CHILDREN’S EXPERIENCES IN THE THERAPEUTIC RELATIONSHIP: DEVELOPMENT AND VALIDATION OF A SELF-REPORT MEASURE

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Most counselors agree that the therapeutic relationship is essential in counseling. However, the current evidence-based treatment movement has resulted in a focus on treatment protocols and techniques in outcome research. Researchers have called for the inclusion of relationship variables in future outcome research. Child-centered play therapy (CCPT) is an empirically-supported, developmentally responsive intervention for children that emphasizes building a therapeutic relationship based on the philosophy of person-centered theory. Exploring the impact of the relationship on CCPT outcomes would be beneficial, but no current quantitative measure exists for obtaining the child’s view of the therapeutic relationship. The purpose of this study was to create a developmentally appropriate instrument to measure children’s perceptions of the therapeutic relationship. Established instrument development procedures were followed to create the Relationship Inventory for Children (RIC), a 15-item instrument for use in outcome research that measures the child’s perspective of the therapeutic relationship. Participants were 33 child experts who participated in interviews and preliminary testing of the instrument as well as 100 children whose scores on the 31-item pilot instrument were submitted to exploratory factor analysis (EFA). Children (62% male) ranged in age from 6 to 9 years ($M = 6.92$) and 53% identified as Caucasian, 14% as Hispanic, 14% as African American, 2% as Asian American, 0.8% as Native American, 8% as Multiracial, and 9% unreported. The EFA resulted in three factors: Positive Regard, Unconditional Acceptance, and Empathy. Implications for further development of the RIC, for use of the RIC in research, and for application of the RIC to person-centered theory are discussed.
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CHILDREN’S EXPERIENCES IN THE THERAPEUTIC RELATIONSHIP: DEVELOPMENT AND VALIDATION OF A SELF-REPORT MEASURE

Introduction

Throughout the past 60 years, theorists and researchers across counseling approaches and mental health disciplines have debated the relative impact of the therapeutic relationship in predicting positive treatment outcome (Lambert & Barley, 2002). Most psychotherapists agree that the therapeutic relationship is essential in counseling (Elvins & Green, 2008; Gelso & Hayes, 1998; Lambert & Barley, 2002); however, the current evidence-based treatment movement has resulted in a focus on treatment protocols and techniques in outcome research. Norcross (2002) called for the inclusion of measures of relationship variables in future outcome research. Others echoed this sentiment in both the child and adult counseling literature (Dunn & Bentall, 2007; Green, 2009; Karver, Handelsman, Fields, & Bickman, 2006; Weisz & Kazdin, 2010). Still others have emphasized the need to look at mediator variables, such as therapeutic relationship, in counseling research (Baggerly & Bratton, 2010; Stulmaker, 2014; Weisz & Kazdin, 2010). However, instruments measuring the child’s perception of the therapeutic relationship are scarce in the literature. Shirk and Karver (2003) posited that studies involving treatments that already possess a strong research base should take precedence in the study of relationship variables in child psychotherapy because those treatments have already demonstrated success.

Child-Centered Play Therapy

Child-centered play therapy (CCPT), a developmentally responsive intervention for children based on Carl Rogers’ (1951, 1957) person-centered theory, is one intervention with a strong research base that spans over 70 years (Baggerly, Ray, & Bratton, 2010; Lin & Bratton, in
Ray (2011) found a total of 62 studies conducted from 1940 to 2010 showing positive outcomes for CCPT. Of the 62 studies, 29 were categorized as experimental, employing a pre-post randomized control group design. Since the beginning of the millennium, CCPT research has demonstrated increased rigor and productivity with 13 of the 19 identified studies meeting criteria for randomized controlled trials (Center for Play Therapy, 2014). Research findings indicated that participation in CCPT resulted in beneficial outcomes for disruptive behaviors including aggression (Ray, Blanco, Sullivan, & Holliman, 2009; Schuman, 2010) and attention deficit hyperactivity disorder (ADHD; Ray, Schottelkorb, & Tsai, 2007), internalizing problem behaviors (Garza & Bratton, 2005; Ojiambo, 2011), social difficulties (Fall, Navelski, & Welch, 2002), speech (Danger & Landreth, 2005), and academic achievement (Blanco & Ray, 2011).

CCPT counselors apply the philosophy of person-centered theory to work with children. Rogers (1957) posited that six necessary and sufficient conditions exist for therapeutic personality change. The six conditions are as follows:

1. Two persons are in psychological contact.
2. The first, whom we shall term the client, is in a state of incongruence, being vulnerable or anxious.
3. The second person, whom we shall term the therapist, is congruent or integrated in the relationship.
4. The therapist experiences unconditional positive regard for the client.
5. The therapist experiences an empathic understanding of the client’s internal frame of reference and endeavors to communicate this experience to the client.
6. The communication to the client of the therapist’s empathic understanding and unconditional positive regard is to a minimal degree achieved. (Rogers, 1957, p. 96)

The first condition states that two individuals must be aware of one another’s presence to be in relationship (Wilkins, 2010). The remaining conditions are meaningless if no relational contact exists between two individuals (Rogers, 1957). According to the second condition, the client must be in need of some kind of help for counseling to be useful (Wilkins, 2010). This incongruence may be difficult to ascertain in children, but the kinds of acting out or withdrawal behaviors that tend to result in involuntary counseling referrals, whether by parents or by the court system, seem to indicate the presence of incongruence (Ray, 2011).

Rogers defined counselor congruence as a person being integrated into the relationship so that one’s experience is accurately symbolized into one’s awareness. Counselors who experience more congruence can be more open to their own experience and therefore more open to those of their clients (Bozarth, 2001b). Rogers (1957) defined unconditional positive regard as a “warm acceptance of each aspect of the client’s experience” (p. 98). Providing unconditional positive regard means placing equal value on all aspects of a person’s experience (Bozarth, 2001a), including the person’s growth potential, stagnation, or fear of growth (Raskin, 1948). Unconditional positive regard is a multifaceted experience that involves both caring for that person and an unconditional acceptance of all parts of the individual (Lietaer, 2001; Prouty, 2001). Rogers (1957) defined empathic understanding, the fifth condition for personality change, as entering the client’s perceptual world and experiencing it as if one were the client, but still maintaining the awareness that it is not one’s own perception. Empathy encompasses both a cognitive and affective component (Tengland, 2001).
Although the counselor’s provision of the third through fifth conditions is important, the client must at least minimally perceive unconditional positive regard and empathic understanding for counseling to be helpful (Rogers, 1957). If the client does not experience unconditional positive regard or empathic understanding from the counselor, the change process will be inhibited even if the counselor is experiencing and conveying those conditions toward the client (Wilkins, 2010). Research supports the view that the client’s perception of the counseling relationship is more important for client growth that what is visible to an outside observer in counseling (Mearns & Cooper, 2005). Because of the importance of the client’s perception, the client must be the one to describe the relationship (Barrett-Lennard, 2002). An outside observer could only provide limited information as to the extent of the impact of the conditions in counseling.

CCPT counselors aim to use a developmentally sensitive environment to provide unconditional positive regard and empathic understanding in ways in which clients can perceive (Cochran, Nordling, & Cochran, 2010; Landreth, 2012; Ray, 2011). Despite an array of strong outcome studies (see Baggerly et al., 2010; Lin & Bratton, in press; Ray, 2011) and the theory-based importance of the relationship in this approach to child counseling, limited research exists that addresses the impact of the child-counselor relationship in CCPT outcomes.

**Relationship Measures**

The lack of research on the relationship in CCPT may be due to the dearth of well-validated, accepted measures of Rogers’ (1957) conditions in child counseling. The Barrett-Lennard Relationship Inventory (BLRI; Barrett-Lennard, 1986; 2002) is a frequently used measure of the Rogers’ conditions. One form of the BLRI measures the client’s perception of the counselor’s level of regard, unconditionality of regard (considered to be two aspects of
unconditional positive regard according to Barrett-Lennard), congruence, and empathy. The factor structure of the instrument has some support, but findings regarding the validity of the instrument remain unclear (Ponterotto & Furlong, 1985). Past researchers have attempted to adapt the BLRI for children. Stoffer (1968) developed a 24-item scale and administered it to 35 children between the ages of 7 and 12. Harnish (1983) adapted Stoffer’s scale for use with 16 children (8 to 10 years). Neither study possessed a sufficient number of participants for valid factor analysis, and neither author reported rigorous instrument development procedures.

Although no current measure of Rogers’ (1957) conditions exists for children, some child measures do address the therapeutic alliance. These measures have their own limitations for use in obtaining the child’s perspective on the relationship in outcome research. The Child Therapeutic Alliance Scale (Grienenberger & Foreman, 1993 as cited in Foreman, Gibbins, Grienenberger, & Berry, 2000) only contains eight items, each measuring a different construct. The subjective perspective of the child is not obtained in the observation-based instrument. The Therapeutic Alliance Scale for Children (TASC; Shirk & Saiz, 1992) is a 7-item self-report that has a counselor and child version and measures bond, negativity in the relationship, and verbalization of problems (Shirk & Saiz, 1992). Although some support for its psychometric properties exist (Langer, McLeod, & Weiz, 2011) the low number of items per subscale is likely to cause psychometric problems (Pett, Lackey, & Sullivan, 2003). This instrument is not a good fit for research in CCPT because few of the items assess Rogers’ (1957) conditions for therapeutic growth. Thus, an instrument consistent with person-centered theory that takes children’s developmental abilities into account is needed.
Measurement is a process of quantifying objects, attitudes, or situations in a systematic way for the purpose of producing consistent empirical evidence to evaluate research outcomes (Pett et al., 2003). The development of a measure, or instrument, consists of four general phases. Experts, whether members of the population or those professionally well acquainted with the population, play a key role in determining the validity of the items and should be employed at multiple steps in the instrument development process (Drummond & Jones, 2010).

The first phase of instrument development involves conceptualizing and defining the latent variable (Dimitrov, 2012). In this phase, a review of the literature provides a basis for developing a pool of statements that are proposed measures of the latent variable. The second phase is to develop and test item and administration format while continuing to develop items (Pett et al., 2003). The goal in this phase is to develop a large pool of potential items that accurately measure the construct of interest (Springer, Abell, & Hudson, 2002) and that are worded unambiguously and in a way the target population can understand (Oppenheim, 1992). The instrument scoring, layout, and administration procedures are also tested in this phase (McIntire & Miller, 2007; Pett et al., 2003). The third phase includes the continued refinement of items through preliminary instrument testing and engaging participants in cognitive pretesting to check for understanding (Pett et al., 2003; Oppenheim, 1992). Cognitive pretesting means asking follow-up questions to better understand the cognitive process of the participant in completing the items and is one means of increasing item validity (Woolley, Bowen, & Bowen, 2006). Finally, researchers administer the instrument to a large sample of the target population and conduct factor analysis to explore the validity and factor structure of the instrument (Gable & Wolfe, 1993; Henson & Roberts, 2006).
Special considerations should be noted in instrument development of child self-report measures. Children have different sets of developmental abilities and different ways of viewing the world than adults, thus posing a challenge to self-report research with children (Scott, 2008). For example, children have more difficulty with abstract reasoning and do better when questions or items are specific rather than broad (Freeman & Mathison, 2009). Similarly, assessments that ask for information outside the child’s experience may be difficult for the child to answer, rendering results unreliable (Scott, 2008). Younger children in particular may be susceptible to the primacy effect, choosing one of the first few options when more than three or four answer choices exist (Hershey & Hill, 1976).

Instrument developers have attempted to address these issues through brevity or visual aids. For example, the Children’s Depression Inventory – second edition (CDI-2; Kovacs, 2011) is a 28-item standardized self-report instrument with four subscales designed for children ages 7 to 17 years. Each item consists of three statements describing varying levels of indicators of depression, and the child is asked to choose the statement that best describes his or her experience for the past two weeks. For the Pictorial Scale of Perceived Competence and Social Acceptance for Young Children, Harter and Pike (1983) first asked a dichotomous question and then a follow-up question to qualify the child’s response in order to avoid overwhelming children with too many answer choices. They also included pictorial representations of the items. Others (Jager & Ryan, 2007; Russ, Niec, & Kaugars, 2000) have incorporated the media of play into assessment procedures. Working to develop research situations that make sense to children and fit within their experiences can help increase the validity of child self-reports (Greene & Hill, 2005; Woodhead & Faulkner, 2008). However, adjustments to an instrument to address
children’s developmental needs, such as fewer answer choices, may decrease the psychometrics of the instrument (Gable & Wolfe, 2003).

The development of an instrument measuring the child’s perception of Rogers’ (1957) conceptualization of the therapeutic relationship is particularly important in research and practice for person-centered counselors. This perception is an integral component of counseling that is not currently being measured, possibly because of the difficulty of assessing these constructs (Friere & Grafanaki, 2010). However, a review of relevant literature yields no well-accepted child self-report measure of Rogers’ (1957) relationship variables. Such an instrument could further contribute to the general child counseling literature by providing a relationship measure appropriate for use in outcome research. The purpose of this research is to develop an instrument to measure children’s perceptions of the therapeutic relationship (as defined by Rogers, 1957) in child counseling research.

Methodology

I followed established instrument development procedures (Dimitrov, 2012; Oppenheim, 1992; Pett et al., 2003) to create a 31-item pilot instrument (Appendix E) that measured the child’s perspective of the therapeutic relationship. The scores of 100 children were submitted to exploratory factor analysis (EFA) resulting in the Relationship Inventory for Children (RIC), a 15-item measure with three subscales.

Participants

Upon receiving approval from the university’s human subject review board, I obtained parent consent and child assent for child participants for each phase of the instrument development process. Children were recruited from local university clinics, private practices, and elementary schools and ranged from 6 to 9 years of age. Children with severe cognitive or social
developmental delays were excluded from the study because the verbal nature of the instrument required children have typically developed cognitive abilities. Table 1 presents demographic information for child participants across phases.

Instrument Development

My ultimate goal in instrument development was to create a developmentally responsive instrument to measure children’s perceptions of therapeutic relationships. To accomplish this purpose, I engaged field experts in CCPT and child experts who were play therapy clients throughout multiple stages of the instrument development process. Expert review is considered a critical step in determining the content validity of an instrument (Drummond & Jones, 2010). I included child experts to ensure I used both methods and terminology that respect the culture and worldview of childhood and to gain their unique perspective on the therapeutic relationship (Alderson, 2008). These children knew what it was like to be the client in a play therapy relationship in ways that the field experts had not experienced. Field experts were individuals who have advanced degrees in counseling, advanced training in CCPT, and extensive experience in play therapy. These experts used their experience with children and CCPT to provide feedback from a developmental, theoretical, and practical lens.

Because of the verbal nature of the instrument, I wanted to limit the final measure to 15 to 20 items to avoid overwhelming children with verbal questioning. Achieving this number required at least 30 carefully refined items for factor analysis (1.5 times the final number; Pett et al., 2003). Therefore my aim in the development of items was to create a large pool of items that could be reduced to approximately 30 of the most clear, accurate items, which I could then submit to factor analysis. An overview of the four phase instrument development process may be found in Figure 1.
Phase I. The goal in Phase I was to develop an initial pool of items through simultaneously reviewing literature and interviewing children who were considered experts in play therapy relationships. To gain a better understanding of how children described the play therapy relationship, I interviewed 11 children ages 6 to 9 who had participated in at least six CCPT sessions. Their responses along with a review of person-centered literature (e.g. Barrett-Lennard, 1986, 2002; Cochran et al., 2010; Harnish, 1983; Landreth, 2012; Ray, 2011; Rogers, 1951; Rogers, 1957; Stoffer, 1968) resulted in the development of 40 items that were measurable indicators of the therapeutic relationship. These items were organized around Barrett-Lennard’s (1986, 2002) four subscales (Regard, Unconditionality, Congruence, Empathy) because doing so provided a useful place to start with scale conceptualization. In developing the items, I considered measurement issues such as the scaling of the instrument, font, instructions, structure and wording of items, and number of items (Pett et al., 2003). As I addressed these issues, I also took into account the cognitive capacity of the children for whom the instrument was intended. Similar to the Pictorial Scale of Perceived Competence and Social Acceptance for Young Children (Harter & Pike, 1983) I used a 4-point Likert scale ranging from -2 to +2 with no neutral (0) option for the scaling of the instrument. Because of children’s tendency to choose one of the first items when given a list of many choices (Hershey & Hill, 1976), I first provided a statement with a choice of yes or no and then another choice between two follow-up statements to further quantify the yes or no answer (Scott, 2008). For example, if the child responded yes to [counselor’s name] likes me, the child would then choose between two follow-up statements: ___ likes me a lot or ___ likes me a little. If the child responded no to this item, the child would then choose between ___ doesn’t like me very much or ___ doesn’t like me
at all. As I developed the items, I paid special attention to wording in order to limit confusion, thereby increasing reliability of the items (Pett et al., 2003).

During Phase I, I also developed the preliminary administration manual (Appendix E). In this manual I included a list of materials needed, administration procedures, and scoring procedures. Materials included crayons, markers, a pencil, a pen, paper, a friendly animal puppet, an aggressive animal puppet, two pretend phones, the preliminary assessment protocol (Appendix E), and the outline of a face (Appendix E). Play materials were included to provide developmentally responsive opportunities for the child to respond using the media of play (e.g. Jager & Ryan, 2007; Russ et al., 2000). Consistent with a child-centered perspective, children could use the toys as desired, and the administrator worked to sensitively respond to children’s needs in the moment. For example, the administrator might follow a child’s lead to administer the items as a pretend phone call or through a puppet conversation, trusting that the child who initiated this kind of contact felt safer or more connected through the play media. Alternatively, the child might be drawn to a specific puppet which could serve as a conversation topic for rapport-building, particularly for anxious or uncertain children.

**Phase II.** The purpose of Phase II was to review and test potential items. Child expert participants in Phase II were 12 children between the ages of 6 and 9 who had participated in at least 8 sessions of CCPT. These children responded to a random sample of half of the 40 items (five from each of the four grouping of items around congruence, regard, unconditionality, and empathy) in order to assess the administration procedures, item format, and difficulty of the items. These children were engaged in cognitive pretesting to ascertain their understanding of the items. Also during Phase II, 11 adult field experts in CCPT provided feedback on the procedures and item format, item content, developmental sensitivity, and theoretical consistency for the 40
items from Phase I. Field experts also suggested additional items for inclusion, which were added to the item pool.

During Phase II, an item was deleted if a field expert expressed serious concern about its developmental or theoretical utility or if child experts clearly struggled to understand the item. After combining feedback from adult field and child experts, 53 items (Appendix E) were available for preliminary testing.

Phase III. In Phase III of instrument development, 10 child experts (approximately one tenth of the final sample; Pett et al., 2003) were administered 53 items and were engaged in cognitive pretesting to better understand their reasoning in answering the items. Children were 6 to 8 years old and had participated in six to nine sessions of CCPT or a non-therapeutic activity group. Parents of another five children who were 6 to 9 years old were asked to identify an adult in the child’s life who did not noticeably provide warmth or unconditional acceptance to children. These children were administered the 53 items with cognitive pre-testing, and results indicated that their scores were generally lower than those of their counterparts in CCPT, thus providing preliminary evidence that the items differentiated between positive and negative relationships.

After examining children’s comments and answers on the 53 items, 22 items that seemed confusing or repetitive were chosen for deletion. Nine of the original eleven experts reviewed the rationale for deletion of these items and reported agreement with the decision to remove the items, with the result that 31 items were retained for the pilot instrument.

Phase IV. Phase IV of item development consisted of administration of the pilot instrument to 106 children and the final exploratory factor analysis (EFA). Children were 6 to 9 years old and had participated in three or more sessions of humanistic-based play therapy,
school-based counseling services, or non-therapeutic activity group. Administrators were six
graduate students and one undergraduate student who were trained in the instrument protocol.
The responses of six children were excluded due to noticeable difficulty with abstract thinking,
extreme anxiety that seemed to impair their ability to give valid answers, or unacceptable
amounts of missing data. The scores of the remaining 100 children were used in the EFA,
resulting in a ratio of over three participants per item, which is considered acceptable for
psychology and social sciences (Costello & Osborne, 2005; Kline, 2000).

Data Analysis

For ease of interpretation, the instrument was scored using a 1 to 4 scale, rather than a -2
to +2 scale, and negative items were reverse scored so that higher scores indicated higher
perceptions of a positive relationship. Missing data were analyzed using the IBM SPSS PASW
Missing Value Analysis function. Because minimal data were missing and because no
statistically significant pattern existed in the missing data, missing data were replaced using
expectation maximization (Little & Rubin, 2002; Tabachnick & Fidell, 2013). Normality of data
and multivariate outliers were assessed.

I assessed the factorability of the correlation matrix by examining the KMO statistic,
Bartlett’s test of sphericity, and measures of sampling adequacy on the anti-image correlation
matrix (Pett et al., 2003). I assessed the number of factors to extract through comparison of the
eigenvalue greater than one rule, the scree test, examination of percent of variance extracted, and
parallel analysis. I used principal axis factoring with three factors rotated to the promax criterion
to analyze the correlation matrix. I examined the low communality coefficients and deleted items
that were low. Parallel analysis with the remaining items informed the number of factors
extracted in the next analysis. I then examined the KMO, Bartlett’s test, and the measures of
sampling adequacy to ensure the matrix was still factorable. Next weak items were identified through examination of communalities, pattern coefficients, squared structure coefficients, and internal consistency. If the weak items did not fit theoretically or conceptually, they were removed from the analysis and the process was repeated beginning with parallel analysis. Figure 2 illustrates the decision-making process for item deletion.

Results

Results from SPSS missing values analysis indicated that less than 5% of data from any one variable were missing. Furthermore, Little’s MCAR test ($\chi^2 = 428.85$, df = 411, $p = .262$) was statistically significant at the $p<.05$ level indicating that the data are likely missing completely at random. The normality was assessed by examining kurtosis and skewness of the variables using Bandalos and Finney’s (2010) criteria. They suggested that skewness scores greater than 2.0 and kurtosis scores greater than 7.0 indicated outlier variables. All variables demonstrated normality or were very close to normality based on these criteria. However, as a whole, children’s responses were positively skewed. Although normality of data enhances the solution, it is not an assumption of an EFA. Therefore, all variables were retained. The presence of multivariate outliers were assessed through examination of the correlations between variables. All variables were at least moderately correlated with many other variables (Tabachnick & Fidell, 2013).

Examination of the principal axis factor analysis correlation matrix (Table 2) revealed the determinant was acceptable at a value of $2.52 \times 10^{-8}$ (Pett et al., 2003). Bartlett’s test of sphericity ($p < .001$) and KMO statistic (.861) both indicated factorability of the matrix (Pett et al., 2003; Spicer, 2005; Tabachnick & Fidell, 2013). Measures of sampling adequacy from the anti-image correlation matrix for two items were greater than .6, suggesting that these items were
not sufficiently correlated with other items on the matrix for factorability. Therefore, I deleted these items and re-ran the analysis. The determinant (6.00x10^{-8}), Bartlett’s test ($p < .01$), and the KMO statistic (.874) all remained in the acceptable range, and all measures of sampling adequacy were greater than .6 suggesting an EFA using the remaining items was appropriate (Pett et al., 2003).

I used multiple methods to determine the number of factors to extract, including examination of eigenvalues greater than 1.00 (Tabachnick & Fidell, 2013; Thompson, 2004), identification of the number of factors that account for 50% to 60% of the explained variance, the scree test (Figure 3; Cattell, 1966), and parallel analysis (Table 3; O’Connor, 2000). The various tests indicated that two to seven factors should be retained. A test principal axis factor analysis with promax rotation of three factors indicated at least two factors were substantially correlated ($r > .32$). Therefore, an oblique rotation was appropriate (Tabachnick & Fidell, 2013). Because few universally accepted standards for decisions in the factor analytic process, a series of thoughtful test factor analyses extracting different numbers of factors, using different methods of extraction, and using different methods of rotation helped assess what combination of methods produced the most statistically and theoretically consistent factor structure (Henson & Roberts, 2006; Thompson, 2004).

Taking into consideration the results from the procedures previously described as well as guidelines in the literature, I employed a principal axis factor analysis using promax rotation to extract three factors for the final EFA. Principal axis factor analysis is appropriate for exploratory analyses when instrument development is predicated on theoretical constructs because this analysis looks for latent variables based on the observed variables (Henson & Roberts, 2006; Spicer, 2003). Promax rotation was used because it a good option for an oblique
rotation (Thompson, 2004). The results of the initial factor solution revealed two items with low communalities (Costello & Osborne, 2005) and somewhat low pattern and structure coefficients indicating these items did not contribute substantially to the factor structure (Thompson, 2004). These items were deleted, and parallel analysis was conducted to determine the number of factors to extract once these items were removed.

Parallel analysis indicated four factors should be retained for a factor analysis on the remaining 27 items. A second principal axis factor analysis was conducted with promax rotation while retaining four factors. Examination of the results indicated congruence-related items were spread across factors and did not seem to have a conceptual fit with the factors on which they loaded. Furthermore, most of the congruence-related items had communality coefficients less than .5, and all of the congruence-related items except for 47 and 50 had low pattern and squared structure coefficients. In the preliminary analyses and in the current analysis, 47 (I can tell how [name] feels) and 50 (I can tell what __ is thinking) tended to factor strongly with 18 (___ knows what I mean), 30 (___ understands how sad or mad I feel), and 53 (___ knows how happy I feel). It seems possible that children’s developmental egocentrism, particularly through an abstract verbal medium (Scott, 2008), may have contributed to these five items factoring together. Furthermore, expert feedback lent support to the idea that the congruence-related items may not have been developmentally appropriate. Because of the low communalities and loadings, lack of conceptual fit of the congruence-related items with the other items on each factor, and likely developmental inappropriateness of the items, I dropped all congruence-related items from further analysis.

To achieve the goal of simplest structure, eight more principal axis factor analyses were conducted using promax rotation and extracting the number of factors indicated by parallel
For each factor analysis, a series of considerations helped determine items to delete before running parallel analysis and principal axis factor analysis again (see Figure 2.) For each analysis, the KMO statistic and Bartlett’s test of sphericity indicated the matrix was still factorable (Pett et al., 2003; Tabachnick & Fidell, 2013). If communality coefficients, pattern coefficients, and/or squared structure coefficients were low, the item was considered for deletion. Furthermore, if deletion of an item did not negatively impact Cronbach’s alpha, I considered removing the item (Pett et al., 2003). The theoretical and conceptual fit of the item on the factor(s) on which it loaded was also taken into account (Thompson, 2004). The correlation matrix for the final factor analysis can be found in Table 4.

The resulting solution (Table 5), which contained high communalities, high pattern and structure coefficients, and theoretically and conceptually clear factors, consisted of 15 items on three factors. Factor 1 accounted for 45.34% of the explained variance in the model. Factor 2 accounted for 6.04% of the explained variance, and Factor 3 accounted for 4.94% of the explained variance. All together, the factors accounted for 56.32% of the total variance explained by the model. Table 5 also shows that items on Factor 1 had the highest means and lowest variance overall. Items on Factor 2 had slightly lower means and slightly higher variance, and items on Factor 3 had the lowest means and greatest variance.

**Factor Interpretation**

To establish names for each factor, items were reviewed in the context of their contribution to concepts in person-centered theory. Four of the original experts were consulted in the interpretation of the factors. Factors 1 and 3 seemed to depict different aspects of the person-centered condition of unconditional positive regard. Factor 2 seemed most closely related to the
person-centered concept of empathic understanding. Hereafter the factors are discussed in this order for conceptual clarity.

Factor 1 (Positive Regard) was viewed as an aspect of unconditional positive regard and was comprised of seven items that seemed to communicate children’s experience of feeling valued by the adult about whom they were asked. Items such as __ cares about me, __’s face is glad to see me, and __ [does not] think I’m boring seem to indicate a sense of being considered worthwhile, important, and valued.

Factor 3 (Unconditional Acceptance) was conceptualized as being closely tied to Factor 1 in that it represents the unconditional aspect of unconditional positive regard. The four items on Factor 3 ask children about an action or attitude that people tend to perceive as negative. For example, __ likes me even if I am messy ask children about a characteristic about which children often receive negative messages. These items seemed to indicate the extent to which children felt potentially negative behaviors or attitudes were accepted non-judgmentally by the counselor.

Factor 2 (Empathy) was comprised of four items that seemed to capture child’s experience of having his or her meanings and feelings understood by the adult in question. This sense of being known indicates the adult has more than just a cognitive understanding of the personality of the child, but a deeper, affective knowledge of what it is like to be the child. Items such as __ understands me provide insight into the child’s feeling of being known.

Reliability and Validity

For an instrument to be valid, it must be reliable (Singleton & Straits, 2005). The interviews, cognitive pretesting, and pilot testing during the initial development of the instrument also provided support for the reliability of the instrument because reliability is increased when participants clearly understand the instructions and the items. To further estimate the reliability
of the instrument, I found Cronbach’s alpha for the total score and for each of the factors. Because Cronbach’s alpha is based on averages, it is not helpful in identifying specific items on subscales that are not highly correlated with others. Thus, examining inter-item correlations is necessary in assessing the unidimensionality of the scale. Clark and Watson (1995) suggested average inter-item correlations should be between .15 and .50.

Cronbach’s alpha for the 15-item instrument was .91, indicating excellent internal consistency for the total score (Clark & Watson, 1995). For Factor 1 (Positive Regard) Cronbach’s alpha was .90, indicating excellent internal consistency. Inter-item correlations ranged from .40 to .77 \( (M = .55) \), slightly higher than desired. For Factor 3 (Unconditional Acceptance) the Cronbach’s alpha was .77, indicating acceptable internal consistency. Inter-item correlations ranged from .32 to .64 \( (M = .47) \) which was in the acceptable range. For Factor 2 (Empathy) the Cronbach’s alpha was .82, indicating good internal consistency. Inter-item correlations ranged from .44 to .60 \( (M = .52) \), slightly higher than desired.

The extensive use of experts provided a high degree of content validity for the instrument (Drummond & Jones, 2010). Results of the factor analysis supported the construct-related validity of the instrument (Dimitrov, 2012; Gable & Wolfe, 1993). Further evidence for the validity of the instrument was obtained through comparison of the mean scores for children in non-therapeutic activity group \( (n = 23) \) and in play therapy \( (n = 75) \). Means for children in school-based counseling were not compared because only two children fell into that category. A one-way analysis of variance (ANOVA) revealed a statistically significant difference \( (F[2, 97] = 3.80, p = .026) \) between children’s scores in the non-therapeutic activity group \( (M = 2.54, SD = 1.16) \) and play therapy \( (M = 3.21, SD = .978) \) for item 31 (___ likes me if I’m noisy). Statistically significant differences \( (F[2, 97] = 11.99, p < .001) \) between means for the non-therapeutic group
(M = 2.04, SD = 1.19) and play therapy group (M = 3.20, SD = 1.04) were also present for item 43 (___ likes me if I’m messy). No statistically significant differences (p < .05) existed between children who had received 3 to 5 sessions, 6 to 10 sessions, 11 to 20 sessions, or 20 or more sessions.

Discussion

The RIC was developed for use as a measure in testing the effects of the child’s perception of the relationship in outcome and process research. The instrument format, length of the instrument, and scoring methods are all appropriate for such research. In this section, the application of the RIC to person-centered theory as well as the psychometric properties of the instrument are discussed.

Application to Person-Centered Theory

This instrument has direct application to research in person-centered child counseling research as the factors are directly related to person-centered concepts. Although unconditional positive regard emerged as two factors, Positive Regard and Unconditional Acceptance, these factors are consistent with the multifaceted nature of unconditional positive regard discussed in the person-centered literature (Barrett-Lennard, 1998; Lietaer, 2001; Prouty, 2001). Factor 1, Positive Regard, is consistent with Prouty’s (2001) conceptualization of “love,” “care,” “valuing,” and “prizing” as aspects unconditional positive regard (pp. 79-80). Lietaer (2001) also saw unconditional positive regard as a “multidimensional concept,” one facet of which was positive regard, or the degree to which the counselor “values [the] client and welcomes [the client’s] coming, believes in [the client’s] potentialities and engages [the client] in a non-possessive way” (p. 88). These definitions are similar to Barrett-Lennard’s (1998) definition of level of regard, but emphasize a more affective component.
Another dimension of unconditional positive regard is the unconditional aspect of the condition, here represented by Factor 3 (Unconditional Acceptance). Prouty (2001) described this dimension of unconditional positive regard as “non-judgment” and defined it as the counselor seeing the person for who he or she is and not for the person’s problems (pp. 79). Lietaer (2001) described this aspect of unconditional positive regard as an experience in which “the attitude of the counselor toward [the] client does not fluctuate as a function of either the emotional state or the behavior of [the] client” (p. 88). Rogers (1951; 1957) believed that the experience of being accepted unconditionally by another person allowed an individual to dissolve conditions of worth and grow into a more fully functioning, integrated person. The unconditional nature of UPR is the differentiating factor in person-centered counseling (Friere, 2001), a theoretical argument that was supported by the results of the ANOVA comparing means of the scores for children in play therapy and non-therapeutic activity group. Two of the four Unconditional Acceptance items demonstrated a statistically significant difference with children in the play therapy group reporting higher levels of perceived unconditional acceptance. These results seem to provide some support that children in a humanistic-based play therapy relationship perceive higher levels of unconditional acceptance than children in non-therapeutic relationships. Because of the inequality of group sizes, results must be interpreted with caution. For the ANOVA comparing mean scores across number of sessions, inequality of groups as well as the small number of participants in some groups may have contributed to an absence of differences in scores based on number of sessions attended. However, the possibility exists that the relationship variables may be perceived early in the relationship, thus accounting for the similarity in scores across number of sessions.
Factor 2 (Empathy) is tied to the child’s experience of being known by the counselor. In the person-centered literature, empathy is defined as both a cognitive understanding of the other’s world and an affective experience of feeling the other person’s emotions (Tengland, 2001). Although items on this scale seem to address the cognitive level of understanding, presumably to feel understood a child also feels affective empathy. The difficulty of capturing the full meaning of experiencing another person enter one’s world is apparent, but this scale does seem to capture a basic conceptualization of empathy.

The tie between empathy and unconditional positive regard has also been addressed in the person-centered literature with empathic understanding being viewed as a gateway to unconditional positive regard (Bozarth, 2001a). One cannot feel unconditional positive regard from another without feeling fully understood, or known, by that person. Another tie between empathy and unconditional positive regard is that, according to Roger’s (1957) sixth condition for change, these are two conditions that must be perceived by the client within the context of the other conditions for counseling to be impactful.

The condition of congruence bears mentioning as one of Rogers’ (1957) conditions that is noticeably absent in this instrument. Items intended to measure congruence were a topic of conversation among expert reviewers from the beginning. Experts expressed concern about children’s abilities to understand verbal items that asked them to respond from the perspective of another person. These concerns were validated in my subjective observations during administration of the instrument. I often noticed that children answered congruence-related items in the same way that they answered similar empathy-related items. For example, children often answered [name] knows what I am thinking the same way that they answered I know what ___ is thinking. Children may have difficulty expressing the difference between being understood by
someone or understanding someone. In addition, follow up questions frequently revealed that children could not verbalize what they thought the adult was thinking. For these reasons, I removed congruence-related items from the analysis. Thus, the absence of counselor congruence in this instrument does not necessarily convey the condition is not present or unimportant.

Rogers’ (1957) sixth condition of client perception applies to the RIC in that children’s responses to the items are a subjective assessment of the therapeutic relationship. The instrument measures the child’s perception of another person, and the view of self plays a role in the way a person views others and relationships. Furthermore, the child’s perception of the relationship may change throughout the course of counseling as the child’s view of self begins to change as a result of a positive therapeutic relationship (e.g. Rogers, 1961). Thus researchers who interpret the results of the instrument must recognize that the instrument measures a subjective perception, not a concrete reality.

Descriptive Statistics

Items on Factor 1 (Positive Regard) had the highest means and the least variability indicating most children may believe that adults generally care for them and like them. Therefore even a +1 or -1 on items for this scale may be important. Items on Factor 3 (Unconditional Acceptance) tended to have the lowest means and highest variance. One possibility is that children’s conditions of worth around these items may be particularly high due to societal standards of acceptable child behavior. Most children likely receive strong messages that noise or mess should be restrained. Therefore, counselors may need to provide high levels of unconditional positive regard for children to perceive something different than the social norm (e.g. that noise or mess make the child less ideal or acceptable). Items on Factor 2 (Empathy)
tended to have means and variability that were between those of the other two factors. This finding suggests that feeling liked may be more common than feeling understood.

**Psychometric Properties**

The clear factor structure in which each item had a relatively high pattern coefficient for one factor and relatively low coefficients for other factors, indicate the validity of the RIC. The extensive use of experts supports the content validity of the instrument. Cronbach’s alphas for the factors as well as the total score suggest that internal consistency and the unidimensionality of factors need improvement but seem adequate for a pilot instrument.

Participants in this study were an ethnically diverse sample of children, primarily represented by Caucasian, Hispanic, and African American individuals. The demographic makeup of the sample is representative of the area of the county in which the research was conducted, but may not be representative of other areas with, for example, higher Asian American or Native American populations. Although 6 to 9 year-olds were included in the study, the majority of children fell between 6 and 8 years of age, indicating more research may be needed for 9 year-olds.

**Implications**

The importance of the relationship is well accepted in the counseling field (Elvins & Green, 2008; Lambert & Barley, 2002), yet limited outcome research in child counseling addresses the therapeutic relationship. Adults can guess at the quality of child-counselor relationships, but who better to provide insight into the child’s experience than the child (Alderson, 2008)? However, until now, no current instrument existed to measure the child’s perspective in counseling relationships in a manner consistent with person-centered theory.
More research needs to be conducted that takes the therapeutic relationship into account (Weisz & Kazdin, 2010), but a lack of viable instruments has precluded such research. The RIC provides a needed tool for assessing the child’s perspective of the therapeutic relationship as a mediator of child counseling outcomes. A measure of the child’s perception of the relationship could also contribute to the field of child counseling by helping researchers explore how the counseling process works through the examination of RIC scores along with other variables such as counselor experience, child demographics, or other variables of interest.

**Future Research**

Although the psychometric properties of the RIC indicate its potential for use in research, additional refinement of the instrument is needed. The development of additional items for Factor 1 (Positive Regard) and Factor 3 (Unconditional Acceptance) could help strengthen the reliability of the instrument and eliminate the possibility that items factored together because of similar wording. These items could be based on the current items and could avoid the difficulties of the items that were deleted. Once new items were added, the instrument would need to be tested on another sample and the results submitted to EFA procedures. Additional items might also help increase the contribution of Factors 2 and 3 to the explained variance accounted for by the model. Regardless of whether new items are added, the instrument would benefit from administration and factor analysis with a larger sample of children. Once a stronger instrument is established through EFA procedures, a confirmatory factor analysis would help confirm the validity of the RIC.

After a solid factor structure has been established through multiple studies, the instrument could be tested on different types of relationships, such as relationships with teachers, parents, and others. A comparison of means based on type of relationship could provide further insight.
into the results of this study that suggested differences exist between therapeutic and non-therapeutic relationships for Unconditional Acceptance. Larger studies would provide the statistical power needed for adequately assessing the question of whether differences on means exist between groups.

In addition to the child self-report, a system of coordinating instruments could be created that included an objective observer form and an adult self-report form. These forms could be used in conjunction to gain a better understanding of the role of relationship in child counseling. Furthermore, possible differences in scores or cognitive reasoning could be explored with children of different ages, sexes, or cultural backgrounds. If differences are found to exist between age groups, different forms of the instrument could be developed for different age groups.

**Limitations**

As in all research, this study had several limitations. One of the primary limitations relates to the difficulty in assessing abstract concepts with children who think in concrete terms. Instrument development procedures were intended to make the instrument as developmentally appropriate as possible by limiting answer choices to two options at a time (Scott, 2008) and attempting to keep the instrument grounded in experiences with which the child is familiar (Greene & Hill, 2005; Woodhead & Faulkner, 2008). However, the reality is that standardized questionnaires may not meet the developmental needs of children under the age of 11 years (Scott, 2008). Openheim (1992) emphasized the difficulty of using standardized instruments with individuals of any age. “In reality, questioning people is more like trying to catch a particularly elusive fish, by casting different kinds of bait at different depths, without knowing what is going on beneath the surface!” (p. 121). Friere and Grafanaki (2010) suggested that Rogers’ (1957)
counselor-provided conditions may be nearly impossible to measure with any population. Therefore, given the constraints around the aim of this project, this instrument seems to be a valuable estimate of children’s experiences. Nevertheless, users must keep in mind that this instrument is a best guess, or general approximation of the child’s perceptions of unconditional positive regard and empathic understanding.

Limitations also existed in the factor structure of the instrument. Congruence, theoretically one of the counselor provided conditions in person-centered theory, was eliminated during factor analytic procedures because the items did not fit clearly with other items on the factor. However, it is possible that difficulties with congruence in the instrument were an indication of children’s difficulty in perspective taking rather than an absence of congruence in the therapeutic relationship. An additional limitation to the factor structure is that the strongest loading items on Factor 2 (Empathy) are similar to one another in wording in that most use the word, “understand”. Similarly, three of the items in Factor 3 (Unconditional Acceptance) are worded almost identically except for the last word. The possibility exists that the factor structure is a result of similar wording of the items rather than a latent variable. The low percentage of variance accounted for by Factors 2 and 3 is another limitation to the instrument.

A 4-point Likert scale provides limited variability for responses, which can impact the usefulness of factor analysis (Gable & Wolfe, 1993). However, increasing the scaling of the Likert scale could be difficult for children given their developmental abilities. Furthermore, children’s responses were skewed positively, which further limited variability in the instrument.

Additional methods to increase validity and reliability are needed. Split-half reliability could be one useful way of measuring reliability if the number of items per subscale were increased (Singleton & Straits, 2005). Having an objective rater or utilizing counselor self-report
could be helpful in providing a source of validity for the RIC. Because the RIC measures the child’s perception, the observer report or counselor self-report would not be expected to match the child’s report completely.

As with most research studies, a larger sample size of a normal distribution would contribute to the generalizability and strength of results. The sample size was adequate according to some estimations (Kline, 2000; Worthington & Whittaker, 2006), but not large enough according to others (Spicer, 2005). The sample also suffered from some problems with normality due to children’s tendencies to rate their counselors, school counselors, or group leaders positively. A larger sample size and asking children about a wider array of adult relationships might increase the normality of the data.

Conclusion Most counselors agree that the therapeutic relationship plays an important role in counseling outcome (Elvins & Green, 2008; Gelso & Hayes, 1998), and some have called for the inclusion of relationship measures in outcome research in today’s emphasis on evidence-based studies (Weisz & Kazdin, 2010). Limited research exists on the impact of the relationship in child counseling. Examining the relationship in CCPT seems like a good place to start because the intervention has extensive empirical support, and it is based on person-centered counseling, an approach for which the relationship is considered the change agent (Landreth, 2012; Ray, 2011; Rogers, 1951, 1957). The RIC, an instrument grounded in person-centered theory can provide a tool for researchers who believe the child’s perspective on the counseling relationship is an important variable. Further refinement of the RIC is necessary to confirm the factor structure and improve the instrument’s reliability. However, the RIC appears to be a promising instrument for future use in child counseling research.
References


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doi:10.1177/001100006288127
Table 1

Demographic Information for Participants

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<th>Phase</th>
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<th>sex</th>
<th>age</th>
<th>ethnicity</th>
<th>number of sessions</th>
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<tbody>
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<td>Phase I</td>
<td>11</td>
<td>36% male, 64% female</td>
<td>6 to 9 years, $M = 7.00$</td>
<td>55% Caucasian, 18% Hispanic, 18% African American, 9% Asian American</td>
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<td>Phase II</td>
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<td>58% male, 42% female</td>
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<td>67% Caucasian, 8% Hispanic, 25% African American</td>
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<td>Phase III</td>
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<td>60% male, 40% female</td>
<td>6 to 8 years, $M = 7.00$</td>
<td>70% Caucasian, 20% Hispanic, 10% Multiracial</td>
<td>36% with 6-9, 27% with 11-20, 27% with 21+</td>
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<td>Phase IV</td>
<td>100</td>
<td>66% male, 34% female</td>
<td>6 to 9 years, $M = 6.92$</td>
<td>50% Caucasian, 13% Hispanic, 14% African American, 1% Asian American, 1% Native American, 9% Multiracial, 12% not reported</td>
<td>29% with 3-5, 49% with 6-10, 14% with 11-20, 8% with 21+</td>
</tr>
</tbody>
</table>
### Table 2

**Correlation Matrix for Initial Factor Analysis.**

|       | 1   | 2   | 3   | 4   | 5   | 6   | 7   | 8   | 9   | 10  | 11  | 12  | 13  | 14  | 15  | 16  | 17  | 18  | 19  | 20  | 21  | 22  | 23  |
|-------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| 1     | 0.619 | 0.633 | 0.589 | 0.656 | 0.500 | 0.610 | 0.577 | 0.589 | 0.608 | 0.565 | 0.600 | 0.577 | 0.619 | 0.600 | 0.619 | 0.589 | 0.589 | 0.610 | 0.565 | 0.608 | 0.554 |
| 2     | 0.589 | 0.623 | 0.550 | 0.600 | 0.565 | 0.633 | 0.600 | 0.600 | 0.608 | 0.565 | 0.600 | 0.577 | 0.619 | 0.589 | 0.619 | 0.589 | 0.589 | 0.610 | 0.565 | 0.608 | 0.554 |
| 3     | 0.600 | 0.600 | 0.600 | 0.600 | 0.600 | 0.600 | 0.600 | 0.600 | 0.600 | 0.600 | 0.600 | 0.600 | 0.600 | 0.600 | 0.600 | 0.600 | 0.600 | 0.600 | 0.600 | 0.600 | 0.600 |

*Note: The table continues with similar data entries.*
Table 3

*Parallel Analysis Results*

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*Note:* Eigenvalues of the actual data were compared to eigenvalues generated through iterations of random data with the same parameters of the original data. Factors were retained when the RIC eigenvalues exceeded the random eigenvalues.

Table 4

*Correlation Matrix for Final Factor Solution*

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</table>

*Note:* “r” indicates item was reverse-scored.
Table 5

Factor Pattern/Structure Matrix Rotated to the Promax Criterion

<table>
<thead>
<tr>
<th>Variable</th>
<th>M</th>
<th>SD</th>
<th>Factor</th>
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<th>Factor</th>
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<th>Factor</th>
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<th>h^2</th>
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<td></td>
<td></td>
<td></td>
<td>1 (pattern)</td>
<td>2</td>
<td>3 (structure)</td>
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<td>pattern</td>
<td>structure</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>1. likes me</td>
<td>3.65</td>
<td>.794</td>
<td>.729</td>
<td>-.120</td>
<td>.425</td>
<td>.024</td>
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<tr>
<td>5. kind to me</td>
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<td>.757</td>
<td>.674</td>
<td>.725</td>
<td>-.066</td>
<td>.470</td>
<td>.149</td>
<td>.544</td>
<td>.539</td>
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<tr>
<td>13. face glad to see me</td>
<td>3.69</td>
<td>.732</td>
<td>.809</td>
<td>.845</td>
<td>.058</td>
<td>.596</td>
<td>-.004</td>
<td>.549</td>
<td>.716</td>
</tr>
<tr>
<td>21. likes what I do</td>
<td>3.53</td>
<td>.808</td>
<td>.541</td>
<td>.679</td>
<td>-.074</td>
<td>.457</td>
<td>.292</td>
<td>.597</td>
<td>.508</td>
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<tr>
<td>29. cares about me</td>
<td>3.62</td>
<td>.801</td>
<td>.598</td>
<td>.821</td>
<td>.154</td>
<td>.662</td>
<td>.187</td>
<td>.661</td>
<td>.717</td>
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<tr>
<td>37. pays attention to me</td>
<td>3.56</td>
<td>.868</td>
<td>.562</td>
<td>.747</td>
<td>.197</td>
<td>.621</td>
<td>.083</td>
<td>.559</td>
<td>.589</td>
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<tr>
<td>25. thinks I’m boring (rev)</td>
<td>3.66</td>
<td>.807</td>
<td>.663</td>
<td>.651</td>
<td>.226</td>
<td>.522</td>
<td>-.254</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Factor 1: Positive Regard</td>
<td></td>
<td>Factor 2: Empathy</td>
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<td>Factor 3: Unconditional Acceptance</td>
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<tr>
<td>18. knows what I mean</td>
<td>3.20</td>
<td>.907</td>
<td>.207</td>
<td>.569</td>
<td>.419</td>
<td>.631</td>
<td>.128</td>
<td>.503</td>
<td>.446</td>
</tr>
<tr>
<td>30. understands sad or mad</td>
<td>3.27</td>
<td>.983</td>
<td>-.082</td>
<td>.469</td>
<td>.773</td>
<td>.733</td>
<td>.096</td>
<td>.467</td>
<td>.544</td>
</tr>
<tr>
<td>38. understands me</td>
<td>3.37</td>
<td>.950</td>
<td>.277</td>
<td>.635</td>
<td>.639</td>
<td>.762</td>
<td>-.107</td>
<td>.441</td>
<td>.616</td>
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<tr>
<td>53. understands happy</td>
<td>3.39</td>
<td>.909</td>
<td>.013</td>
<td>.475</td>
<td>.858</td>
<td>.766</td>
<td>-.172</td>
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<td>.606</td>
</tr>
<tr>
<td>Factor 3: Unconditional Acceptance</td>
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<tr>
<td>3. if break toy, treats same</td>
<td>2.89</td>
<td>1.160</td>
<td>.122</td>
<td>.256</td>
<td>-.349</td>
<td>.064</td>
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<tr>
<td>11. likes me if bad mood</td>
<td>3.23</td>
<td>.931</td>
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<td>.604</td>
<td>.009</td>
<td>.500</td>
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<td>31. likes me if noisy</td>
<td>3.05</td>
<td>1.055</td>
<td>-.081</td>
<td>.552</td>
<td>.246</td>
<td>.615</td>
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<td>.705</td>
</tr>
<tr>
<td>43. likes me if messy</td>
<td>2.90</td>
<td>1.185</td>
<td>-.165</td>
<td>.450</td>
<td>.203</td>
<td>.525</td>
<td>.746</td>
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</table>

Note: Pattern coefficients greater than |.40| are in bold. Structure coefficients greater than |.60| (36% of the variance of the item is explained by the factor) are in bold. The eigenvalue of the fourth, unextracted factor was .857. h^2=communality coefficient. (Rev) indicates item is reverse scored.
Figure 1. Instrument development process.
Figure 2. Decision making cycle for item reduction in factor analysis.

1. Run parallel analysis to determine number of factors to retain.
2. Run principal axis factor analysis with promax rotation for number of factors specified by parallel analysis.
3. Examine KMO and Bartlett's test to confirm matrix of association is still factorable.
4. Consider the theoretical and conceptual fit of weak items with the factor(s) on which they load.
5. Identify weak items based on communalities, pattern coefficients, squared structure coefficients, and internal consistency if item is removed.
6. Delete items that are weak empirically and theoretically/conceptually.
Figure 3. Scree plot for initial factor analysis.
APPENDIX A

EXTENDED LITERATURE REVIEW
Counseling theorists, practitioners, and researchers have written books, articles, and developed entire theories focused on the therapeutic relationship. Few individuals in the mental health field, regardless of theoretical approach, deny the importance of the relationship in psychotherapy, but little consensus exists as to the definition of the relationship or the degree to which the relationship is responsible for therapeutic outcomes (Elvins & Green, 2008; Gelso & Hayes, 1998; Lambert & Barley, 2002). For example, cognitive and cognitive-behavioral counselors tend to view the relationship as a needed foundation for counseling to proceed, but not necessarily a critical focus of the counselor-client interaction (Beck & Weishaar, 2014). Person-centered, feminist, and some gestalt counselors see the relationship as the primary process responsible for change in counseling (Gelso & Carter, 1985; Rogers, 1957; Tolan, 2012; Yontef & Jacobs, 2014). Counselors from other orientations, including psychoanalytic counselors, may see the relationship as a source of information that can be processed to help clients better understand their interpersonal functioning. Furthermore, the term “therapeutic relationship” may be used to refer to attitudes and feelings the client and counselor express to each other (Gelso & Carter, 1985; Norcross, 2002) or it may be defined broadly to encompass the entire process of counseling (Welch, 2003).

Despite general agreement regarding the importance of the therapeutic relationship in counseling, the emphasis of the current evidence-based treatment movement on protocols and diagnoses tends to remove the human, relational element from the treatment (Norcross, 2002) and may lead to a disproportionate focus on the least curative aspects of psychotherapy, such as specific techniques or treatment protocols (Lambert & Barley, 2002). Among some researchers, this movement has triggered a call for increased attention to the therapeutic relationship as a factor in predicting treatment outcome (Green, 2009; Karver et al., 2006; Norcross, 2002). These
researchers argue that studies that focus primarily on protocols and techniques ignore the substantial body of research indicating that the relational bond between counselor and client exists as a separate factor “that is distinguishable from the specific technical or pharmacological factors within the treatments.” (Krupnick et al., 1996, p. 538; Lambert & Barley, 2002).

In child counseling literature, researchers have focused less on process variables, such as the therapeutic relationship, than in adult research (Jensen et al., 2010; Shirk & Karver, 2003). However, existing research shows that the therapeutic relationship is important in predicting treatment outcomes (Karver et al., 2006; McLeod, 2011; Shirk & Karver, 2003). For example, in their qualitative analysis of semi-structured interviews with 15 children in psychotherapy, Jensen and colleagues (2010) found that feeling safe, accepted, and understood were far more important to children than other variables such as agreement on goals or therapeutic tasks.

In their meta-analysis of 23 studies of child and adolescent counseling Shirk and Karver (2003) examined the impact of the therapeutic relationship on treatment outcome and reported a modest effect size of 0.22, similar to those noted in studies of adult counseling. However, their effect size estimates may not be fully accurate due to the low methodological quality of available studies at that time (McLeod, 2011). Shirk and Karver also found that the correlation between relationship and outcome was consistent for both children and adolescents as well as for types of counseling (e.g. manualized, non-manualized, individual child treatment, family treatment). Using statistical procedures similar to those of Shirk and Karver (2003), Karver and colleagues (2006) conducted a meta-analysis of 49 studies of young people under the age of 18, Karver and others converted product-moment correlation coefficients to a Fisher’s Z equivalent to minimize the bias in the effect size estimation. They reported an overall moderate effect size of 0.26 for the relationship variable-to-outcome ratio. For 16 studies that focused on counselor interpersonal
skills such as empathy and warmth as predictors of outcome, they reported a moderate effect size of 0.35. More recently, McLeod (2011) conducted a meta-analysis on the therapeutic alliance as defined by Bordin (1971) and reported a small weighted effect size of $r = .12$ for child and adolescent alliance measures. These studies primarily address outcomes in counseling, and others have emphasized the need to look at mediator variables, such as therapeutic relationship, in counseling research (Baggerly & Bratton, 2010; Stulmaker, 2014; Weisz & Kazdin, 2010).

One of the primary limitations of research on the relationship in child psychotherapy is the minimal attention to young children and the tendency to group children and adolescents together in meta-analyses. More research needs to consider the therapeutic relationship specifically with early elementary aged children. In their meta-analysis, Karver and colleagues (2006) failed to differentiate between children and adolescents and grouped all aged together. Shirk and Karver (2003) defined a child study as one in which the mean age of participants was less than 13 which means adolescents and pre-adolescents were included in analyses with young children. In a meta-analysis of 38 studies, McLeod (2011) found that therapeutic alliance was a statistically significantly better moderator for outcome in studies with participants with a mean age less than 13 ($r = .20$) than for studies with participants with a mean age greater than 13 ($r = .10$). Because of the cognitive and social developmental differences of adolescents and children, the therapeutic relationship may be perceived differently by young children. Hence, grouping adolescents and children together may impact the validity of results.

Shirk and Carver, 2003) called for the increased inclusion of relationship measures in child counseling outcome research and suggested that the exploration of relationship variables would be most impactful with interventions that already have strong empirical support. Child-centered play therapy (CCPT) is one such intervention (Baggerly, Ray, & Bratton, 2010;
Landreth, 2012; Lin & Bratton, 2011; Ray, 2011). Furthermore, assessing the child’s perspective fits conceptually with the theoretical framework of person-centered and CCPT. In fact, the child’s perspective is one aspect that is missing in the CCPT literature. In order to understand the importance of the client’s perception in person-centered counseling and the potential impact of a person-centered measure of relationship on the general child counseling literature, one must have an understanding of the tenets of person-centered theory.

Person-Centered Theory

Person-centered counseling is based on the theoretical and empirical work of Carl Rogers (1951, 1957, 1961) and has been continually developed by its proponents since the 1950s (Wilkins, 2010a). Person-centered counselors believe that all individuals have a tendency toward growth and development (Rogers, 1951) and that there are necessary and sufficient conditions for releasing this tendency to its full potential (Rogers, 1957). Because of these beliefs, person-centered counselors avoid directing the experience of the client, whether explicitly or implicitly (Wilkins, 2010a). Rogers founded his theory on research and observation (Wilkins, 2010a), and current research on person-centered therapies appears to indicate positive client outcomes and equivalence with other theoretical approaches (Elliott & Friere, 2010).

Person-centered child counseling has been chiefly developed within the context of play therapy (Hölldamph, Behr, & Crawford, 2010). Person-centered play therapy was initially conceived and established by Axline (1947) who based her work on Rogers’ theory. Child-centered play therapy, as the approach is called in the U.S., was further developed by Landreth (1982, 1991, 2002, 2012), the Gurneys (L. Gurney, 2001), and the Nortons (Norton & Norton, 2002), all of whom contributed their unique perspectives to the literature on person-centered play therapy (Hölldamph et al., 2010). In the U.K., Wilson and Ryan’s (2005) work as well as that of
West (1996) has also been influential in the development of person-centered play therapy (Hölldampf et al., 2010). More recently, Ray (2011) and Cochran, Nordling, and Cochran (2010) have made further contributions to the development of CCPT theory and practice. Person-centered research in child counseling, which primarily consists of play therapy studies, also indicates the efficacy of CCPT in promoting positive treatment outcomes (Lin & Bratton, 2011). Rogers’ 19 Propositions

In 1951, Rogers published 19 propositions outlining his theory of personality development. The propositions are as follows (Rogers, 1951, pp. 483-524):

1. Every individual exists in a continually changing world of experience of which he is the center.
2. The organism reacts to the field as it is experienced and perceived. This perceptual field is, for the individual, “reality.”
3. The organism reacts as an organized whole to this phenomenal field.
4. The organism has one basic tendency and striving – to actualize, maintain, and enhance the experiencing organism.
5. Behavior is basically the goal-directed attempt of the organism to satisfy its needs as experienced, in the field as perceived.
6. Emotion accompanies and in general facilitates such goal-directed behavior, the kind of emotion being related to the seeking versus the consummatory aspects of the behavior, and the intensity of the emotion being related to the perceived significance of the behavior for the maintenance and enhancement of the organism.
7. The best vantage point for understanding behavior is from the internal frame of reference of the individual.
8. A portion of the total perceptual field gradually becomes differentiated as the self.

9. As a result of interaction with the environment, and particularly as a result of evaluational interaction with others, the structure of self is formed – an organized, fluid, but consistent conceptual pattern of perceptions of characteristics and relationships of the “I” or the “me,” together with values attached to these concepts.

10. The values attached to experiences, and the values that are a part of the self-structure, in some instances are values experienced directly by the organism, and in some instances are values introjected or taken over from others, but perceived in distorted fashion, as though they had been experienced directly.

11. As experiences occur in the life of the individual, they are (a) symbolized, perceived, and organized into some relationship to the self, or (b) ignored because there is no perceived relationship to the self-structure, or (c) denied symbolization or given a distorted symbolization because the experience is inconsistent with the structure of the self.

12. Most of the ways of behaving that are adopted by the organism are those that are consistent with the concept of self.

13. Behavior may, in some instances, be brought about by organismic experiences and needs that have not been symbolized. Such behavior may be inconsistent with the structure of the self, but in such instances the behavior is not “owned” by the individual.

14. Psychological maladjustment exists when the organism denies to awareness significant sensory and visceral experiences, which consequently are not symbolized and organized into the gestalt of the self-structure. When this situation exists, there is a basis for potential psychological tension.
15. Psychological adjustment exists when the concept of the self is such that all sensory and visceral experiences of the organism are, or may be assimilated on a symbolic level into a consistent relationship consistent with the concept of self.

16. Any experience that is inconsistent with the organization or structure of self may be perceived as a threat, and the more of these perceptions there are, the more rigidly the self-structure is organized to maintain itself.

17. Under certain conditions, involving primarily complete absence of any threat to the self-structure, experiences that are inconsistent with it may be perceived and examined, and the structure of self revised to assimilate and include such experiences.

18. When the individual perceives all his sensory and visceral experiences and accepts them into one consistent and integrated system, then he is necessarily more understanding of others and more accepting of others as separate individuals.

19. As the individual perceives and accepts into his self-structure more of his organic experiences, he finds that he is replacing his present value system – based so largely on introjections that have been distortedly symbolized with a continuing organismic valuing process.

In the first five propositions, Rogers (1951) emphasized the phenomenological field of the individual as well as the individual’s organismic experience, or visceral and physiological experiences, and self-actualizing tendency (Bozarth, 2001b). Rogers (1951) posited that a person’s perception of the environment is reality for that individual and that the individual responds behaviorally to this perception of the environment, not to some objective reality. Rogers also emphasized that the individual has a tendency toward maturation, growth, and self-
responsibility and that behaviors and emotions are associated with the individual’s attempts to meet perceived needs for growth.

In the sixth through tenth propositions, Rogers described the interplay between the perceptual field and the individual’s organismic striving toward growth and development (Bozarth, 2001b). For example, in Propositions VIII, IX, and X, Rogers (1951) explained how the individual begins to develop a structure of self that is related to, but separate from, the perceptual environment (Ray, 2011). Aspects of this self-structure may be formed directly by experiences of the individual or may be taken on, or introjected, from the expectations of others, but perceived as if they were the direct experiences of the person (Rogers, 1951). For example, a child’s parents might pay attention only when the child is being polite. The child may perceive that only those who are polite are worthy of love, thus developing a condition of worth that worth is contingent on polite behavior and attitudes. Conditions of worth are part of the self-structure, so the child will likely allow into awareness, or symbolize, only those feelings that are considered polite while denying or distorting any feelings that may be perceived as impolite. Because the self-structure is based in the perceptions of the individual, the best way to understand a person’s emotions and behavior is to understand the individual’s “internal frame of reference” (Rogers, 1951, p. 494). The child who believes politeness is necessary to be loved might become distraught when corrected for disrespect or may act out in other ways because of a denial of feelings inconsistent with the self. Therefore, to understand the child’s behavior, one must understand the child’s phenomenological world: that politeness is a condition for worth.

The last seven propositions deal with the integration, distortion, or denial of the organismic experiences of the individual into the self-structure (Bozarth, 2001b). Rogers (1951) wrote that a person’s experience is either symbolized and integrated into the self-construct,
ignored because of a lack of perceived relationship between the experience and the self-structure, or denied or distorted because the experience does not fit with the individual’s self-structure. If an individual ignores, denies, or distorts one’s experience, psychological tension, or incongruence between the person’s experience and self-structure, is likely to exist. Experiences that appear inconsistent with the self-structure of a person may increase the rigidity of the self-structure, particularly in situations in which the individual feels the need to protect the structure of the self. However, environments that promote an absence of threat to the self-structure may allow the individual to experience and eventually integrate parts of the self that were previously denied or distorted. The healthy, fully functioning individual is able to be open to one’s own experiences and operate out of that experience rather than the values or expectations of others. In addition, this individual is better able to accept and understand the separate experiences of others because the experiences of others are not perceived as a threat to the self-structure.

Overall, Rogers’ (1951) propositions emphasize the importance of understanding the individual’s internal frame of reference and of interpersonal relationships in personality development and change. If each individual perceives the world through one’s own phenomenological field and bases one’s behavior and emotions on that perception, then understanding a person’s perspective is critical to understanding the person’s behavior and experiences. A person, such as a counselor, who can accurately understand and non-judgmentally accept the client’s internal frame of reference can provide a relationship that reduces the threat to another person’s self-construct so that person can symbolize previously denied or distorted aspects of experience into awareness. Rogers described this relationship as an environment free from threat that is facilitated by certain conditions that allow the individual to examine and acknowledge previously unaccepted and unacknowledged parts of the self (Ray,
When the individual is able to integrate these previously unaccepted or unacknowledged parts of the self into the self-structure, positive change occurs.

Rogers’ Six Conditions

Rogers’ (1951) 19 Propositions provide a theory of psychological growth and development across the lifespan. His six necessary and sufficient conditions for therapeutic personality change (Rogers, 1957) represent a concise, integrated discussion of the environment free from threat that Rogers (1951) described in Proposition 17 as necessary for examining and accepting parts of self that are inconsistent with the self-structure. Rogers (1957) believed these six conditions were both necessary and sufficient for therapeutic personality change regardless of the theoretical orientation of the counselor, the presenting problem of the client, or even whether the relationship is in psychotherapy or in daily life.

Many psychotherapists are familiar with the conditions of congruence, unconditional positive regard, and empathic understanding, which are commonly referred to as the core conditions, and these conditions are acknowledged as necessary in most approaches to counseling (Ray, 2011; Tolan, 2012). However, Rogers (1957) put forth six conditions he believed must be present to some degree for growth in any relationship. He also believed that if all six conditions were met, then positive change would occur. However, Rogers acknowledged that no one is able to provide all the conditions at any given moment. Therefore, each condition should be viewed on a continuum. The six conditions are as follows:

1. Two persons are in psychological contact.
2. The first, whom we shall term the client, is in a state of incongruence, being vulnerable or anxious.
3. The second person, whom we shall term the therapist, is congruent or integrated in the relationship.

4. The therapist experiences unconditional positive regard for the client.

5. The therapist experiences an empathic understanding of the client’s internal frame of reference and endeavors to communicate this experience to the client.

6. The communication to the client of the therapist’s empathic understanding and unconditional positive regard is to a minimal degree achieved. (Rogers, 1957, p. 96).

All six conditions are intimately related and some even view the three conditions provided by the counselor (Conditions, 3, 4, 5) as so interrelated that they should be described as one broad counselor-provided condition with inseparable, interrelated components (Bozarth, 2001c).

Psychological contact. Rogers (1957) defined psychological contact, the first condition for therapeutic change, as two people making a perceived difference in the phenomenological fields of the other. True to a phenomenological perspective, the individuals must perceive a relational connection (Cameron, 2002). In other words, two individuals must be aware of one another’s presence to be in relationship (Wilkins, 2010a). The remaining conditions are meaningless if no relational contact exists between two individuals (Rogers, 1957). Although psychological contact has often been measured as a dichotomous variable, either present or absent, theorists are beginning to view it as a continuum in which greater psychological contact provides an environment for greater therapeutic change (Wilkins, 2010a).

Psychological contact is often assumed to be present in counseling, but assessing and then facilitating this condition is a critical component of fostering growth-facilitating relationships (Sanders & Wyatt, 2002). Establishing a high degree of contact may be particularly difficult in therapeutic relationships with children who struggle with attachment challenges or
social difficulties (Ray, 2011). Because some children tend to exclude the counselor from their play, make limited eye contact, or remain silent during their play, the counselor’s attunement to the child’s body language, facial expressions, and other means of nonverbal communication is critical for assessing psychological contact.

*Client incongruence.* Roger’s (1957) second condition for change was the presence of client incongruence. One of the primary processes in person-centered counseling is that, through the experience of the conditions, the client moves from incongruence to greater congruence (Rogers, 1961). For this process to occur, the client must begin counseling in a state of incongruence. In other words, the client must be in some need of help (Wilkins, 2010a).

Person-centered theorists tend to agree that any client seeking counseling would likely be experiencing some degree of incongruence (Bozarth & Wilkins, 2001), but some clients, such as children, may not seek counseling voluntarily. Barrett-Lennard (1998) argued that almost all people likely experience some degree of incongruence manifest as vulnerability or anxiety. Indeed, the kinds of acting out or withdrawal behaviors that tend to result in involuntary counseling referrals, whether by parents or by the court system, seem to indicate the presence of incongruence (Ray, 2011).

*Counselor congruence.* The third condition for positive personality change was that the counselor be congruent in the relationship (Rogers, 1957). Rogers defined congruence as being integrated in that one’s experience is accurately symbolized into one’s awareness. Barrett-Lennard (1998) described congruence as consistency between one’s experience, awareness, and behavior. If the counselor’s experience is getting in the way of providing unconditional positive regard and empathic understanding, the counselor may need to verbally convey those feelings to the client or discuss them in supervision (Rogers, 1957).
Congruence on the part of the counselor also involves being aware of one’s lapses in unconditional positive regard or empathic understanding during a session and being open to these experiences rather than attempting to deny them (Brodley, 2001). Furthermore, Wilkins (2010a) emphasized that congruence is not defined as a person’s words or actions but as a state of being in which the individual is able to be oneself. Counselors who experience more congruence can be more open to their own experience and therefore more open to those of their clients (Bozarth, 2001c).

Counselor unconditional positive regard. The counselor’s unconditional positive regard was Rogers’ (1957) fourth condition, the need for which he articulated throughout his 19 propositions (Rogers, 1961). Rogers (1957) defined unconditional positive regard as a “warm acceptance of each aspect of the client’s experience” (p. 98). This fourth condition has been conceptualized as a multifaceted construct. Lietaer (2001) believed one dimension of unconditional positive regard is the extent to which the counselor values and believes in the client. He called this aspect of the condition simply positive regard. Similarly, Barrett-Lennard (1998) conceptualized unconditional positive regard as consisting of level of regard and unconditionality. The unconditionality aspect of the condition means an absence of judgment toward the client (Prouty, 2001) and the stability of the counselor’s regard no matter what the feelings or behavior of the client (Lietaer, 2001).

Providing unconditional positive regard means placing equal value on all aspects of a person’s experience (Bozarth, 2001b), including the person’s growth potential, stagnation, or fear of growth (Raskin, 1948). The experience of unconditional positive regard within a relationship means a relative absence of expectations or requirement that the person be a certain way in order to be accepted in the relationship (Bozarth & Wilkins, 2001). Having unconditional
positive regard for another person means fully accepting that person without expecting the person to change, a way of being that differs from most other approaches to counseling in which the counselor’s role is to use one’s skills to move the client toward change (Freire, 2001). In person-centered counseling, the counselor trusts that the client’s self-actualizing tendency will move the client toward growth and wholeness when the client is able to examine one’s experience rather than distorting or denying it.

The expression of unconditional positive regard and thus the absence of conditions of worth within a relationship helps the recipient of unconditional positive regard become more accepting of his or her experience (Bozarth & Wilkins, 2001), which in turn releases the person’s self-actualizing tendency toward growth and development. In other words, when a client is able to acknowledge and accept parts of self that were previously ignored, denied, or distorted, then the client is able to accurately symbolize those parts of self and integrate them into the self-structure (Rogers, 1951). This integrated self is Rogers’ definition of psychological adjustment in Proposition 15. The individual who can freely and fully experience the complexity of all of one’s experience is able to live life in a more open and less rigid way (Lietaer, 2001). The belief that a person must accept oneself before change can occur is the defining paradox of person-centered theory (Freire, 2001).

*Counselor empathic understanding.* Rogers (1957) defined empathic understanding, the fifth condition for personality change, as entering the client’s perceptual world and experiencing it as if one were the client, but still maintaining the awareness that it is not one’s own perception. Empathic understanding involves one person attempting to enter the perceptual world of another with the intent of understanding that person’s perspective (Haugh & Merry, 2001) and encompasses both a desire to know the subjective reality of another and being actively receptive
toward that person’s experience (Barrett-Lennard, 1998). Empathic understanding is closely tied to unconditional positive regard in that fully entering another person’s world requires acceptance of that person’s internal frame of reference (Freire, 2001).

Contrary to popular belief, empathic understanding is not equated with reflection of feelings, although reflection may be one of many ways to communicate empathy (Bozarth, 2001a). Empathy has both a cognitive and affective component, and both must be communicated for the client to have a sense of being known (Tengland, 2001). As Rogers conceived it, empathy is a way of being that involves experiencing, understanding, and communicating understanding for another’s internal state (Freire, 2001). Empathic understanding may be manifest in a cognitive understanding of the person’s perceptual field, but more importantly it is an emotional understanding of that person’s experience (Haugh & Merry, 2001).

Client perception. The client’s perception of unconditional positive regard and empathic understanding was Rogers’ (1957) final condition for therapeutic change. Perception can be defined as a dynamic process through which a person makes meaning of one’s current circumstances based on past experiences (Toukmanian, 2012). Although the counselor’s provision of the third through fifth conditions is important, the client must at least minimally perceive unconditional positive regard and empathic understanding for counseling to be helpful (Rogers, 1957). If the client does not experience unconditional positive regard or empathic understanding from the counselor, the change process will be inhibited even if the counselor is experiencing and conveying those conditions toward the client (Wilkins, 2010a). Research supports the view that the client’s perception of the counseling relationship is more important for client growth that what actually occurs in counseling (Mearns & Cooper, 2005). Because of the importance of the client’s perception, the client must be the one to describe the relationship
(Barrett-Lennard, 2002). An outside observer could only provide limited information as to the extent of the impact of the conditions in counseling.

The counselor-provided conditions must be both expressed by the counselor and felt by the client for them to be of use. One aspect of the client’s experience that may impact the client’s perception is the client’s self-structure (Tolan, 2003). If the counselor expresses empathy and unconditional positive regard for a client around an issue for which the client has spent considerable energy denying to the self structure, the client may not be able to accept the counselor’s attitudes as intended. For example, if the client believes one must be an upbeat, positive person in order to be accepted, the client may experience the counselor’s empathy for and acceptance of feelings of depression as judgment. Hopefully the client’s self-structure will change throughout the course of counseling and the client will be able to increasingly experience empathy and unconditional positive regard from the counselor and then eventually from oneself. However, this example illustrates the role of the client’s self-structure in the client’s ability to perceive empathy and unconditional positive regard. Similarly, a client who perceives oneself as unlovable might struggle at first to accept warmth and care from the counselor. In this case, the client’s initial experience of the counselor might be that the counselor is not accepting and would be based primarily on expectations from past relationships rather than on the reality of the current relationship with the counselor. Again, the counselor would trust that providing a genuine presence of empathy and unconditional positive regard would create the safety for the client to begin to examine some of these conditions of worth.

Rogers did not write extensively on the subject of client perception and seemed to focus more on the counselor’s provision of other conditions rather than the client’s perception of the relationship (Toukmanian, 2012). However, the condition of perception seems to be at the heart
of person-centered counseling because this condition represents the agency of the client in enacting psychological change. In fact, Tudor and Worrall (2006) stated that perception is the “most significant condition by which the process of therapy stands or falls.” (p. 208).

Toukmanian (2012) argued that more discussion and research on the sixth condition would be consistent with gaining a deeper understanding of person-centered theory.

Person-centered researchers have examined the conditions in adult counseling. In their summary of research on the conditions in person-centered theory Watson, Greenberg, and Lietaer (2010) concluded that research is limited, but results seem to be positive overall. Many studies on the conditions suffer from methodological limitations such as use of analogue methodologies, limited attention to theory, and use of external raters when theoretical tenets indicate the perspective of the client is more important than an objective assessment of the conditions. Lambert and Barley (2002) reported that results of studies outside the person-centered field have indicated that relationship variables, including constructs similar to Rogers’ (1957) counselor-provided conditions, impact treatment outcomes.

Outcome Research in Person-Centered Theory

Rogers was always a proponent of research (Wilkins, 2010b), and often included both quantitative and case study data in his writings (e.g., Rogers, 1961). Rogers (1961) is famous for saying, “the facts are friendly” (p. 25) indicating his stance of open curiosity and scientific inquiry. Toward the beginning of his career, Rogers tended to be more positivistic in his approach to research, but as he matured as a person, counselor, and researcher, he began to feel the pull between more objective, observer-based research and research aimed at understanding the subjective experience of the individual (Rogers, 1961; Wilkins, 2010b). Wilkins (2010b) argued that, due to the phenomenological emphasis in person-centered theory, person-centered
research should focus on the subjective, unique experiences of individuals and not aggregate, objective methods aimed at establishing efficacy or effectiveness. However, others argued that person-centered counselors need to produce efficacy and effectiveness research on authentic person-centered theory to increase the acceptance and therefore availability of person-centered therapies in the therapeutic community (Elliott & Friere, 2010). Wilkins (2010b) conceded that a person-centered philosophy of research has much to contribute to outcome research, even if qualitative methods are more consistent with the theoretical tenets of the theory. For example, regardless of methodology, theoretically consistent person-centered researchers tend to seek to empower participants, focus on real world environments rather than laboratory or analogue situations, and work to demonstrate congruence, unconditional positive regard, and empathy to the extent possible in their interactions with research participants.

Elliott and Friere (2010) summarized six meta-analyses on controlled outcome research in adult person-centered and experiential therapy. The results consistently indicated no statistically significant differences between the results of person-centered and experiential therapies and the results of other therapies, such as cognitive behavioral therapy, particularly when researcher bias was taken into account. The most recent meta-analysis involved 190 outcome studies and a total of over 14,000 clients (Elliott & Friere, 2008). Elliott and Friere found that clients in person-centered and experiential therapies made large treatment gains (weighted average effect size = 1.01) and that these gains were maintained at both short-term follow-up (effect size = 1.12) and long-term follow-up (effect size = 1.13). In 63 studies with over 2,100 clients in person-centered therapies compared to 1,900 control group participants, clients in person-centered therapies consistently demonstrated better results (controlled weighted effect size = 0.81) than no treatment control groups (controlled weighted effect size = 0.19). In
109 studies with 135 comparisons between person-centered therapies and other approaches, person-centered therapies were generally equivalent to other therapies in terms of statistical and clinical significance (weighted comparative effect size = 0.00).

Outcome Research in Child-Centered Play Therapy

Outcome research in person-centered counseling for children has largely focused on person-centered play therapy, commonly called CCPT in the U.S and non-directive play therapy in the UK (Hölldamph et al., 2010). In a recent meta-analysis of 52 contemporary controlled outcome studies using CCPT methodology, Lin & Bratton (in press) used hierarchical linear modeling techniques to calculate overall effect sizes for the studies and to examine relationships between characteristics of the studies and effect sizes. They found a statistically significant moderate overall effect size of $d = 0.47$, supporting the overall effectiveness of CCPT. These results are consistent with those of current meta-analyses in child psychotherapy (Lin & Bratton, in press).

Researchers of CCPT have used controlled outcome studies to examine the impact of the approach on externalizing behaviors (e.g., Fall, Navelski, & Welch, 2002; Garza & Bratton, 2005; Ray, Schottelkorb, & Tsai, 2007), internalizing behaviors (e.g., Ojiambo, 2011; Post, 1999; Tyndall-Lind, Landreth, & Giordano, 2001), self-concept (e.g., Post, 1999; Tyndall-Lind et al., 2001), and scholastic achievement (e.g., Blanco & Ray, 2011) as well as many other presenting problems. Baggerly, Ray, and Bratton (2010) and Ray (2011) provided a more thorough review of CCPT studies examining these and other issues. Although the research in CCPT is substantial and supports the use of CCPT, most of the outcome research has focused on whether providing CCPT produced desired outcomes on behavioral or psychological measures. One of the limitations of the current CCPT literature and thus the person-centered child
counseling literature in general is the lack of attention to the child’s perspective in counseling as well as the lack of attention to the role of the relationship in contributing to outcome in play therapy.

Child psychotherapy researchers have called for increased attention to measures of the relationship in child psychotherapy research (Green, 2009; Karver et al., 2006). Using a grounded theory approach, Green (2010) conducted a qualitative study examining elementary school student’s views of the counseling process with school counselors who used play therapy techniques. During interviews, children reported that, among other things, acceptance, empathy, safety, and trust were important to them in counseling relationships. Because the client’s perception of the relationship is a critical tenet of person-centered theory (Barrett-Lennard, 2002; Cameron, 2002; Rogers, 1957), gaining the child’s perspective of the relationship seems particularly important for person-centered child counselors. A review of the literature yielded no current measures to obtain children’s perspectives on person-centered relationships in child counseling.

Measures in Person-Centered Theory

Since 1957 when Rogers first put forth his formulation of the six conditions for therapeutic personality change, several researchers have made attempts to measure the counselor-provided conditions of congruence, unconditional positive regard, and empathic understanding (Barrett-Lennard, 1998). The majority of these instruments have relied on objective observers. The Scales for Therapist Accurate Empathy, Nonpossessive Warmth, and Genuineness developed by Traux and Carkhuff (1967) are one such set of instruments. These scales were closely tied to Rogers’ conditions with accurate empathy replacing empathy, nonposessive warmth replacing unconditional positive regard, and genuineness replacing
congruence. Limited but mostly positive research supports the reliability and validity of these scales (Friere & Grafanaki, 2010). Others developed observer-rated scales to measure the counselor-provided conditions in counseling research, but these scales were infrequently used in the research and are now outdated (Friere & Grafanaki, 2010). Barrett-Lennard (2003) suggested that in Rogers’ theory, the phenomenological experience of participants in the relationship was more important in determining outcome than the views of objective observers. Soon after Rogers (1957) published the six necessary and sufficient conditions for positive personality change, Barrett-Lennard (1962) developed a scale to measure the client’s and counselor’s perceptions of the counselor-provided conditions.

Barrett-Lennard Relationship Inventory

The Barrett-Lennard relationship inventory (BLRI; Barrett-Lennard, 1986), one of the most widely used measures in person-centered research (Freire & Grafanaki, 2010), is a 64-item measure of Rogers’ (1957) counselor-provided conditions: congruence, unconditional positive regard, and empathic understanding. Because of the difficulty of measuring UPR as a unitary construct, Barrett-Lennard separated it into two scales which he termed level of regard and unconditionality of regard (Barrett-Lennard, 2003). He defined level of regard as the strength and quality of one person’s attitudes toward another, ranging from feelings of dislike or contempt to those of respect, appreciation, and caring. He defined unconditionality of regard as the invariance of one person’s attitude toward another regardless of what the other person is revealing or expressing about the self (Barrett-Lennard, 1998). Unconditionality of regard may be positive or negative. Thus, the BLRI contains four subscales, Regard (R), Empathy (E), Unconditionality (U), and Congruence (C). Each is comprised of 16 items on a 6-point scale that ranges from -3 to +3 with no 0 choice. Half of the items on each subscale are positively worded.
and the other half are negatively worded so that they are reverse-scored. The negatively worded items are dispersed throughout the instrument. Because the conditions are proposed as function of the client’s perception rather than some objective reality, Barrett-Lennard’s primary aim was to tap into the experience of the client (Barrett-Lennard, 2003). Because of the need for the counselor to convey the conditions as well as for the client to receive them, Barrett-Lennard also included a companion form for the counselor to supplement the client perception of the relationship with the counselor’s inner experience. Table A.1 provides examples of items on the client form from each subscale.

Table A.1.

Sample Items on the BLRI

<table>
<thead>
<tr>
<th>Subscale</th>
<th>Positively worded items</th>
<th>Reverse-scored items</th>
</tr>
</thead>
<tbody>
<tr>
<td>R</td>
<td>I know I am valued and appreciated by _____</td>
<td>I feel that _____ disapproves of me.</td>
</tr>
<tr>
<td>E</td>
<td>_____ appreciates exactly how the things I experience feel to me.</td>
<td>_____ doesn’t listen and pick up on what I think and feel.</td>
</tr>
<tr>
<td>U</td>
<td>No matter what I say about myself, _____ likes (or dislikes) me the same.</td>
<td>_____ wants me to be a particular kind of person.</td>
</tr>
<tr>
<td>C</td>
<td>_____ doesn’t avoid or go round anything that matters between us.</td>
<td>I feel that _____ puts on a role or front with me.</td>
</tr>
</tbody>
</table>

Note. These items are from the 40-item form of the BLRI (Barrett-Lennard, 2002). The client is directed to mentally insert the counselor’s name in the blank.

The BLRI (1986) has often been used in the psychotherapy literature (Timulak, 2008), even though the quality of the factor structure has received mixed reviews. Barrett-Lennard (1962) assessed the split-half reliability of the scale and found that all coefficients were .82 or higher. Intercorrelations of subscales had mixed results as they ranged from .45 to .85. Test-
retest reliability coefficients for each subscale were .84 or higher. Gurman (1977) noted that most studies analyzing the factor structure of the BLRI supported Barrett-Lennard’s (1986) four-factor model and the majority of the researchers whose studies did not support the four-factor model analyzed interscale correlations rather than item correlations, which are more accurate. Gurman concluded that “on the basis of the existing data deriving from properly conducted factor-analytic studies, it appears that the [relationship inventory] is tapping dimensions that are quite consistent with Barrett-Lennard’s original work on the inventory” (p. 513). Cramer (1986) also argued that a closer look at the various findings provided support for the existence of four distinct factors reflecting Barrett-Lennard’s (1986) subscales.

In a critical review of several relationship instruments Ponterotto and Furlong (1985) noted that, although the BLRI had been widely used and the validity of the factor structure has some support, findings on the validity of the instrument remained unclear. They reported correlations between the subscales ranging from .04 to .85 and reliability coefficients ranging from .78 to .93. They also concluded that the BLRI’s frequent application to field rather than analogue settings and its reliability were both strengths of the instrument. One of the major weaknesses of the instrument was the many versions that had been used in the existing literature. Because researchers continued to adapt the instrument by shortening it or adding new subscales, determining the BLRI’s overall reliability and validity was difficult. Cramer (1986) concluded that the BLRI needed to be further examined to provide continued support for the validity of the factor structure.

Despite the mixed reviews of the psychometric properties of the BLRI, the instrument continues to be used in psychotherapy research. Watson and Geller (2005) examined the relationship between the BLRI, the working alliance, and counseling outcome and found that
BLRI scores predicted positive scores on four outcome instruments. In their study of staff empathy in nursing homes, Hollinger-Samson and Pearson (2000) found that scores on the empathy subscale of the BLRI were negatively associated with resident depression scores. Zuroff and Blatt (2006) found that a positive therapeutic relationship as measured by scores on the Empathy, Level of Regard, and Congruence subscales of the BLRI predicted positive therapeutic outcomes.

Alternate Adult Forms of the BLRI

Because Rogers’ (1957) conditions for personality change were intended to be applied to all relationships, the BLRI has been worded so that it can be used beyond counselor-client relationships (Barrett-Lennard, 2002). In fact, the BLRI has been used, either in its original form or in some modification, in studies of romantic relationships (e.g., Cramer, 2009) and supervisory relationships (e.g., Handley, 1982; Schacht, Howe, & Berman, 1988), and the empathy scale has been used in healthcare settings (e.g., Chu & Tseng, 2013; Hollinger-Samson & Pearson, 2000).

A short form of the BLRI also exists (Barrett-Lennard, 2002). To create this scale, Barrett-Lennard combined some items, changed the positive or negative direction of others, and dropped still other items. No psychometric data on the 40-item scale exists, but because the changes maintained the operational definitions and structure of the original scale, the reliability and validity are expected to be only slightly lower due to the decrease in the number of items (Freire & Grafanaki, 2010).

Child Adaptations of the BLRI

Some researchers have adapted the BLRI for use with children. Stoffer (1968) attempted to “preserve the content validity established by Barrett-Lennard while making the inventory
applicable to small children” (p. 54). He administered his 24-item scale to 35 children between 7 and 12 years of age who received biweekly mentoring from an adult volunteer. Stoffer found that the child’s perception of the conditions was associated with fewer behavior problems. Stoffer only used the total score on the adapted relationship inventory because of poor reliability of the subscales. He concluded that children do not differentiate between subscales on the relationship inventory, but tend to view the relationship more globally. Stoffer also noted that some children seemed to have difficulty understanding some of the items and that further modifications of the instrument were necessary. It is possible that Stoffer’s scale lacked sensitivity because he used dichotomous true/false answer categories, which can limit scale sensitivity and negatively impact the psychometrics of an instrument (Harter, 1982; Springer et al., 2002). Furthermore, Stoffer did not report instrument development procedures, such as using an expert panel and piloting the instrument to obtain preliminary reliability and validity data, which leaves the reader to assume he did not use such methods.

Harnish (1983) adapted Stoffer’s (1968) scale for use with 16 children between the ages of 8 and 10 who received play therapy from undergraduate volunteers with four weeks of play therapy training. Harnish’s adaptation originally consisted of 39 items measuring empathy, unconditional positive regard, and empathy; to increase the reliability of the scale, she only retained 23 items for her analysis. Harnish’s measure suffered from some of the same methodological issues as Stoffer’s instrument. She used a dichotomous yes/no answer format, failed to report proper instrument development procedures, and did not obtain reliability or validity information before using the instrument in her research. Neither Stoffer’s nor Harnish’s adaptations of the BLRI seem to have been utilized other than in their respective dissertations.
Instruments in Child Counseling Research

Most research involving children uses either qualitative methods in which theory, rather than children’s experiences, serves as the foundation for the study, or the research utilizes caregiver report measures on child perceptions or behaviors (Rogers, Casey, Ekert, & Holland, 2005). These methods can be appropriate for research involving behavioral outcomes, but when the researcher wants to understand children’s perspectives, children themselves are the most qualified individuals to provide that information (Scott, 2008). Christensen and James (2005) further emphasized the importance of truly listening to children’s experiences in order to “conduct research with, rather than simply on, children.” (p. 9). Gathering information directly from children also sends a message that the researcher values children as meaningful participants in the research, not just objects to be studied. This view of valuing the person of the child even when society tends to minimize the rights and contributions of children is consistent with a person-centered worldview (Wilkins, 2010b). However, there are numerous challenges to obtaining self-report data from children including children’s limited abstract thinking abilities, lower levels of literacy, and differences between adult and child language use (Scott, 2008). In the following sections, I describe some instruments through which researchers have attempted to measure the experience of children.

Pen and Paper Self-Report Instruments

Some instrument developers have created pen and paper multiple-choice self-report questionnaires that are similar to many instruments used for adults. Here I review two of these instruments with a substantial research base. The Children’s Depression Inventory – second edition (CDI-2; Kovacs, 2011) is a standardized self-report instrument for children ages 7 to 17 years and was designed for individual or group administration. Each item consists of three
statements describing varying levels of indicators of depression, and the child is asked to choose the statement that best describes his or her experience for the past two weeks. The full-length scale contains 28 items that fall into four subscales (Negative Mood/Physical Symptoms, Negative Self-Esteem, Ineffectiveness, Interpersonal Problems). The Negative Mood/Physical Symptoms and Negative Self-Esteem subscales can be summed to get the Emotional Problems scale. Likewise, Ineffectiveness and Interpersonal Problems scores can be combined to find the score for the Functional Problems scale. The CDI-2 short form consists of 12 items that yield an overall depression score. The CDI-2 has been normed and evaluated for reliability and validity across a large sample representative of the racial and cultural population of the United States and results have been favorable. These positive results suggest that children may be able to respond in meaningful ways to paper and pencil tests with carefully worded items. One of the limitations of the CDI is the length of the assessment, as 28 items may be too extensive for early elementary school students.

The Revised Children’s Manifest Anxiety Scale – 2nd edition (RCMAS-2; Reynolds & Richmond, 2008) is a 49-item self-report measure designed for children ages 6 to 19 years old. The RCMAS-2 measures Physiological Anxiety, Worry, and Social Anxiety and yields a Total Anxiety score. The Inconsistent Responding index and Defensiveness scores can also be calculated to identify possible bias in the testing environment. The RCMAS-2 has been normed on a large, diverse population in the United States and reliability and validity appear adequate. One of the limitations of the RCMAS-2 is the dichotomous format of the yes/no answer choices, which limits scale sensitivity. Furthermore, the length of the RCMAS-2 may be problematic for younger children.
**Pictorial Self-Report Instruments**

Harter and Pike (1983) and Joseph (1979) both employed the use of pictorial scales to address some of the methodological and developmental issues surrounding child self-report. For the Joseph Pre-School & Primary Self-Concept Screening Test, children first colored in a blank outline of a girl or boy to look like themselves as a referent to help them remember they were answering the 15 questions about themselves (Joseph, 1979). Then the assessor showed the child two pictures, described them, and asked the child which one was more like the child. For example, “One of these boys (girls) can jump very high and the other boy (girl) can’t jump very high at all. Now which is most like you?” (Joseph, 1979, item 10). Items were scored as 2=positive, 1=both or don’t know, and 0=negative. Joseph argued that using pictures was developmentally appropriate because their use did not require the child to respond verbally as the child could simply point to his or her answer.

In the development of the Pictorial Scale of Perceived Competence and Social Acceptance for Young Children, Harter and Pike (1983) used a format similar to that of Joseph (1979). However they used a 4-point forced choice scale and did not ask children to draw themselves (Harter & Pike, 1983). To avoid overwhelming children with too many choices, Harter and Pike first asked a dichotomous question and then a follow-up question to qualify the child’s response. For example, “This girl is good at puzzles, and this girl is not good at puzzles. Which one is more like you?” If the child pointed to the girl who was good at puzzles, the assessor would ask, “Are you really good at puzzles or just pretty good at puzzles?” while pointing to large and small circles. (Harter & Pike, 1984, p. 1972). This method of asking questions is similar to that recommended by Scott (2008) to address children’s difficulty in responding to more than a few items at a time.
Joseph’s (1979) and Harter and Pike’s (1983) instruments represented attempts to elicit children’s self-perceptions in developmentally appropriate ways through the use of visual stimuli and memory aids, which can be helpful to children (Scott, 2008). Furthermore the instrument developers involved children in the instrument development process. For example, when developing his instrument, Joseph asked 112 first- and second-graders to draw pictures of 10 specific situations, such as a good boy and a bad boy, and analyzed the drawings statistically to create his 15-item assessment of self-concept. Harter and Pike (1983) elicited children’s feedback during the item revision process (Harter, 1982).

Play-Based Instruments

Some researchers have utilized play-based instruments in attempts to better respect children’s developmental needs. For example, Jager and Ryan (2007) described three play-based assessments designed to obtain 5 to 10 year-old children’s perspectives on their experiences in play therapy. For example, the interviewer might set up a pretend talk show in which the child is the expert and the interviewer pretends to be other, younger children who call in with questions about the counseling process. Alternatively, the interviewer might ask the child to use puppets to show what play therapy is like and then use another puppet to ask the child puppet questions about the play therapy process. Although these assessments seem developmentally respectful and helpful for evaluating treatment process and outcome from the child’s perspective, standardizing such procedures for use in empirical studies poses a challenge.

Standardized play-based assessments exist, such as the Parent-Child Interaction Play Assessment (P-CIPA; Smith, 2000). The P-CIPA consists of 15 minutes of unstructured parent-child play and 15 minutes of task-oriented parent-child play. The examiner rates the parent and child on a 9-point scale consisting of 23 items with behavioral anchors reflecting parent
intrusiveness, parent attention, parent responsiveness, child activity level, child responsiveness to
parent, and so on. Another standardized play-based instrument is the Affect in Play Scale (APS;
Russ, Niec, & Kaugars, 2000). The purpose of the APS is to assess the frequency of expression
of affect, the variety of affect types, and the intensity of the expression of affect in children ages
6 to 10 years. The assessment administrator provides the child with two puppets and three small
blocks and directs the child to “have the puppets do something together” (Russ et al., 2000, p.
724). The play task lasts 5 minutes and is video recorded. Trained raters then rate the 5-minute
segment on a criterion-based rating scale that has 11 affective categories, including
Happiness/Pleasure, Aggression, Sexual, and Competition. Although the results from the P-CIPA
and APS are quantitative and could be included in outcome research, the assessments fail to
capture the child’s subjective experience, something that is missing in many developmentally
sensitive quantitative instruments.

Therapeutic Alliance Instruments

Therapeutic alliance measures are the existing measures in the child counseling literature
that are most closely related to measures of the therapeutic relationship. However, even the
therapeutic alliance child measures that do exist possess limitations. For example, the Child
Therapeutic Alliance Scale (Grienenberger & Foreman, 1993 as cited in Foreman, Gibbins,
Grienenberger, & Berry, 2000) only contains eight items, each measuring a different construct.
The subjective perspective of the child is not obtained in the observation-based instrument.

The Therapeutic Alliance Scale for Children (TASC; Shirk & Saiz, 1992) is a 7-item self-
report that has a counselor and child version and measures bond, negativity in the relationship,
and verbalization of problems (Shirk & Saiz, 1992). Although some support for its positive
psychometric properties exist (Langer, McLeod, & Weiz, 2011) the low number of items per
subscale is likely to cause psychometric problems (Pett et al., 2003). Another overall limitation to the child measures of therapeutic alliance is their limited focus on the bond, or emotional connection, in the therapeutic alliance. Because of the importance of these emotional factors for children (Jensen et al., 2010), it seems therapeutic process measures should focus more on the therapeutic bond or relationship than on other aspects of the alliance. Furthermore, these measures are not based in Rogers (1957) conditions in person-centered theory, limiting their applicability to research in person-centered child counseling.

Instrument Development

Measurement is the process of quantifying objects, attitudes, or situations in a systematic way for the purpose of producing consistent empirical evidence to evaluate research outcomes (Pett et al., 2003). Instrumentation is one aspect of measurement that is comprised of the development of a reliable and valid measure that follows psychometric principles. In the following section, I will describe general procedures for quality instrument development and discuss special considerations for the development of self-report instruments for children.

General Procedures

Careful attention to instrument development procedures is important because well-worded, thoughtfully constructed instruments have less measurement error and therefore greater reliability and validity than instruments that are quickly put together (Pett et al., 2003). Quality instrument development can provide a basis for quality research while an instrument with low reliability or validity can compromise an otherwise well-designed study. A variety of models for instrument development exist, but they tend to follow similar steps in the process.

*Conceptualize and define the latent variable.* First, researchers must determine the purpose of the instrument because a clear understanding of the purpose helps guide the
remainder of the process (Dimitrov, 2012; McIntire & Miller, 2007). Next, researchers must
decide on the construct, or latent variable, they want to measure, to whom the assessment will be
administered, and how it will be administered (Springer et al., 2002). Once the instrument
developer answers these questions, the next step is to conduct a thorough review of the literature
to develop conceptual definitions of the constructs to be measured (Dimitrov, 2012; Gable &
Wolfe, 1993; Pett et al., 2003). Once a conceptual definition is established, the researcher must
create an operational definition that describes the construct in a way that can be measured
through empirical indicators (Pett et al., 2003; Singleton & Straits, 2005).

The next stage in the process is to distinguish empirical indicators that can be used to
develop items measuring the construct of interest (Pett et al., 2003). Both the theoretical and
empirical literature can be helpful in identifying quantifiable indicators of the construct of
interest. Some authors suggested using qualitative methods to identify empirical indicators of a
specific construct (Pett et al., 2003; Rowan & Wulff, 2007). Openheim (1992) recommended
conducting exploratory interviews with around 30 to 40 individuals similar to the target
population to help the researcher develop a better understanding of participants’ understanding of
the construct of interest. Springer and colleagues (2002) noted the usefulness of focus groups in
the early phases of instrument development.

*Develop and test items.* Once potential empirical indicators have been established, the
researcher may use the quantifiable indicators identified in the literature review, qualitative
investigation, or exploratory interviews to begin to develop potential items for the instrument
(Gable & Wolfe, 1993; Pett et al., 2003). A larger pool of potential items increases the
researcher’s chances of capturing the construct of interest adequately (Nunally & Bernstein,
1994). Because non-factual questions often asked in social science research cannot be externally
verified, an instrument needs to contain multiple items that aim to measure the same construct (Oppenheim, 1992). The number of items on a scale or subscale impacts its reliability with more items tending to result in higher reliability (Pett et al., 2003). Furthermore, some of the original items on an instrument will be dropped after item or factor analysis reveals that they detract from the reliability or validity of the instrument. Therefore, a pilot instrument should have 1.5 to 2 times as many items as anticipated on the final scale to allow those items that most accurately factor together to be retained and the others discarded while still maintaining an adequate number of items to achieve acceptable reliability.

Once a large pool of potential items has been developed, the researcher and experts in the field must analyze them for adherence to the operational definitions of the constructs of interest (Springer et al., 2002). The researcher with the help of experts should also carefully consider the wording of each question to ensure maximum clarity and increase reliability (Oppenheim, 1992; Springer et al., 2002). For example, items should not contain double negatives and should not contain two questions within one statement (Oppenheim, 1992). Researchers should also avoid leading questions and value-laden words, such as healthy, liar, or beautiful. Additionally, the researcher must make decisions about reverse-scoring of items (McIntire & Miller, 2007). Some respondents may be more likely to respond in positive ways to questions, regardless of the content, and wording some questions in a negative way can help account for this bias. However, negatively worded questions may be more difficult for children to understand because of their concrete thinking and the fact that people interact with the environment in terms of the presence of things, not the presence of absent things (Gable & Wolf, 1993).

When developing potential items, the researcher must also determine instrument scaling, scoring, layout, and administration procedures (McIntire & Miller, 2007; Pett et al., 2003;
Many types of scaling exist, and the researcher should take the purpose of the instrument into account when determining the type of scaling to use (Oppenheim, 1992). Likert scaling is one commonly used approach in social research that involves an “attempt to partition a continuum of response options into categories with equal-appearing intervals, each of which can be discretely and uniquely labeled” (Springer et al., 2002, p. 420). In deciding the number of points on the Likert scale, the researcher must consider the age and cognitive abilities of the respondents (Gable & Wolfe, 1993). Although a broader continuum (i.e., more points on the scale) tends to increase reliability and variability, too many points can lead to a decrease in reliability due to participant confusion (Gable & Wolfe, 1993; Springer et al., 2002). Statements for a Likert-type scale need to be direct statements with a clear positive anchor at one end of the continuum and a clear negative anchor at the other (Springer, et al., 2002). Each intermediary step on the continuum also needs to be clearly defined.

When developing the format for the instrument, the researcher should consider the font, visual appeal, and physical construction of the assessment (Pett et al., 2003). Although these considerations may seem trivial, they contribute to the overall clarity and therefore reliability of the instrument. For example, an assessment with a small, atypical font might be difficult for a child to read, thereby causing the child to focus more on reading the assessment than on the meaning of the items. Similarly, developing clear instructions for the administration of the instrument is important because such instructions also contribute to better reliability (McIntire & Miller, 2007). The instructions need to be concise and written at the appropriate vocabulary level. They also need to clearly explain how the participant is being asked to record responses and what to do with the instrument when it is completed (Pett et al., 2003). If instructions are
confusing or difficult to understand, respondents are more likely to make guesses or misinterpret the items, thus introducing bias into the assessment situation (McIntire & Miller, 2007).

Once the researcher has constructed a pool of well-worded items and determined scaling, layout, and administration procedures, the pilot instrument can be submitted to expert reviewers to help further establish the content and face validity of the items (Springer et al., 2002; Urbina, 2004; Worthington & Whittaker, 2006). Experts should have advanced knowledge regarding the construct of interest as well as the population to which the final instrument is to be administered (McIntire & Miller, 2007). Oppenheim (1992) cautioned against relying too heavily on expert reviewers and suggested that reviewers were important, but conducting exploratory interviews and piloting the items on individuals representative of the desired population was most critical. Focus groups composed of either members of the target population or those who work with them can also be helpful in amending items or generating new ones (Springer et al., 2002).

*Test the pilot instrument.* Once reviewer feedback, results from testing sample items, or focus group data have been collected and incorporated into a pilot instrument, the instrument should be systematically tested on members of the target population (Oppenheim, 1992; Urbina, 2004). Gable and Wolfe (1993) suggested piloting the instrument on approximately 10 individuals, Oppenheim (1992) suggested giving the instrument to 50 respondents, and Pett and colleagues (2003) advised using one tenth of the anticipated final sample size.

As part of pilot testing, researchers may include open-ended questions at the end of the pilot instrument asking respondents to comment on any areas of confusion or any ideas for the improvement of the instrument (Pett et al., 2003). The researchers may also use cognitive pretesting, a method of asking follow-up questions to determine how respondents interpret and cognitively process items (Woolley et al., 2006). Cognitive pre-testing may involve asking
respondents to think out loud while completing items or asking them to point out any problems they see in the items. For children, cognitive pre-testing can include asking “respondents to repeat items in their own words or to define key words in the item” (Wooley et al., 2006, p. 194). Researchers may also ask children to answer open-ended questions about the item to better understand how the child arrived at a certain response.

*Administer and analyze final instrument.* After using pilot participant data to revise the instrument, the researcher should administer the instrument to the final sample and submit the items to exploratory factor analysis (EFA; Gable & Wolfe, 1993; Henson & Roberts, 2006; Pett et al., 2003; Urbina, 2004). Factor analysis is a statistical technique that requires the researcher to make a series of thought-out decisions, the goal of which is to create a small number of latent factors from a large set of observed variable (Henson & Roberts, 2006; Spicer, 2005). Specific to instrument development, the factor analyst attempts to determine the construct validity of the instrument by examining whether scores on the instrument seem to fit with the developer’s expectations (Thompson, 2004). Factor analysis is not a purely objective process (Henson & Roberts, 2006). Like all research procedures, factor analysis requires that the researcher make subjective decisions about how to analyze and interpret the data. Decision making procedures should be clearly reported (Worthington & Whittaker, 2006).

Experts vary in their views on the number of participants needed to conduct an EFA, and recommendations range from a ratio of 2 participants to every item to 20 participants to every item (Kline, 2000). Most experts suggest that at least 100 participants are needed for a factor analysis to be meaningful but that higher sample sizes result in higher quality solutions (Dimitrov, 2012; Tabachnick & Fidell, 2013). Some authors emphasize saturation of factors by measured variables over the numerical value of the sample size (Tabachnick & Fidell, 2013;
Thompson, 2004). Following this logic, the reliability of factors would be upheld if each factor was defined by at least four observed variables with structure coefficients larger than $\pm 0.6$.

After data screening and the replacement of missing values if applicable, the researcher should examine the linearity and normality of the data (Tabachnick & Fidell, 2013). The more linear and normal the data, the more confidence can be placed in factor analytic results. However, these two assumptions are not necessary for the results to have meaning.

Before conducting a factor analysis, the researcher must ensure that observed scores are correlated enough to create a multivariate factor structure (Spicer, 2005). The Kaiser-Meyer-Olkin (KMO) measure of sampling adequacy compares the correlation coefficients to the partial correlation coefficients to determine whether sufficient relationships between the variables without the effects of linearity exists (Pett et al., 2003). A variable needs a KMO value of above 0.5, but preferably 0.8 or 0.9 to indicate an existing multivariate factor structure (Pett et al., 2003; Tabachnick & Fidell, 2013). Bartlett’s test of sphericity examines the hypothesis that no relationship between items exists (Pett et al., 2003). Therefore non-significant $p$-values are desired. Bartlett’s test is sensitive to sample size, and is most appropriate when the ratio of participants to items is less than five to one. Measures of sampling adequacy found on the diagonal of the anti-image correlation matrix provide the negative partial correlations for the items and indicate how strongly an item is correlated with other items when the shared variance is accounted for (Pett et al., 2003). Measures of sampling adequacy over .6 indicate the matrix is factorable.

Once the factorability of a matrix is established, the first step in conducting an EFA is to determine which matrix of association coefficients to analyze (Thompson, 2004). The Pearson product-moment bivariate correlation matrix is the default for most statistical software programs.
and the most frequently used matrix. The Pearson $r$ matrix uses intervally-scaled data and therefore the distances between scores, rather than just the rank order of scores, are evident in the results.

Next, the researcher must decide the number of factors to be extracted (Thompson, 2004). Factors are groupings of variables that do not share variance with the other factors (Spicer, 2005), and numerous methods exist to decide on the number of factors to retain (Thompson, 2004). One method is to retain factors with an eigenvalue greater than 1.0. The eigenvalue is the amount of variance, out of all the variables, that is contained in the factor (Spicer, 2005). An eigenvalue of greater than 1.0 indicates that the factor explains more variance than if it contained only one, perfectly accurate variable (Thompson, 2004). Although the eigenvalue of less than 1.0 rule is the default for most statistical software packages, studies have shown that the researcher following this rule often underestimates the number of factors (Henson & Roberts, 2006). The scree test is another approach to deciding the number of factors to retain. A scree test involves graphing the eigenvalues of factors and retaining only the noteworthy factors and discarding the trivial factors (Thompson, 2004; Cattell, 1966). Some researchers may choose to retain the number of variables that account for a predetermined amount of the explained variance, often 50% to 60% in the social sciences (Pett et al., 2003). Parallel analysis is one of the more accurate ways to determine the number of factors to retain (Thompson, 2004). Parallel analysis assumes that that the eigenvalues of meaningful factors that underlie a set of variables should be larger than the eigenvalues of parallel factors derived from random data sets with the same sample size and number of variables as the original data set” (Dimitrov, 2012, p. 82). The researcher compares the random eigenvalues with the original eigenvalues and retains factors whenever the original eigenvalue is greater than the new eigenvalue. Researchers should compare the results of
these and other strategies to determine the number of factors to be retained (Thompson, 2004). Theoretical considerations should also inform choice of the number of factors to extract. Furthermore, researchers should always report methods used to make decisions about the number of factors to retain (Henson & Roberts, 2006).

The third step in conducting an EFA is to determine the method by which to extract the factors (Thompson, 2004). Many methods exist, but the most common are principal components analysis and principal axes factor analysis. In principal components analysis, factors are extracted from both the shared and unique variance of the variables whereas in principal axes factor analysis, factors are extracted only from the shared variance (Spicer, 2003). Thus principal components analysis is a primarily descriptive method of data reduction aimed at categorizing variables into fewer components whereas principal axis factoring is aimed at creating latent variables that underlie the factors (Henson & Roberts, 2006). Principal components analysis is the default for most statistical software, but one weakness of the approach is that it assumes the scores on an instrument are perfectly reliable (Thompson, 2004). “Principal axes factor analysis uses conservative estimates for reliability during factor extraction. In general, experts recommend principal axis factoring for instrument development when underlying theoretical constructs are thought to exist (Kline, 2000).

The fourth step is to decide how the factors will be rotated (Thompson, 2004). “Factor rotation involves moving the factor axes measuring the locations of the measured variables in the factor space so that the nature of the underlying constructs becomes more obvious to the researcher” (Thompson, 2004, p. 38). The goal of factor rotation is to find the simplest meaningful factor structure meaning several variables load strongly onto some factors and not on others (Pett et al., 2003; Tabachnick & Fidell, 2013). Two categories of factor rotation exist
(Spicer, 2005). In an orthogonal rotation, the rotated factors remain uncorrelated. The most common method of orthogonal rotation is the varimax rotation (Thompson, 2004), which removes the constraint that each factor that is extracted must explain less variance than the preceding factor (Spicer, 2005). In an oblique rotation, the factors are allowed to correlate. Henson & Roberts (2006) suggested running an oblique rotation to determine whether the factors were correlated and then running an orthogonal rotation only if the factors were correlated less than .32. If the factors are correlated, promax rotation is typically a good choice for an oblique rotation because it invokes a series of rotations that typically provide a simple, interpretable factor structure (Thompson, 2004). Direct oblimin is another common choice for oblique rotation (Costello & Osborne, 2005). No gold standard seems to exist, and the decision for which rotation to use is left to researcher preference and judgment.

Overall, factor analysis requires critical thinking on the part of the researcher and careful attention to the decision-making process (Henson & Roberts, 2005; Spicer, 2005). The primary goal of factor analysis is to obtain the most parsimonious solution for the data (Henson & Roberts, 2006). The solution that provides the simplest structure, or the most shared variance of the items using the least number of latent factors, is most likely to be replicated (Thurstone, 1947). Thus, the researcher may use reflective thinking while experimenting with the number of factors, type of extraction, and type of rotation to find a factor structure that seems simplest with the strongest factors that makes the most theoretical and common sense (Costello & Osborne, 2005; Tabachnick & Fidell, 2013).

Reliability and Validity

Measurement theory suggests that scores on an instrument consist of the combination of true scores that accurately reflect the level of the variable of interest, systematic error, and
random error (Singleton & Straits, 2005). Random error involves error that is not consistently present in the assessment environment, such as the respondent’s emotional or physical condition or unusual distractions that may take place during the assessment process (Erford, 2013). Systematic error is any error that regularly occurs during assessment procedures, such as poorly worded questions or instructions that participants interpret incorrectly on a consistent basis. The goal of any instrument is to determine what portion of the scores represents true values and identify what portion represents error in order to minimize error and increase the true scores (Singleton & Straits, 2005).

Reliability and validity estimates allow the researcher to make best guesses at the proportion of error and true scores. Reliability refers to consistency and stability of scores and the relative absence of random error (Dimitrov, 2012; Erford, 2013). Random error impacts reliability because the error varies from situation to situation (Singleton & Straits, 2005). However, scores on an instrument may have high systematic error and still be reliable because systematic error occurs consistently in measurement results. Although scores on such an instrument would have high reliability, they would have low validity (Erford, 2013; Singleton & Straits, 2005). That is, the scores would not adequately measure the construct they were designed to measure because the results might actually measure an unintended variable, such as reading level, rather than presence of certain character traits (Erford, 2013). Because the results of an instrument with low reliability and low validity cannot be trusted, great care must be taken in working to establish the reliability and validity of assessment instruments.

Assessing reliability. The presence of random error cannot be measured directly (Singleton & Straits, 2005). Therefore, reliability can only be inferred, and several methods for making this inference exist. Test-retest reliability is one way to assess reliability, and it involves
re-administering an assessment to the same individual after a specified period of time and
correlating the scores of the two administrations (Erford, 2013). Researchers using the test-retest
method assume that any differences between administrations of the same assessment to the same
individual will be the result of random error and that high correlations between scores on the two
administrations indicate high reliability (Singleton & Straits, 2005). However, depending on the
time lapse between administrations, the results may be influenced by the individual’s memory of
previous answers, an event, or maturation that may impact the individual’s score on the second
administration (Erford, 2013; Singleton & Straits, 2005). Therefore the correlation between the
two scores may contain error. Test-retest reliability may not be an appropriate measure of
reliability when change is expected on the measured variable over time (Singleton & Straits,
2005).

Another way to measure the reliability of scores on an instrument is alternate forms
reliability (Erford, 2013). This method involves administering two different forms of an
instrument that ask for exactly the same information. Finding this type of reliability is more
appropriate for achievement tests or other tests for which there is a correct answer because it is
easier to determine whether two items measure exactly the same thing due to increased
objectivity than when compared with assessment of attitudes or inventories (Erford, 2013).

“Internal consistency estimates of reliability are based on the average correlation among
items within a test or scale” (Erford, 2013, p. 135). The split-half method is one way to
determine the internal consistency of scores on an instrument. For split-half reliability, the entire
assessment is administered to each person. Then, each scale of the instrument is randomly
divided in half and the two halves are correlated to determine the correlations between the two
parts of the assessment (Singleton & Straits, 2005). High correlations between the two halves of
each scale provide evidence that all the items on the scale measure the same construct and are therefore reliable. Split-half reliability may not be accurate if too few items exist on each scale being assessed (Pett et al., 2003). Internal consistency is a measure of the relationships between all the items and assumes that each item is equally as important as the other (Dimitrov, 2013). Cronbach’s alpha is one common statistic for determining internal consistency, and it measures the amount of common variance of the items on an instrument or scale (Pett et al., 2003). Cronbach’s alpha tends to overestimate reliability when an instrument contains a large number of items.

In addition to assessing for reliability, researchers may take several steps to strengthen reliability of scores on a measure (Singleton & Straits, 2005). Preliminary interviews and pilot testing of instrument items help the researcher understand how participants interpret and understand the concepts being addressed so that the researcher can develop items that are clearly understood by all participants. Similarly, the researcher may take steps to ensure the instructions are clear and are interpreted correctly by target population. In addition, the researcher may engage in item analysis to determine which items discriminate between subscales. Finally, increasing the number of items on a scale tends to increase the scale’s reliability because more items means a higher chance of accurately measuring the construct of interest.

Assessing Validity. As mentioned previously, scores on an instrument may be highly reliable but still contain systematic error, making them less valid (Erford, 2013; Singleton & Straits, 2005). Systematic error may be introduced into results by biases in the instrument itself such as a poorly worded question, by social desirability bias, or by any other consistent biases related to the participants or the testing environment (Singleton & Straits, 2005). Systematic error is more difficult to identify than random error, and researchers must be creative in their
search. One way of looking at systematic error is to examine criterion-related validity (Erford, 2013). This aspect of validity is concerned with the extent to which the instrument is a helpful indicator of certain characteristics or behaviors and typically involves correlating the results of the new instrument with those of a well-established instrument that measures the same construct (Singleton & Straits, 2003). For example, if a researcher were trying to develop a short version of a self-esteem measure, the researcher could correlate the results of the new, short assessment with those of a long, pre-established assessment. However, this method of assessing validity is not practical when no well-validated measure of a construct of interest exits or when the instrument is not being used for criterion-related purposes, such as screening for a set of behaviors or characteristics.

Another way to infer the amount of systematic error that exists in the results of a measure is to employ construct validation methods (Singleton & Straits, 2003). Construct validation involves looking at the meaning of the instrument results and usually takes theoretical considerations into account. The goal of construct validation is to amass evidence for hypothesized relationships between the constructs of interest and other constructs that are expected to be theoretically related or unrelated (McIntire & Miller, 2007; Singleton & Straits, 2003). Correlations that match theory-based expectations rather than high correlations indicate construct validity. For example, if two variables are only expected to be moderately related, the researcher would anticipate medium correlations between the scores, indicating high discriminant validity. Furthermore, if differences exist between results of different groups that should score differently on the instrument, the instrument is assumed to be more valid. One downside to construct validity is that it assumes the theory is accurate. If an instrument
demonstrates low construct validity, it may be unclear whether the instrument, the theory, or some combination of both is the issue.

Convergent validity, or getting the same information in several different ways, represents yet another way to evaluate results for systematic error (Singleton & Straits, 2005). For example, if an observation, self-report, and teacher-report all indicate similar results, the amount of systematic error is considered to be low. Although time-consuming, high validity estimates measured in this way provides strong support for the instrument. Content validity in which the researcher attempts to determine the extent to which an instrument fully covers all parts of a construct is another aspect of validity (Singleton & Straits, 2005). This element of validity is difficult to determine in social science research. Thus, it should be addressed, but is not considered substantial evidence to assert that a measure is valid.

Because the instrument validation process is comprised of gathering together many pieces of information to make inferences about the systematic error in the results of an instrument, it is a continual process that occurs over many studies (Singleton & Straits, 2005). The more evidence that exists for each of the different aspects of validity, the greater the researcher’s confidence in the validity of the instrument.

Special Considerations for Child Self-Report Instruments

Overall, instrument development procedures remain the same when creating an instrument for children. However, both practical and philosophical considerations exist for a researcher attempting to design a child self-report instrument. Practically, children have different sets of developmental abilities and different ways of viewing the world than adults (Scott, 2008). Because of these differences, the researcher must make philosophical decisions about the role the child will play in research (Greene & Hill, 2005). For example, some researchers want to show
that an intervention works while others want to measure the impact that intervention has on the lives of children as viewed through their eyes. Although these two goals are not necessarily exclusive, the philosophical views of the researcher will direct the types of instruments employed in the study as well as the study’s design.

_Practical considerations._ One of the primary challenges of researching children’s experiences is to avoid defaulting to an adult perspective on the process of research (Woodhead & Faulkner, 2008) as well as the variable to be measured. Researchers who fail to look at instrument procedures and items from the perspective of a child risk missing crucial information that could help the researcher measure the variable more accurately. For example, if the researcher is not aware of children’s nonverbal behavior that communicates uncertainty, the researcher may not see a chance to clarify a question during pilot testing. Therefore, individuals involved in developing instruments for children should have extensive experience and knowledge in child development and in building relationships with children (Rogers et al., 2005).

The differential developmental abilities of children also pose a challenge to self-report research with children (Scott, 2008). For example, children have more difficulty with abstract reasoning and do better when questions or items are specific rather than broad (Freeman & Mathison, 2009). Similarly, assessments that ask for information outside the child’s experience may be difficult for the child to answer and therefore, results may be unreliable (Scott, 2008). Younger children in particular may be susceptible to the primacy effect, choosing one of the first few options when more than three or four answer choices exist (Hershey & Hill, 1976). Furthermore, structured questions may not be appropriate for children younger than 11 years of age (Scott, 2008).
Although children’s developmental abilities pose some challenges to the assessment process, methods exist to address these challenges, at least in part (Scott, 2008). For an assessment measuring more abstract concepts, such as relationship variables, cognitive pre-testing of items is critical to determine the extent to which children understand the items as they are intended (Scott, 2008; Woolley et al., 2006). Additionally, giving children clear and concrete instructions at the beginning of an assessment (Scott, 2008) and using visual aids to increase focus and understanding (Freeman & Mathison, 2009) can help address children’s developmental needs. Avoiding leading questions and allowing “don’t know” responses can also help increase the validity of the data (Scott, 2008). When addressing the unique developmental needs of children, researchers must be careful not to underestimate children’s cognitive abilities (Greene & Hill, 2005). However, they must also work to develop research situations that make sense to children and fit within their experiences (Greene & Hill, 2005; Woodhead & Faulkner, 2008).

Another difficulty in instrument development and administration with children is the power differential inherent in adult-child research interactions (Greene & Hill, 2005; Woodhead & Faulkner, 2008). For example, children are more likely to guess at an answer than to tell adults they do not know the answer because they might perceive saying they do not know as disrespectful (Scott, 2008). To help minimize the power differential, it is critical that assessors possess rapport-building skills with children and preferable that the assessment be conducted in a place where the child feels comfortable and has some sense of power (Scott, 2008).

**Philosophical considerations.** How and to what extent researchers attempt to address the limitations discussed previously is impacted by the researcher’s philosophical views about children and the research process. For example, if a researcher’s primary goal is to get information from children, the researcher will focus primarily on strategies to address cognitive
development. However, if the researcher is interested in knowing what children think, the researcher will also work to decrease the power differential and on truly hearing children (Christensen & James, 2008). The process of inquiring into the subjective lives of children is not an easy one and researchers must understand they will never be able to fully capture the experiences of children (Greene & Hill, 2005).

Perhaps this challenge is one reason why the experiences of children are rarely explored in research (Rogers et al., 2005). However, a philosophical worldview that values children as actors rather than objects of research seems to necessitate that researchers make an effort to incorporate the views of children into their studies, recognizing that it will be a difficult and imperfect process (Alderson, 2008). With careful attention to instrument development as well as a true respect for children, researchers can create measures that capture children’s perspectives as accurately as possible and honor children’s personhood within the research paradigm (Greene & Hill, 2005).

Child research and person-centered theory. Treating research participants as co-researchers rather than subjects in a research project resonates strongly with the values of person-centered theory (Mearns & McLeod, 1984; Wilkins, 2010b), and it seems important that the process of developing an instrument to measure constructs in person-centered theory be consistent with the tenets of the theory. For example, one tenet of person-centered theory is valuing all aspects of an individual’s experience (Wilkins, 2010b). One implication of this tenet to instrument development with children could be that the researcher would value children’s anecdotal stories or seemingly unrelated answers to questions as opportunities to gain a better perspective of the whole person of the child.
Additionally, facilitating open, honest relationships is an important aspect of person-centered theory that has implications for research (Mearns & McLeod, 1984). In traditional research, the purpose of the project is often concealed. Although this practice may be a methodological necessity, being as open as possible with participants about the goals and potential outcomes of the research process tends to be consistent with person-centered theory. For example, in self-report instrument development researchers could tell a child the purpose of the instrument was to better understand what children think and could explain in age-appropriate terms how the instrument would be used and who would have access to their responses. Adults need to be sensitive to the importance of confidentiality and privacy to children (Scott, 2008) and give them opportunities to ask about the research process (Mearns & McLeod, 1984).

Summary

Research on the therapeutic relationship is called for and needed in the child counseling field (Karver et al., 2006; Norcross, 2002; Weisz & Kazdin, 2010). CCPT is a developmentally sensitive, empirically supported approach that emphasizes the importance of the relationship (Landreth, 2012; Lin & Bratton, in press; Ray, 2011). CCPT counselors apply the philosophy of person-centered theory (Rogers, 1951, 1957, 1961) to work with children, including providing Rogers’ (1957) six conditions. Despite the focus on the relationship and the research base in CCPT, no child self-report measures of the relationship exist that provide the child’s view of the relationship. A child self-report relationship measure needs to be developed following established procedures for instrument development.
APPENDIX B

COMPLETE METHODOLOGY
The purpose of this study was to create a developmentally responsive instrument to measure 6 to 9 year-olds’ perceptions of the therapeutic relationship in a way that can be used in outcome research. Barrett-Lennard (1962, 2002). Because of the importance of Rogers’ (1957) sixth condition, client perception, in determining the extent to which the counselor-provided conditions contribute to the therapeutic relationship, the instrument was designed as a self-report measure rather than an observational or counselor-report measure. I followed established instrument development procedures (Dimitrov, 2012; Oppenheim, 1992; Pett et al., 2003) to create a 31-item pilot instrument (Appendix E) that measured children’s perspectives of the therapeutic relationship. The scores of 100 children were submitted to exploratory factor analysis (EFA) resulting in the Relationship Inventory for Children (RIC), a 15-item measure with three subscales.

Research Questions

The following research questions regarding the RIC will be addressed in this study:

1. To what extent is the RIC a reliable measure of children’s perceptions of the therapeutic relationship?

2. To what extent is the RIC a valid measure of children’s perceptions of the therapeutic relationship?

3. What is the factor structure of the RIC?

Definition of Terms

*Child-centered play therapy.* Child-centered play therapy is “a developmentally appropriate modality of facilitating therapy with children from a person-centered philosophy” (Ray, 2011, p. 294).
Therapeutic relationship. A therapeutic relationship is defined as two people in psychological contact in which one person is congruent in the relationship and expresses unconditional positive regard and empathy toward another person who perceives these attitudes to some degree (Rogers, 1957).

Congruence. For the purposes of this study, congruence is operationally defined as an experience in which one’s “actual experience is accurately represented by [one’s] awareness of [oneself]” (Rogers, 1957, p. 97).

Unconditional positive regard. For the purposes of this study, unconditional positive regard is operationally defined as the extent to which a person finds oneself “experiencing a warm acceptance of each aspect of the client’s experience as being a part of that client” (Rogers, 1957, p. 98).

Empathic understanding. For the purposes of this study, empathic understanding is operationally defined as “an active process..., a basic form of knowing, which entails a disciplined opening of self to the living feelings and meanings of the other” while maintaining a distinction between one’s own feelings and those of the other. (Barrett-Lennard, 2003, p. 96; Rogers, 1957).

Cognitive pre-testing. For the purposes of this study, cognitive pretesting is defined as a type of questioning designed to understand a person’s reasoning behind answers to test items by asking the person to define key words, asking for an examples of the concepts being measured, or asking other follow-up questions to ascertain an individual’s understanding of the meaning of the item (Scott, 2008; Woolley et al., 2004).
Participants

Upon receiving approval from the university’s human subject review board, I obtained parent consent and child assent for child participants for each phase of the instrument development process. Children were recruited from local university clinics, private practices, and elementary schools and ranged from 6 to 9 years of age. Children with severe cognitive or social developmental delays were excluded from the study because the verbal nature of the instrument required children have typically developed cognitive abilities. Table 1 presents demographic information for child participants across phases.

Table B.1

*Demographic information for participants*

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Instrument Development

My ultimate goal in instrument development was to create a developmentally responsive instrument to measure children’s perceptions of therapeutic relationships. To accomplish this purpose, I engaged field experts in CCPT and child experts who were play therapy clients throughout multiple stages of the instrument development process. Expert review is considered a critical step in determining the content validity of an instrument (Drummond & Jones, 2010). I included child experts to ensure I used both methods and terminology that respect the culture and worldview of childhood and to gain their unique perspective on the therapeutic relationship (Alderson, 2008). These children knew what it is like to be the client in a play therapy relationship in ways that the field experts had not experienced. Field experts were individuals who have advanced degrees in counseling, advanced training in CCPT, and extensive experience in play therapy. These experts used their experience with children and CCPT to provide feedback from a developmental, theoretical, and practical lens.

Because of the verbal nature of the instrument, I wanted to limit the final measure to 15 to 20 items to respond to children’s developmental needs. Achieving this number meant I needed at least 30 carefully refined items for my final factor analysis phase (1.5 times my number of desired items; Pett et al., 2003). Therefore my aim in the development of items was to create a large pool of items I could reduce to approximately 30 of the most clear, accurate items, which I could then submit to exploratory factor analysis (EFA; Figure B.1).
**Figure B.1.** Instrument development process.

**Phase I: Development of Initial Pool of Items**

**Compile Possible Items**
- BLRI (40 items)
- Harnish (39 items)
- Stoffer (24 items)

**Child Expert Informal Interviews**
- 11 children

- 40 items compiled
- 4 theoretical scales
- (10 items per scale)

**Phase II: Expert Review and Item Testing**

**Child Expert Item Pre-Testing**
- Tested administration procedures, item format, and item difficulty; cognitive pre-testing
- 12 children
- 20 items

**Adult Field Expert Review**
- Reviewed administration manual, procedures, item format, item content, theoretical consistency, new items
- 40 items for review
- 53 items after review

- 53 items for preliminary testing

**Phase III: Refinement of Items**

**Child Expert Preliminary Instrument Testing**
- Cognitive pretesting
- 53 items
- 10 children in CCPT 5 children in non-therapeutic relationships

**Adult Expert Review**
- Reviewed researcher rationale for deletion of confusing or repetitive items based on Child Expert Preliminary Instrument Testing
- 9 experts
- 53 items for review

- 31 items retained

**Phase IV: Administration and Factor Analysis of Pilot Instrument**
- 100 children
- 31 items for factor analysis
- 15 items retained
Phase I: Development of Initial Pool of Items

Participants in Phase I were 11 children, ages 6 to 9, who were considered experts because they had participated in at least six CCPT sessions. First, I determined the purpose of the instrument to guide the remainder of the development process (Dimitrov, 2012). The purpose of the RIC is to measure children’s perceptions of Rogers’ (1957) counselor-provided conditions in a developmentally appropriate way so that the instrument can be used in future outcome research to investigate the impact of the relationship as a predictor or mediator of outcome in counseling.

Literature review and consultation with experts. I consulted the literature (Gable & Wolf, 1993) and conducted informal interviews with 11 child experts to develop 40 potential items that were measurable indicators of the therapeutic relationship (Figure B.1). These potential items were organized around the four subscales (Regard, Unconditionality, Congruence, Empathy) of the Barrett-Lennard Relationship Inventory (BLRI; 1998, 2002) because the BLRI seemed to provide a helpful starting place in measuring the therapeutic relationship. To generate a pool of statements that were measurable indicators of each relationship variable (Pett et al., 2003; Urbina, 2004), I began by examining the adult version of the BLRI (Barrett-Lennard, 2002) and existing child adaptations, such as Harnish’s (1983) assessment for 8 to 10 year-olds, and Stofer’s (1968) assessment for 7 to 12 year-olds.

Openheim (1992) suggested generating a list of statements through exploratory interviews individuals that are moderately representative of the target population. I consulted with my major professor to develop and then use open-ended questions to interview the 11 children to help me understand their views of each of relationship variable (see Appendix E for the pool of pilot questions). These children were all involved in CCPT at a university clinic. I interviewed children in a quiet room, free from distractions and provided a variety of materials,
including puppets, pretend telephones, microphones, crayons, markers, and paper to give children a developmentally responsive means to communicate. I videoed all interactions for later review. During the interview, I provided each child with a generic drawing of a human figure and asked the child to complete the drawing so that it looked like his or her counselor. I used sentence stems, such as “I feel like [counselor’s name] really gets me when he/she _________” to help children verbalize their experiences of their counselor. Depending on the developmental needs and interests of the child, I used puppets or the microphone to “interview” the child in a playful manner. Some children preferred to pretend we were talking on the phone. After transcribing the interviews, I read through each one, paying attention to the children’s cognitive reasoning and developmental abilities. I made notes in the margins and consulted with my major professor to get another perspective on the content of the interviews.

I used information from the child interviews, feedback from field experts, and existing adaptations of the BLRI (Harnish, 1983; Stoffer, 1968) to develop a question bank of 40 preliminary indicators of regard, empathy, unconditionality, and congruence (Pett et al., 2003; Urbina, 2004). For example, I noticed that children readily answered and provided examples for questions about whether the counselor liked them. Questions about whether the counselor would still like them if they did something perceived as negative were more difficult, and children tended to have difficulty with the conditional part of the question. Concrete examples helped alleviate this difficulty, and I made note of the examples children spontaneously gave for use in developing the final items. Questions about the counselor’s level of congruence were particularly difficult for children, and they seemed to respond to questions about the counselor’s view of them with their view of themselves. In creating final congruence-related items, I attempted to make the items as concrete as possible.
**Item and administration format development.** In developing the items, I considered measurement issues such as the scaling of the instrument, font, instructions, structure and wording of items, and number of items (Pett et al., 2003). As I addressed these issues, I also took into account the cognitive capacity of the children for whom the instrument was intended. Similar to the Pictorial Scale of Perceived Competence and Social Acceptance for Young Children (Harter & Pike, 1983) I used a 4-point Likert scale ranging from -2 to +2 with no neutral (0) option for the scaling of the instrument. Because of children’s tendency to choose one of the first items when given a list of many choices (Hershey & Hill, 1976), I first provided a statement with a choice of yes or no and then another choice between two follow-up statements to further quantify the yes or no answer (Scott, 2008). For example, if the child responded yes to [name] likes me, the child would then choose between two follow-up statements: ___ likes me a lot or ___ likes me a little. If the child responded no to this item, the child would then choose between ___ doesn’t like me very much or ___ doesn’t like me at all.

As I developed the items, I paid special attention to wording in order to limit confusion, thereby increasing reliability of the items (Pett et al., 2003). I avoided double negatives and value-laden words such as good, bad, or liar. I also considered children’s receptive and expressive language abilities and throughout pilot testing I asked the child experts to indicate words that were confusing or to define words I thought might be difficult. By formatting the instrument in a flow chart format, I limited the need for children to use expressive language skills because they could simply point to their answers.

During this phase, I also developed the preliminary administration manual (Appendix E). In this manual I included a list of materials needed, administration procedures, and scoring procedures. Materials included crayons, markers, a pencil, a pen, paper, a friendly animal puppet,
an aggressive animal puppet, two pretend phones, the preliminary assessment protocol (Appendix E), and the outline of a face (Appendix E). The play materials were included to provide opportunities for the child to respond using the media of play (e.g. Jager & Ryan, 2007; Russ et al., 2000). The manual also described procedures for scoring the instrument.

Phase II: Item Testing and Adult Review

The primary goal of the second phase of instrument development (Figure B.1) was to continue to develop a pool of items that were measurable indicators of latent variables and to test the items and RIC protocol on a small sample of the target population through feedback from adult and child experts (Openheim, 1992; Pett et al., 2003).

Pett and colleagues (2003) suggested giving the pilot instrument to at least one-tenth of the final sample. Therefore, I tested a random sample of 20 of the items from Phase I with 12 child experts (6 to 9 years old) in order to assess the administration procedures, item format, and difficulty of the items. These children had participated in eight or more CCPT sessions. I also engaged these children in cognitive pretesting. Meanwhile, adult experts provided feedback on the procedures and item format, item content, and theoretical consistency for the 40 potential items from Phase I and the administration manual. These field experts also suggested additional items for inclusion, which were added to the item pool. In consultation with my major professor, I integrated feedback from the adult and child experts into 53 items for preliminary testing. Items were deleted if an adult expert expressed serious concern about its developmental or theoretical utility, if multiple experts had moderate concerns, or if child experts clearly struggled to understand the item. I also took into account experts’ feedback on the clarity of the administration manual and made changes based on their suggestions.
**Phase III: Refinement of Items**

I administered the 53-item preliminary instrument to 10 children (ages 6 to 8) who had participated in at least 6 CCPT sessions and engaged the children in cognitive pretesting to help keep the instrument grounded in the world of children and not the ideas of adults (Figure B.1). This continual testing of pilot items is a critical process in instrument development (Oppenheim, 1992). I used the information from the cognitive pretesting of these children to delete items that were confusing or redundant. Parents of another five children who were 6 to 9 years old were asked to identify adults who did not noticeably provide warmth and unconditional acceptance to their children. These children were administered the 53 items with cognitive pre-testing, and results indicated that their scores were generally lower than those of their counterparts in CCPT.

I provided a list of all 53 items, including my rationale for deleting 22 items, to nine of my original expert panel (Figure B.1). All nine experts agreed with my rationale for item deletion. Some suggested further items for deletion. Because, no consensus existed on further items for deletion, I retained 31 items for final factor analysis.

**Phase IV: Administration and Factor Analysis of Pilot Instrument**

The 31-item pilot instrument was administered to 100 children for the final factor analysis phase (Figure B.1), resulting in a ratio of over three participants per item, which was acceptable compared to other literature in psychology and the social sciences (Costello & Osborne, 2005; Kline, 2000). Children ranged in age from 6 to 9 years and had participated in more than 3 sessions of humanistic-based play therapy, non-therapeutic activity group, or school-based counseling. Administrators were six graduate students and one undergraduate student whom I trained in the instrument protocol.
Data Analysis

The instruments were scored using a scale of 1 to 4 for ease of interpretation. Therefore, -2 became 1, -1 became 2, +1 became 3, and +2 became 4. Using IBM SPSS PASW, all negative items were reverse-coded so that positive scores indicated a more positive perception of the existence of the relationship variables. Missing data were analyzed using the SPSS Missing Value Analysis function and data were replaced using the expectation maximization method, which is appropriate for data missing completely at random (Tabachnick & Fidell, 2013).

Expectation maximization involves finding the expected values of the data that are missing based on estimations of the parameters for the current data and then performing a maximum likelihood estimation by creating iterations of the entire data set as if the missing data were filled in. Once convergence of the missing data scores is achieved, the values are used to replace missing data (Little & Rubin, 2002; Tabachnick & Fidell, 2013).

I assessed the factorability of the correlation matrix by examining the KMO statistic, Bartlett’s test of sphericity, and measures of sampling adequacy on the anti-image correlation matrix (Pett et al., 2003). I assessed the number of factors to extract through comparison of the eigenvalue greater than one rule, the scree test, examination of percent of variance extracted, and parallel analysis. I used principal axis factoring with three factors rotated to the promax criterion to analyze the correlation matrix. I examined the low communality coefficients and deleted items that were low. Parallel analysis with the remaining items informed the number of factors extracted in the next analysis. For each remaining factor analysis I examined the KMO, Bartlett’s test, and the measures of sampling adequacy to ensure the matrix was still factorable. Weak items were identified through examination of communalities, pattern coefficients, squared structure coefficients, and internal consistency if item was removed. If the weak items did not fit
theoretically or conceptually, they were removed from the analysis and the process was repeated beginning with parallel analysis. Figure B.2 illustrates the decision-making process for item deletion.

Figure B.2. Decision making cycle for item reduction in factor analysis.
APPENDIX C

UNABRIDGED RESULTS
The data were analyzed through EFA. Results from SPSS missing values analysis indicated that less than 5% of data from any one variable were missing. Furthermore, Little’s MCAR test ($\chi^2 = 428.85$, df = 411, $p = .262$) was statistically significant at the $p < .05$ level indicating that the data were likely missing completely at random. Because minimal data were missing and because no statistically significant pattern existed in the missing data, missing data were replaced using expectation maximization, a method appropriate for data missing completely at random (Little & Rubin, 2002; Tabachnick & Fidell, 2013). Frequency analysis indicated all data were within the expected range of 1 to 4, indicating data replacement was successful.

The normality of the data was assessed by examining the kurtosis and skewness of the variables using Bandalos and Finney’s (2010) criteria. They suggested that skewness scores greater than 2.0 and kurtosis scores greater than 7.0 indicated outlier variables. All variables demonstrated normality or were very close to normality based on these criteria. However, as a whole, children’s scores tended to be positively skewed. Although normality of data enhances the solution, it is not an assumption of an EFA (Tabachnick & Fidell, 2013). Therefore, all variables were retained. The presence of multivariate outliers were assessed through examination of the correlations between variables. All variables were at least moderately correlated with many other variables.
Table C.1

Correlation Matrix for Initial Factor Analysis.

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<td>.021</td>
<td>.021</td>
<td>.084</td>
<td>.117</td>
<td>.275</td>
<td>.081</td>
<td>.032</td>
<td>.060</td>
</tr>
<tr>
<td>19</td>
<td>.034</td>
<td>.042</td>
<td>.032</td>
<td>.031</td>
<td>.023</td>
<td>.003</td>
<td>.063</td>
<td>.144</td>
<td>.016</td>
<td>.017</td>
<td>.038</td>
<td>.036</td>
<td>.030</td>
</tr>
</tbody>
</table>

109
Examination of the principal axis factor analysis correlation matrix (Table C.1) revealed the determinant was acceptable at a value of $2.52 \times 10^{-8}$ (Pett et al., 2003). Bartlett’s Test of Sphericity was $p<.001$ and the KMO statistic was .861, both indicating the factorability of the matrix (Pett et al., 2003; Spicer, 2005; Tabachnick & Fidell, 2013). Measures of sampling adequacy from the anti-image correlation matrix for items 19 and 23 were less than .6, suggesting that these items were not sufficiently correlated with other items on the matrix for factorability. Therefore, I deleted items 19 and 23 and re-ran the analysis. The determinant ($6.00 \times 10^{-8}$), Bartlett’s test ($p<.01$), and the KMO statistic (.874) all remained in the acceptable range, and all measures of sampling adequacy were less than .6 suggesting an EFA using the remaining items was appropriate (Pett et al., 2003).

I used multiple methods to determine the number of factors to extract. According to the eigenvalue <1 criterion (Tabachnick & Fidell, 2013; Thompson, 2004), seven factors would be extracted. Assessing the number of factors that account for 50% to 60% of the explained variance is another way of determining factors for extraction (Pett et al., 2003). Four to seven factors would have been extracted using this method. Another method, the scree test (Figure C.1; Cattell, 1966), indicated retaining one to three factors.
Figure C.1. Scree plot for initial factor analysis.

Parallel analysis compares the eigenvalues of the actual data to eigenvalues generated through iterations of random data with the same parameters of the original data. Parallel analysis indicated three factors would be retained (Table C.2; O'Connor, 2000).

Table C.2

Parallel Analysis Results

<table>
<thead>
<tr>
<th>Factor</th>
<th>RIC Eigenvalue</th>
<th>Random Eigenvalue</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>10.411</td>
<td>1.478</td>
</tr>
<tr>
<td>2</td>
<td>1.980</td>
<td>1.285</td>
</tr>
<tr>
<td>3</td>
<td>1.280</td>
<td>1.142</td>
</tr>
<tr>
<td>4</td>
<td>0.992</td>
<td>1.023</td>
</tr>
<tr>
<td>5</td>
<td>0.790</td>
<td>0.916</td>
</tr>
</tbody>
</table>
Because no universally accepted standard exists for determining the number of factors to extract (Pett et al., 2003), I conducted a series of preliminary test factor analyses with two to six factors to determine how many factors to retain for the EFA (Costello & Osborne, 2005). Extracting three to six factors produced similar solutions, and I chose to extract three factors for the initial factor analysis consistent with the empirical results from parallel analysis (Henson & Roberts, 2006; Thompson, 2004). Extracting three factors also produced low residuals, lending further support to the retention of three factors (Thompson, 2004).

A test principal axis factor analysis with promax rotation of three factors indicated at least two factors were substantially correlated ($r > .32$). Therefore, an oblique rotation was appropriate (Tabachnick & Fidell, 2013). I ran another series of test principal axis factor analyses comparing promax versus direct oblimin rotations (Henson & Roberts, 2006), and the results of the promax rotation seemed to be somewhat more theoretically and conceptually clear than those of the direct oblimin. Promax is supported in the literature as a good option for an oblique rotation (Thompson, 2004).

For the final EFA, principal axis factor analysis using promax rotation to extract three factors was used to analyze the correlation matrix. The results of the initial factor solution revealed two items (7 and 24) with low communalities (Costello & Osborne, 2005) and somewhat low pattern and structure coefficients, indicating these items did not contribute substantially to the factor structure (Thompson, 2004). These items were deleted, and parallel analysis was conducted to determine the number of factors to extract in the next analysis.

Parallel analysis indicated four factors should be retained for analysis of the remaining 27 items. A second principal axis factor analysis was conducted with promax rotation while retaining four factors. Examination of the results indicated congruence-related items were spread
across factors and did not seem to have a conceptual fit with the factors on which they were loading. Furthermore, most of these items had communality coefficients less than .5, and all of the congruence-related items except for 47 and 50 had low pattern and structure coefficients. In the preliminary analyses and in the current analysis, 47 (I can tell how [name] feels) and 50 (I can tell what __ is thinking) tended to factor strongly with 18 (__ knows what I mean), 30 (__ understands how sad or mad I feel), and 53 ([name] knows how happy I feel). It seems possible that children’s developmental egocentrism, particularly through an abstract verbal medium (Scott, 2008), may have contributed to these five items factoring together. Furthermore, expert feedback lent support to the idea that the congruence-related items may not have been developmentally appropriate. Because of the low communalities and loadings, the lack of conceptual fit of these items with the other items on each factor and the likely developmental inappropriateness of the items, I chose to drop all congruence-related items from further analysis.

To achieve the goal of simplest structure (Thurstone, 1947), eight more principal axis factor analyses were conducted using promax rotation and extracting the number of factors indicated by parallel analysis (Worthington & Whittaker, 2006). For each factor analysis, a series of considerations helped determine items to delete before running parallel analysis and principal axis factor analysis again (Figure B.2.) For each analysis, the KMO statistic and Bartlett’s test of sphericity indicated the matrix was still factorable (Pett et al., 2003; Tabachnick & Fidell, 2013). If communality coefficients, pattern coefficients, and/or structure coefficients were low, the items were considered for deletion. Furthermore, if deletion of an item did not negatively impact Cronbach’s alpha, I considered removing the item (Pett et al., 2003). The theoretical and conceptual fit of the item on the factor(s) on which it loaded was also taken into account (Thompson, 2004). The correlation matrix for the final factor analysis can be found in Table C.3.
The resulting solution (Table C.4), which contained high communalities, high pattern and structure coefficients, and theoretically and conceptually clear factors, consisted of 15 items on three factors. Factor 1 accounted for 45.34% of the explained variance in the model. Factor 2 accounted for 6.04% of the explained variance, and Factor 3 accounted for 4.94% of the explained variance. All together, the factors accounted for 56.32% of the total variance explained by the model.
Table C.4

*Factor Pattern/Structure Matrix Rotated to the Promax Criterion*

<table>
<thead>
<tr>
<th>Variable</th>
<th>M</th>
<th>SD</th>
<th>Factor 1</th>
<th>Factor 2</th>
<th>Factor 3</th>
<th>( h^2 )</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>pattern</td>
<td>structure</td>
<td>pattern</td>
<td>structure</td>
<td>pattern</td>
<td>structure</td>
</tr>
<tr>
<td>1. likes me</td>
<td>3.65</td>
<td>.702</td>
<td>.794</td>
<td>.729</td>
<td>-.120</td>
<td>.425</td>
</tr>
<tr>
<td>5. kind to me</td>
<td>3.65</td>
<td>.757</td>
<td>.674</td>
<td>.725</td>
<td>-.066</td>
<td>.470</td>
</tr>
<tr>
<td>13. face glad to see me</td>
<td>3.69</td>
<td>.732</td>
<td>.809</td>
<td>.845</td>
<td>.058</td>
<td>.596</td>
</tr>
<tr>
<td>21. likes what I do</td>
<td>3.53</td>
<td>.808</td>
<td>.541</td>
<td>.679</td>
<td>-.074</td>
<td>.457</td>
</tr>
<tr>
<td>29. cares about me</td>
<td>3.62</td>
<td>.801</td>
<td>.598</td>
<td>.821</td>
<td>.154</td>
<td>.662</td>
</tr>
<tr>
<td>37. pays attention to me</td>
<td>3.56</td>
<td>.868</td>
<td>.562</td>
<td>.747</td>
<td>.197</td>
<td>.621</td>
</tr>
<tr>
<td>25. thinks I’m boring (rev)</td>
<td>3.66</td>
<td>.807</td>
<td>.663</td>
<td>.651</td>
<td>.226</td>
<td>.522</td>
</tr>
<tr>
<td>18. knows what I mean</td>
<td>3.20</td>
<td>.907</td>
<td>.207</td>
<td>.569</td>
<td>.419</td>
<td>.631</td>
</tr>
<tr>
<td>30. understands sad or mad</td>
<td>3.27</td>
<td>.983</td>
<td>-.082</td>
<td>.469</td>
<td>.773</td>
<td>.733</td>
</tr>
<tr>
<td>38. understands me</td>
<td>3.37</td>
<td>.950</td>
<td>.277</td>
<td>.635</td>
<td>.639</td>
<td>.762</td>
</tr>
<tr>
<td>53. understands happy</td>
<td>3.39</td>
<td>.909</td>
<td>.013</td>
<td>.475</td>
<td>.858</td>
<td>.766</td>
</tr>
<tr>
<td>3. if break toy, treats same</td>
<td>2.89</td>
<td>1.160</td>
<td>.122</td>
<td>.256</td>
<td>-.349</td>
<td>.064</td>
</tr>
<tr>
<td>11. likes me if bad mood</td>
<td>3.23</td>
<td>.931</td>
<td>.204</td>
<td>.604</td>
<td>.009</td>
<td>.500</td>
</tr>
<tr>
<td>31. likes me if noisy</td>
<td>3.05</td>
<td>1.055</td>
<td>-.081</td>
<td>.552</td>
<td>.246</td>
<td>.615</td>
</tr>
<tr>
<td>43. likes me if messy</td>
<td>2.90</td>
<td>1.185</td>
<td>-.165</td>
<td>.450</td>
<td>.203</td>
<td>.525</td>
</tr>
</tbody>
</table>

**Note:** Pattern coefficients greater than \(|.40|\) are in bold. Structure coefficients greater than \(|.60|\) (36% of the variance of the item is explained by the factor) are in bold. The eigenvalue of the fourth, unextracted factor was \(0.857\). \(h^2=\text{communality coefficient}\). (Rev) indicates item is reverse scored.
The means and standard deviations for the sum of scores for each of the factors and the total scale are presented in Table C.5. Factor 1 (Positive Regard) demonstrated the least variance and highest mean compared to the number of items on the factor. Factors 2 and 3 are more easily compared because they contain the same number of items. Children tended to score lower on Factor 3 and also had more variability in their responses than for Factors 1 or 2.

Table C.5

<table>
<thead>
<tr>
<th></th>
<th>M</th>
<th>SD</th>
<th>Number of Items</th>
</tr>
</thead>
<tbody>
<tr>
<td>Factor 1</td>
<td>25.36</td>
<td>4.30</td>
<td>7</td>
</tr>
<tr>
<td>Factor 2</td>
<td>13.23</td>
<td>3.01</td>
<td>4</td>
</tr>
<tr>
<td>Factor 3</td>
<td>12.07</td>
<td>3.36</td>
<td>4</td>
</tr>
<tr>
<td>Total</td>
<td>50.66</td>
<td>9.17</td>
<td>15</td>
</tr>
</tbody>
</table>

Factor Interpretation

For each factor, items were reviewed in the context of their contribution to concepts in person-centered theory to establish names. Four of the original experts were consulted in the interpretation of the factors. Factors 1 and 3 seemed to provide different aspects of the person-centered condition of unconditional positive regard. Factor 2 seemed most closely related to the person-centered concept of empathic understanding. Hereafter the factors are discussed in this order for conceptual clarity.

Factor 1 (Positive Regard) was viewed as an aspect of unconditional positive regard and was comprised of seven items that seemed to communicate children’s experience of feeling valued by the adult about whom they were asked. Items such as ___ cares about me, ___’s face is
glad to see me, and __ [does not] think I'm boring seem to indicate a sense of being considered worthwhile, important, and valued.

Factor 3 (Unconditional Acceptance) was conceptualized as being closely tied to Factor 1 in that it represents the unconditional aspect of unconditional positive regard. The four items on Factor 3 ask children about an action or attitude that people tend to perceive as negative. For example, __ likes me even if I am messy ask children about a characteristic about which children often receive negative messages. These items seemed to indicate the extent to which children felt their perceived negative behaviors or attitudes were accepted non-judgmentally by the counselor.

Factor 2 (Empathy) was comprised of four items that seemed to capture the child’s experience of having their meanings and feelings understood by the adult in question. This sense of being known indicates the adult has more than just a cognitive understanding of the personality of the child, but a deeper, affective knowledge of what it is like to be the child. Items such as __ understands me provide insight into the child’s feeling of being known.

Instrument Validation

The extensive use of adult and child experts provided a high degree of content validity for the instrument (Drummond & Jones, 2010). Results of the factor analysis also provided evidence of the construct-related validity of the instrument (Dimitrov, 2012; Gable & Wolfe, 1993). For an instrument to be valid it must be reliable (Singleton & Straits, 2005). The interviews, cognitive pretesting, and pilot testing during the initial development of the instrument also provided support for the reliability of the instrument because reliability is increased when participants clearly understand the instructions and the items. To further estimate the reliability of the instrument, I computed Cronbach’s alpha for the total score and each of the factors.
Cronbach’s alpha for the 15-item instrument was .911, indicating excellent internal consistency for the total score (Clark & Watson, 1995). Because Cronbach’s alpha is based on averages, it is not helpful in identifying specific items that are not highly correlated with others. Thus, examining inter-item correlations is necessary in assessing unidimensionality of the scale. Inter-item correlations are presented on Tables C.5, C.6, and C.7. Clark and Watson (1995) suggested average inter-item correlations should be between .15 and .50.

For Factor 1 (Positive Regard) Cronbach’s alpha was .896, indicating strong internal consistency. Inter-item correlations (Table C.6) ranged from .401 to .774 with a mean of .55, slightly higher than desired.

Table C.6

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>5</th>
<th>13</th>
<th>21</th>
<th>29</th>
<th>37</th>
</tr>
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<tbody>
<tr>
<td>5</td>
<td>.547</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>13</td>
<td>.615</td>
<td>.588</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>.559</td>
<td>.518</td>
<td>.486</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>29</td>
<td>.480</td>
<td>.661</td>
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<tr>
<td>37</td>
<td>.474</td>
<td>.516</td>
<td>.686</td>
<td>.520</td>
<td>.774</td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>.466</td>
<td>.448</td>
<td>.637</td>
<td>.401</td>
<td>.533</td>
<td>.419</td>
</tr>
</tbody>
</table>

*Note:* All correlations were statistically significant (*p*<.01).
For Factor 3 (Unconditional Acceptance) Cronbach’s alpha was .774, indicating acceptable internal consistency. Inter-item correlations (Table C.6) ranged from .321 to .635 with a mean of .47 which was in the acceptable range.

Table C.7

*Inter-item Correlations for Factor 3 (Unconditional Acceptance)*

<table>
<thead>
<tr>
<th></th>
<th>3</th>
<th>11</th>
<th>31</th>
</tr>
</thead>
<tbody>
<tr>
<td>11</td>
<td>.367</td>
<td></td>
<td></td>
</tr>
<tr>
<td>31</td>
<td>.354</td>
<td>.629</td>
<td></td>
</tr>
<tr>
<td>43</td>
<td>.321</td>
<td>.534</td>
<td>.635</td>
</tr>
</tbody>
</table>

*Note:* All correlations were statistically significant (*p*<.01).

For Factor 3 (Empathy) Cronbach’s alpha was .815, indicating good internal consistency. Inter-item correlations (Table C.8) ranged from .444 to .603 with a mean of .52, slightly higher than desired.

Table C.8

*Inter-item Correlations for Factor 2 (Empathy)*

<table>
<thead>
<tr>
<th></th>
<th>18</th>
<th>30</th>
<th>38</th>
</tr>
</thead>
<tbody>
<tr>
<td>30</td>
<td>.444</td>
<td></td>
<td></td>
</tr>
<tr>
<td>38</td>
<td>.569</td>
<td>.497</td>
<td></td>
</tr>
<tr>
<td>53</td>
<td>.451</td>
<td>.582</td>
<td>.603</td>
</tr>
</tbody>
</table>

*Note:* All correlations were statistically significant (*p*<.01).
APPENDIX D

EXTENDED DISCUSSION
The RIC was developed for use as a measure in testing the effects of the child’s perception of the relationship in outcome and process research. The instrument format, length of the instrument, and scoring methods are all appropriate for such research. In this section, the application of the RIC to person-centered theory as well as the psychometric properties of the instrument are discussed.

Application to Person-Centered Theory

This instrument has direct application to research in person-centered child counseling research as the factors are directly related to person-centered concepts. Although unconditional positive regard emerged as two factors, Positive Regard and Unconditional Acceptance, these factors are consistent with the multifaceted nature of unconditional positive regard discussed in the person-centered literature (Barrett-Lennard, 1998; Lietaer, 2001; Prouty, 2001). Factor 1, Positive Regard, is consistent with Prouty’s (2001) conceptualization of “love,” “care,” “valuing,” and “prizing” as aspects unconditional positive regard (pp. 79-80). Lietaer (2001) also saw unconditional positive regard as a “multidimensional concept,” one facet of which was positive regard, or the degree to which the counselor “values [the] client and welcomes [the client’s] coming, believes in [the client’s] potentialities and engages [the client] in a non-possession way.” (p. 88). These definitions are similar to Barrett-Lennard’s (1998) definition of level of regard, but emphasize a more affective component.

Another dimension of unconditional positive regard is the unconditional aspect of the condition, here represented by Factor 3 (Unconditional Acceptance). Prouty (2001) described this dimension of unconditional positive regard as “non-judgment” and defined it as the counselor seeing the person for who he or she is and not for the person’s problems (pp. 79). Lietaer (2001) described this aspect of unconditional positive regard as an experience in which
“the attitude of the counselor toward [the] client does not fluctuate as a function of either the emotional state or the behavior of [the] client” (p.88). Rogers (1951; 1957) believed that the experience of being accepted unconditionally by another person allowed an individual to dissolve conditions of worth and grow into a more fully functioning, integrated person. The unconditional nature of UPR is the differentiating factor in person-centered counseling (Friere, 2001), a theoretical argument that was supported by the results of the ANOVA comparing means of the scores for children in play therapy and non-therapeutic activity group. Two of the four Unconditional Acceptance items demonstrated a statistically significant difference with children in the play therapy group reporting higher levels of perceived unconditional acceptance. These results seem to provide some support that children in a humanistic-based play therapy relationship perceive higher levels of unconditional acceptance than children in non-therapeutic relationships. Because of the inequality of group sizes, results must be interpreted with caution. For the ANOVA comparing mean scores across number of sessions, inequality of groups as well as the small number of participants in some groups may have contributed to an absence of differences in scores based on number of sessions attended. However, the possibility exists that the relationship variables may be perceived early in the relationship, thus accounting for the similarity in scores across number of sessions.

Factor 2 (Empathy) is tied to the child’s experience of being known by the counselor. In the person-centered literature, empathy is defined as both a cognitive understanding of the other’s world and an affective experience of feeling the other person’s emotions (Tengland, 2001). Although items on this scale seem to address the cognitive level of understanding, presumably to feel understood a child also feels affective empathy. The difficulty of capturing
the full meaning of experiencing another person enter one’s world is apparent, but this scale does seem to capture a basic conceptualization of empathy.

The tie between empathy and unconditional positive regard has also been addressed in the person-centered literature with empathic understanding being viewed as a gateway to unconditional positive regard (Bozarth, 2001a). One cannot feel unconditional positive regard from another without feeling fully understood, or known, by that person. Another tie between empathy and unconditional positive regard is that, according to Roger’s (1957) sixth condition for change, these are two conditions that must be perceived by the client within the context of the other conditions for counseling to be impactful.

The condition of congruence bears mentioning as one of Rogers’ (1957) conditions that is noticeably absent in this instrument. Items intended to measure congruence were a topic of conversation among expert reviewers from the beginning. Experts expressed concern about children’s abilities to understand verbal items that asked them to respond from the perspective of another person. These concerns were validated in my subjective observations during administration of the instrument. I often noticed that children answered congruence-related items in the same way that they answered similar empathy-related items. For example, children often answered \[\text{name} \text{ knows what I am thinking}\] the same way that they answered \[I \text{ know what } \_ \_ \_ \text{ is thinking}\]. Children may have difficulty expressing the difference between being understood by someone or understanding someone. In addition, follow up questions frequently revealed that children could not verbalize what they thought the adult was thinking. For these reasons, I removed congruence-related items from the analysis. Thus, the absence of counselor congruence in this instrument does not necessarily convey the condition is not present or unimportant.
Rogers’ (1957) sixth condition of client perception applies to the RIC in that children’s responses to the items are a subjective assessment of the therapeutic relationship. The instrument measures the child’s perception of another person, and the view of self plays a role in the way a person views others and relationships. Furthermore, the child’s perception of the relationship may change throughout the course of counseling as the child’s view of self begins to change as a result of a positive therapeutic relationship (e.g. Rogers, 1961). Thus researchers who interpret the results of the instrument must recognize that the instrument measures a subjective perception, not a concrete reality.

Descriptive Statistics

Items on Factor 1 (Positive Regard) had the highest means and the least variability indicating most children may believe that adults generally care for them and like them. Therefore even a +1 or -1 on items for this scale may be important. Items on Factor 3 (Unconditional Acceptance) tended to have the lowest means and highest variance. One possibility is that children’s conditions of worth around these items may be particularly high due to societal standards of acceptable child behavior. Most children likely receive strong messages that noise or mess should be restrained. Therefore, counselors may need to provide high levels of unconditional positive regard for children to perceive something different than the social norm (e.g. that noise or mess make the child less ideal or acceptable). Items on Factor 2 (Empathy) tended to have means and variability that were between those of the other two factors. This finding suggests that feeling liked may be more common than feeling understood.

Psychometric Properties

The clear factor structure in which each item had a relatively high pattern coefficient for one factor and relatively low coefficients for other factors, indicate the validity of the RIC. The
extensive use of experts supports the content validity of the instrument. Cronbach’s alphas for the factors as well as the total score suggest that internal consistency and the unidimensionality of factors need improvement but seem adequate for a pilot instrument.

Participants in this study were an ethnically diverse sample of children, primarily represented by Caucasian, Hispanic, and African American individuals. The demographic makeup of the sample is representative of the area of the county in which the research was conducted, but may not be representative of other areas with, for example, higher Asian American or Native American populations. Although 6 to 9 year-olds were included in the study, the majority of children fell between 6 and 8 years of age, indicating more research may be needed for 9 year-olds.

Implications

The importance of the relationship is well accepted in the counseling field (Elvins & Green, 2008; Lambert & Barley, 2002), yet limited outcome research in child counseling addresses the therapeutic relationship. Adults can guess at the quality of child-counselor relationships, but who better to provide insight into the child’s experience than the child (Alderson, 2008)? However, until now, no current instrument existed to measure the child’s perspective in counseling relationships in a manner consistent with person-centered theory.

More research needs to be conducted that takes the therapeutic relationship into account (Weisz & Kazdin, 2010), but a lack of viable instruments has precluded such research. The RIC provides a needed tool for assessing the child’s perspective of the therapeutic relationship as a mediator of child counseling outcomes. A measure of the child’s perception of the relationship could also contribute to the field of child counseling by helping researchers explore how the
counseling process works through the examination of RIC scores along with other variables such as counselor experience, child demographics, or other variables of interest.

Future Research

Although the psychometric properties of the RIC indicate its potential for use in research, additional refinement of the instrument is needed. The development of additional items for Factor 1 (Positive Regard) and Factor 3 (Unconditional Acceptance) could help strengthen the reliability of the instrument and eliminate the possibility that items factored together because of similar wording. These items could be based on the current items and could avoid the difficulties of the items that were deleted. Once new items were added, the instrument would need to be tested on another sample and the results submitted to EFA procedures. Additional items might also help increase the contribution of Factors 2 and 3 to the explained variance accounted for by the model. Regardless of whether new items are added, the instrument would benefit from administration and factor analysis with a larger sample of children. Once a stronger instrument is established through EFA procedures, a confirmatory factor analysis would help confirm the validity of the RIC.

After a solid factor structure has been established through multiple studies, the instrument could be tested on different types of relationships, such as relationships with teachers, parents, and others. A comparison of means based on type of relationship could provide further insight into the results of this study that suggested differences exist between therapeutic and non-therapeutic relationships for Unconditional Acceptance. Larger studies would provide the statistical power needed for adequately assessing the question of whether differences on means exist between groups.
In addition to the child self-report, a system of coordinating instruments could be created that included an objective observer form and an adult self-report form. These forms could be used in conjunction to gain a better understanding of the role of relationship in child counseling. Furthermore, possible differences in scores or cognitive reasoning could be explored with children of different ages, sexes, or cultural backgrounds. If differences are found to exist between age groups, different forms of the instrument could be developed for different age groups.

Limitations

As in all research, this study had several limitations. One of the primary limitations relates to the difficulty in assessing abstract concepts with children who think in concrete terms. Instrument development procedures were intended to make the instrument as developmentally appropriate as possible by limiting answer choices to two options at a time (Scott, 2008) and attempting to keep the instrument grounded in experiences with which the child is familiar (Greene & Hill, 2005; Woodhead & Faulkner, 2008). However, the reality is that standardized questionnaires may not meet the developmental needs of children under the age of 11 years (Scott, 2008). Openheim (1992) emphasized the difficulty of using standardized instruments with individuals of any age. “In reality, questioning people is more like trying to catch a particularly elusive fish, by casting different kinds of bait at different depths, without knowing what is going on beneath the surface!” (p. 121). Friere and Grafanaki (2010) suggested that Rogers’ (1957) counselor-provided conditions may be nearly impossible to measure with any population. Therefore, given the constraints around the aim of this project, this instrument seems to be a valuable estimate of children’s experiences. Nevertheless, users must keep in mind that this
instrument is a best guess, or general approximation of the child’s perceptions of unconditional positive regard and empathic understanding.

Limitations also existed in the factor structure of the instrument. Congruence, theoretically one of the counselor provided conditions in person-centered theory, was eliminated during factor analytic procedures because the items did not fit clearly with other items on the factor. However, it is possible that difficulties with congruence in the instrument were an indication of children’s difficulty in perspective taking rather than an absence of congruence in the therapeutic relationship. An additional limitation to the factor structure is that the strongest loading items on Factor 2 (Empathy) are similar to one another in wording in that most use the word, “understand”. Similarly, three of the items in Factor 3 (Unconditional Acceptance) are worded almost identically except for the last word. The possibility exists that the factor structure is a result of similar wording of the items rather than a latent variable. The low percentage of variance accounted for by Factors 2 and 3 is another limitation to the instrument.

A 4-point Likert scale provides limited variability for responses, which can impact the usefulness of factor analysis (Gable & Wolfe, 1993). However, increasing the scaling of the Likert scale could be difficult for children given their developmental abilities. Furthermore, children’s responses were skewed positively, which further limited variability in the instrument.

Additional methods to increase validity and reliability are needed. Split-half reliability could be one useful way of measuring reliability if the number of items per subscale were increased (Singleton & Straits, 2005). Having an objective rater or utilizing counselor self-report could be helpful in providing a source of validity for the RIC. Because the RIC measures the child’s perception, the observer report or counselor self-report would not be expected to match the child’s report completely.
As with most research studies, a larger sample size of a normal distribution would contribute to the generalizability and strength of results. The sample size was adequate according to some estimations (Kline, 2000; Worthington & Whittaker, 2006), but not large enough according to others (Spicer, 2005). The sample also suffered from some problems with normality due to children’s tendencies to rate their counselors, school counselors, or group leaders positively. A larger sample size and asking children about a wider array of adult relationships might increase the normality of the data.

Conclusion

Most counselors agree that the therapeutic relationship plays an important role in counseling outcome (Elvins & Green, 2008; Gelso & Hayes, 1998), and some have called for the inclusion of relationship measures in outcome research in today’s emphasis on evidence-based studies (Weisz & Kazdin, 2010). Limited research exists on the impact of the relationship in child counseling. Examining the relationship in CCPT seems like a good place to start because the intervention has extensive empirical support, and it is based on person-centered counseling, an approach for which the relationship is considered the change agent (Landreth, 2012; Ray, 2011; Rogers, 1951, 1957). The RIC, an instrument grounded in person-centered theory can provide a tool for researchers who believe the child’s perspective on the counseling relationship is an important variable. Further refinement of the RIC is necessary to confirm the factor structure and improve the instrument’s reliability. However, the RIC appears to be a promising instrument for future use in child counseling research.
APPENDIX E

OTHER ADDITIONAL MATERIALS
University of North Texas Institutional Review Board

Informed Consent Form

Before agreeing to you and your child’s participation in this research study, it is important that you read and understand the following explanation of the purpose, benefits and risks of the study and how it will be conducted.

**Title of Study:** Children’s experience in the therapeutic relationship: Development and validation of a self-report measure.

**Investigator:** Katherine Purswell, MEd, LPC-Intern, University of North Texas (UNT) Department of Counseling and Higher Education. **Supervising Investigator:** Sue C. Bratton, PhD, LPC-S, RPT-S.

**Purpose of the Study:** You are being asked to allow your child to participate in a research study that involves creating an assessment to gain children’s experiences of the relationship in child counseling.

**Study Procedures:** Your child will be asked to complete a questionnaire that asks about your child’s relationship with his or her counselor. The questionnaire will take about 15 minutes to complete.

**Foreseeable Risks:** There are minimal foreseeable risks if you and your child participate in this study. It is possible your child might feel uneasy about going to another room to complete an assessment with a person your child does not know. If your child has a poor relationship with his or her counselor, your child might feel nervous about talking about the therapeutic relationship. Your child will always be allowed to discontinue the assessment at any time.

**Benefits to the Subjects or Others:** This study is not expected to be of any direct benefit to you or your child, but it is expected to contribute to research on child counseling. We anticipate that a better understanding of child perspectives on the therapeutic relationship will assist counselors in providing an optimal environment for children in counseling.

**Compensation for Participants:** None

**Procedures for Maintaining Confidentiality of Research Records:** All information will be kept in a locked filing cabinet at the Center for Play Therapy at the University of North Texas. Demographic information that is collected as part of this study will be given a code and kept separately from the participants’ names. At no time will yours or your child's name be associated with the results to the assessment. The confidentiality of yours and your child’s individual information will be maintained in any publications or presentations regarding this study.
Questions about the Study: If you have any questions about the study, you may contact Katherine Purswell at (940) 565-3864 or Dr. Sue Bratton at (940) 565-3864.

Review for the Protection of Participants: This research study has been reviewed and approved by the UNT Institutional Review Board (IRB). The UNT IRB can be contacted at (940) 565-3940 with any questions regarding the rights of research subjects.

Research Participants’ Rights: Your signature below indicates that you have read or have had read to you all of the above and that you confirm all of the following:

- Katherine Purswell has explained the study to you and answered all of your questions. You have been told the possible benefits and the potential risks and/or discomforts of the study.
- You understand that you do not have to allow your child to take part in this study, and your refusal to allow your child to participate or your decision to withdraw him/her from the study will involve no penalty or loss of rights or benefits. The study personnel may choose to stop your child’s participation at any time.
- You understand why the study is being conducted and how it will be performed.
- You understand your rights as the parent/guardian of a research participant and you voluntarily consent to yours and your child’s participation in this study.
- You have been told you will receive a copy of this form.

________________________________
Printed Name of Parent or Guardian

________________________________                                            ____________
Signature of Parent or Guardian                                     Date

For the Student Investigator or Designee: I certify that I have reviewed the contents of this form with the parent or guardian signing above. I have explained the possible benefits and the potential risks and/or discomforts of the study. It is my opinion that the parent or guardian understood the explanation.

______________________________________                                 _______
Signature of Student Investigator      Date
Child Assent Form

You are being asked to be part of a research project being done by the University of North Texas Department of Counseling and Higher Education.

This study involves you answering some questions about your relationship with your counselor or another important person in your life.

You will be asked to answer some questions that will take about 15 minutes.

If you decide to be part of this study, please remember you can stop participating any time you want to.

If you would like to be part of this study, please sign your name below.

__________________________                                _______________
Printed Name of Child      Date

__________________________                                _______________
Signature of Child          Date

__________________________                                _______________
Signature of Student Investigator       Date
Recruitment Flyer for Parents

Participate in Research?

**Purpose:** To develop an assessment to help counselors understand the importance of the relationship in play therapy.

**Time Commitment:** 5 minutes of your time; 20 minutes of your child’s time

**What:** You would fill out some basic information; your child would answer a questionnaire about his or her play therapist.

**Where:** Child and Family Resource Clinic or Child and Human Development Center

**When:** Immediately before your child’s session

If you are interested in you and your child participating in this study to advance our understanding of play therapy, please contact Katie Purswell at (940) 565-2066.
Open-Ended Interview Protocol for Phase I of Instrument Development

(This is a guide. Each child need not be asked every question.)

Empathy
- Sentence stems
  - I feel like ____ understands me when he/she...
  - I know ____ really gets me because he/she...
  - I feel like ___ can see what I’m feeling when he/she
- Reporter (need camera, microphone) or telephone (need telephone)
  - Hello Ma’am/Sir. I’m from the CXYZ News Agency. I’m doing a special report
    and was wondering if I could ask you some questions.
  - How old are you? What is your favorite color? Do you have any animals?
  - What is your favorite thing about play therapy?
  - Do you feel like _____ really understands you? How can you tell?
  - Do you think _____ gets what it is like to be you? What is an example of that?
  - Do you think _____ notices when your feelings are hurt or you are upset? When is
    a time that happened?
- Drawings (need paper, crayons/markers)
- Puppets (need puppets)

Congruence
- Sentence stems
  - I can tell ____ is his/her real self with me when he/she...
  - I can tell ____ isn’t showing his/her real feelings when he/she...
  - I’m not sure what _____ really wants when...
- Reporter (need camera, microphone) or telephone (need telephone)
  - Hello Ma’am/Sir. I’m from the CXYZ News Agency. I’m doing a special report
    and was wondering if I could ask you some questions.
  - How old are you? What is your favorite color? Do you have any animals?
  - What is your favorite thing about play therapy?
  - What do you think about _____?
  - Do you think _____ pretends, like an actor, and doesn’t show what he/she truly
    feels? How do you know?
  - Do you think _____ is his/her real self with you? Why/why not?
  - Do you ever feel like you have to guess what _____ really wants from you? Can
    you give an example?
- Drawings (need paper, crayons/markers)
- Puppets (need puppets)
Regard (level)
- Sentence stems
  o I can tell ____ likes me when...
  o I think ____ is friendly when...
  o I can tell ____ is annoyed with me when...
  o I know _____ is interested in me because he/she...
- Reporter (need camera, microphone) or telephone (need telephone)
  o Hello Ma’am/Sir. I’m from the CXYZ News Agency. I’m doing a special report and was wondering if I could ask you some questions.
  o How old are you? What is your favorite color? Do you have any animals?
  o What is your favorite thing about play therapy?
  o Do you think ___ likes you? How do you know?
  o Do you think ____ is happy to see you? What is an example?
  o What things does ____ do that let you know he/she is warm and friendly?
- Drawings (need paper, crayons/markers)
- Puppets (need puppets)

Unconditionality of Regard
- Sentence stems
  o I know ____ likes me even when I’m not behaving because...
  o I think ____ likes me better when I...
  o I can tell ___ likes me the same no matter what I do because he/she...
  o I don’t think _____ changes her mind about me no matter what I do because...
- Reporter (need camera, microphone) or telephone (need telephone)
  o Hello Ma’am/Sir. I’m from the CXYZ News Agency. I’m doing a special report and was wondering if I could ask you some questions.
  o How old are you? What is your favorite color? Do you have any animals?
  o What is your favorite thing about play therapy?
  o Are there times when ____ likes you better? What are they?
  o Are there times when ____ likes you worse? What are they?
  o Do you think ____ likes you the same all the time? How do you know?
- Drawings (need papers, crayons/markers)
- Puppets (need puppets)
Qualifications of Examiner

Administrators should have advanced training in child development, assessment administration, and rapport-building with children. They should also have had extensive experience with children in both counseling and non-counseling situations.

Prior to Administration

The assessment environment should be free from auditory, visual, and other distractions. To the extent possible, the environment should be as child-friendly as possible, including child-sized furniture and an element of privacy. The examiner should provide the following items for the child to use during instrument administration: pencil, pen, crayons, markers, two aggressive animal puppets, two friendly animal puppets, two pretend telephones, blank paper, and the assessment protocol, including the outline of the human face. Before administering the instrument, the examiner should write the name of the focus adult in the appropriate spaces in the “Directions” section. The focus adult is the individual about whom the child will be completing the items.

Administration Procedures

Developing rapport with children is important in helping them feel comfortable to complete the items honestly. The examiner should work to provide a non-threatening environment in which the child does not feel pressure to give the “right” answer. It may be helpful for the examiner to keep in mind that facilitating an open and accepting environment as well as showing empathy toward the child can make the assessment process more positive for the child as well as increase the accuracy of the assessment results. To accomplish this goal, the examiner might want to take 2 to 5 minutes to get to know the child before beginning the assessment procedure. The examiner might ask about the child’s favorite color, the child’s age, or what the child did earlier in the day. The examiner should be friendly with the child and sensitive to any concerns the child might have about completing the assessment. The examiner should answer any of the child’s questions about the purpose of the assessment or surrounding the confidentiality of the assessment as openly and honestly as possible.

Once the examiner has developed rapport with the child, he or she should read the directions at the top of the protocol aloud, allowing the child the opportunity to clarify any points of confusion. When indicated in the instructions, the examiner should give the child the human face outline and ask them to fill in facial features and hair to make it look like the focus adult. Children may continue to draw the adult or doodle, or they may stop drawing and read along with the examiner as the examiner reads each item aloud. The child may also choose to use the puppets or telephone to complete the items. Consistent with a child-centered perspective, the children could use the toys as they wished, and the administrator worked to sensitively respond to the child’s needs in the moment. For example, the administrator might follow a child’s lead to administer the items during a pretend phone call or through a puppet conversation, trusting that the child who initiated this kind of contact felt safer or more connected through the play media. Alternatively, the child might be drawn to a specific puppet which could serve as a conversation topic for rapport-building, particularly for anxious or uncertain children.
The examiner should read each item aloud and ensure that the child answers yes or no BEFORE they move on to the final statements. For example, the examiner should say, “___ likes me. Yes or No?” If a child responds “yes”, the examiner should ONLY read the child the two positive statements (“___ likes me a lot” and “___ likes me a little”).

Children may be given the option of marking their answers as the examiner reads the items aloud or the examiner may mark the child’s answers. If a child does not understand a word, the examiner may provide the child with a definition of that word. If a child replies he or she does not know the answer to an item, write DK for don’t know and temporarily skip the item. At the end of the assessment come back to the skipped items and encourage the child to complete the item “IF it were true”. For example, if a child says, “I never get mad” in response to “___ gets mad at me if I get mad at her”, reply, “What do you think the answer would be IF you got mad at her.” It is important to skip the items and then come back to them at the end. If the examiner forces a child to respond even when he or she answers, “don’t know” the child will likely believe “don’t know” is an incorrect response and start guessing at answers. Thus, the examiner will lose important information. After the assessment, the examiner can look at the DK answers to assess whether the child seemed to really not know or seemed to answer DK to items he or she felt negatively about, for example. The examiner should also make a note on the assessment protocol if the child refused to answer an item or if the child said the item was difficult or looked confused. Attention to such anecdotal responses can help establish the extent to which the instrument is valid for that administration to that child.

If the child appears highly anxious prior to the initial administration and the examiner is unable to help the child feel more comfortable at that time, the examiner should postpone the administration of the instrument to another day if possible. If a child becomes oppositional during the administration of the assessment, the examiner may want to make a deal with the child or give the child appropriate choices about what will happen next in the assessment process. For example, the examiner might make a deal with the child to take a jumping jack break after the next five items or may give the child the choice of completing five or eight items before going to get a drink from the water fountain.

**Scoring Procedures**

Each item has a potential score of +2, +1, -1, or -2, in that order. The most strongly positive “yes” response should be scored as +2. The moderate “yes” response should be scored as a +1. The moderate “no” response should be scored as a -1 and the most strongly negative response should be scored as a -2. Transfer the child’s score on each item to the appropriate cell on the scoring sheet. **Item 25 should be reverse-scored** (i.e. the sign should be changed as it is entered into the scoring sheet). To determine the score of each subscale, find the total of each column. To calculate the total score, add each subscale together.
Pilot Instrument Scoring Sheet (Adapted from Barrett-Lennard, 1997)

Child’s name: _____________________ Date administered: ______________

Adult’s name: _____________________

<table>
<thead>
<tr>
<th>Level of Regard (R)</th>
<th>Empathy (E)</th>
<th>Unconditionality (U)</th>
<th>Congruence (C)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>2.</td>
<td>3.</td>
<td>4.</td>
</tr>
<tr>
<td>5.</td>
<td>6.</td>
<td>7.</td>
<td>8.</td>
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<tr>
<td>9.</td>
<td>10.</td>
<td>11.</td>
<td>12.</td>
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<td>13.</td>
<td>14.</td>
<td>15.</td>
<td>16.</td>
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<tr>
<td>17.</td>
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<td>18.</td>
<td>19.</td>
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<tr>
<td>21.</td>
<td>22.</td>
<td>23.</td>
<td>24.</td>
</tr>
<tr>
<td>25.</td>
<td>--</td>
<td>26.</td>
<td>27.</td>
</tr>
<tr>
<td>29.</td>
<td>30.</td>
<td>31.</td>
<td>32.</td>
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<tr>
<td>33.</td>
<td>34.</td>
<td>35.</td>
<td>36.</td>
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<tr>
<td>37.</td>
<td>38.</td>
<td>39.</td>
<td>40.</td>
</tr>
<tr>
<td>41.</td>
<td>42.</td>
<td>43.</td>
<td>44.</td>
</tr>
<tr>
<td>45.</td>
<td>x</td>
<td>x</td>
<td>46.</td>
</tr>
<tr>
<td>48.</td>
<td>x</td>
<td>x</td>
<td>49</td>
</tr>
<tr>
<td>51</td>
<td>x</td>
<td>x</td>
<td>46</td>
</tr>
<tr>
<td>53</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
</tbody>
</table>

R score ➔  E score ➔  U score ➔  C score ➔
<table>
<thead>
<tr>
<th>Item</th>
<th>Scale</th>
<th>Item</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>R</td>
<td>____ likes me.</td>
<td>____ likes me a lot.</td>
<td>____ does not like me very much.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>____ likes me a little</td>
<td>____ does not like me at all.</td>
</tr>
<tr>
<td>2</td>
<td>E</td>
<td>____ knows what things I care about.</td>
<td>____ knows everything I care about.</td>
<td>____ does not know very many things I care about.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>____ knows some things I care about.</td>
<td>____ does not know anything I care about.</td>
</tr>
<tr>
<td>3</td>
<td>U</td>
<td>If I break a toy, ____ treats me the same.</td>
<td>If I break a toy, ____ always treats me the same.</td>
<td>If I break a toy, ____ never treats me the same.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>If I break a toy, ____ sometimes treats me the same.</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>C</td>
<td>I know how ____ feels about me.</td>
<td>I know a lot about how ____ feels about me.</td>
<td>I do not know very much about how ____ feels about me.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>I know a little bit about how ____ feels about me.</td>
<td>I have no idea how ____ feels about me.</td>
</tr>
<tr>
<td>5</td>
<td>R</td>
<td>____ is kind to me.</td>
<td>____ is very kind to me.</td>
<td>____ is not kind to me.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>____ is a little bit kind to me.</td>
<td>____ is not very kind to me.</td>
</tr>
<tr>
<td>6</td>
<td>E</td>
<td>____ says my feelings wrong.</td>
<td>____ always says my feelings wrong.</td>
<td>____ does not say my feelings wrong very often.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>____ sometimes says my feelings wrong.</td>
<td>____ never says my feelings wrong.</td>
</tr>
<tr>
<td>7</td>
<td>U</td>
<td>If I get mad at ____, s/he gets mad at me.</td>
<td>If I get mad at ____, s/he always gets mad at me.</td>
<td>If I get mad at ____, s/he never gets mad at me.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>If I get mad at ____, s/he sometimes gets mad at me.</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>C</td>
<td>____ pretends to like me.</td>
<td>____ always pretends to like me.</td>
<td>____ hardly ever pretends to like me.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>____ sometimes pretends to like me.</td>
<td>____ never pretends to like me.</td>
</tr>
<tr>
<td>9</td>
<td>R</td>
<td>____ likes seeing me.</td>
<td>____ likes seeing me a lot.</td>
<td>____ does not like seeing me very much.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>____ likes seeing me a little.</td>
<td>____ does not like seeing me at all.</td>
</tr>
<tr>
<td></td>
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<tr>
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<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>E</td>
<td>*** knows how I feel about things.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>*** knows how I feel about a lot of things.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>*** knows how I feel about some things.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>*** does not know how I feel about many things.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>*** does not know how I feel about anything.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>U</td>
<td>*** likes me even if I am in a bad mood.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>*** likes me a lot even if I am in a bad mood.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>*** likes me a little bit even if I am in a bad mood.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>*** does not like me very much if I am in a bad mood.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>*** does not like me at all if I am in a bad mood.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>C</td>
<td>If *** gets hurt, s/he lets me know.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>If *** gets hurt s/he always lets me know.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>If *** gets hurt, s/he sometimes lets me know.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>If *** gets hurt, s/he does not let me know very often.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>If *** gets hurt, s/he never lets me know.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>R</td>
<td>***'s face shows s/he is glad to see me.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>***'s face shows s/he is very glad to see me.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>***'s face shows s/he is a little glad to see me.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>***'s face shows s/he is not very glad to see me.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>***'s face shows s/he is not glad to see me at all.</td>
<td></td>
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<tr>
<td>14</td>
<td>E</td>
<td>*** knows what it is like to be me.</td>
<td></td>
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<tr>
<td></td>
<td>Yes</td>
<td>*** always knows what it is like to be me.</td>
<td></td>
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<tr>
<td></td>
<td>Yes</td>
<td>*** sometimes knows what it is like to be me.</td>
<td></td>
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<tr>
<td></td>
<td>No</td>
<td>*** does not know very much about what it is like to be me.</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>No</td>
<td>*** does not know what it is like to be me at all.</td>
<td></td>
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<tr>
<td>15</td>
<td>U</td>
<td>If I feel sad, ** likes me.</td>
<td></td>
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<tr>
<td></td>
<td>Yes</td>
<td>If I feel sad, ** likes me a lot.</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Yes</td>
<td>If I feel sad, ** likes me a little bit.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>If I feel sad, ** does not like me very much.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>If I feel sad, ** does not like me at all.</td>
<td></td>
<td></td>
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<tr>
<td>16</td>
<td>C</td>
<td>** says what s/he means.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>** always says what s/he means.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>** sometimes says what s/he means.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>** does not say what s/he means very often.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>** never says what s/he means.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>R</td>
<td>** is annoyed by me.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>** is very annoyed by me.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>** is a little annoyed by me.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>** is not very annoyed by me.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>** is not annoyed by me at all.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>E</td>
<td>** knows what I mean.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>** always knows what I mean.</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Yes</td>
<td>** sometimes knows what I mean.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>** does not know what I mean very often.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>** never knows what I mean.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>U</td>
<td>** likes me better when I do what s/he wants.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>** likes me a lot better when I do what s/he wants.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>** likes me a little better when I do what s/he wants.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>** likes me almost the same no matter what I do.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>** likes me exactly the same no matter what I do.</td>
<td></td>
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<td><strong>20</strong></td>
<td><strong>21</strong></td>
<td><strong>22</strong></td>
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</tr>
<tr>
<td></td>
<td>C</td>
<td>___ tells me things that are not really true.</td>
<td>Yes</td>
<td>___ always tells me things that are not really true.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>No</td>
<td>___ sometimes tells me the truth.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>No</td>
<td>___ does not like what I do very much.</td>
</tr>
<tr>
<td></td>
<td>E</td>
<td>___ ignores my feelings.</td>
<td>Yes</td>
<td>___ always ignores my feelings.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>No</td>
<td>___ does not ignore my feelings very often.</td>
</tr>
<tr>
<td></td>
<td>U</td>
<td>If I break a rule, ___ gets mad at me.</td>
<td>Yes</td>
<td>If I break a rule, ___ always gets mad at me.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>No</td>
<td>If I break a rule, ___ does not get mad at me very often.</td>
</tr>
<tr>
<td></td>
<td>C</td>
<td>___ lets me know what s/he really thinks about me.</td>
<td>Yes</td>
<td>___ always lets me know what s/he really thinks about me.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>No</td>
<td>___ does not let me know what s/he thinks about me very often.</td>
</tr>
<tr>
<td></td>
<td>R</td>
<td>___ thinks I am boring.</td>
<td>Yes</td>
<td>___ thinks I am very boring.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>No</td>
<td>___ does not think I am very boring.</td>
</tr>
<tr>
<td></td>
<td>E</td>
<td>___ pays attention to me if I am talking.</td>
<td>Yes</td>
<td>___ pays a lot of attention if I am talking.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>No</td>
<td>___ does not pay very much attention if I am talking.</td>
</tr>
<tr>
<td></td>
<td>U</td>
<td>___ likes a few things about me.</td>
<td>Yes</td>
<td>___ does not like anything about me.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>No</td>
<td>___ DOES like a lot of things about me.</td>
</tr>
<tr>
<td></td>
<td>C</td>
<td>I can tell by ___’s face if I bother her/him.</td>
<td>Yes</td>
<td>I can always tell by ___’s face if I bother her/him.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>No</td>
<td>Sometimes I cannot tell by ___’s face if I bother her/him.</td>
</tr>
<tr>
<td></td>
<td>R</td>
<td>___ cares about me.</td>
<td>Yes</td>
<td>___ cares about me a lot.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>No</td>
<td>___ does not care about me very much.</td>
</tr>
<tr>
<td>30</td>
<td>E</td>
<td>___ understands how sad or mad I feel.</td>
<td>Yes</td>
<td>___ always understands how sad or mad I feel.</td>
</tr>
<tr>
<td>31</td>
<td>U</td>
<td>___ likes me even if I am noisy.</td>
<td>Yes</td>
<td>___ always likes me even if I am noisy.</td>
</tr>
<tr>
<td>32</td>
<td>C</td>
<td>I am sure what ___ thinks about me.</td>
<td>Yes</td>
<td>I am very sure what ___ thinks about me.</td>
</tr>
<tr>
<td>33</td>
<td>R</td>
<td>___ is nice to me.</td>
<td>Yes</td>
<td>___ is always nice to me.</td>
</tr>
<tr>
<td>34</td>
<td>E</td>
<td>___ seems confused by me.</td>
<td>Yes</td>
<td>___ always seems confused by me.</td>
</tr>
<tr>
<td>35</td>
<td>U</td>
<td>___ only likes me if I do something nice.</td>
<td>Yes</td>
<td>The only time ___ likes me is if I do something nice.</td>
</tr>
<tr>
<td>36</td>
<td>C</td>
<td>___ tells me things that are true.</td>
<td>Yes</td>
<td>___ always tells me things that are true.</td>
</tr>
<tr>
<td>37</td>
<td>R</td>
<td>___ pays attention to me.</td>
<td>Yes</td>
<td>___ pays a lot of attention to me.</td>
</tr>
<tr>
<td>38</td>
<td>E</td>
<td>___ understands me.</td>
<td>Yes</td>
<td>___ always understands me.</td>
</tr>
<tr>
<td>39</td>
<td>U</td>
<td>___ tells me, &quot;Good job!&quot; if I do something s/he likes.</td>
<td>Yes</td>
<td>___ always tells me, &quot;Good job!&quot; if I do something s/he likes.</td>
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<tr>
<td>40</td>
<td>C</td>
<td>I can tell by ___'s face if s/he is happy.</td>
<td></td>
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<tr>
<td></td>
<td>Yes</td>
<td>I can always tell by ___'s face if s/he is happy.</td>
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<td></td>
<td></td>
<td>I can sometimes tell by ___'s face if s/he is happy.</td>
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<tr>
<td></td>
<td>No</td>
<td>Sometimes I cannot tell by ___'s face if s/he is happy.</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>I can never tell by ___'s face if s/he is happy.</td>
<td></td>
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<tr>
<td>41</td>
<td>R</td>
<td>___ believes I can figure things out.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>___ always believes I can figure things out.</td>
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<td></td>
<td></td>
<td>___ sometimes believes I can figure things out.</td>
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<tr>
<td></td>
<td>No</td>
<td>___ does not believe I can figure things out very often.</td>
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<tr>
<td></td>
<td></td>
<td>___ never believes I can figure things out.</td>
<td></td>
<td></td>
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<tr>
<td>42</td>
<td>E</td>
<td>___ knows what I am thinking.</td>
<td></td>
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<tr>
<td></td>
<td>Yes</td>
<td>___ always knows what I am thinking.</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>___ sometimes knows what I am thinking.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>___ does not know what I am thinking very often.</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>___ never knows what I am thinking.</td>
<td></td>
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<tr>
<td>43</td>
<td>U</td>
<td>___ likes me even if I am messy.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>___ always likes me even if I am messy.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>___ sometimes likes me even if I am messy.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>___ does not like me very much if I am messy.</td>
<td></td>
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<td></td>
<td></td>
<td>___ does not like me at all if I am messy.</td>
<td></td>
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<tr>
<td>44</td>
<td>C</td>
<td>___ means what s/he says.</td>
<td></td>
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<tr>
<td></td>
<td>Yes</td>
<td>___ always means what s/he says.</td>
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<tr>
<td></td>
<td></td>
<td>___ sometimes means what s/he says.</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>No</td>
<td>___ does not mean what s/he says very often.</td>
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<td></td>
<td></td>
<td>___ never means what s/he says.</td>
<td></td>
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<tr>
<td>45</td>
<td>R</td>
<td>___ thinks I know how to do things for myself.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>___ always thinks I know how to do things for myself.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>___ sometimes thinks I know how to do things for myself.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>___ does not think I know how to do things for myself very often.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>___ never thinks I know how to do things for myself.</td>
<td></td>
<td></td>
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<tr>
<td>46</td>
<td>U</td>
<td>___ likes me even if I am happy.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>___ always likes me if I am happy.</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>___ sometimes likes me if I am happy.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>___ does not like me very much if I am happy.</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>___ never likes me if I am happy.</td>
<td></td>
<td></td>
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<tr>
<td>47</td>
<td>C</td>
<td>I can tell how ___ feels.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>I can always tell how ___ feels.</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>I can sometimes tell how ___ feels.</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>No</td>
<td>I cannot tell how ___ feels very often.</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>I can never tell how ___ feels.</td>
<td></td>
<td></td>
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<tr>
<td>48</td>
<td>R</td>
<td>___ thinks I can do things on my own.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>___ always thinks I can do things on my own.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>___ sometimes thinks I can do things on my own.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>___ does not think I can do things on my own very often.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>___ never thinks I can do things on my own.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>49</td>
<td>U</td>
<td>___ likes me all the time no matter what.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>___ always likes me no matter what.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>___ sometimes likes me no matter what.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>___ does not like me very much.</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>___ never likes me.</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td>I can trust ___</td>
<td>Yes</td>
<td>I can always trust ___</td>
</tr>
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</tr>
<tr>
<td>52</td>
<td>C</td>
<td>I can trust ___</td>
<td>Yes</td>
<td>I can always trust ___</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>I can sometimes trust ___</td>
</tr>
<tr>
<td>53</td>
<td>R</td>
<td>___ understands how happy I feel.</td>
<td>Yes</td>
<td>___ always understands how happy I feel.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>___ sometimes understands how happy I feel.</td>
</tr>
<tr>
<td>51</td>
<td>R</td>
<td>___ believes in me.</td>
<td>Yes</td>
<td>___ always believes in me.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>___ sometimes believes in me.</td>
</tr>
<tr>
<td>50</td>
<td>C</td>
<td>I can tell what ___ is thinking.</td>
<td>Yes</td>
<td>I can always tell what ___ is thinking.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>I can sometimes tell what ___ is thinking.</td>
</tr>
</tbody>
</table>
Outline of a Human Face
Final 15-Item Instrument  
(original numbering preserved for clarity)

Name: _________________________

Date of Administration: ___________

Birth date:______________________

Relationship Inventory

**Directions:** You might feel differently about some people than you do about others. I am going to ask you some questions to find out how you feel about ______________. First, please draw the hair and face for _______.       (adult name)

Now you may choose to keep drawing, use the other toys, or just listen while you answer the questions. For each question you will first answer YES or NO. Then you will choose which of the next two statements is most true for you. There are no right or wrong answers. It’s just what you think.

Please think about ____________ while you answer the questions. Do you have any questions? Are you ready?
1. ___ likes me.

   - Yes
     - ___ likes me a lot.
     - ___ likes me a little.
     - ___ does not like me very much.
     - ___ does not like me at all.
   - No

3. If I break a toy, ___ treats me the same.

   - Yes
     - If I break a toy, ___ always treats me the same.
     - If I break a toy, ___ sometimes treats me the same.
     - If I break a toy, ___ does not treat me the same very often.
     - If I break a toy, ___ never treats me the same.
   - No

5. ___ is kind to me.

   - Yes
     - ___ is very kind to me.
     - ___ is a little bit kind to me.
     - ___ is not very kind to me.
     - ___ is not kind to me at all.
   - No
11. ___ likes me even if I am in a bad mood.
   - Yes
     - ___ likes me a lot even if I am in a bad mood.
     - ___ likes me a little bit even if I am in a bad mood.
   - No
     - ___ does not like me very much if I am in a bad mood.
     - ___ does not like me at all if I am in a bad mood.

13. ___'s face shows s/he is glad to see me.
   - Yes
     - ___'s face shows s/he is very glad to see me.
     - ___'s face shows s/he is a little glad to see me.
   - No
     - ___'s face shows s/he is not very glad to see me.
     - ___'s face shows s/he is not glad to see me at all.

18. ___ knows what I mean.
   - Yes
     - ___ always knows what I mean.
     - ___ sometimes knows what I mean.
   - No
     - ___ does not know what I mean very often.
     - ___ never knows what I mean.
21. ___ likes what I do.

Yes
- □ ___ likes what I do a lot.
- □ ___ likes what I do a little bit.

No
- □ ___ does not like what I do very much.
- □ ___ does not like what I do at all.

25. ___ thinks I am boring.

Yes
- □ ___ thinks I am very boring.
- □ ___ thinks I am a little boring.

No
- □ ___ does not think I am very boring.
- □ ___ does not think I am boring at all.

29. ___ cares about me.

Yes
- □ ___ cares about me a lot.
- □ ___ cares about me a little.

No
- □ ___ does not care about me very much.
- □ ___ does not care about me at all.
30. ___ understands how sad or mad I feel.

Yes
- ___ always understands how sad or mad I feel.
- ___ sometimes understands how sad or mad I feel.
- ___ does not understand how sad or mad I feel very often.

No
- ___ never understands how sad or mad I feel.

31. ___ likes me even if I am noisy.

Yes
- ___ always likes me even if I am noisy.
- ___ sometimes likes me even if I am noisy.

No
- ___ does not like me very much if I am noisy.
- ___ does not like me at all if I am noisy.

37. ___ pays attention to me.

Yes
- ___ pays a lot of attention to me.
- ___ pays attention to me a little.

No
- ___ does not pay very much attention to me.
- ___ does pay attention to me at all.
38. ___ understands me.

Yes

☐ ___ always understands me.

☐ ___ sometimes understands me.

☐ ___ does not understand me very often.

☐ ___ never understands me.

No

43. ___ likes me even if I am messy.

Yes

☐ ___ always likes me even if I am messy.

☐ ___ sometimes likes me even if I am messy.

☐ ___ does not like me very much if I am messy.

☐ ___ does not like me at all if I am messy.

No

53. ___ understands how happy I feel.

Yes

☐ ___ always understands how happy I feel.

☐ ___ sometimes understands how happy I feel.

☐ ___ does not understand how happy I feel very often.

☐ ___ never understands how happy I feel.

No
Scoring Form for 15-Item Instrument

<table>
<thead>
<tr>
<th>Positive Regard</th>
<th>Empathy</th>
<th>Unconditionality of Regard</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
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<tr>
<td>5.</td>
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<td>13.</td>
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<td>21.</td>
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<tr>
<td>25. (reverse)</td>
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<tr>
<td>29.</td>
<td>30.</td>
<td>31.</td>
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<tr>
<td>37.</td>
<td>38.</td>
<td>43.</td>
</tr>
<tr>
<td>PR score</td>
<td>E score</td>
<td>UR score</td>
</tr>
</tbody>
</table>

Total Score: _______
COMPREHENSIVE REFERENCE LIST


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*Psychotherapy relationships that work: Therapist contributions and responsiveness to patients* (pp. 3-16). New York, NY: Oxford University Press.


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