tessman, 1978). Regardless of the nature of the relationships between individuals prior to separation and divorce, the loss suffered implies the need for the successful negotiation of a process of grieving (Mendell, 1983; Smart & Smart, 1980; Tessman, 1978), before the process of optimal adjustment can continue. Loss due to separation and divorce, though, is usually only partial in nature in that the departing spouse will likely have some type of visitation with the children and will, therefore, maintain some
type of minimal contact with the former spouse as well (Goode, 1956; Mendell, 1983; Smart & Smart, 1980).

Children of parental separation and divorce are circumstantially forced into a situation where they are physically separated from one parent. From a developmental standpoint, children, some time during the end of their first year, begin reacting with great distress when physically separated from their mothers, thereby indicating the development of a normal attachment (Lamb, 1978; White, 1975). A study conducted by McIntyre and colleagues (1980) found that preschoolers prone to anxiety due to separation were more inclined to watch familiar peers and less inclined to engage in object play, thus indicating an inability to gain fully from the learning experiences afforded through objects present in the classroom environment during times of high separation stress.

The effects of loss due to physical separation from peers have been explored in a study of separation reactions among fifteen and twenty-four month old children in a preschool setting upon graduation to a different level of school (Field et al, 1984). Results of the study indicated that while infants and toddlers reacted to the stress of separation differently in terms of timing, they appeared to be affected not only by separations, but by environmental changes as well. The implication exists, therefore, that children who must relocate and/or change schools as a result of parental separation and divorce are likely not only to experience the stress related to loss of a parent from everyday life, but also that which is related to loss of familiar environments and peers. Milos and Reiss (1982) suggest that in
In preschool and kindergarten settings, where anxiety due to separation is fairly prevalent, teachers "incorporate a school doll into their program and devote some time to playing out separation themes" (p. 394) to help allay related anxieties in children and thereby reduce the disruptive effects of such behaviors on classroom functioning.

Mendell (1983) reports that all children experiencing parental separation and divorce experience a variety of feelings including self-blame, self-injury, fear of rejection, and uncertainty about their identity. In a study of non-clinical three to five year-olds conducted during the immediate post-divorce period, McDermott (1968) found that though reactions of children to divorce were highly individualistic, the majority of children evidence feelings of anger, shock, depression, denial, and blame. Such feelings, as reported by teachers in a preschool setting, resulted in observable behaviors that were likely to negatively affect children's relationships, both at home as well as at school. Several sources cite the necessity for working with young children experiencing parental separation and divorce (Chethik & Kalter, 1980; McDermott, 1968; Wallerstein & Kelly, 1975), and it is implied that help directed toward enhancing the child's self-feelings would be highly beneficial.

The quality of the home environment is important when considering the effects of separation and divorce on children (Mendell, 1983; Smart & Smart, 1980; Tessman, 1978). Attitudes and behaviors of parents have been shown to be influential when considering children's behavior (Cameron, 1977; Ferguson & Allen, 1978; Kelly & Wallerstein, 1977; Lafiosca, 1983). In circumstances of separation and divorce, parents
feeling their own distress must also deal with that of the children, a

task that may be emotionally overwhelming for parents (Kelly &
factors related to the child's way of coping with loss, the role of the
home parent seemed most central" (p. 516). Mendell (1983) implies that
the presence of a relatively healthy custodial parent who is available
and emotionally supportive to the child will enhance the environment as
well as reduce the detrimental effects of divorce on the child. There
is an obvious need to find ways to assist parents so they can assist
their children more effectively, thus improving the overall home
environment.

Play Therapy

This current study centered upon the use of a technique believed
to be therapeutically beneficial. Like play therapy, it is aimed at
facilitating improved adjustment in young children. Because the Parent
Adaptive Doll Play technique is in an early stage of development, a
review of related literature must suffice in the absence of available
data. The present section, therefore, will provide an overview of the
process of working with young children known as play therapy.

The first recorded therapy with a child as the patient was
conducted by Sigmund Freud who attempted to cure a child's phobic
reaction through working with the child's parents (Lebo, 1982). Since
that time, therapists have intervened with children in play therapy in
a variety of ways, and play therapy has been practiced in many different
types of settings as well: in hospitals, schools, community agencies,
and medical clinics (Schaefer & O'Connor, 1983).
Play therapy is defined as a process in which children can be helped to learn ways of solving their own difficulties through the use of play materials as a medium for communication and relationship building. A child involved in the process of play therapy experiences acceptance by the therapist of his whole self. Thoughts, feelings, and actions which are often unacceptable to persons outside the playroom atmosphere are found to be acceptable in the eyes of the therapist. In an atmosphere of permissiveness and expressive freedom, the child is able to examine and explore those aspects of the self that have been deemed unacceptable by others in order to see them for what they really are. Acceptance by the therapist encourages the growth of self-confidence and self-acceptance in the child which, in turn, enhances adjustment, as the child learns to direct his behavior in more appropriate ways toward a full realization of self (Axline, 1978).

Axline (1978) states that play therapy can be directive or non-directive in nature. In play therapy that is directive in nature, the therapist might introduce some type of structure to the session that guides it along some particular path (Axline, 1978; Hambidge, 1982), whereas in non-directive play therapy the child is allowed to control the direction in which the session proceeds (Axline, 1978).

Two variations of play therapy known as release therapy (Levy, 1982) and structured play therapy (Hambidge, 1982) are similar to the Parent Adaptive Doll Play technique which is the focus of this study. Each is directive in nature and each focuses on a specific difficulty a child may be experiencing. Release therapy, structured play therapy and Parent Adaptive Doll Play involve a one-to-one interaction as well.
More specific explanations of release therapy and structured play therapy follow. A detailed description of Parent Adaptive Doll Play is included in the following chapter.

Release therapy is a form of directive play therapy advanced by Levy (1982). The central focus of release therapy is release: in the form of expression of aggressive or regressive feelings, of expression of feelings related to everyday situations, or expression of feelings that are specific to a situation or event that has been particularly disturbing to the child. The responsibility of the therapist is that of providing the kind of situation where the child will be able to re-enact an event so that negative thoughts and feelings associated with the event can be integrated and no longer troublesome (Levy, 1982; Schaefer & O'Connor, 1983). Facilitation of such a situation requires that the therapist provide direction by selecting the kind of toys and materials necessary for re-enactment and also provide the child with a plot to be played out. Interpretation by the therapist to the child is minimal if employed at all; the important thing is that the child be able to play out feelings (Levy, 1982).

Structured play therapy is a form of psychotherapy for children which employs structure as a way of facilitating the creative play of the child. It is a technique intended for use by a therapist who has already established a relationship with a child; at the time the structured play is introduced the child is already familiar with the therapist as well as with the setting. With a knowledge of what the child's specific difficulty is, the therapist chooses the appropriate moment for stepping into the child's play, setting up in dramatic form
a situation related to the child's difficulty, and asking the child to show what happens next. The therapist employing the technique of structured play must be mindful of the individual child's ability to integrate "externalized affect" (Hambidge, 1982, p. 111), of the fact that some play forms are more threatening than others, and of the ability of those in the child's life who will have to deal with the child's reaction to treatment, to be able to do so.

Three variations of play therapy and their effects on separation anxiety in children were examined in a study conducted by Milos and Reiss (1982). Children aged two and a half to five years old were pretested and post-tested using the Hall Inventory for assessment of separation anxiety and randomly assigned to one of three play therapy conditions or a control condition. Three ten-minute play sessions employing conditions of free, non-directive play; directed, structured play; or modeled play were conducted with the experimental children. Post-treatment scores indicated that play with anxiety-related toys in a permissive, non-judgmental atmosphere was sufficient to lower children's anxiety scores.

Individual play therapy has been compared to a technique referred to as life space interviewing (Dittman & Kitchener, 1959). Conn (1955) elaborates on a technique used with children known as play interview therapy. Both life space interviewing and play interview therapy are utilized when a child shows evidence of a specific difficulty. Each is structured and directed by the adult. Toys are selected for use in play interview therapy in order to structure and modify the kind of information desired from the child (Conn, 1954) while toys are used only
as they relate to the incident at hand in life space interviewing situations (Dittman & Kitchener, 1959). Two aspects of life space interviewing that were particularly significant for the present study are that it is intended to be used quite pragmatically and that it is conducted, preferably, by an individual who has a relationship with the child other than a therapist. It has been described as a technique that takes advantage of life events and as "emotional first aid on the spot" (Redl, 1959, p.6).

The individual who conducts therapy effectively with a child must display certain traits and characteristics (Axline, 1978; Landreth, 1982). Consistency of technique is important (Axline, 1978) as are the therapist's understanding of self and of children (Landreth, 1982). The therapist working with a child must be able to appreciate what the child is doing at each moment and to demonstrate the kind of respect, honesty, and genuineness to the child that communicates sincerity, empathy, and acceptance (Axline, 1978). The therapist is, after all, a person who looks forward to spending time with a child (Landreth & Verhalen, 1982).

Filial Therapy

The method of parents helping their children through some of the developmental aspects of growing up is discussed by Fuchs (1957) in an article describing her use of therapeutic attitudes and play techniques at home. During the 1960's the technique of training parents to act as therapeutic agents with their own children was developed and is currently known as filial therapy (Andronico, Fidler, Guerney, & Guerney, 1967; Ginsberg et al, 1978; Guerney, 1964; Hornsby & Appelbaum,
Parents are trained to conduct therapeutic play sessions similar to play therapy sessions with their children. It is a method in which "the parent's intimate involvement in the specific plan to help the child will mobilize the parent's motivation to be helped, and perhaps more important, to be of help." (Guerney, 1964, p.307) The current study involved the training of parents in a specific technique, Parent Adaptive Doll Play, for use with their own children. The training was seen as a structured form of filial therapy, a therapy which is the focus of the present section.

Filial therapy has been utilized traditionally with parents of children known to be experiencing some type of emotional disturbance (Ginsberg et al, 1978; Payton, 1981; Stover & Guerney, 1967). A study by Payton, (1981) however, examined the idea of training parents in the techniques of filial therapy for use with their children as a preventive measure. Children between the ages of four and ten years old in a college community were administered The Piers Harris Children's Self-Concept Scale and the Child Behavior Rating Scale as pre and post-treatment measures. Mothers participating were given The Hereford Parental Attitude Form prior to and at the conclusion of the study. Results of the study indicated that improvement in parents' attitudes toward childrearing and children's personality adjustment were facilitated by the use of filial therapy.

Training in filial therapy usually combines aspects of theoretical as well as practical training (Andronico et al, 1967; Guerney, 1964; Stover & Guerney, 1967). Parents receiving filial therapy training work toward accepting and understanding their children and their
children's problems more clearly (Guerney, 1964). Filial therapy training is usually done with groups of six to eight parents and occurs in three stages (Guerney, 1964). The first part of the initial stage consists of didactic instruction concerning the possible benefits to be derived from the training for both parents and children, and particularly for their relationship. Discussion focuses on session goals and specific techniques, with special attention being paid to the reactions of parents. During the second part of the initial stage, parents practice the role that is to be played with their children in play sessions conducted at home, emphasizing the difference between the role of parent in session and the role of parent outside of sessions with children. The second stage of training in filial therapy involves the parent's actual implementation of their learning in play sessions at home with their children. Instruction as well as constructive feedback is given as parents report for training and discuss their individual sessions within the training group. Dynamics of parents' reactions and feelings about their sessions are dealt with extensively during this stage. During the final stage of training, parents continue as they did during the second stage and eventually choose to terminate their training when they feel there is no longer a need for it (Guerney, 1964). Eardley (1979) studied the use of a didactic form of filial therapy and its possible association with increased self-concept and decreased problem behavior, and found a lack of support in the data for the study's hypotheses, perhaps indicating that the success of filial therapy training in part may be due to the inclusion of dynamic elements such as role playing, group discussion and feedback.
Doll and Puppet Play

The use of dolls and puppets in therapy with children has been explored by a number of authors (Bunting, 1984; Edington, 1985; Hambidge, 1982; Jenkins & Beckh, 1942). Axline (1978) cites the procurement of a doll family and puppets as among the basics for setting up a play therapy situation. Dolls and puppets seem to be quite versatile in the variety of ways and in the variety of settings in which they have been used with children (Bell, 1971; Bunting, 1984; Cassell, 1965; Edington, 1985; Hambidge, 1982; Jenkins & Beckh, 1942; Landes, 1973; Peterson, Schultheis, Ridley-Johnson, Miller, & Tracy, 1984; Shaw, 1970; Whitson, 1972).

A review of the available literature revealed several sources citing the usefulness of puppets and dolls with children in hospital settings (Bell, 1971; Cassell, 1965; Landes, 1973; Peterson et al, 1984; Shaw, 1970; Whitson, 1972). It has been reported that children express feelings readily with dolls and that they easily identify with dolls and puppets when working through difficult experiences (Cassell, 1965). Hospitalization can be traumatic for children (Kliman, 1968) and the use of dolls and puppets in hospital settings has largely been directed at orienting and preparing children for upcoming medical procedures (Bell, 1971; Cassell, 1965; Landes, 1973; Peterson et al, 1984; Shaw, 1970; Whitson, 1972).

Training for upcoming events in the form of preadmission orientation for families of children facing hospitalization has been described by Brown (1971) as resulting in decreased psychological upset in children who were prepared for hospitalization as compared with
those who were not prepared. Evidence also exists that preparation of children by hospital staff prior to hospital admission resulted in a decrease in the amount of time staff members spent in ameliorating the anxieties of children once the children were admitted for hospitalization (Brown, 1971). In addition, the use of puppet play in treating the anxiety of families with children undergoing tonsillectomy has been shown to decrease anxiety in mothers (Landes, 1973).

Conducting puppet therapy in hospital settings requires a good deal of thought and planning in order to be effective with children (Whitson, 1972). The individual carrying out the puppet treatment is not as important as the fact that the person be thoroughly versed in the procedure a child will undergo and that the treatment be delivered in developmentally appropriate language and manner. Information about what the child will see, hear and feel before and after the medical procedure is imparted to the child through a play performed by puppets. The child is encouraged, prior to the puppet show, to name each of the characters that will be in the show, and afterward, to repeat some of the procedures seen (Shaw, 1970; Whitson, 1972).

The actual presentation to the child of a particular scenario has been referred to by some sources as modeling (Milos & Reiss, 1982; Peterson et al, 1984; Peterson & Shigetomi, 1981), and the effectiveness of different types of modeling has been examined (Peterson et al, 1984; Peterson & Shigetomi, 1981). Regardless of the type of modeling used, be it with puppets or dolls or shown to the child on film or in person, the conclusion is that modeling is an effective technique in working with young children (Milos & Reiss, 1982; Peterson et al, 1984;
Peterson & Shigetomi, 1981). Not only has the technique of modeling through the use of dolls or puppets been useful and effective in preparing children for upcoming events, it has also been helpful in alleviating separation anxiety in preschool-aged children (Milos & Reiss, 1982).

Dolls and puppets have a broad range of use in working with people. The placement of members of doll pairs has been used to help determine the nature of relationships in extended families in South Africa (Edwards, 1978). Children in therapy have been encouraged to fashion their own finger puppets and enact scenes meaningful to them (Jenkins & Beckh, 1942). Dramatic or structured doll play has been used as a technique for studying children's intrapsychic understanding (Masterson, 1986) as well as children's reactions to a doll play task that was relevant to their mother's unconscious conflicts (Toole, 1977). Puppet play has been shown to be effective in facilitating the expression of feelings in second and third grade children of divorced parents (Bunting, 1985), but the literature fails to reveal similar studies conducted with preschool-aged children. There is a need for research in this area.

In conclusion, marital disruption requires what is more often than not a long and difficult period of family reorganization. The functioning of the parents during the post-separation and divorce period seems to be of critical importance to the uninterrupted development of young children of divorcing parents. As previously stated, divorcing parents of young children in a reported study found it too difficult to talk with their young children about divorce-related situations, and
this resulted in a loss of emotional support for the children (Wallerstein & Kelly, 1980).

Parents are poorly prepared in most instances for childrearing (Bradley & Stone, 1983; Wallerstein & Kelly, 1980). When marital disruption in the form of separation and divorce occurs, parents are likely to be experiencing emotional upheaval and may not be able to adequately address the distress their children may be experiencing (Tessman, 1978). The literature fails to reveal specific, concrete techniques parents can use with their young children to help them through the stresses experienced with the loss of a parent from their everyday lives. Parents, in a study reported by Wallerstein & Kelly (1980), when given specific suggestions regarding the handling of divorce-related issues where children were concerned, were found to take the initiative and follow given advice carefully for a full year after the initial intervention occurred.

It appears that many families experiencing marital separation and divorce are in need of emotional assistance. Divorcing parents with young children have been noted to be hesitant about discussing the divorce situation with the children, yet when specific suggestions were given, were observed to follow through consistently and conscientiously (Wallerstein & Kelly, 1980). The present study focuses on a technique specifically designed for use by parents and is aimed at alleviating separation and divorce-related stresses in young children. There seems to be an overwhelming need for research into similar techniques that can be conducted so that families experiencing separation and divorce can more effectively and efficiently recuperate from the
disorganization of splitting, and each member can emerge as a functional, appropriately adjusted individual.
Subjects for this study were 22 targeted children, 12 in the experimental group and 10 in the control group, between the ages of three and seven years. Effects of single, custodial parent's use of a technique, Parent Adaptive Doll Play, on child behavior and adjustment, as measured by the Child Behavior Rating Scale (CBRS) (Cassell, 1962) and the Burks' Behavior Rating Scales (Burks', 1977) were examined. Parenting stress, as measured by the Parenting Stress Index (PSI) (Abidin, 1986) and attitudes toward childrearing, as measured by the Parental Attitude Scale (Drews & Teahan, 1957) were also measured.

This chapter focuses on procedures followed to complete the study. Included are definitions of terms, a description of the Parent Adaptive Doll Play technique, hypotheses, assumptions, limitations, data collection instruments, selection of subjects, experimental and control group descriptions, description of the trainer of the Parent Adaptive Doll Play technique, data collection, and procedure for data analysis.

Definition of Terms

Custodial parent as defined in this study was applied to any single parent who reported marital separation from the other parent of the targeted child within eighteen months prior to the beginning of the study. In order for a custodial parent to participate in the study, total separation time from the targeted child's other parent was not to
exceed 18 months, regardless of whether or not a legal divorce had been granted. The custodial parent also reported having approximately 50 percent or more of the actual physical custody of the targeted child.

**Targeted child**, as defined for use in this study, described one child of each custodial parent participant. The targeted child was between the ages of three and seven years at the beginning of the study, and was the recipient of the Parent Adaptive Doll Play Technique.

**Parent Adaptive Doll Play** describes a technique designed by Garry Landreth, Ed.D., and the investigator in the study, which involves a parent’s simultaneously telling and showing a structured, descriptive, planned story with the use of dolls, for the purpose of reducing a child’s behaviorally demonstrated stress in a specific situation. Stories used by parents in this study were adapted from actual situations that were reported by custodial parents as appearing stressful to targeted children.

**Parent stress**, as used in this study, described the degree of feeling, reported by each custodial parent, that fell within the range between feeling overwhelmed and between feeling extremely competent and effective as a parent. For the purposes of this study, parent stress was limited to the responses reported and subsequent scores each parent attained on the Parenting Stress Index.

**Parental attitude** might best be defined as the manner or position one takes toward parenting. For the purposes of this study, parental attitude was limited to parents' reported thoughts and feelings, which are reflective of dominating, permissive and ignoring parenting styles as reported on the Parental Attitude Scale.
Child adjustment may be measured through adult perceptions of a child's emotional and behavioral functioning. Assessment in the areas of self, home, social, school, and physical adjustment may be seen as indicative of a child's overall personality adjustment. Child adjustment, as used in this study, was limited to the scores each targeted child received from the custodial parent on the Child Behavior Rating Scale.

Child behavior, as used in this study, described the degree of severity of behaviors emitted by a child that ranges between an individual's not noticing the behavior at all to noticing it to a large degree. In this study, child behavior was limited to the scores a targeted child received from the custodial parent on the Burks' Behavior Rating Scales.

Hypotheses

In order to address the purposes of this study, the following hypotheses were investigated:

1. Children who receive the Parent Adaptive Doll Play technique will achieve significantly higher mean scores on the Child Behavior Rating Scale than children in the control group.

2. Children who receive the Parent Adaptive Doll Play technique will achieve significantly lower mean scores on the Burks' Behavior Rating Scales than children in the control group.

3. Parents who receive training in the Parent Adaptive Doll Play technique will achieve significantly lower mean scores on the Parenting Stress Index than parents in the control group.
Parents who receive training in the Parent Adaptive Doll Play technique will achieve significantly lower mean scores on the Parental Attitude Scale than parents in the control group.

Assumptions

The following assumptions were made for the purpose of conducting this study:

1. It was assumed that parent participants were truthful in their disclosures about the length of time they had been separated from the other parent of the targeted child.

2. It was assumed that parent participants were truthful in their disclosures about the chronological age of the targeted child.

3. It was assumed that parent participants were truthful in the responses they gave on each of the four data gathering instruments.

4. It was assumed that parent participants were truthful in their disclosures regarding their implementation of the Parent Adaptive Doll Play technique with targeted children.

Limitation

The investigator for this study conducted the training of parents in the Parent Adaptive Doll Play technique.

Instruments

The Child Behavior Rating Scale is a 78-item instrument published by Western Psychological Services Inc., Los Angeles, California. It was designed for use by someone with adequate observational knowledge of a child such as a parent or teacher. The CBRS is recommended for use with children who are pre-kindergarten through third grade. The scale yields
scores in the areas of self, home, social, school, and physical adjustment. It was chosen because of its recommended use with children of preschool and kindergarten ages, presumably inclusive of ages three through six, because it could be used by parents to rate their own children, and because it yielded scores in several areas of a child's adjustment.

Each item on the 78-item scale described one aspect of emotional or behavioral functioning and was followed by a six-point scale. Each individual score was representative of the extent to which the child showed evidence of the particular behavior.

Scoring the test was simple, and objectivity in scoring was not a problem. Ratings in each area of adjustment were summed and converted to T values which were found in the provided manual. Two sets of T-scores were determined for each area of adjustment, and equivalent scores were also derived through the use of the manual. Scores that fell above 60 were indicative of excellent adjustment while scores that fell below 40 were considered to be indicative of poor adjustment. Scores between 40 and 60 were considered to be within average limits.

Reliability studies have been conducted to determine the consistency of test results. Test-retest reliabilities were shown to be .913 for parent ratings, and significant correlations were found when scores on the CBRS were related to school achievement in a sample of 600 students in grades kindergarten through third taken from two school districts in California. The test was considered to have a high degree of face validity (Cosden, 1985).

The Burks' Behavior Rating Scales were intended for use by parents or teachers and were designed to measure problem behaviors presented by
a child (Lerner, 1985). One of the scales is available for use with preschool and kindergarten level children and is comprised of 105 items which form eighteen clusters. It requires less than thirty minutes to complete, and response statements range from one, which describes an absence of the behavior, to five, which describes the presence of the behavior to a great extent. Ratings are summed for each category and are profiled in a visual format.

Items on the Burks' Behavior Rating Scales have been tested for reliability and were found to have correlation coefficients between .60 and .83, with the average test-retest correlation coefficient being .705. The items on the scale were found, through extensive use, to make sense to users of the instrument, thus indicating face validity. Twenty-two school psychologists served as a jury for the first through ninth grade form and twenty-six kindergarten teachers served as a jury for the preschool and kindergarten form, in order to determine content validity. Construct validity was determined in studies which indicated that children who obtained ratings indicative of high levels of problem behaviors on the scales were also rated as having high levels of inner disturbance. The Burks' Behavior Rating Scales are reported to be useful as a screening device for determining possible areas of disturbance (Lerner, 1985).

The Parenting Stress Index is a 120-item questionnaire designed to measure stress in the parent/child system and to identify sources or domains of stress. Three major sources of stress were defined and assessed: child characteristics, mother characteristics, and situational/demographic life stress. Examiner involvement in test
administration is minimal and the Parenting Stress Index is a self-report instrument requiring few directions. Answers to items range along a five-point continuum from strongly agree to strongly disagree.

The Child Characteristics domain of the PSI yields six subscale scores which represent a variety of characteristics including child adaptability, child acceptability to parent, child demandingness, child mood, child distractibility, and child reinforcement of parent.

The Parent Characteristics domain of the PSI yields seven subscale scores which represent characteristics including parent depression, parent attachment, restrictions imposed by parental role, parent's sense of competence, social isolation, relationship with spouse, and parental health. The Life Stress domain consists of a checklist of recent events external to the parent-child relationship.

Scoring the PSI involves grouping the answers according to subscale and grouping subscales with appropriate domains. Subscale scores were obtained by adding the weights of the numbers above each selected answer. The addition of all subscale scores yields a domain score. Percentile ranks are easily obtained through the conversion of raw scores from subscale domain scales, and total stress scores for the purpose of comparison with the normative group, which included children ranging in age from one month to nineteen years. The test is easy to administer and score, and is recommended for use as part of assessment intervention programs, pre-school programs, and well-child clinics. It requires only 20 to 30 minutes for a parent to complete.

Reliability studies indicated that the PSI resulted in test-retest reliability correlates ranging from .55 to .82 for the Child domain, .69
to .91 for the Parent domain, and .65 to .96 for the total stress score. Primary sources of data used in examining concurrent and construct validity were: studies correlating scores with other child problem checklists and/or parental anxiety measures; studies examining the effects of intervention on scores; and studies comparing parent groups expected to have a high rate of stressors with norm groups. Validity studies indicated that the PSI measured an important aspect of parental perceptions related to child characteristics, parent stress, and childrearing difficulties (McKinney & Peterson, 1984).

The Parental Attitude Scale is a 30-item instrument which was adapted by Drews and Teahan (1957) from the 85-item Parent Attitude Survey designed by Shoban (Drews & Teahan, 1957). The Parental Attitude Scale was constructed for the purpose of gathering data in the areas of parental permissiveness and acceptance. It is intended to be a self-administered parent report instrument which requires only a few minutes to complete.

The 30 items on the Parental Attitude Scale are arranged into three subscales. These are the Dominating Subscale, the Possessive Subscale, and the Ignoring Subscale, each of which contains ten items. Written instructions directs the parent completing the form to answer each item according to personal beliefs. Items are rated on a five-point scale ranging from strongly agree to strongly disagree. Each response is weighted and subscale scores are derived by summing the values of the responses chosen in each subscale. A limitation of the Parental Attitude Scale for research purposes is the apparent absence of data regarding validity and reliability. It was chosen for use in this
study, however, because it was designed to measure permissive and accepting aspects of parents' attitudes regarding the treatment of their children.

Selection of Subjects

The population of this study was those three-through six-year-old children of single custodial parents who had become separated from the child's other parent within eighteen months prior to the beginning of the study and who were residing in a large city in one of the southwestern states. Parents who reported having more than one child between the ages of three and seven selected only one child to be a subject in the study.

Parent volunteers were solicited through various forms of advertising circulated on the campus of a large university located in the city. In all but one situation, interested parents contacted the investigator of the study by phone in order to receive further information regarding participation in the study. In one situation, a list of interested parents was compiled by a specific office on the campus of the university. Upon receiving the list, the investigator contacted each parent by phone.

During the initial phone contact between each parent and the investigator of this study, a brief explanation of the study was given and clarification was made regarding the necessary qualifications for participation in the study. The first 12 qualified parents who volunteered for participation in the study were assigned to the experimental group. The next 10 qualified parent volunteers were assigned to the control group.
Development of the Technique

The individual who trained parents in the Parent Adaptive Doll Play technique was the investigator of this study. The investigator had a Master's degree in Human Development and Family Studies and had completed all course work for a doctorate in Counseling with the exception of a dissertation. This individual had also completed courses in parent and family counseling, play therapy, child appraisal, child psychopathology, and crisis adjustment as well as three years of supervised experience working with children, parents and families.

The focus of the present section is the Parent Adaptive Doll Play technique and the way it was developed for use with child subjects by parents participating in this study. Parent Adaptive Doll Play is a parent-directed technique which can be used by parents to alleviate a child's behaviorally manifested anxiety surrounding a certain situation. Because it is a technique which requires the use of concrete objects in telling a child a story, it is most appropriate for use with children who are under the age of seven years. That is to say, such children are not considered developmentally to be fully capable of understanding and learning solely from abstractly presented information.

The first step toward using the Parent Adaptive Doll Play technique involves a parent's focusing on a particular situation which appears to be difficult or anxiety-producing for the child such as going to bed at night. The parent must then consider the specifics of the behavior the child is exhibiting during the difficult situation and be able to state the behavior that would be most desirable from the parent's point of view.
Once the specifics of the child's behavior in a particular situation, as well as the behavior which would be considered more desirable, have been identified, the parent then formulates a story to tell the child (APPENDIX C). It should be emphasized that the story be brief - it should take no longer than five minutes to tell to the child - and that it have a clear beginning, middle, and end. The story must describe a scenario based on the identified difficult situation which has been reduced to a small number of basic facts involving as few people as possible. The story incorporates elements of reality, such as sound effects, which will serve to keep the child's attention, as well as a kind of "wishful thinking" on the part of the parent. It must also provide reassurance for the child in that the end of the story should describe the reunion of parent and child. In other words, the story should describe objective elements of the situation as it has happened in the past, the more subjective elements reflective of the changes the parent wishes to see in the child's behavior when the situation next arises, and an outcome that will be clear to the child in terms of the immediate future. In order for the message of the story to be clear to the child, it is extremely important that the story deal with only one situation at a time, and that the parent's feelings be kept out of the story so that the child is free to experience his or her own feelings without preconceptions.

Therefore, it is vitally important during the planning stage that precedes the actual implementation of the Parent Adaptive Doll Play technique with a child that a parent be mindful of several things. The story to be told should take no more than five minutes to tell, the parent's own feelings should be kept out of the story in the interest of
objectivity, sound effects should be worked into the story as a way of capturing the child's continued interest, the story should be based on facts regarding what will actually happen rather than what has happened in the past, and the ending of the story should focus on the parent's and the child's being together.

After the story has been formulated, the parent should consider "props" to use in telling the story to the child. It is recommended that the parent allow the child to select these from the child's collection of dolls, puppets, or stuffed toys. It is not necessary to include props other than those representative of the main characters in the story. The child should also decide prior to the parent's telling the story which prop will represent each figure in the story.

Place and timing are important when implementing the technique. Again, the parent should decide the best place and the best time to tell the story to the child. It is recommended that both time and place be selected when the child, as well as the parent, will be able to focus relaxed attention on the story without undue stimulation or distraction from the environment.

It is considered optimal for a parent to tell a story to a child at least two or three times prior to the anxiety-producing situation so that the child has ample opportunity to assimilate and integrate the message of the story. Parents should consider this when making decisions regarding the timing of the story.

Data Collection Procedures

The first twelve children whose parents reported meeting the qualifications of the study were assigned to the experimental group and
the next ten were assigned to the control group. After the members of
the experimental group were assigned, a second phone contact was made by
the investigator so arrangements could be made for the investigator to
hand deliver a packet to each parent containing an explanation of the
study (APPENDIX A), an advised consent form (APPENDIX B), a Child
Behavior Rating Scale, a Burks' Behavior Rating Scale, a Parental
Attitude Scale, and a Parenting Stress Index as well as general
directions for completion of forms (APPENDIX D), including an
explanation of an assigned code number to protect anonymity of subjects.
All packets were delivered to experimental subjects one week prior to
the first training session and all parents brought the required
completed forms to the first training session. A second packet
containing a Child Behavior Rating Scale, a Burks' Behavior Rating
Scale, a Parental Attitude Scale and a Parenting Stress Index was hand-
delivered and picked up by the study's investigator after completion by
each parent in the experimental group during the eighth week after the
beginning of the experiment.

Each of the ten control group parents received a packet which was
hand delivered by the investigator. It contained an explanation of the
study (APPENDIX A), an advised consent form (APPENDIX B), a Child
Behavior Rating Scale, a Burks' Behavior Rating Scale, a Parental
Attitude Scale, and a Parenting Stress Index, as well as general
directions for completing the forms (APPENDIX D). Forms were completed
and either picked up or mailed to the investigator within one week.
Control group members then received no other special attention for seven
consecutive weeks. During the eighth week each control group parent was
contacted by the investigator and arrangements were made for the
hand-delivery of the second set of forms. A second packet containing a Child Behavior Rating Scale, a Burks’ Behavior Rating Scale, a Parental Attitude Scale, and a Parenting Stress Index was delivered, completed by each parent, and either picked up by or mailed to the investigator within the eighth week. Training in the Parent Adaptive Doll Play technique was offered to members of the control group after all data was gathered.

Parent Training Sessions

Parents in the experimental group received five sessions of training (APPENDIX E): the first two sessions were designed to provide training in the Parent Adaptive Doll Play technique and the remaining three sessions were designed for the purpose of review of the technique, parent feedback, and refinement of the technique by each parent for continued use at home. At the beginning of the first session, each parent was asked to sign a form giving consent to be audiotaped during training and feedback sessions to insure greater accuracy in reporting general trends in parent feedback received (APPENDIX H). A form was signed by each parent in the experimental group.

Parents in the experimental group received a series of two ninety-minute training sessions and three 45-minute feedback sessions at the rate of one session per week for five consecutive weeks (APPENDIX E). Missed sessions were rescheduled when needed during the same week as the missed session, to insure continuity. Parent Adaptive Doll Play sessions began after the first training session. Each parent was required to conduct a minimum of two adaptive doll play sessions each week for five weeks, focusing on a parent-identified anxiety-arousing
situation for the child, such as separation from the custodial parent. During the last two weeks of the experiment, parents were contacted by phone to encourage and insure that the parents continued to have the adaptive doll play sessions.

The first training session was primarily designed to give parents enough information about the Parent Adaptive Doll Play technique so that they could implement the technique with the targeted child at least twice during the week prior to the second training session. Handouts (APPENDIX F) were distributed and a sample script was given. All handouts were discussed and the technique was demonstrated to the group.

The second training session was aimed at gaining feedback from each individual parent regarding her implementation of the technique with each targeted child during the prior week. Clarification of the technique and refinement of parents' selected stories were provided as needed. Parents were then assigned to continue implementing the technique at home with the targeted children at least twice during the week prior to the third session.

The third, fourth and fifth sessions were designed primarily to provide further clarification and revision as needed for successful implementation of the technique, as well as to provide encouragement for parents in their efforts. Parents were assigned the task of implementing the technique at home with the targeted children at least twice during each week between sessions. After the fifth session, parents were encouraged to continue implementing the technique at the rate of at least twice each week for two weeks until the eighth week, when the final data would be collected.
Procedure for Data Analysis

The investigator hand-scored all data-gathering instruments. Prior to scoring, she studied the manuals accompanying the CBRS, the Burks' Behavior Rating Scales and the PSI. Scoring of the Parental Attitude Scale was explained in the article in which it was published (Drews & Teahan, 1957), and was also studied by the investigator prior to hand-scoring.

An analysis of covariance was used to test the four hypotheses and to determine if there was a significant difference between the pre-test and post-test data provided by the experimental and the control groups when same-group comparisons and between-groups comparisons were made.
CHAPTER III

RESULTS AND DISCUSSION

The focus of this chapter is the analysis of data. Results of the data analysis regarding each individual hypothesis tested, as well as a discussion of the results, are included. Implications are discussed and recommendations for further research are given.

Results

An analysis of covariance was used to test all four hypotheses and to determine significant differences. The criteria for retaining or rejecting each hypothesis was .05, but other levels of significance are also discussed.

Descriptive statistics were initially calculated. The distribution and variation of scores about the mean were first examined in order to determine which scores, if any, could not be used in the analysis. Raw scores for each pretest and posttest subscale score were converted to z scores. This resulted in only one subscale score ("reality contact" on the Burks' Behavior Rating Scale, reported by one parent participant) falling outside the ±3.00 range of variation. Ordinarily such a score would be omitted from further analysis, but when the number of subjects was considered in this study it was found that for a sample of 22 subjects, it is expected that there would be one such score in the data. Thus, the score was included in the analysis and the distribution of scores was concluded to be within the normal range.
The data was then examined for normality using the z test for skewness. This test determines if scores are normally distributed. If the z for skewness falls within the range of ±2.58 deviations from the mean, then the F test is considered robust for testing group differences.

Some within-group and some whole-group subscale scores failed to meet the assumption for normality either as a result of pretesting, posttesting, or both. A subscale with a score of more than ±2.58 standard deviations from the mean of 0, as a result of pretesting, posttesting, or as a result of a within-group or whole-group calculation, was considered to be too skewed and was not used in the calculation of F ratios.

The results of the z test for skewness, calculated to test for normality of scores within each group on each variable, resulted in the following subscale scores not meeting the assumption for normality: the Child Behavior Rating Scale's school adjustment subscale; the Burks' Behavior Rating Scale's excessive anxiety, poor impulse control, poor sense of identity, excessive suffering, poor ego strength, poor intellectuality, and poor physical strength subscales; and the Parenting Stress Index' restrictions imposed by parental role, and child reinforces parent subscales. These subscale scores therefore were not used in the calculation of F ratios because they were found to be too skewed to meet the assumption for normality. Overall, the distribution of scores was found to be positively skewed. Z scores for each of these variables are contained in Table 1.
Table 1

Z Scores Which Did Not Meet The Assumption For Normality

<table>
<thead>
<tr>
<th>Measure</th>
<th>Variable</th>
<th>Experimental</th>
<th>Control</th>
<th>Whole</th>
</tr>
</thead>
<tbody>
<tr>
<td>CBRS</td>
<td>School Adj.</td>
<td>2.845 pre</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Burks'</td>
<td>Ex. Anxiety</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Impulse Control</td>
<td>2.942 pre</td>
<td>3.849 pre</td>
<td>4.202 pre</td>
</tr>
<tr>
<td></td>
<td>Sense of Identity</td>
<td>4.884 post</td>
<td>3.378 post</td>
<td>5.077 post</td>
</tr>
<tr>
<td></td>
<td>Ex. Suffering</td>
<td>2.650 post</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Ego Strength</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Intellectuality</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Physical Strength</td>
<td>4.403 post</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PSI</td>
<td>Parental Role</td>
<td>2.801 pre</td>
<td>2.674 pre</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Reinforces Parent</td>
<td>2.832 post</td>
<td></td>
<td>3.047 pre</td>
</tr>
</tbody>
</table>

Means and standard deviations for each of the four data gathering instruments obtained from members of the experimental and control groups at the time of pretesting and posttesting are contained in Tables 2, 3, 4 and 5 (APPENDIX G). The last column in each table indicates the calculated means and standard deviations when sample member scores were combined into a single group. These were calculated as part of the descriptive statistical analysis.

Assumptions underlying the use of inferential statistics include testing for equal variances between groups, which then determines the suitability of calculating $F$ for finding significant differences between group means when there is an unequal number of scores in each of the various groups (Huck, Cormier, & Bounds, 1974). The Cochrans C test and
the Bartlett-Box F test were used to test for homogeneity of variances with unequal groups, with alpha set at the .05 level. Between-groups subscale scores found to have a significantly different variance, that is, a score with an alpha of .05 or less, were eliminated from the calculation of F ratios due to non-homogeneity. These were the Burks' Behavior Rating Scales poor attention subscale scores, and the Parenting Stress Index' child domain and child adaptability subscale scores. Table 6 contains the results of the Cochrans C test and the Bartlett-Box F test for the variable scores which failed to meet the assumption of homogeneous variances.

Table 6
Scores of Variables Whose Variances Were Non-Homogeneous

<table>
<thead>
<tr>
<th>Variable</th>
<th>Cochrans C</th>
<th>Bartlett-Box F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Burks' Poor Attention (pretest)</td>
<td>p = .034 (approx.)</td>
<td>p = .039</td>
</tr>
<tr>
<td>PSI Child Domain (posttest)</td>
<td>p = .037 (approx.)</td>
<td>p = .034</td>
</tr>
<tr>
<td>PSI Child Adaptability (posttest)</td>
<td>p = .026 (approx.)</td>
<td>p = .024</td>
</tr>
</tbody>
</table>

Finally, each posttest variable was separately analyzed using a one-way analysis of covariance design with the appropriate pre test score as a covariate in each analysis. Each group's mean score on each post test variable was adjusted on the basis of the pre test mean score, and the final adjusted mean was compared to see if they were significantly different from one another. Because none of the calculated F ratios were found to be significant at the .05 level, each
of the four hypotheses were rejected. However, Table 7 indicates one variable whose $F$ ratio most closely approached the .05 level of confidence.

Table 7
F Ratio Which Approached Significance At The .05 Level

<table>
<thead>
<tr>
<th>Source</th>
<th>SS</th>
<th>DF</th>
<th>MS</th>
<th>$F$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pretest</td>
<td>119.61</td>
<td>1</td>
<td>119.61</td>
<td>36.10</td>
</tr>
<tr>
<td>Poor Anger Control</td>
<td>11.34</td>
<td>1</td>
<td>11.34</td>
<td>3.42*</td>
</tr>
<tr>
<td>Within-groups</td>
<td>62.96</td>
<td>19</td>
<td>3.31</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>193.91</td>
<td>21</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

$^* p = .080$

As indicated in Table 10, the analysis of covariance calculated on the Burks' Behavior Rating Scales subscale of poor anger control resulted in an $F$ ratio of 3.42, which was found to be significant at the .080 level of significance. The only other subscale score whose $F$ ratio approached the .05 level of confidence was the Burks' Behavior Rating Scales excessive sense of persecution subscale, whose $p$ value = .082. However, this may be due to variance between groups and not due to training in the Parent Adaptive Doll Play technique.

Discussion

Twelve children between the ages of three and seven years made up the experimental group and ten children between the ages of three and seven years made up the control group. Custodial parents of these
children participated in the study, completing pretest and posttest data gathering instruments.

**Child Behavior Rating Scale**

The Child Behavior Rating Scale, an instrument consisting of 78 items and designed for scoring by an individual with observational knowledge of a pre-kindergarten through third-grade child, was administered for pretest and posttest data gathering. Raw scores were profiled and equivalent scores could be compared with T-score values. T-scores of 60 or above were considered to indicate excellent adjustment while those that fell below 40 were considered to be indicative of poor adjustment. Scores that fell between 40 and 60 were considered to be indicative of average adjustment.

Data from the experimental group indicated that at the time of pretesting, 8 of the 12 parent participants reported child subject behavior that resulted in total personality adjustment scores within the range of average adjustment, three in the poor adjustment range and one in the excellent adjustment range. At the time of posttesting, two of the three parents who reported child subject behaviors resulting in total personality adjustment scores in the poor adjustment range reported scores that still fell into the poor adjustment range, but both scores were higher, indicating some improvement between pretest and posttest. The other parent who reported child behavior in the poor range of total personality adjustment at the time of the pretest reported behavior that was within the average range at the time of the posttest. The parent who reported child behavior in the excellent total personality adjustment range at the time of pretesting reported an even
higher score at the time of posttesting, thus indicating some improvement.

An examination of individual pretest and posttest subscale scores among the experimental group members revealed a broad range of child self-adjustment. Pretest data indicated that in the area of self-adjustment, four subjects obtained scores that were considered to be indicative of poor adjustment, but at the time of posttesting, two of the four obtained a slightly higher score, while two obtained the same score. Of the 12 experimental subjects, six obtained self-adjustment scores in the average range, and two obtained scores in the excellent range at the time of the posttest.

In the area of home adjustment, pretest scores indicated that five subjects' scores fell into the poor range of adjustment and seven fell into the average range. At the time of posttesting only one subject's scores fell into the poor range of home adjustment, while one fell into the excellent range, and the remaining ten fell into the average range. This seems to indicate a general improvement in the area of home adjustment among experimental group members between pretesting and posttesting.

Social adjustment scores among the experimental subjects indicated that 7 of the 12 subjects scored in the average range at the time of the pretest, and at the time of the posttest. In the areas of school adjustment and physical adjustment the experimental subjects obtained predominantly excellent adjustment scores on both the pretest and posttest, thereby indicating little if any change as a result of treatment.
Control group data indicated that at the time of pretesting, five of the ten subjects obtained total personality adjustment scores which were considered to be in the range of poor adjustment. Upon posttesting, four of the same five subjects were found to have similar scores.

An examination of individual subscale adjustment scores among control group subjects yielded a variety of findings. On the self-adjustment subscale, four of the ten subjects received poor adjustment scores at the time of pretesting, one received an excellent adjustment score and five received scores that fell into the average range of adjustment. At the time of posttesting, the same four subjects who had received poor adjustment scores at the time of the pretest still had poor self-adjustment scores. One subject whose pretest score had fallen into the average range at the time of the pretest received a score in the poor self-adjustment range at the time of the posttest. Posttest results further indicated that four subjects received self-adjustment scores in the average range and the same subject whose pretest score had been in the excellent range maintained that score on the posttest.

Scores on the home adjustment subscale indicated that two of the ten control group subjects received scores which fell into the poor range of adjustment on the pretest, seven received average scores and one received a score in the excellent range. On the posttest, results were the same, with the exception of one child who received a poor score on the pretest but an average score on the posttest, and one child who received an average score on the pretest but a poor score on the posttest.
In the area of social adjustment, one child on the pretest received a score in the excellent range, two received scores in the poor range and seven received scores in the average range. Posttest results showed that five scored in the average range, four scored in the poor range and one scored in the excellent range. Two subjects whose scores had been in the average range on the pretest received scores in the poor range on the posttest.

School adjustment pretest scores resulted in two subjects obtaining scores in the poor range of adjustment, three in the average range and the remaining five subjects scoring in the excellent range of school adjustment. At the time of the posttest, one scored in the poor range, five in the excellent range and four in the average range.

In the area of physical adjustment, one subject in the control group scored in the poor range at the time of the pretest, while two scored in the average range and seven scored in the excellent range. Posttest results determined that three subjects scored in the excellent range and seven scored in the average range. This indicates an overall decline in the physical adjustment among the subjects in the control group between the time of the pretest and that of the posttest.

Burks' Behavior Rating Scales

Data from the pretest and posttest administration of the Burks' Behavior Rating Scales with the experimental group yielded a variety of findings. On the 18 subscales, one of the 12 custodial parents reported very significant concern with a child subject's behavior, seven reported significant concerns with a child's behavior and four reported no concerns considered to be significant or very significant at the time of
the pretest. However, none of the 12 parents reported concerns considered to be very significant and five reported concerns considered to be non-significant in all areas at the time of the posttest.

Individual test profiles were compared, and indicated that there was considerable variation in the scores on each individual subscale of the Burks' Behavior Rating Scales within the pretest and posttest data of the experimental group. On the excessive self-blame subscale, one child subject's behavior was considered by a parent to be of very significant concern at the time of the pretest, but was reported as being of only significant concern at the time of the posttest.

In the area of excessive anxiety, three child subjects' pretest behavior ratings fell into the range of significant concern and nine subjects' scores fell into the range considered not significant, while on the posttest only one child received a score in the significant range. Pretest as well as posttest data indicated that none of the 12 subjects' behavior in the area of excessive anxiety fell into the very significant range of parent concern. Scores on the excessive withdrawal subscale indicated concern considered to be non-significant for all 12 experimental subjects at the time of the pretest.

The excessive dependency subscale yielded significant pretest concern scores for six subjects and scores considered to be non-significant for the remaining six. Posttest results showed that only three subjects' scores in the area of excessive dependency, however, were of significant concern. In the area of poor ego strength, the pretest scores received by three subjects were in the significant category and those received by nine were not significant, while posttest
results showed only one parent reporting significant concern in this area.

None of the subjects received scores in the significant or very significant range in the area of poor physical strength on the pretest, and only two received a score considered to be significant in the area of poor coordination, with none having received a score in the very significant range. Only one parent reported significant concern in the areas of poor physical strength and poor coordination on the posttest.

Subject scores in the area of poor intellectuality indicated that none of the 12 experimental custodial parents had significant or very significant concerns in this area of child subjects' behavior on either the pretest or on the posttest. Three custodial parents reported significant concerns in the areas of a child's poor attention and impulse control, with none of the 12 parents indicating concern considered to be very significant in either area on the pretest. However, at the time of posttest none of the 12 custodial parents reported poor attention as of significant concern and only one reported poor impulse control as of significant concern.

In the area of poor reality contact, all 12 custodial parents reported pretest and posttest scores on child subjects which fell into the non-significant range of concern, while only one parent reported significant concern in the areas of poor sense of identity and excessive suffering on both the pretest and the posttest. Four parents reported scores in the area of poor anger control that indicated significant concern at the time of pretesting, but only one reported similar concern at the time of posttesting. All 12 custodial parents reported pretest
and posttest concerns considered to be non-significant regarding child subjects' behavior in the area of excessive sense of persecution. Two parents reported significant concerns with child subjects' excessive resistance on the pretest and posttest, while two reported significant pretest concern, but non-significant posttest concern in the area of poor social conformity. Three others reported significant pretest concern with excessive resistance, but only two reported significant posttest concern in this area.

Generally, the experimental child subjects appeared to have shown an improvement in their behavior, as observed and reported by custodial parents, during the seven weeks between pretesting and posttesting. Only one child's behavior was reported to be of significantly greater concern overall on the posttest administration of the Burks'.

Ten child subjects and their custodial parents participated in the study in a control group. Pretest data from members of the control group on the Burks' Behavior Rating Scales indicated that at the time of pretesting only one of the ten parents reported any concerns considered to be very significant on any of the 18 subscales. The one parent who did so, however, only reported a significant concern in one area, while reporting non-significant levels of concern on the remaining 17 subscales. Three parents reported non-significant degrees of concern on all subscales on both the pretest and on the posttest. Two of the ten control group parents reported significant concern in the area of excessive self-blame on the pretest, while four reported significant concern on the posttest. Only one parent reported significant concern in the area of excessive anxiety on the pretest and on the posttest.
The excessive withdrawal subscale scores indicated that two parents reported significant concern in this area at the time of the pretest, while three indicated similar concerns at the time of the posttest. Excessive dependency subscale scores indicated that two parents reported significant pretest concern in this area. Poor ego strength was reported by only one control group parent as being of significant concern on the pretest and posttest administration of the Burks' Behavior Rating Scales.

Significant concern was reported by only one control group parent on the pretest and posttest in the areas of impulse control, poor sense of identity, and excessive suffering. Three parents reported significant pretest and posttest concern in the area of excessive sense of persecution. Three reported significant pretest concern in the area of poor social conformity, and five reported significant pretest and posttest concern in the area of excessive resistance. In the area of excessive sense of persecution, three parents reported significant concern at the time of the pretest, and at the time of the posttest.

One parent reported the area of poor anger control to be of very significant concern on the pretest, and four who reported non-significant concern on the pretest reported significant concern in this area on the posttest. The area reported to be of significant concern most often was excessive resistance as reported by five parents on both pretest and posttest. None of the ten control group parent participants reported significant concern on the pretest or posttest about a child's behavior in the areas of poor physical strength, poor coordination, poor intellectuality, poor attention, and poor reality contact.
Parenting Stress Index

The Parenting Stress Index was completed by all parent participants as a pretest and posttest measure. Raw scores were converted to percentile ranks and were examined.

Pretest data from the experimental group indicated that none of the 12 parent participants obtained an extremely low total stress score. Six scored in the normal range and six scored in the high range. Scores in the high range indicate that professional intervention in the parent-child system may be advisable.

The experimental group post-test data resulted in similar findings in that none of the participants received extremely low total stress scores, six parents received scores in the normal range, and six received scores in the high range. A comparison of the 12 experimental parent participants' pretest and post-test total stress scores indicated that one parent who reported normal stress on the pretest reported high stress on the posttest, and that two parents who reported high stress on the pretest reported normal stress on the posttest. Generally, seven experimental parents' total stress scores decreased, and five parents' total stress scores increased from pretest to posttest.

The Child Domain score on the Parenting Stress Index is a sum of six child characteristic subscales: child adaptability, child acceptability, child demandingness, child mood, child distractibility, and child’s reinforcement of parent. High scores in this domain are associated with parents who, due to child characteristics, have difficulty in the parenting role (Abidin, 1986). Four of the 12 parents in the experimental group obtained a high pretest child domain
score. Posttest data indicated that of these four parents, one scored in the normal range on the posttest, and three obtained high posttest child domain scores which were lower than the pretest high scores. Overall, on the child domain score, five parents reported lower scores on the posttest than on the pretest, one parent reported the same score, and six reported higher scores.

There are seven subscales on the Parenting Stress Index, the sum of which comprise the Parent Domain score: parent depression, parent attachment, restricted role, parent sense of competence, social isolation, relationship with spouse, and parental health. High parent domain scores suggest that aspects of a parent’s functioning may be related to sources of stress in the parent-child system (Abidin, 1986).

Pretest data from experimental group parent participants resulted in four of the 12 parents obtaining high parent domain scores while only one of the same parents obtained a high posttest parent domain score. Of the eight parents who obtained a normal range parent domain score on the pretest measure, only one obtained a high parent domain score on the posttest measure. Of the 12 experimental parent participants, nine parents obtained lower parent domain scores on the posttest measure than on the pretest measure, while three scores increased.

Control group pretest data on the Parenting Stress Index indicated that five of the ten parents reported Total Stress scores in the normal range, and five reported scores in the high range. Results on the posttest were the same. Five parents reported high stress scores on the pretest in the Child Domain, and four reported similar scores on the
posttest. Four of the ten control group parents reported high stress scores in the Parent Domain at the time of pretesting, and four reported stress scores in the high range at the time of posttesting. Generally, there appears to have been little if any change in parent stress among members of the control group during the time of the study.

**Parental Attitude Scale**

The Parental Attitude Scale is a 30-item, self-report instrument which was adapted by Drews and Teahan (1957). It measures three facets of parental attitude: permissive, dominating and ignoring parent behaviors and beliefs; and yields a separate score in each of the three areas. The lowest score possible in any one area is ten while the highest score possible is 50. The median score on each subscale is 30.

Experimental group parent participants reported a wide range of attitude scores in all three areas: permissive, dominating and controlling. The lowest score reported in the permissive area on the pretest measure from parents in the experimental group was 13 while the highest was 34. The lowest pretest score reported in the area of dominating attitudes was 23 with the highest being 40, and the lowest pretest score in the area of ignoring was 21 with the highest being 30. Greatest variation of scores on the pretest measure for the experimental parent participants was in the area of permissive attitudes, and the area of least variation was in the area of ignoring attitudes.

Posttest results of the Parental Attitude Scale administration with the experimental group resulted in varied but not as widely ranging scores as were reported on the pretest measure. The lowest score reported in the permissive area on the posttest was 13, and the highest
score was a 31; the lowest score reported on the dominating attitude subscale was 22 with the highest being 39; and the lowest score reported on the ignoring subscale was 16 with the highest being 31. Greatest variation of scores on the posttest measure as reported by experimental parents as a group was in the area of permissive attitudes while the least variation was reported in the area of ignoring attitudes.

A comparison of pretest and posttest scores reported on the Parental Attitude Scale by parents in the experimental group revealed that from time of pretest until time of posttest, nine of 12 parents reported lower permissive scores while three reported higher permissive scores; seven of 12 parents reported lower dominating scores and 5 reported higher dominating scores; five parents reported higher ignoring scores, five reported lower ignoring scores, and two parents reported the same ignoring scores on both pretest and posttest. In conclusion, more than half the parents in the experimental group reported less permissive attitudes and less dominating attitudes at the time of posttest. Fewer than half the parents reported more permissive attitudes and more dominating attitudes at the time of the posttest. The area of least change between pretest and posttest as reported by experimental parents as a group was that of ignoring attitudes.

Control group parent participants reported scores on the pretest and posttest administration of the Parental Attitude Scale which generally covered a more narrow range than those reported by the experimental group parents. Pretest scores reported indicated that 17 was the lowest score reported on the permissive subscale and 27 was the highest. On the dominating subscale, 17 was reported as the lowest.
score and 37 was the highest score, while on the ignoring subscale, 21 was the lowest and 27 was the highest. The widest range of pretest scores reported by the control parents as a group occurred on the dominating subscale, whereas the smallest range of scores occurred on the ignoring subscale.

Control group parent participants reported a more narrow range of scores overall at the time of posttest as compared with those of the pretest. Posttest administration of the Parental Attitude Scale with the control group parents yielded a low score of 17 and a high score of 24 on the permissive subscale, a low score of 21 and a high score of 36 on the dominating subscale, and a low score of 20 and a high score of 27 on the ignoring subscale. The area of greatest variation of subscale scores on the posttest occurred on the dominating subscale, and the areas of similarly least variation occurred on the permissive and ignoring subscales.

When compared, pretest and posttest scores reported by control group parents yielded interesting findings. Four of the ten control group parent participants reported less permissive attitudes, four reported more permissive attitudes, and two reported an unchanged attitude as reflected in total subscale score at the time of posttest. Five of the parents reported lower scores in the area of dominating attitudes, and five reported higher scores in the same area at the time of posttest.

Three of the ten parents reported lower ignoring subscale scores, two reported higher ignoring subscale scores, and five reported unchanged scores at the time of posttest. The area of most score
variation across all three subscales on both the pretest and posttest administration occurred on the dominating subscale. Least score variation across all subscales on both the pretest and posttest occurred on the ignoring subscale.

Parent Feedback During Training

Though the statistical analysis did not reveal significant findings as a result of the experiment, data showed generally positive movement among experimental group subjects between the time of the pretest and the time of the posttest. Verbal feedback from parents in the experimental group agreed with recorded data.

Parents in the experimental group initially cited a particularly difficult transitional time for the targeted children which they hoped to impact with the Parent Adaptive Doll Play technique. At the time of the second training session, 11 of the 12 parents reported some degree of success regarding their children's behavior during the specific transition. This trend continued throughout the experiment, according to parent report, with the one parent who initially reported no change in her child's behavior reporting that the child was noticeably less resistant during the transition by the end of the experiment.

Parents reported too that children seemed to enjoy the stories very much and several reported that the stories were specifically requested by children many times. Also it was reported that children's siblings showed an interest in the stories, and some parents attempted stories with siblings of the targeted children during the study.

In terms of parent's expressed feelings of stress during the study, many expressed that as the specific transition became less difficult,
parents felt more at ease. Parents seemed to express some increase in confidence in terms of dealing with their children as shown by their enthusiastic persistence in implementing the technique with their children as well as their eagerness to use the technique to impact other difficult transitions with their children.

Implications

Results of this study have a great deal of meaning in terms of parent training, children experiencing parental separation and divorce, and the Parent Adaptive Doll Play technique. This section examines general as well as specific implications of the study's results.

Pretest data from the experimental group implied that, as a whole, subjects were largely an average group behaviorally with very few members exhibiting observable extremes. The Child Behavior Rating Scale results from the experimental group show the greatest difference between pretest and posttest means in the area of home adjustment. The home adjustment subscale consists of 20 items dealing with various aspects of home atmosphere such as treatment of children, discipline, and child's relationship with parents. Therefore, the implication exists that training in the Parent Adaptive Doll Play technique may impact these areas most heavily. Several authors have cited the child's environment and the child's relationship with each parent as important factors in determining the negative effects of divorce on children (Mendell, 1983; Smart & Smart, 1980; Tessman, 1978). Considering the reported improvement in home adjustment of subjects in this study, it seems that the Parent Adaptive Doll Play technique has the potential of decreasing the negative impact of parental divorce on children.
Information in the literature states that children experiencing parental separation and divorce will be likely to experience a variety of feelings, including, but not limited to, self-blame, anger, sadness, and fear (Mendel, 1983). Data gathered on the Burks' Behavior Rating Scales regarding the experimental subject's behavior showed a decrease in the means from the time of the pretest to the time of the posttest in the areas of self-blame, anxiety, withdrawal, and dependency, therefore indicating a decrease in negative behavior as observed and reported by parents in these areas. These findings support the Parent Adaptive Doll Play technique as an effective intervention in assisting children through some of the emotionally difficult aspects of parental separation and divorce.

The assumption was made as a result of a partial review of the literature that children whose parents separate and/or divorce experience a degree of emotional disturbance. Filial therapy focuses on training parents to be therapeutic agents to their disturbed children at home (Andronico et al, 1967; Ginsberg et al, 1978; Guerney, 1964; Hornsby & Appelbaum, 1978; Stover & Guerney, 1967). Training in filial therapy requires that parents become very closely involved in a plan to assist their children, which may serve to motivate parents to receive help as well as give help (Guerney, 1964). Experimental group parents in this study were trained in a specific technique designed to assist children during a time of emotional upset. This study provides confirmation that parents receiving training designed to help their children, which involves them in intervention planning, may indeed be somewhat self-motivating. All 12 experimental group parents who
volunteered for participation in this study remained involved in the training process throughout the time required.

Parents experiencing marital separation and divorce, when compared with parents in intact families, have been cited as experiencing increased feelings of incompetence during the first year following divorce (Hetherington et al, 1978). Results of this study imply that training in the Parent Adaptive Doll Play technique impacts parents' feelings of competence in a positive manner. Parents in the experimental group reported decreased stress, in terms of group means, in the parent domain subscale of sense of competence at the time of posttesting, whereas parents in the control group showed almost no change.

It is unclear why none of the results of this study were found to be statistically significant despite the finding that parents receiving training in the Parent Adaptive Doll Play technique and child subjects experiencing the technique showed, according to written data and verbal feedback, positive differences in several areas between the time of the pretest and the time of the posttest. Perhaps training of a longer duration, the use of a more highly specific data-gathering instrument, or intervention within the first 12 months after marital separation and/or divorce would have produced results considered to be statistically significant. Results of this study, however, do show that intervention in the form of parent training in a specific technique, in this case the Parent Adaptive Doll Play technique, when implemented with young children, can produce some very positive effects for parents as well as for children.
Recommendations

The following recommendations are made after careful consideration of the results of this study.

1. Future research should consider allotting more time to the actual training period in order to assess far-reaching effects.

2. Future research may benefit through the use of a more specific child behavior measurement instrument.

3. Intervention in the form of parent training may be most effective when done within the first 12 months following marital separation and/or divorce. It is recommended that this be considered for future research.

4. Future research should address measurement of the observable behaviors indicative of anger in young children, as this was the variable closest approaching statistical significance in terms of improvement between the pretest and the posttest.
APPENDIX A

EXPLANATION OF STUDY
Dear ____________________________

I am asking for your help with a study I am conducting as part of my doctoral research through the Department of Counselor Education at The University of North Texas. The purpose of the study is to explore the effects of parent's use of an adaptive doll play technique on children's adjustment to separation and/or divorce related stresses. In order to obtain this valuable information, I am asking for your participation in two, ninety minute sessions (one per week), and three subsequent, individually arranged contacts (one per week, which will fully train you for using the adaptive doll play technique at home with your child. A session will also be held two weeks after the final training session for information-gathering purposes.

Marital separation and divorce exert stress on all individuals involved. It is believed that parents of young children, more so than anyone else, are in a position to be most helpful to their children in times of stress. The Parent Adaptive Doll Play technique can be done with a child in as little as five minutes and is believed to be beneficial in lessening some of the stresses parents and children experience in marital separation and/or divorce situations.

This study, which has the approval of the university, asks that you consent to attending and participating in the Parent Adaptive Doll Play technique training sessions, and that you consent to having your child be a part of the study by agreeing to use the technique as recommended with him/her at home during the course of the training.

Please sign the attached informed consent sheet for you and your child to help in this important study. Please be assured that any and all information you give will be kept strictly confidential. Code numbers rather than names will be used to identify all information you provide. Participation in this study is voluntary, and you and your child may choose to withdraw at any time.

In order to give yourself time to understand and learn the Parent Adaptive Doll Play technique before using it at home, I ask that you not mention anything about the training or the technique to your child until it is recommended.

If you have any questions or concerns, please do not hesitate to contact me at 899-0196.

Sincerely,

Carol A. Brennan, M.S.
APPENDIX B

ADVISED CONSENT FORM
INFORMED CONSENT

Code #

I hereby give consent to Carol A. Brennan, M.S. for the following:

1. My attendance and participation in two Parent Adaptive Doll Play training sessions, and three subsequent, individually arranged contacts.

2. My child's participation in the study as the individual who will receive the Parent Adaptive Doll Play technique as I present it to him/her during the course of the training.

I have seen a clear explanation and understand the nature of the procedures of the study. I have also been informed about possible discomforts or risks involved and the possibility of complications which might arise. I have a clear idea of, and understand the benefits to be expected. I understand that the training to be provided is investigational, and that my child and I may withdraw our consent for continued participation at any time. With my understanding of this, and having received information and satisfactory answers to the questions I have asked, I voluntarily consent to the procedures designated above.

Signed ____________________________  Custodial parent

Witness: ________________________________

Date: _________________________________
APPENDIX C

SAMPLE SCRIPT
SAMPLE SCRIPT

(Bedtime scenario)

BEGINNING:

Now, I want to tell you a story about going to bed and waking up in the morning. Here's the Abby doll and here's the Mommy doll. They've already had their dinner, and Abby just finished watching a television show. Mommy says, "Abby, it's time for you to take your bath." Abby says, "Okay Mommy. I'll go get some pajamas to put on after my bath." While Abby gets her pajamas, and undresses for her bath, Mommy runs the water in the tub (add sound effects for running water). Then Abby takes her bath. She washes her face and her body, and soon it's time for her to dry off. Mommy helps Abby out of the tub, and she helps Abby dry off with a big, fluffy towel. After Abby's bath, she brushes her teeth (add sound effects for teeth brushing). Then Mommy tells Abby, "Abby, it's time for you to go to bed. I'll read you a story if you'd like to pick one out." Abby says, "How about the one about Clifford, the big red dog?" So they lay down on Abby's bed and Mommy reads the story. After the story, Mommy gives Abby 5 hugs and 5 kisses, (because that's how many Abby likes), and she says "Goodnight, sweetie. Have a good night's rest and I'll see you in the morning. I love you." Abby says, "Goodnight, Mommy. I love you, too."

MIDDLE:

Mommy goes out to the kitchen and gets the coffee pot ready for the morning, and she sets Abby's lunch box out for the next day. Then, Mommy decides to sit down and watch a television show while she does some paperwork.

While Abby is in her bed about to fall asleep, she thinks about what she did in school that day, and what she thinks might be fun to play at school tomorrow with her friend, Anne. Soon, Abby is sound asleep (add sound effects for snoring).

Mommy notices that it's getting late and she cleans up her paperwork, puts on her pajamas, brushes her teeth (add sound effects for teeth brushing), and goes to bed. Mommy falls asleep right away because she is very tired.

END:

And so, while Abby is in her bed sleeping and Mommy is in her bed sleeping, the house is very quiet, and they're both getting a good rest.
But soon, it's morning. Abby wakes up in her bed, rubs her eyes, stretches, and she wonders if Mommy's awake yet. She gets out of her bed and goes into Mommy's room. She leans over Mommy and says "Hi, Mommy." Mommy opens her eyes, smiles at Abby, and says, "Hi, sweetie. I'm glad to see you." Then, they hug each other for a minute before they get up to start getting ready for their day. That's the end of the story.
APPENDIX D

INSTRUCTIONS FOR COMPLETION OF FORMS
October, 1989

Dear Parent,

Your assistance in completing these forms is greatly appreciated. Though filling them out will take some time, the information you provide is an integral part of this research study.

There is a code number at the top of each enclosed item. This code number will be yours for the duration of the study; it protects yours and your child's anonymity. Therefore, you do not need to write yours or your child's name on any of these items.

Please complete each of the 4 enclosed forms (Parental Attitude Scale, Parenting Stress Index, Child Behavior Rating Scale, and Burks' Behavior Rating Scales), and return them to me in the envelope provided at the start of our first, 90 minute training session. It is essential to the success of the study that I collect your completed forms at that time.

Should you have any questions, please do not hesitate to call me at 899-0196. Thanks so much for your interest and participation in my research. I'm looking forward to working with you.

Sincerely,

Carol A. Brennan, M.S.
October, 1989

Dear Parent,

Your assistance in completing these forms is greatly appreciated. Although filling them out will take some time, the information you provide is an integral part of this research study.

There is a code number at the top of each enclosed item. This code number protects yours and your child's anonymity. Therefore, you do not need to write yours or your child's name on any of these items.

Please complete each of the following enclosed items and return them to me within one week in the enclosed, stamped envelope:

1. Parental Attitude Scale
2. Parenting Stress Index
3. Child Behavior Rating Scale
4. Burks' Behavior Rating Scales
5. Informed Consent Form.

In addition, please take a minute to read the enclosed description of this research study. The description is for you to keep for your own information.

As I mentioned to you during our initial phone conversation, members of the control group will be contacted 6 weeks after I have received the first set of completed forms. At that time, I will send the second set of forms, which will need to be completed within one week, and returned to me. After receiving the second set of forms, I will contact each control group participant individually to make arrangements for training in the described technique.

Your participation is essential to the success of this study. Thanks so much for your interest. Should you need to contact me for any reason, I can be reached at 899-0196. I'm looking forward to working with you.

Sincerely,

Carol A. Brennan, M.S.
APPENDIX E

OUTLINE FOR TRAINING IN PARENT ADAPTIVE DOLL PLAY
PARENT ADAPTIVE DOLL PLAY

Outline for Training

I. Day 1 - Introduction, Demonstration and Planning

A. Collection of predistributed and completed forms:
   1. Advised Consent Form (APPENDIX B)
   2. Child Behavior Rating Scale
   3. Burks' Behavior Rating Scales
   4. Parenting Stress Index
   5. Parental Attitude Scale

B. Explanation of and solicitation of parent signatures on Consent to Audiotape form (APPENDIX H)

C. Description, Rationale, Implications and Uses of the Parent Adaptive Doll Play technique (Handout #1)
   1. Description
      a. storytelling technique
      b. for use by parent with individual child
      c. recommended for use with 3 to 7 year old children
   2. Rationale
      a. related research
      b. developmental and relationship aspects
   3. Implications
      a. child perspective
      b. parent perspective
   4. Uses of the technique
      a. therapeutically
      b. developmentally

D. Demonstration of the Parent Adaptive Doll Play technique

E. Information and Discussion of Pre-planned Elements
   1. Story
      a. simple
      b. brief
      c. single focus
      d. clear beginning, middle and end
      e. objectivity
2. Props
   a. very few
   b. child-selected

3. Setting
   a. relaxed
   b. comfortable

4. Timing
   a. appropriate for parent and child
   b. frequency

F. Distribution of and discussion of sample script (APPENDIX C)

G. Individual Planning Time
   1. Distribution and completion of Individual Planning Sheets (Handout #3)
   2. Individual concerns

H. Summary
   1. questions
   2. reactions
   3. homework assignment

II. Day 2 - Review, Feedback, Clarification and Refinement

A. Review
   1. the technique itself
   2. the demonstration
   3. pre-planned elements
   4. individual planning
   5. sample script
   6. homework assignment

B. Parent Feedback and Clarification
   1. individual questions and answers
   2. individual reactions to homework assignment
      a. child reaction
      b. parent reaction
   3. pre-planning
      a. effectiveness
      b. sufficient vs. non-sufficient
C. Refinement
1. individual questions and answers
2. demonstration of the technique
3. parent role-playing

D. Summary
1. remaining questions or concerns
2. homework assignment

III. Days 3, 4 and 5 - Feedback, Clarification and Refinement

A. Feedback
1. completion of homework assignment
2. effectiveness of technique on child's targeted behavior
3. difficulties encountered
4. reactions of child and parent

B. Clarification and Refinement
1. questions and answers
2. pre-planned elements
3. script
4. demonstration of technique
5. parent role-playing

C. Summary
1. remaining questions and answers
2. homework assignment

IV. Day 6 - Collection of Posttest Data

A. Distribution and Completion of Posttest Data
1. Child Behavior Rating Scale
2. Burks' Behavior Rating Scales
3. Parenting Stress Index
4. Parental Attitude Scale
APPENDIX F

HANDOUTS USED FOR TRAINING
HANDOUT #1

I. Description of Parent Adaptive Doll Play
   A. storytelling aspects
   B. intended uses
      1. by a parent
      2. with individual child, aged 3 through 6 years

II. Rationale for Using Parent Adaptive Doll Play
   A. Related research
      1. children and parental separation and/or divorce
      2. filial therapy
      3. play therapy
      4. doll play
   B. As a Technique
      1. developmental aspects
      2. relationship aspects

III. Possible Implications
   A. Child's Perspective
      1. awareness of feelings and feeling word labels
      2. preparation for experiences
      3. coping with experiences
      4. new form of play
   B. Parent's Perspective
      1. awareness of personal feelings
      2. awareness of child's feelings
      3. separation/divorce focus

IV. Possible Uses
   A. Therapeutically
   B. Developmentally
HANDOUT #2

Pre-planned Elements

I. Story
   A. Simple
   B. Brief
   C. Single focus
   D. Clear beginning, middle and end
   E. Objectivity

II. Props
   A. Just a few
   B. Child-selected

III. Setting
   A. Relaxed
   B. Comfortable

IV. Timing
   A. Appropriate for parent and child
   B. Frequency

V. Script
   A. Purpose
   B. Sample
HANDOUT #3

Individual Planning Sheet

1. Think about the transitions* your child experiences each day, and during the course of the week. List them in the space below.

*A transition is defined as a situation when your child moves from one situation to another.

2. Is there a situation your child makes that you would like to see proceed more smoothly? Briefly describe it in the space below.

3. Think about your child's behavior as the transition, described above, approaches. Describe it briefly in the space below.

4. Think about your child's behavior as the same transition takes place. Describe it briefly in the space below.

5. Think about your own feelings as the same transition approaches. Describe them briefly in the space below.

6. Think about your own feelings as the same transition takes place. Describe them briefly in the space below.

7. Think about your own feelings immediately after the same transition has occurred. Describe them briefly in the space below.

8. What would you like to be different about how your child proceeds through the transition? Describe it briefly in the space below.
9. Have you done anything specifically, to prepare your child, or to help him/her, deal with transitions? If so, briefly describe what you've done in the space below.

10. What would you like to be different about how you proceed through, and feel after, the transition? Describe it briefly in the space below.
APPENDIX G

TABLES 2, 3, 4, 5
Table 2
Means and Standard Deviations By Group on the Child Behavior Rating Scale

<table>
<thead>
<tr>
<th>Groups</th>
<th>Experimental</th>
<th>Control</th>
<th>Whole</th>
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<td>Post</td>
<td>Pre</td>
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<td></td>
<td>Mean</td>
<td>SD</td>
<td>Mean</td>
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Table 3
Means and Standard Deviations By Group on the Burks' Behavior Rating Scales

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<th>Control Post</th>
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<td>SD</td>
<td>Mean</td>
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### Table 4

Means and Standard Deviations By Group on the Parenting Stress Index

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<th>Experimental Post</th>
<th>Control Pre</th>
<th>Control Post</th>
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Table 5
Means and Standard Deviations By Groups on the Parental Attitude Scale

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<th>Variable</th>
<th>Experimental Pre</th>
<th>Experimental Post</th>
<th>Control Pre</th>
<th>Control Post</th>
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<td>24.59 3.10</td>
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</tbody>
</table>
APPENDIX H

CONSENT TO AUDIOTAPE
CONSENT TO AUDIOTAPE

I, __________________________, hereby grant my permission to Carol A. Brennan, M.S. to audiotape my contacts with her during the course of my training with her in the Parent Adaptive Doll Play technique.

I understand that the information recorded will be used only for descriptive purposes in Ms. Brennan's final dissertation, and that mine and my child's identity will be kept confidential.

I understand, too, that I may withdraw my consent to be audiotaped at any time, and that such a decision will in no way jeopardize my continued participation in the study.

Signed __________________________

Date __________________________
REFERENCES


