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Quality of Relationships Between Youth and Community Service Providers: Reliability and Validity of the Trusting Relationship Questionnaire

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*We examined the factor structure and psychometric properties of the Trusting Relationship Questionnaire, a brief measure of relationship quality between youth and community-based service providers involved in their care. Data on youth residing in Therapeutic Foster Care and in Group Homes (*N = *296) were collected. We identified a one-factor solution for the child version of the measure and a two-factor structure for the adult version: child's perception of the relationship and adult's perception of the relationship. Both versions appear to be highly reliable and possess adequate levels of construct, criterion, and discriminative validity. While no statistically significant age differences were noted on the parent version, on the child version, older youth were more likely to report lower relationship scores. Gender differences were found on both versions: Female youth reported higher scores on the child version as did adults reporters of relationships with female youth, but only for the first factor—child's perception of the relationship. Overall, the TRQ appears to capture the quality of the relationship between service providers and youth in their care, thus bridging a gap in assessment measures.*

KEY WORDS: assessment; relationship quality; children and adolescents; community-based treatment; trusting relationship questionnaire.

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The parent-child relationship is a crucial component of parenting as well as a significant predictor of child and adolescent functioning. Its importance is supported by a robust literature linking positive parent-child relationships to a wide range of child and adolescent outcomes, including behavioral, psychosocial, and academic functioning (e.g., Armistead, Forehand, Brody, & Maguen, 2002; Maccoby & Martin, 1983; Masten et al., 1999). Positive parent-child relationships have typically been defined as relationships characterized by high levels of warmth and positive affect, interpersonal trust, and open communication (e.g., Kotchick & Forehand, 2002).

In addition, research has demonstrated the benefits of positive relationships with other important adults involved in children's lives, such as extended family, foster parents, mentors, and teachers (Dubois, Holloway, Valentine, & Cooper, 2002; Rhodes, 1994). Although the importance of these relationships has been increasingly recognized, very few options are available for assessing their quality. At the current time, measures of relationship quality are particularly in demand given the growing popularity of community-based programs that consider positive adult-child relationships a crucial component of the 'treatment package.' In two of these programs, Therapeutic Foster Care (TFC) and mentoring, research has demonstrated that aspects of the adult-child relationship are indeed linked with child and adolescent outcomes.

For instance, in TFC, the therapeutic parent's administration of rewards for positive behavior and the amount of contact between the therapeutic parent and the child or adolescent have been associated with lower rates of behavioral problems and recidivism (Chamberlain, 2002). Similarly, research on mentoring programs has indicated that mentor-youth frequency of contact, longevity of the relationship, and emotional closeness each contribute uniquely to positive outcomes for youth (DuBois & Neville, 1997; Freedman, 1988; Parra et al., 1998).

Nonetheless, in research on both programs, measurement of the adult-child relationship has rarely included an assessment of relationship *quality*. In a recent meta-analytic review of mentoring programs, only 12 of the 55 studies reviewed included data on relationship characteristics—even though mentoring is an explicitly relationship-based model—and the relationship characteristics were limited to frequency of contact and relationship duration (DuBois et al., 2002). Although these factors are important components of the adult-child relationship, a comprehensive assessment also should include an assessment of relationship factors such as warmth, trust, and emotional closeness. Currently, the reasons for this lack of attention to relationship quality are unclear; however, the oversight is likely due, at least in part, to the lack of assessment measures available for this express purpose.

Given the lack of appropriate measures, youth-service provider relationships typically have been assessed by utilizing measures from one of two assessment areas—parent-child relationship or therapeutic alliance—neither of which entirely

captures all of the necessary elements of this unique relationship. With regard to parent-child relationship measures, there are a number of available measures that possess adequate reliability and validity (e.g., the Conflict Behavior Questionnaire, Prinz, Foster, Kent, & O'Leary, 1979; the Family Assessment Measure, Skinner, Steinhauer, & Santa-Barbara, 1995). However, these measures are not ideal for assessing relationships between youth and service providers as the relationship between youth and parents, and between youth and service providers, potentially can be quite different. For example, service providers may be involved in the lives of youth for a discrete period of time and typically are responsible for implementing some form of a treatment or service plan. Indeed, community service providers frequently play both a 'parent' and treatment provider role, which is relatively unique to these providers.

Service provider-youth relationships have also been assessed using measures of therapeutic alliance. However, although there are a number of measures from which to choose when assessing this construct with adult clients, significantly fewer have been developed for children and adolescents (Shirk & Saiz, 1992). Those available for assessing therapeutic alliance with youth have adequate validity and reliability (e.g., The Family Engagement Questionnaire, Kroll & Green, 1997). Nonetheless, as with measures of the parent-child relationship, therapeutic alliance measures are not entirely suitable. Ideally, therapeutic alliance measures encompass the content areas of agreement and mutual collaboration regarding therapy goals as well as tap the affective bond between the therapist and client (Bordin, 1979). To some degree, the relationship between youth and service providers includes these aspects, but youth-service provider relationships involve a higher level of contact that that of a therapist-patient relationship and involve some aspects more similar to a parent-child relationship. Therefore, although these measures likely are helpful in gaining insight into the general nature of the relationship in question, there is a clear need for measures specifically developed for, and standardized on, adult-child relationships outside the therapist-client and parent-child arenas.

As such, the development of assessment measures designed to examine the quality of relationships between youth and professionals or paraprofessionals involved in their care would represent a significant contribution to the assessment and child mental health services literatures. Therefore, the goal of this study was to determine the factor structure of one such measure designed explicitly to fill this gap, the Trusting Relationship Questionnaire (TRQ). The TRQ was developed by clinicians in North Carolina (Vance & Sanchez, 1997) in an attempt to evaluate the relationships developed between professionals and paraprofessional and youth with psychiatric diagnoses and extreme externalizing behavioral problems in community-based treatment programs (Behar, 1985, 1986; Keith, 1988; Weisz et al., 1990, 1991). The resulting questionnaire, the TRQ, assesses the quality of the adult-child relationship from both the child and the adult's perspective.

In addition to filling a gap in the literature, the TRQ also is significant in that it assesses relationships from a strengths-based perspective. Recently, there has been an increasing focus on incorporating strengths-based items into assessment measures and on developing measures that are strength-based in nature (e.g., Epstein, Ryser, & Pearson, 2002; Gresham & Elliot, 1990). These efforts represent a growing focus on assets and competencies of individuals and relationships as opposed to a focus only on problems and deficits (Epstein et al., 2002). However, among the strength-based assessments available, most focus on assessing child and adolescent functioning, rather than on the child or adolescent's interpersonal relationships (see BERS; Epstein et al., 2002, for an exception).

We evaluated the reliability and construct, concurrent, and discriminative validity of the TRQ, a strength-based measure of the quality of community service provider-youth relationships. As the TRQ was specifically designed to assess relationships between youth and the adult professionals or paraprofessionals involved in their care, the TRQ was examined with a sample of youth diagnosed with emotional and behavioral disorders who reside in either TFC or Group Homes (GH) in North Carolina.

METHODS

Participants

Data were drawn from a statewide study of TFC and GH care. The samples included youth with both psychiatric disorders and aggressive behavior who resided in TFC from June 1999 through May 2001 or who resided in GH from February 2001 through July 2001. The sampling frame is based on Willie M. class members in North Carolina, which includes, "seriously emotionally, neurologically, or mentally handicapped youth who are violent or assaultive" (Behar, 1985, 1986). The Willie M. program provided state-level funding for all the class members (approximately 1,200–1,500 at any point in time) and services were managed and provided (directly or via contract) through local Area Mental Health programs. Hence, the Willie M. program provided an ideal sampling frame of youth with serious emotional and behavioral problems, common availability of funding for services, and a unifying paradigm of treatment compliant with CASSP principles (Stroul, 1993; Stroul & Friedman, 1986).

Procedures

The sampling strategy included both an incidence and prevalence approach. State of North Carolina Management Information System data for the Willie M. program were used to identify youth eligible for participation. All Willie

M. youth residing in the targeted setting (i.e., TFC or GH) during the first month of recruitment were eligible for inclusion. All Willie M. youth who entered these settings during the recruitment period were also eligible. This resulted in a sample that represented a wide range of lengths of stay at the time of the baseline interviews (range = 2 months to 10 years). Seventy-six percent of eligible youth from TFC and 74% of eligible youth in GH were recruited. Comparisons using available state data showed no significant differences on age, demographics, or diagnosis between participating and nonparticipating eligible youth.

In-person interviews were completed with youth and TFC parent or GH staff respondents at study entry and near the time the youth was discharged from his or her respective placement. While adult interviews were obtained for the entire sample at baseline ($N = 304$), only 100 youth interviews were obtained because children were not interviewed if they were under the age of 10, had developmental or other problems that prevented them from completing the structured interview, or if they were not living in the care setting at the time of the interview. The TFC parent respondent in two-parent homes was the individual identified as the 'primary parent;' the GH staff respondent was the staff member identified as the individual who spent the most time with and knew the target youth best. Youth and adult interviews were completed separately to ensure confidentiality. The adult interview included inquiries regarding various aspects of the youth's behavior, implementation of intervention within the residential setting, relationships, and treatment from a wide variety of providers. The current paper includes data from the baseline interviews.

Measures

The Trusting Relationship Questionnaire (TRQ)

The TRQ consists of 18 items on the adult version and 16 items on the child version that assess the quality of the relationship between the youth and the professionals or paraprofessionals involved in their care (see measure in Appendix). Identical items were administered to both the youth and the adult in the relationship; however, items are worded to reflect either the adult or child as the reporter and two items were deleted from the child version. Deleted items were inappropriate for the child version as a 'yes' response would indicate inappropriate actions on the part of the adult (i.e., "Does 'adult' share information of a personal nature?" & "Does 'adult' initiate contact with you during times of crisis?). Respondents indicate on a 5-point continuum (1 = "Never" to 5 = "Very Frequently") how much each item characterizes their relationship with the target individual (professional or paraprofessional in the child's case, and youth in the adult's case). The TRQ was administered to youth ($n = 100$) and to the TFC ($n = 184$) and GH staff

($n = 120$). Scale scores were determined by summing the items and dividing by the number answered. Eight adult respondents did not complete the TRQ, which leaves a total sample size of 296 for this analysis.

Behavioral and Emotional Rating Scale (BERS)

Both the TFC parents and GH staff were administered the BERS to measure child and adolescent emotional and behavioral strengths (Epstein et al., 2002). The BERS consists of 52 items and includes five subscales: interpersonal strengths, family involvement, intrapersonal strengths, school functioning, and affective strengths. Research has shown the reliability and validity of the BERS to be sound: The BERS meets acceptable levels of test-retest and inter-rater reliability, internal consistency, and convergent and discriminant validity (Epstein et al., 2002). In the current sample, the alpha coefficient for the BERS was .74.

Conflict Behavior Questionnaire (CBQ)

The short form of the CBQ was administered to TFC parents and youth to assess communication and conflict behavior. As the CBQ was used early in the study but subsequently dropped to accommodate other measures, it is available for 100 youth in the TFC sample, but is not available for GH youth. The short form of the CBQ consists of the 20 items that have the highest phi coefficients and the highest item-to-total correlations among the 75 items in the original CBQ. The short form correlates .96 with the longer version. Prinz et al. (1979) and Robin and Weiss (1980) reported adequate internal consistency and discriminant validity. For the current sample, the alpha coefficient for the CBQ was .85 and .88 for the adult and the child version, respectively.

Analyses

Factor analysis was used initially to estimate the factor structure for both the adult-administered and child-administered versions of the TRQ for the combined TFC and GH samples. Prior to estimating the factor model, we screened the data for outliers and multicollinearity. Reliability was gauged by internal consistency (e.g., Cronbach's alpha) and interrater agreement. Construct validity was assessed by the degree of association between TRQ scores and CBQ scores. Concurrent validity was assessed by examining the correlation between adult reported TRQ scores and child functioning, as measured by the BERS. Lastly, discriminative validity was assessed by comparing adult and child reported TRQ mean scores across the TFC and GH samples. Based on previous research comparing these

Table I. Characteristics of the Study Sample ($N = 296$)

Characteristic	Percentage or mean of sample (*SD*)		
Placement type	Total sample	TFC ($n = 175$)	GH ($n = 121$)
TFC	60.5		
GH	39.5		
Age	14.2 (2.5)	14.1 (0.2)	14.3 (0.2)
Race			
White	52.8	54.4	50.0
Black	42.7	40.8	45.8
Other	4.6	4.9	4.2
Female	20.9	25.5	13.3**
BERS total	85.8 (23.0)	86.6 (1.9)	84.5 (1.8)
CBQ total—adult report	9.2 (2.8)	9.2 (2.8)	
CBQ total—child report	9.3 (2.0)	9.3 (2.0)	
TRQ total—adult report	3.6 (0.6)	3.7 (0.6)	3.5 (0.5)
TRQ total—child report	3.6 (.83)	3.8 (.80)	3.4 (.83)

two community-based treatments (e.g., Chamberlain, Ray, & Moore, 1996) it was expected that TRQ scores would be significantly higher in the TFC group.

RESULTS

Table I provides descriptive information about the study sample. The TFC and GH samples were not significantly different on demographic or study variables aside from the percentage of female youth placed in the two different treatment settings. Significantly more females resided in TFC than in GH care (25.5% vs. 13.3%).

Factor Analysis

The distribution of TRQ scores was approximately normal, with no skewness and a kurtosis of 3.0. Using the rule of eigenvalues greater than 1 (Dunteman, 1989), the factor analysis for the child report yielded a one-factor solution with 14 items and an eigenvalue of 6.8 (see Table II). Analysis of the scree plot confirmed the single factor. Item 11 and item 16, the excluded items, have borderline factor loadings and high uniqueness (<0.7).

With regard to the adult version, results of the factor analysis after varimax rotation (Kaiser, 1958) show a two-factor solution (see Table III), with the first factor, which consisted of the first 9 items, with an eigenvalue of 6.4 and the second factor, which consisted of 6 items (i.e., items 12 & 14–18), with an eigenvalue of 1.2. Question 13 does not load well on either factor, and has a uniqueness of .91. Questions 10 and 11 are borderline on the second factor, but have high uniqueness and lack face validity for the second factor. The first factor appears to measure the

Table II. Child-Report: Factors Loadings of the Items on the TRQ

Variable	Factor 1	Uniqueness
TRQ1	**0.64**	0.59
TRQ2	**0.59**	0.65
TRQ3	**0.72**	0.48
TRQ5	**0.67**	0.55
TRQ6	**0.72**	0.48
TRQ8	**0.69**	0.53
TRQ9	**0.69**	0.53
TRQ10	**0.55**	0.69
TRQ11	0.48	0.77
TRQ12	**0.80**	0.35
TRQ13	**0.68**	0.53
TRQ14	**0.67**	0.56
TRQ15	**0.60**	0.63
TRQ16	0.50	0.75
TRQ17	**0.64**	0.59
TRQ18	**0.71**	0.50

adult's perception of the child's feelings about the relationship while the second factor appears to measure the adult's perception of his/her own feelings about the relationship. Examination of the scree plot confirmed the two-factor solution. Results from the analyses that follow did not differ significantly when conducted with items 11 and 16 removed on the child version and item 13, or items 10,

Table III. Adult-Report: Factors and Rotated Loadings on the Items of the TRQ

Variable	Factor 1	Factor 2	Uniqueness
TRQ1	**0.57**	0.24	0.62
TRQ2	**0.78**	0.20	0.36
TRQ3	**0.65**	0.25	0.51
TRQ4	**0.77**	0.14	0.38
TRQ5	**0.49**	0.41	0.59
TRQ6	**0.79**	0.12	0.36
TRQ7	**0.64**	0.22	0.55
TRQ8	**0.56**	0.26	0.62
TRQ9	**0.55**	0.31	0.60
TRQ10	0.32	0.45	0.70
TRQ11	0.40	0.41	0.67
TRQ12	0.35	**0.59**	0.53
TRQ13	0.20	0.21	0.91
TRQ14	0.13	**0.59**	0.64
TRQ15	0.26	**0.62**	0.55
TRQ16	0.24	**0.62**	0.56
TRQ17	0.19	**0.61**	0.59
TRQ18	0.21	**0.56**	0.645

11, and 13, removed on the adult version. Therefore, all reliability and validity analyses presented were conducted with these items removed.

Reliability

Reliability was assessed by examining internal consistency and interrater agreement. On the child version, the Cronbach's alpha was .91. On the adult version, Cronbach alpha coefficients for the child perception subscale and adult perception subscale were .90 and .83, respectively, and the coefficient for the TRQ total relationship score was .89. These findings suggest that the TRQ possesses acceptable levels of internal consistency both for the child and adult versions. With regard to interrater agreement, the correlation between the adult-report and child-report was .36. Based on the meta-analysis conducted by Achenbach, McConaughy, and Howell (1987), the mean cross-informant correlation for the TRQ is higher than that expected for both agreement between parents and youth ($r = .25$) and for agreement between teachers and youth ($r = .20$). Therefore, it appears that the level of interrater reliability for the TRQ is acceptable.

Validity

Construct, concurrent, and discriminative validity were examined. With regard to construct validity, the correlation between TFC parent TRQ scores and the CBQ, a measure of positive communication style, was .40 ($p < .001$) for the adult report and .54 for the child report ($p < .001$). In the area of concurrent predictive validity, both TFC parent and GH staff TRQ scores were significantly correlated with scores on the BERS, a measure of behavioral and emotional functioning ($r = .48$, $p < .00001$). Additionally, TRQ scores appeared to differentiate between the two groups of service providers included in the study. The mean TRQ score for both adult and child TFC participants was significantly higher than the mean TRQ score among adult and child GH participants (adult report: TFC $M = 3.7$, $SD = .6$; GH $M = 3.5$, $SD = .5$; child report: TFC $M = 3.8$, $SD = .80$; GH $M = 3.4$, $SD = .83$, $p < .01$). When the two subscales on the adult version are examined individually across the TFC and GH groups, only the second factor, the adult's perception of the relationship, was significantly different and was responsible for the overall apparent difference between the two groups on total score ($M = 4.0$, $SD = 0.61$ and 3.7, $SD = 0.59$ respectively).

Age and Gender Differences

Mean scores on the TRQ were used to examine potential age or gender differences. There was a significant negative correlation between age and the

child-reported relationship score ($r = -0.25$, $p < .01$), but no differences were detected with regard to age and adult-reported scores, either with the full scale or with the two subscales. In terms of gender, female youth had significantly higher scores than male youth ($M = 3.8$, $SD = 0.63$ and $M = 3.4$, $SD = 0.87$, respectively), and adults reporting on relationships with female youth reported significantly higher scores for the first subscale, the child's perception of the relationship, than did adults reporting on relationships with male youth ($M = 3.7$, $SD = 0.67$, and $M = 3.4$, $SD = 0.72$, respectively). There were no gender differences on the second subscale of the adult version, adult perception of the relationship.

DISCUSSION

We examined the reliability and validity of the Trusting Relationship Questionnaire that was designed to assess the relationship between youth and the professionals or paraprofessionals involved in their care. This self-report measure, completed by the adult and the youth, has a relatively clean—but different—factor structure for both the adult and child versions. The adult-report results in two subscales: child's perception of the relationship and adult's own perception of the relationship. The child version, however, has only one scale, which likely results from youth being less able than adults to cognitively differentiate between their own feelings about the relationship and their perception of the adult's feelings about the relationship.

The factor analysis pointed to one item on the TRQ that, although it loaded sufficiently on the first factor in the factor analyses, may be problematic. For the total sample (TFC and GH combined) seventy-one adult participants were missing data on one or two items on the TRQ; however, the majority of them were missing data on item five (i.e., "Does "child" talk positively about you to others?"). When the factor analysis was repeated with this item excluded, the factor structure and loadings remain nearly identical. As such, dropping this item should not alter findings or conclusions based on the TRQ. Given the nature of the potentially problematic question, it appears that, at least for this sample, both TFC and GH adult participants may simply be unaware of whether or not the child or adolescent talks positively about them to others, and thus, the item may need to be removed from the measure.

To summarize, based on the findings from the factor analysis and the missing data on item 5, we recommend removing items 5, 10, 11, and 13 on the adult version and items 11 and 16 from the child version for future use.

Results indicated that the TRQ possesses adequate reliability, as measured by internal consistency and interrater reliability. Indeed, analyses indicated that the internal consistencies of the TRQ total relationship score for both adult and child

reporters and, the two subscales on the adult report, were satisfactory. Similarly, the correspondence between the adult and youth report on the TRQ was above expected levels (Achenbach et al., 1997) and indicates adequate levels of interrater reliability.

In terms of validity, we examined three types: construct, concurrent, and discriminative. To establish construct validity, we examined the strength of the association between the TRQ total relationship score and another measure designed to assess a crucial aspect of relationship quality—parent-adolescent communication style. As TFC parent and child reports on the TRQ correlated moderately with their report on the CBQ, the TRQ appears to have sufficient construct validity. Concurrent predictive validity was assessed by examining the association between the TRQ and a measure of child and adolescent socioemotional functioning, the BERS. As expected, higher scores on the TRQ were associated with higher scores on the BERS, suggesting that positive adult-child relationships were related to better behavioral and emotional functioning in youth. These findings provide evidence of the TRQ's concurrent validity in that, as previously mentioned, prior research has repeatedly documented the benefits of positive and supportive relationships with significant adults (Dubois et al., 2002).

Finally, the TRQ also appears to discriminate between groups of professionals and paraprofessionals who arguably have qualitatively different relationships with youth. Therapeutic foster parents—who live with the youth in the study and have a one-on-one relationship with the target youth in their care—had significantly higher scores on the TRQ than did GH staff who typically work with a larger number of youth at any given time and are less likely to have one-on-one relationships with any particular youth. Interestingly, these differences are apparent predominantly for the adult's report of their own perception of the relationship, suggesting that TFC parents viewed their own relationships with youth in their care more positively than did GH staff.

Based on these findings, the TRQ appears to be a psychometrically sound measure that bridges a gap in the assessment literature. Despite its strengths, several limitations should be noted. First, during development, items were not tested with a nationally representative sample and therefore it was not possible to develop nationally representative norms. Second, because the TRQ was only administered at one point in time for this sample, test-retest data were not available and an estimate of stability over time could not be determined. Third, the sample size was relatively limited, particularly for the GH group. Although this study provides initial evidence of reliability and validity, the TRQ should be re-examined with a significantly larger sample size. Finally, as the current study was conducted with a sample of youth with behavioral and emotional disorders, its generalizability to professionals and paraprofessionals working with nonclinical youth is unclear.

APPENDIX A

Trusting Relationship Questionnaire Items

1. Does "child" identify things he or she likes about you?
2. Does "child" talk to you about his or her problems?
3. Does "child" want to spend time with you?
4. Does "child" share information of a personal nature?
5. Does "child" talk positively about you to others?
6. Does "child" seek out counseling or advice from you?
7. Does "child" initiate contact with you during times of crisis?
8. Does "child" consider your point of view?
9. Does "child" tell you s/he is sorry?
10. Does "child" tell you when something you have done has hurt him/her?
11. Does "child" want you to meet other people who s/he knows?
12. Do you share things you like about "child" with him/her?
13. Do you share personal information about yourself with "child"?
14. Do you tell "child" when you are sorry?
15. Do you talk with others in a positive way about "child"?
16. Do you tell "child when s/he has done something to hurt you?
17. Do you enjoy spending time with "child"?
18. Do you consider "child's" point of view?

Notes. The child questionnaire substitutes "adult" for "child" in the above questions, and omits items 4 and 7. For future use, items 5, 10, 11, and 16 should be removed from the adult version and items 11 and 16 from the child version.

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