

# The Effect of Kinder Therapy on Improvement of Teachers' Interaction of Toddlers' Problem Behavior

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## ABSTRACT

The purpose of this study was to develop kinder teacher treatment play therapy for kindergarten children. SPSS version 22.0 for Windows was used for data analysis to develop kinder teacher treatment play therapy for kindergarten children. Among nonparametric statistical methods, the Mann-Whitney U Test and the Wilcoxon Signed-Rank Test were conducted. The results of this study are summarized as follows. Kinder therapy had a positive effect on the improvement of teachers' interaction. The difference between the pretest and the posttest showed that their positive and permissive interactions improved and that their punitive and detached interactions decreased. This study shows that it is difficult to generalize the result by participation by a small number of people, but it is proved that kinder therapy is effective in improving teacher interaction ability and reducing kinder's problem behavior in a childcare center.

**Keywords:** *Kindergarten Teacher, Therapy Play, Interaction, Teacher Treatment, child-centered therapy*

## Introduction

The crucial importance of the role of child-care teachers has been recognized, as their roles do not simply include taking care of infants but also clearly influence their secure attachment as well as development. The infancy of one's first year in life is absolutely the most important period for him or her. Still, many nursery teachers spending much time with infants in daycare centers might not be knowledgeable enough of the infancy, perhaps because most of them are mainly trained for taking care of toddlers<sup>[1,2]</sup>.

As for child-care facilities, the number one reason for leaving child-care centers is not any environmental issue such as inconvenience of transportation or moving of the household but children's maladjustment. Such maladjustment might be attributable to a variety of factors, but the most important one would be teachers' teaching method dealing with the initial stage of infants' maladjustment behavior<sup>[3,4]</sup>. Their maladjustment

would involve maladjustment behavior such as crying, whining, pestering, refusing to eat and having difficulty in going to sleep, and problem behavior such as biting and beating<sup>[5,6]</sup>. It is thus necessary that effective and practical programs be developed in order to train teacher play therapy.

Play therapy has been used as a psychological treatment for children having difficulty in getting adjusted to child-care facilities. The agent of the therapists has recently expanded to include childcare teachers as well as licensed play therapists thanks to Kinder Therapy, which is performed, on the basis of child-oriented play therapy, by teachers at childcare institutions<sup>[7]</sup>. To meet the current needs of society, it is required that the educational program of Kinder Therapy be designed to prevent problems rather than provide treatments for various problems that would happen at childcare centers.

Since Kinder Therapy was first introduced in 1999, the therapy has been investigated as an educational method, not as a professional therapeutic one, that would help those children having difficulty in getting adjusted to childcare facilities. However, this type of therapy has been recently recognized as an effective program that can generalize teachers' attitude and, as a consequence, can be generally applied to any child as well as those with problem behavior to prevent him or her from having social and emotional problems.

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Kinder Therapy is one of the techniques to solve problems that teachers face in classroom settings. Using this method, teachers are expected to take the role of therapists<sup>[8]</sup>.

Kinder Therapy performed for maladjusted children aimed to build up generalization in teachers' emphatic and receptive attitude as well as change in the children's emotional stability and problem behavior<sup>[8,9]</sup>. [10]'s view that teachers' therapeutic role can be an effective remedy to children's social and emotional problem behavior, and claimed that therapeutic approaches can apply to any child at any level of educational institutions for pre-schoolers. Kinder Therapy helped solve maladjusted children's emotional problems and increase their sociality, and produced a positive change in their relationship with teachers and improved quality of life at kindergarten<sup>[11]</sup>. It might be concluded that Kinder Therapy can be effectively used as a preventive program for emotional problem behavior.

The current research aims to show that Kinder Therapy is expected to help improve the quality of childcare, reduce toddlers' problem behavior by securing their emotional stability and trust. We also expect for the therapy to help children get well adjusted, reduce their problem behavior and have balanced social relationship with others. For that purpose, a set of 10 sessions of teacher-children play therapy was developed in order to identify how the therapy would improve teachers' interaction and teacher-children problem behavior, and what their interaction between teachers and children are like through Kinder Therapy.

**Method**

**Research Participants:** The current research proceeded with an experimental group of 8 teachers and 8 toddlers and a control group of the same number of subjects attending at 10 childcare institutions located in Seoul, Korea. The purpose of the research was well explained to the children's parents and we received agreement to participate in the project from the teachers and parents. All the teachers had at least 3 years of teaching experience. The ages of the children ranged from 19 months to 29 months and each group consisted of 4 male and 4 female.

**Research Tools:** To measure caregivers' interaction, Arnett's(1989) Caregiver Interaction Scale(CIS), which was translated and slightly modified in <sup>[4]</sup>, was adopted for the current research. The scale consists of a set of

26 measurement items, which can be grouped into four categories of positive interaction, punitive interaction, detached interaction and permissive interaction. Cronbach's  $\alpha$  for the scale was obtained at .70-.80.

<sup>[7]</sup>slightly revised version of Toddler Behavior Checklist(TBC) was adopted to measure toddlers' problem behavior. The scale consisted of a set of 51 measurement items. The scale consists of 51 measurement items, which were grouped into five categories of aggressive behavior, defiant behavior, emotional instability, immature behavior and withdrawn behavior. Each item was measured on a four-point Likert scale. Cronbach's  $\alpha$  for each of the five categories was obtained at .80-.95.

**Data Analysis:** Based on preliminary results, a set of 10 sessions of teacher-children play therapy program. Since the number of cases in this study—8 in the experimental group and 8 in the control group—is hard to meet the assumption of regular distribution for measurements, a non-parametric statistical method, which requires no basic assumption of regular distribution, was used. SPSS version 22.0 for Windows was used for data analysis to verify the effects of the training program. Among nonparametric statistical methods, the Mann-Whitney U Test and the Wilcoxon Singed-Rank Test were conducted. The results of this study are summarized as follows.

**Results**

**Test of Homogeneity:** Wilcoxon signed rank test is more powerful than sign test when paired two group's difference verification.

$$Z = \frac{T - \frac{N(N+1)}{4}}{\sqrt{\frac{N(N+1)(2N+1)}{N-1}}} \dots(\text{equation 1})$$

Mann-Whitney U test is used because of simplification of test.

$$U_1 + U_2 = n_1n_2 + n_1n_2 + \frac{n_1(n_1+1)}{2} + \frac{n_2(n_2+1)}{2} = (\Sigma^{R_1} + \Sigma^{R_2}) \dots(\text{equation 2})$$

$$n_1n_2 + \frac{n_1(n_1+1)}{2} + \frac{n_2(n_2+1)}{2} = \Sigma^{R_1} + \Sigma^{R_2} = T \dots(\text{equation 3})$$

so,

$$U_1 + U_2 = n_1n_2 \dots(\text{equation 4})$$

**Table 1: Homogeneity of the two groups in teachers' interaction**

	Group	N	Mean rank	Rank sum	Mann-Whitney U	Z	p
Positive Interaction	Experimental	8	8.75	70.00	30.000	-.212	.832
	Control	8	8.25	66.00			
Punitive Interaction	Experimental	8	9.63	77.00	23.000	-.953	.341
	Control	8	7.38	59.00			
Detached Interaction	Experimental	8	9.56	76.50	23.500	-.939	.348
	Control	8	7.44	59.50			
Permissive Interaction	Experimental	8	6.75	54.00	18.000	-1.526	.127
	Control	8	10.25	82.00			

The data shows that the mean ranks of positive interaction of the experimental group and the control group were obtained at 8.75 and 8.25, respectively, which were not significantly different [Table 1]. Thus, it might be assumed that their positive interaction level of the teachers of the two groups was approximately the same. Also, as shown in [Table 2], their punitive interaction, detached interaction and permissive interaction as well as positive interaction were not significantly different.

**Table 2: Homogeneity of the two groups in problem behavior**

	Group	N	Mean rank	Rank sum	Mann-Whitney U	Z	p
Total problem behavior	Experimental	8	10.13	81.00	19.000	-1.367	.172
	Control	8	6.88	55.00			

As illustrated the mean rank of the experimental group and the control group was obtained at 10.13 and 6.88, respectively, which shows that there was no significant difference. This indicates that the homogeneity of the two groups was secured before the therapy was implemented [Table 2].

#### **Effect of Kinder Therapy on Teachers' Interactions:**

An analysis was made of the effect of Kinder Therapy on the teachers' reciprocal interaction by identifying the difference between the pre-test and post-test of the experimental and the control groups. It was found, as illustrated that positive and permissive interaction improved in the post-test than in the pre-test, whereas punitive interaction and detached interaction decreased after therapy [Table 2]. Thus, it might

be safely concluded that Kinder Therapy exerted a positive influence on teachers' interaction.

### **Discussion and Conclusion**

First of all, it was found that teacher-children Kinder therapy had a positive effect on the improvement of teachers' interaction. The difference between the pretest and the posttest showed that their positive and permissive interactions improved and that their punitive and detached interactions decreased. Such a result clearly indicates that Kinder Therapy could help enhance teachers' sensitivity and competence and eventually had a positive influence on their interaction.

**Table 3: Difference between the pretest and the posttest of the Experimental Group**

Experimental (N = 8)		N	Mean rank	Rank sum	Z	p
Positive Interaction Post test- pre test	Negative rank <sup>a</sup>	0	.00	.00	-2.536*	.011
	Positive rank <sup>b</sup>	8	4.50	36.00		
	Equal <sup>c</sup>	0				
	Total	8				
Punitive Interaction Post test-Pre test	Negative rank <sup>a</sup>	8	4.50	36.00	-2.585*	.010
	Positive rank <sup>b</sup>	0	.00	.00		
	Equal <sup>c</sup>	0				
	Total	8				

Conted...

Detached interaction Post test-Pre test	Negative rank <sup>a</sup>	8	4.50	36.00	-2.565*	.010
	Positive rank <sup>b</sup>	0	.00	.00		
	Equal <sup>c</sup>	0				
	Total	8				
Permissive Interaction Post test-Pre test	Negative rank <sup>a</sup>	1	1.50	1.50	-2.345*	.019
	Positive rank <sup>b</sup>	7	4.93	34.50		
	Equal <sup>c</sup>	0				
	Total	8				

\*  $p < .05$  a.  $\text{posttest} < \text{pretest}$ , b.  $\text{posttest} > \text{pretest}$ , c.  $\text{posttest} = \text{pretest}$

Second, it was also found that Kinder Therapy was effective in improving toddlers' problem behavior. The analysis of the data obtained in the pretest and the posttest revealed that there existed a statistically significant difference in the toddlers' problem behavior. However, no difference was found in the control group's maladjustment behavior between their pretest and posttest. Thus, it might be concluded that Kinder Therapy was effective in reducing toddlers' problem behavior, since the experimental group exhibited a significant difference after therapy, whereas the control group did not show any significant difference between the pretest and the posttest.

It might be assumed that Kinder Therapy could have a positive influence on overall development of infants and toddlers. During play sessions, teachers would concentrate on children's play, consider the meaning of play, better understand children's development, and adequately respond to children's behavior, which all would help children grow and develop.

The limitation of the current is that the results of research are hard to generalize, since it was conducted with a set of 10 sessions to a small group of 8 subjects.

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