


**YOUNG CHILDREN: PREFERENCE FOR REPORTING A SAD EVENT TO
AN ADULT OR A PUPPET**


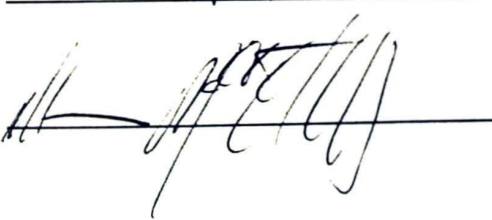
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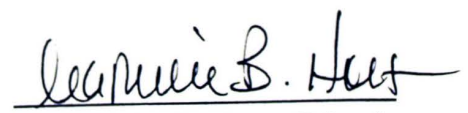
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Dr. Nanci Stewart Woods, Major Professor

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ADULT OR A PUPPET

A Thesis

Presented for the

Master of Arts

Degree

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Kimberly B. Matson

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DEDICATION

This thesis is dedicated to my children

Brittany Shea Matson

and

Zachary J. Matson

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I would like to thank Vonda St. Amant for giving me exposure to children with emotional and behavioral problems. Her encouragement and guidance in learning about these children and the community system in which they are involved has given me a solid foundation on which to build. I would also like to thank my major professor, Dr. Nanci Stewart Woods, for teaching me how to conduct and put into writing a quality research study.

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ABSTRACT

The following study examined a sample of three- to six-year-old children. Thirteen of the cases included three- to six-year-old children who were suspected or confirmed to have been abused, neglected, or have problems which needed behavior modification. Their self-reported preference for talking about a sad event to either a female or a puppet was determined. In order to increase same size and potential generalizability of the results of the study, 15 cases, which included children who were not suspected of having been abused, neglected, or having problems which needed behavior modification were examined as well. Prior to reporting their preferences, a videotape of an adult and a puppet was viewed by each child. It was hypothesized that a higher percentage of the children would say that they would prefer to talk about something sad to the puppet. This hypothesis was based on the clinical literature which suggests that children are usually more comfortable communicating with a puppet than an adult. It was found that a significant number of children indicated a preference for talking to the puppet about something that makes them sad.

CHAPTER I

INTRODUCTION

Children who have experienced a traumatic event need to have a way to communicate about the event. It is important that children are able to express themselves in ways that are appropriate for their emotional and cognitive age level (Brady, 1991). A child is not always willing to talk about a painful event (Sattem, 1990). Therefore, therapists should utilize those tools which will best help children who have experienced a traumatic event to disclose information about the event (Brady, 1991).

One method which is often used to encourage disclosure is anatomically detailed dolls (Wolfner, Faust, & Dawes, 1993). The problem with this method is that there is no scientific evidence that anatomically detailed dolls (ADDs) are a beneficial tool for therapists to use with abused children. Wolfner, Faust, and Dawes (1993) reviewed studies which attempted to validate the use of ADDs. They found several problems in the studies. Some of the flaws in the methodologies of the studies were the definition of abuse and the incomparability of the control and suspected abuse groups. Other studies did not appear to control for background variables. None of the reviewed studies which used ADDs indicated that ADDs are a more efficient or better predictor of child sexual abuse.

Using procedures which are not shown to be reliable or valid when trying to determine whether sexual abuse has taken place may increase the chance for an erroneous conclusion (Wakefield & Underwager, 1991). Using empirically unsupported procedures

in making this kind of determination is even viewed by some as unethical (Weiner, 1989).

In relation to child abuse cases, Pipe and Goodman (1991) suggest the importance of determining to whom children are most likely to disclose their secrets. Because of the possibility of disastrous outcomes associated with false predictions and convictions of child abuse (Wakefield & Underwager, 1991), it is imperative to provide children with the tools they need to communicate an accurate account of whether abuse did or did not occur (Brady, 1991). Requests for treatment centered on child sexual abuse have increased. However, there have only been a few studies which relate to helping children disclose sexual abuse (Brady, 1991). According to Brady, many of the characteristics exhibited by children who have been sexually abused (guilt, anger, shame, confusion, frustration, and sadness) are also exhibited by children who suffer from other types of trauma. Empirical studies on specific tools, such as anatomically detailed dolls, designed to help children disclose abuse are limited. There is, however, a fair amount of literature based on clinical experience and case studies available to help support the importance of this topic.

CHAPTER II

LITERATURE REVIEW

In 1936, Laretta Bender, M. D. and Adolf Woltman reported that when used clinically, puppets gave access to a child's thoughts and enabled them to speak about their feelings. Karen Abbott, a nurse, (1990) suggested that puppets were very useful for preparing preschool children for cardiac surgery. She felt that through the use of puppets the child was able to better communicate his/her understanding of the surgery procedures. Martin Ritchie, a counselor, (1994) indicated that puppets could be successfully used to secure a young child's cooperation but did not reveal how this conclusion was reached. Clifford B. Davis, a minister, (1988) advised that puppets enable grieving children to comfortably and safely express feelings. Although his information about the benefits of using puppets with young children was encouraging, the benefits could not be confirmed from the limited amount of information provided about the subjects with which Davis worked. In addition, it was not clear whether the children were given a choice regarding whether to disclose to the puppets or the humans. In a case study on a severely traumatized kindergartner, Sattem (1990) reported that the kindergartner refused to talk openly about the traumatic event until a puppet program occurred in her classroom.

Obtaining disclosure from children about abuse can be difficult. Lawson and Chaffin (1992) identified twenty-eight children, ages three to menarche, who had been diagnosed with a sexually transmitted disease. Their study examined the difficulty of obtaining disclosure during the interview process. Although sexual abuse had been confirmed in 100 percent of the children through the diagnosis of a sexually transmitted disease, there had been no prior disclosures or indications of sexual abuse. The children's

caretakers were interviewed by a hospital social worker in order to determine whether they would be supportive or unsupportive of their sexually abused child. During a separate interview conducted between the child and a social worker trained in abuse disclosure techniques, only 43 percent of the twenty-eight children disclosed sexual abuse. This result was attributed to the relationship between the child and their caretaker. Sixty-three percent of the children who did disclose sexual abuse perceived that their caretakers were supportive of their disclosure. Only 17 percent of children with unsupportive caretakers disclosed abuse. This study illustrated the difficulties involved in helping children disclose abuse.

Variables, such as children's ages or children's cognitive developmental levels, can make it difficult to find effective tools to assist children in disclosing abuse. A study by Keary and Fitzpatrick (1994), suggested that age may affect the likelihood that children will disclose sexual abuse. The study consisted of 251 children who were referred to a Child Sexual Abuse Assessment Unit, based in a children's hospital. The reason for the referrals was suspected sexual abuse. For the purposes of the study, the children were separated into two groups: A "prior disclosure" group which consisted of children who had already disclosed the sexual abuse and an "other" group which consisted of children who had not verbally disclosed abuse. An assessment team consisting of two mental health professionals confirmed sexual abuse in 52 percent of the children. With respect to the two groups ("prior disclosure" and "other" groups) abuse was confirmed in 85 percent of the "prior disclosure" group and in 19.5 percent of the "other" group. The difficulty of obtaining children's disclosure of abuse was shown by

the small percentage of the “other” group’s disclosure during the assessment interviews. Another important finding from this study related to the age of the subject and the likelihood of disclosing abuse. It was shown that children who were five years of age and younger were significantly less likely to report abuse during the assessment interviews. One of the possible reasons cited for this finding is that the assessment interviews used in this study were “not sensitive to the developmental needs of small children” (Keary & Fitzpatrick, 1994, p. 547). This finding helps support the need, as suggested by Brady (1991), for appropriate tools to assist young children in disclosing abuse.

There are a variety of techniques used by mental health and law enforcement professionals to assist children in communicating. To determine what techniques professionals currently use, Tackett-Kendall (1992) looked at a sample of 201 mental health and 50 law enforcement professionals who had an average of 6.1 years experience working with child victims of sexual abuse. The sample was given a questionnaire which covered three areas: demographics of the professionals, how the professionals used anatomical dolls with children, and how convincing the professionals thought behavioral indications are of sexual abuse. An additional question, which will be reported in this paper, was what other techniques the professionals have used in addition to the anatomically detailed dolls when dealing with children of sexual abuse. According to the study, 23 of the 201 professionals reported using only anatomically detailed dolls when working with children of sexual abuse. Techniques used in combination with the anatomically detailed dolls varied greatly (total of 30 different techniques, with most professionals utilizing more than one of the additional techniques). The top three

techniques most commonly used in conjunction with anatomically correct dolls were: drawings (95 of the 178 professionals), puppets (61 of the 178 professionals), and interviewing (23 of the 178 professionals). This study supplies information about the variety of techniques used when working with children of sexual abuse. Unfortunately, it does not discuss the efficacy, reliability or validity of these techniques.

Only one study was found to focus on the effect of different materials on children. Working directly with children, Burroughs and Murray (1992) examined the effect of selected play materials on 36 preschoolers' conversational behavior. The 36 preschoolers in this study were divided into 18 pairs who were the same sex, within four months of the same age, and who had attended preschool together for at least six months. Each pair participated in three different ten minute play sessions on three different days. The play situations were a) playing with play-dough b) playing with a Fisher-Price farm set and c) playing with animal hand puppets. Burroughs and Murray (1992) chose these play materials because they are commonly used to elicit language samples for assessment. They found that children tended to initiate more topics while playing with puppets than when playing with play-dough or a Fisher-Price animal set. This finding helps support clinical claims (Brady, 1991 & Sattem, 1990), that puppets are beneficial in helping children express feelings.

As discussed above, studies (Lawson & Chaffin, 1992; Keary & Fitzpatrick, 1994) have demonstrated the difficulty of obtaining disclosure from children and therapists in clinical practice think that puppets are an effective way to help young children communicate (Bender & Woltman, 1936; Ritchie, 1994; Davis, 1988). No

research, however, has been conducted to verify this belief that children prefer to communicate with puppets instead of adults.

This study empirically evaluated whether a sample of three- to six-year-old children would report a preference for talking to a puppet or an adult about something sad. The sample included children who have been suspected or confirmed to have been abused or to have problems which required behavior modification and children who have no known history of abuse or behavior problems. The following study supplies evidence regarding whether children are likely to prefer talking to puppets or adults about sad feelings. The small sample size and the lack of actual disclosure are admitted limitations of this study. However, this study is the first attempt to directly whether young children report a preference for communicating with puppets.

CHAPTER III

METHOD

Sample

The sample for this experiment consisted of 28 children. The age range of the children was from three to six years of age with an average age of 3.5 years and a standard deviation of 1.1 years.

Thirteen of the subjects for this experiment were drawn from children who were enrolled in a local therapeutic preschool program or children who had previously been enrolled in the program and were receiving in-home counseling. The children were enrolled in the therapeutic preschool in order to improve negative behaviors displayed in the home or school environment or because of suspected or confirmed abuse or neglect.

Fifteen of the subjects included three- to six-year-old children who were not known to have been abused, neglected, or have serious behavior problems or any mental disorders. These children were recruited from a local daycare center or acquaintances of the researcher.

Materials

Two separate sets of videos were used, one of which contained three separate videotapes with three different females reading a story about being sad. The females were friends of the researcher who had experience reading stories to children. The other set contained three video tapes, each video tape with a different puppet (alligator, dog, person) reading the same story about being sad.

Procedure

Specific written information about the procedures, risks and importance of the study were given to the guardians of each child in order to obtain consent from the guardians for their children to participate in the study (see Appendix A). The letter contained the phone number of the researcher and her supervisor so that the guardians were able to contact the researcher or her faculty supervisor in the event there were any unanswered questions.

The following procedure took place for children who were enrolled at the therapeutic preschool or the local daycare center. After the researcher obtained guardian consent, the researcher obtained approval from the child's teacher for an appropriate time to remove the child from the classroom. The researcher went to the classroom and obtained verbal and nonverbal consent from the child to go watch a videotape and answer a question about the video. If the child agreed, both verbally and non-verbally, the researcher took the child to a designated room. The room contained a TV and video cassette recorder and two child sized chairs or a mat which were in front of the TV at a comfortable viewing distance. The child then chose one person video and one puppet video. The researcher then instructed the child to have a seat and watch the video they had chosen.

The acquaintances of the examiner were also given informed consent forms. These forms contained the same information as those given to the guardians of the children who attended the therapeutic preschool or local daycare center. After the guardians and children gave their consent, the examiner showed the children the videos.

The same procedure was followed for the subjects who were acquaintances of the examiner with the exception of where the videos were viewed. The subjects who were acquaintances of the examiner viewed the videos in the examiner's home.

A five dollar gift certificate from K-Mart was given to the guardians of the sample from the therapeutic preschool after the child participated in the study. They received the gift certificates regardless of whether the child completed the session. All of the children participating in the study received stickers or smiley faces which were drawn on their hands.

After viewing the two chosen videos, the researcher asked the child, "If you wanted to talk about something that makes you sad, would you rather talk to the lady or the puppet?" In order to reduce the risk of the children choosing based on who they most recently observed (female or puppet), half of the subjects saw the female tape first and then the puppet tape and half of the subjects saw the puppet tape first and then the female tape. Following the child's choice, the researcher thanked, offered praise and rewarded the child with a sticker or smiley face for coming to watch the video and answering the question and then returned the child to his/her room or guardian.

CHAPTER IV

RESULTS

Children were asked to state their preference for talking about something sad. Seventeen of the children stated a preference for talking to a puppet and 7 children stated a preference for talking to an adult. The Chi-Square Goodness of Fit statistical test was used to examine the differences in reported preferences. It was hypothesized that significantly more of the children would prefer to talk to the puppet than to the adult.

Because they indicated that they would not like to talk to either the puppet or the adult, four cases were deleted from the study. Out of a total of 24 children, 17 of the children preferred to talk to the puppet and 7 preferred to talk to the adult. The results of the study showed that a significant number of children, $\chi^2(1, 4)=4.2, p<.05$, indicated a preference for talking to the puppet about something that makes them sad.

CHAPTER V

DISCUSSION

Although limited sample size and lack of actual disclosure are admitted limitations of this study, the findings do support the clinical belief that children prefer to talk to puppets. This study was conducted only to determine children's preferences of reporting sad events either to puppets or adults. The strength of directly asking the children who they would prefer to talk to eliminates assumptions made by adults about the children's preferences. This study is a first small step in finding the most effective ways to help children express feelings and thoughts related to traumatic events.

More evidence could be provided by further studies in which children actually disclose sad or traumatic events to puppets and adults. For example, a possible study would be to divide a group of children who have experienced the same traumatic event into two groups. With one group a puppet would be used to elicit information about the traumatic event and with the other group a person would be used to elicit information about the event. A comparison of the quality and quantity of information disclosed from the children would be done in order to determine whether the puppet or person was more effective in eliciting information from the children about the traumatic event. Ethical problems would be more likely in this type of study if the traumatic event involved criminal behavior such as sexual abuse.

If research such as this also supported children's preferences for puppets, further studies could examine preferences for different types of puppets, as well as the preferences of different populations of children. In order to determine what type of puppets are most effective with children, the children could be asked directly what kind of puppet, out of a

preset group of puppets, they would prefer to talk with about something that makes them sad. A comparison of different populations of children's preferences could help determine if it would be more beneficial to use puppets or people with specific populations of children.

In conclusion, this study provides evidence for the possible benefit of using puppets as a communication tool with children. The evidence was gathered by directly asking the children their preferences, which is not shown in the literature to have been done. Although this is a simplistic study, the results justify further, more difficult research in this area.

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VITA

Kimberly Matson was born in San Diego, California on May 28, 1969. She graduated from Lincoln County High School (Fayetteville, Tennessee) in May, 1987. The same summer she entered Clemson University (Clemson, S. C.) where she completed 2 ½ years of her undergraduate education. She then transferred to Pacific Lutheran University (Tacoma, Washington) where she completed her undergraduate degree in Business Administration with a concentration in International Business. She then worked in customer relations for a retail furniture company. After a short period of time she changed jobs and worked for an international wholesaler. In 1994 she enrolled as a graduate student in the Clinical Psychology Program at Austin Peay State University (Clarksville, Tennessee). While attending graduate school, she worked as a volunteer at a therapeutic preschool for two years.

Currently she is on internship at a mental health clinic in Hopkinsville, Kentucky. Her area of interest is working with young children.