CHILD TEACHER RELATIONSHIP TRAINING (CTRT) WITH CHILDREN EXHIBITING DISRUPTIVE BEHAVIOR: EFFECTS ON TEACHERS’ ABILITY TO PROVIDE EMOTIONAL AND RELATIONAL SUPPORT TO STUDENTS AND ON STUDENT-TEACHERS RELATIONSHIP STRESS

Yulia Pronchenko-Jain, B.A., M. Ed.

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APPROVED:

Sue Bratton, Major Professor
Natalya Lindo, Committee Member
Casey Barrio Minton, Committee Member
Jan Holden, Chair of the Department of Counseling and Higher Education
Jerry Thomas, Dean of the College of Education
Mark Wardell, Dean of the Toulouse Graduate School
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This study investigated the impact of child teacher relationship training (CTRT) on teachers’ ability to provide emotional support in the classroom, teachers’ use of relationship-building skills, and teachers’ level of stress related to the student-child relationship. Teachers and aides from one Head Start school were randomly assigned to the experimental group CTRT ($n = 11$) or an active control Conscious Discipline group (CD; $n = 12$). Overall, 21 females, 11 (CTRT) and 11 (CD), and one male (CD) participated in the study. Participating teachers and aides identified themselves as the following: 13 Hispanic/Latino, 5 Black American, and 5 European American. Teachers and aides identified children with clinical levels of disruptive behavior problems for the purpose of selecting children of focus for the study. The children’s mean age was 3.63 for CTRT group and 3.36 for CD group. Overall, 9 females, 2 (CTRT) and 7 (CD), and 10 males, 6 (CTRT) and 4 (CD) participated in the study. Teachers reported children’s ethnicity: 13 Hispanic/Latino, 5 African American, and 1 other.

A two-factor (Treatment x Group) repeated measures split plot ANOVA was utilized to analyze the data with an alpha level of .05. According to objective raters blinded to the study using the Classroom Assessment Scoring System (CLASS) and the Child Teacher Relationship Skills Checklist (CTRT-SC) and teacher reports using Index of Teaching Stress (ITS), results revealed a statistically significant interaction effect for the experimental teachers’ use of child-teacher relationship skills (CTRT-SC: $p = .036$), a non-statistically significant interaction effect for the experimental teachers’ ability to provide emotional support (CLASS: $p = .50$), and a non-
statistically significant interaction effect on teacher stress (ITS: \( p = .997 \)). Partial eta squared effect sizes were calculated to determine the practical significance of the findings. Compared to the active control, CTRT demonstrated large treatment effects over time on the CTRT-SC (\( \eta_p^2 = .19 \)) and the CLASS (\( \eta_p^2 = .16 \)). Study findings provide support for CTRT as an effective intervention for increasing Head Start teachers’ ability to provide emotional and relational support to at-risk students.
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As I find myself at the end of this journey, I think of many people whose support, encouragement and love made it possible for me to be at the end of this road. It is with my deepest love that I take a moment to thank and dedicate this accomplishment to these very important people in my life.

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Introduction

Over the past decade several major government reports raised an urgent concern regarding the mental health care for young children and emphasized the need to identify effective mental health interventions (National Center for Children in Poverty, 2009; New Freedom Commission on Mental Health, 2003; U. S. Department of Health and Human Services, 2002; U.S. Public Health Service, 2000). The National Center for Children in Poverty (NCCP; 2009) estimated that 14.2% of children under 5 years of age develop social-emotional problems that impact their development, functioning, and school readiness. However, up to 97% of these children do not receive services indicating a significant gap in meeting young children’s mental health needs (NCCP; 2009). Students’ disruptive behaviors in the classroom are particularly challenging for teachers and contribute to stress in teacher-child relationships and tension in the classroom.

Importance of the Teacher-Child Relationship

The quality of the teacher child relationship seems to be of a particular concern in Head Start programs (U. S. Department of Health and Human Services, 2010). Head Start is the nation’s largest prevention program for low-income preschool children. Risk factors, including non-English speaking household, low parental education, impaired parenting, single parenthood, parental substance abuse, parental unemployment, parental mental health needs, and exposure to community violence place low-income youth at greater risk of developing mental health
difficulties (Knitzer, 2003; NCCP, 2011). Head Start teachers provide a significant caregiving role for their young charges, typically spending more awake time with them than their parents. Thus, teacher’s ability to respond to at-risk children’s emotional needs and provide emotionally attuned relationships is of great importance. Research indicates that the quality of teacher-child relationships is linked to students’ externalizing behaviors, school success, relationship with peers, school adjustment, academic achievement, engagement in school curriculum, liking of school, number of absences, social and emotional competence, and self-concept (Baker, 2006; Birch & Ladd, 1997; Birch & Ladd, 1998; Burchinal, Peisner-Feinberg, Pianta, & Howes, 2002; Pianta, La Paro, & Hamre, 2008; Howes, 2000; Pianta & Stuhlman, 2004; Whitaker & Harden, 2010).

As aforementioned, teachers feel particularly challenged by students who exhibit externalized behaviors that disrupt the classroom (McCarthy, Lambert, O’Donell, & Melenders, 2009). As a result, teachers’ ability to respond to these children in an emotionally supportive manner is compromised which further hinders a positive teacher-child relationship and creates a negative cycle of interaction (Long, 2000). Teachers are also adversely affected by negative teacher-child relationships. Disruptive student behavior is linked with a host of consequences for teachers including low self-efficacy and low sense of competency (Klassen & Chiu, 2010), high level of teaching stress (McCarthy et al., 2009), and burnout. Teacher burnout is a major contributor to the current problem of high rate of teacher attrition in public schools (Skaalvik & Skaalvik, 2007; Ulrich, 2009). Furthermore, negative teacher-child relationships and teachers’ diminished capacity to provide emotional support to students contributes to the development of a negative classroom environment with frequently exhibited feelings of anger, frustration, hostility, and aggression by teacher and students (Pianta, LaParo, & Hamre, 2008). Negative
classroom environment has an impact on all students as they do not feel connected and respected by their teachers and peers (Pianta et al., 2008) or motivated to engage in learning (Pianta et al., 2002).

Based on the above findings of the impact of negative teacher-child relationship on students, teachers, and classroom environments, researchers recommended the need for professional development programs for teachers that focus on helping teachers understand underlying motives of students’ behaviors, increase their emotional sensitivity, develop appropriate relationship-building skills, and strengthen teacher-child relationship (Fukkink & Lont, 2007; Pianta et al., 2008; Whittaker & Harden, 2011). Likewise, policymakers emphasized the need to identify effective professional development programs for teachers to address these goals and to help children meet their social-emotional and developmental needs (NCCP, 2009, 2010).

Child Teacher Relationship Training

Child teacher relationship training (CTRT; Bratton, Landreth, Morrison, & Helker, in review) is a teacher-focused intervention for young children that is focused on helping teachers develop an emotionally-attuned relationship with their young children. CTRT is a teacher-adapted model of child parent relationship therapy (CPRT; Landreth & Bratton, 2006), a well-researched treatment intervention that is grounded in the principles and procedures of child-centered play therapy (CCPT) and focused on training parents to become therapeutic agents of change for their children. With over 32 controlled outcome studies (Bratton, Landreth, & Lin, 2010), CPRT is an empirically supported, manualized intervention (Bratton, Landreth, Kellam, & Blackard, 2006) that meets the American Psychological Association criteria for probably efficacious treatments (Baggerly & Bratton, 2010; Bratton et al., 2010). A meta-analysis of 93
play therapy outcome studies (Bratton, Ray, Rhine & Jones, 2005) calculated an overall large treatment effect for play therapy interventions, and indicated that the effects were even stronger when caregivers were fully involved in treatment, as in the case of CPRT and CTRT. While the majority of included studies focused on parental involvement, these findings indicate the potential effectiveness for training teachers in child centered play therapy skills as a treatment for young children exhibiting behavioral difficulties.

Morrison and Bratton (2010) conducted a preliminary investigation of applying CTRT with teachers and found that CTRT demonstrated a large beneficial treatment effect on Head Start children displaying clinical levels of behavior problems in the classroom. The clinical significance of the findings revealed that the majority of children (69%) in the experimental group improved to normal levels of functioning following the intervention. These results indicate that teachers who received the CTRT training were able to learn and effectively apply therapeutic skills with children considered behaviorally at-risk. In a companion study, Helker and Ray (2009) focused primarily on the impact of CTRT training on Head Start teachers and found that teachers trained in CTRT utilized more relationship-building and developmentally appropriate classroom management skills than teachers who did not receive the training. Further they reported that student reduction in behavior problems reported in Morrison and Bratton were maintained at follow-up. Results from these two initial investigations are promising and provide the impetus for further research that addresses limitations of these preliminary studies, particularly the use of a well-established, reliable instrument and independent raters to observe effects of CTRT on Head Start teachers’ ability to provide an emotionally and relationally supportive classroom environment.
Purpose of the Study

The proposed study aims to explore if training teachers in CTRT is an effective intervention to increase teachers’ ability to provide emotional support to students in their classroom, increase teachers’ use of relationship-building skills; and reduce teachers’ level of stress with disruptive students. Specifically, this study addressed three primary research questions: 1) Will teachers who participate in the CTRT intervention demonstrate an increase in their ability to provide emotional support to children in the classroom as measured by the emotional support domain on Classroom Assessment Scoring System (CLASS) when compared to teachers from the active control group? 2) Will teachers who participate in the CTRT intervention demonstrate an increase in their use of relationship-building skills to build relationship with students during center time as measured by Child-Teacher Relationship Training Skills Checklist (CTRT-SC) when compared to teachers from the active control group? 3) Will teachers who receive the CTRT intervention decrease their level of stress related to student-teacher relationships as measured by the Index of Teaching Stress (ITS) when compared to teachers from the active control group?

Method

A randomized repeated measures control group design was used to measure the effectiveness of CTRT model on a) teachers’ ability to provide emotional support in the classroom, b) teachers’ use of relationship-building skills, and c) teachers’ level of stress related to the student-child relationship. A priori power analysis using G*Power software determined that a minimum sample of 12 participants would be necessary to find a statistical difference between groups over three times of measurement (pre to mid to post). G*Power calculation was
based on alpha level .05, minimum power established at .80, and a moderate treatment effect size (f = .40) based on Cohen’s (1992) guidelines.

**Teacher Participants**

All Head Start classroom teachers (n = 12) and their aides (n = 12) consented to participate in the study. Using a random assignment of numbers, 6 teacher/aide pairs were assigned to the experimental CTRT group (n = 12) and 6 teacher/aide pairs to the active control Conscious Discipline™ group (n = 12). One teacher (n = 1) in CTRT group dropped from the study due to a family crises that resulted in excessive absences. This change resulted in the CTRT group (n = 11) having 5 teachers and 6 aides.

All teachers participating in the study (n = 12) held at least a bachelor’s degree. Four teachers in the experimental group and five teachers in the control group were certified in early childhood education. Three teachers in the experimental group and two teachers in the control group were certified bilingual generalists. The experimental group teachers consisted of five females and were on average 37 years old. The control group teachers consisted of five females and one male and were on average 29 years old. An average number of years of teaching experience in Head Start were 6.4 years for experimental group teachers and 4.5 years for the control group teachers. The experimental group had three Hispanics and two Whites, and the control group had three Hispanics, one African American, and two Whites.

All aides participating in the study were females (n = 12) with the experimental group having on average 9.4 years of teaching experience and the control group having an average of 9.3 years. The experimental group aides were on average 44.6 years old and the control group aides were on average 42.5 years old. The experimental group had 4 Hispanics and 2 African Americans and the control group had 3 Hispanic, 2 African American, and 1 White.
**Student Participants**

Participating teachers and aides ($n = 23$) identified children with disruptive behavioral problems for the purpose of selecting children of focus for the study. After obtaining parental consent, teachers completed the Caregiver-Teacher Report Form (C-TRF) on identified children. Children who qualified in the borderline or clinical range on the C-TRF were eligible for selection as the child of focus for each teacher and teaching aide. Overall, 9 females, 2 (CTRT) and 7 (CD), and 14 males, 9 (CTRT) and 5 (CD) participated in the study. Children’s mean age was 3.63 for CTRT and 3.88 for CD group. Teachers reported children’s ethnicity: 14 Hispanic/Latino, 7 African American, and 2 other.

**Instrumentation**

*Classroom Assessment Scoring System*

The Classroom Assessment Scoring System (CLASS) is an observation instrument that measures the quality of classrooms in preschool through third grade. According to Pianta, LaParo, and Hamre (2008), the CLASS dimensions assess the quality of teacher-students interactions in the classroom specific to particular students’ developmental levels or age. The CLASS instrument has been adopted by Head Start nationwide to assess effective classroom environment. The CLASS is comprised of three main domains: emotional support, classroom organization, and instructional support. For the purpose of this study, blind observers rated teachers using the emotional support domain of the CLASS on three points of measure: pretest, midpoint test, and posttest. The emotional support domain measures teacher’s ability to support students’ social and emotional functioning in the classroom and encompasses four dimensions: positive climate, negative climate, teacher sensitivity, and regard for student perspective.
The CLASS observation consists of a minimum of four 30-minute cycles per day, including 20-minute observation and 10-minute coding. Observers rate teachers’ interactions with students on a Likert scale of 1 (minimally characteristic) to 7 (highly characteristic) on each dimension. The teacher/aide interactions are scored as a one score per classroom. The composite of average scores of each dimension constitutes a score for the corresponding domain. The organizational structure of the CLASS domains has been validated in nearly 3,000 preschool to fifth-grade classrooms. The internal consistency of the CLASS domains was high: .85 to .94 for emotional support, .76 to .89 for classroom organization, and .79 to .90 for instructional support. Painta et al. (2008) reported a high inter-rater reliability total score of an average 87.1% and high internal consistency with α level ranging from .79 to .91 for the CLASS subscale scores across two, three, and four cycles.

To use the CLASS instrument, observers are required to participate in the training conducted by a certified CLASS trainer and pass a reliability test by scoring within one point of master codes developed by CLASS creators. The CLASS reliability is achieved at the 80% or above agreement with the CLASS master code. In this study, observers achieved a 100% agreement with the CLASS master code.

*Child-Teacher Relationship Training Skills Checklist*

The Child-Teacher Relationship Training Skills Checklist (CTRT-SC) has been adapted (Helker, Bratton, Ray, & Morrison; 2006) from the Play Therapy Skills Checklist, an assessment of child-centered play therapy (CCPT) skills and attitudes, developed by the Center for Play Therapy at the University of North Texas (Ray; 2004). CTRT-SC is an observation instrument utilized to rate teachers’ use of relationship-building skills taught during CTRT training in the classroom. The CTRT-SC observers are required to have training and experience in child-
centered play therapy skills. The observed skills include tracking, reflecting content, reflecting feelings, esteem-building/encouragement, returning responsibility, relational responses, choice giving, and ACT method of limit-setting. The form also includes a section to rate teacher-directed responses and other responses. The observations are conducted during unstructured playtime, e.g. center time, in three 5-minute segments. To measure teacher’s use of relationship-building skills, a total score is calculated.

Helker et al. (2006) reported that CTRT-SC was reviewed by a focus group composed of four experts in the field of counseling and play therapy and the instrument was piloted by doctoral level therapists in four Head Start classrooms. Helker reported that inter-rater reliability was established with three observers on three occasions, indicating a computed reliability of 76% for the first observation, 93% for the second observation, and 88% for the third observation. In the present study the interrater reliability was calculated at pretest and posttest following Stemler’s (2004) 70% benchmark and calculation procedures (i.e. percentage agreement estimates). Agreements were defined as ratings that fell within one point of the measure. The interrater agreement was 100% for both observations.

Index of Teaching Stress

The Index of Teaching Stress (ITS) is a teacher report instrument that measures teacher stress in relationship to a specific student’s behaviors and the teachers’ perceptions of self-efficacy in responding to those behaviors. The ITS is used for teachers who work with students from pre-K to 12th grade and takes 20-25 minutes to complete. For the purpose of this study the ITS was used at three points of measure: pretest, midpoint test, and posttest to examine the effects of the treatment.
The ITS is composed of 90 statements that are grouped into three domains: attention-deficit/hyperactivity disorder (ADHD), student characteristic, and teacher characteristic. The student characteristic domain is composed of the following subscales: Emotional Liability/Low Adaptability, Anxiety/Withdrawal, Low Ability/Learning Disability, and Aggressiveness/Conduct Disorder. The teacher characteristic domain contains the following subscales: Sense of Competence/Need for Support, Loss of Satisfaction From Teaching, Disruption of the Teaching Process, and Frustration Working. The ITS was standardized with 814 teachers from six different states and with an average of 14 years of experience who rated randomly selected students in their classrooms and with 674 teachers who rated randomly selected students with behavioral problems. Abidin et al. (2004) reported that test-retest reliability ranged from .57 to .70, suggesting that the instrument is relatively stable. Internal consistency was established through alpha coefficients that exceeded .90 for domain scores and total stress score.

*Caregiver –Teacher Report Form*

The Caregiver –Teacher Report Form (C-TRF) for ages 1 ½ - 5 is an instrument for teachers, daycare providers, and caregivers other than parents to report their observations of child’s behavior (Achenbach & Rescorla, 2000). For the purpose of this study C-TRF was used to identify children with behavioral problems in clinical or borderline range to qualify as children of focus. The C-TRF items are divided into three subscales: adaptive scale, problem/syndrome scale, and DSM-oriented scales. Furthermore, the C-TRF problem/syndrome scale is categorized into one of the following three domains: externalizing behaviors, internalizing behaviors, and total problems. The reduction in scores on any of the three domains indicates an improvement in the targeted behaviors (Achenbach & Rescorla, 2000). The reported test-retest reliability scores
for C-TRF were high for most scales, ranging between .80 and .90. Internal consistency of C-TRF was also high: .90 for the Total Adaptive scale, .72 to .95 for the Problem scales, and .73 to .94 for the DSM-oriented scales (Achenbach & Rescorla, 2000). Strong validity evidence for C-TRF scores has been well established through more than 6,000 studies (Achenbach & Rescorla, 2000).

**Treatment**

*Experimental Group*

The experimental treatment group \( n = 11; \) 5 teachers and 6 aides) participated in training, supervision, and in-class coaching in the CTRT protocol (Bratton et al., in review) that consists of two phases of treatment (Morrison & Bratton, 2010). The objective of CTRT is to train teachers and aides in relationship building skills that help them become more sensitive, understanding, and responsive to the needs of children. Phase I focused on skill acquisition and application with one child (child of focus). Phase II focused on integration and application of skills in the classroom.

*CTRT - Phase I.* Phase I training content is equivalent to the material covered in the CPRT 10-session protocol. Teachers learned and practiced the core CTRT relationship skills and attitudes including reflective listening, recognizing and responding to children’s feelings, communicating empathy, encouragement, building children’s self-esteem, facilitating decision making, and setting therapeutic limits. The training format included a 2-day intensive didactic training during which teachers applied CTRT skills with typically developing preschool children, followed by 7 weeks of 1-hour group training/supervision sessions along with weekly one-on-one 30-minute play sessions between teachers/aides and children of focus. Teacher/aide dyads were divided into 2 groups, one English-speaking and one Spanish-speaking, for the purpose of
small group interaction and supervision of the video-recorded play sessions. The weekly supervised play sessions between teacher and child of focus is considered essential to mastering the CTRT skills prior to use in the classroom. To further ensure successful skill acquisition, teachers are instructed to refrain from using their new skills outside of the 30-minute play time during Phase I.

**CTRT - Phase II.** During Phase 2, trainers facilitated teachers/aides’ transference of CTRT skills into the classroom environment by providing coaching, modeling, and feedback. Trainers met with each teacher/aide dyad three times a week for 30 minutes for 10 weeks during the regularly scheduled center time (a daily, child-directed play time). For the purpose of this study, center time was designated child teacher relationship (CTR) time to signify to teachers the importance of spending focused relationship time with individual students. Trainers divided the 30-minute CTR time into two 15-minute blocks for teacher and aide to take turns in practicing relationship-building skills with a small group of children, while the other teaching partner was responsible for general classroom management. As classroom coaching sessions progressed, trainers’ modeling of skills decreased and teachers’ and teacher aides’ independent use of CTRT skills in the classroom increased. To ensure that all children received an equal opportunity to engage in relationship-building skills with their classroom teachers and aides, teachers were encouraged to maintain a checklist of children they engaged with during CTR time. Participants continued to meet for 1-hour weekly group training/supervision sessions in their assigned groups with the primary focus of didactic instruction of using play therapy skills on a more advanced level by utilizing it with more than one child at a time. When teachers and aides could not attend group training/supervision sessions, trainers met with those teachers individually to make-up missed sessions.
CTRT training, supervision, and coaching was provided by two advanced doctoral counseling students who are nationally certified counselors and licensed professional counselor interns. Both trainers had experience with Head Start and had received advanced supervised clinical training in play therapy, the CPRT protocol, and the CTRT protocol. To ensure treatment integrity, trainers videorecorded weekly training sessions during Phase I and II. A minimum of 10% of the video recorded sessions were randomly checked by the trainers’ supervisor, an expert in CTRT, to ensure adherence to the CTRT protocol (Bratton et al., in review).

Active Control Group.

Teacher/aide dyads (n = 12) randomly assigned to the active control group received training in the Conscious Discipline (CD) program (Bailey, 2000) as a part of the participating school’s required training for teachers who do not receive CTRT. The underlying philosophy of CD and CTRT is similar in the focus on the teacher-student relationship, the importance of social-emotional development, and a positive classroom environment. Adherence to CD training and use of curriculum could not be insured by researchers, thus CD was designated as an active control group. Consistent with traditional CD training provided by the participating school, participants receiving the active control condition met for a 1-day session prior to the school year and then met periodically throughout the year for group training and support, following the CD curriculum: *Conscious Discipline: 7 Basic Skills for Brain Smart Classroom Management* (Bailey, 2000).

The CD program was developed by Becky Bailey (2000) as a classroom management program for teachers and students that incorporates social-emotional learning and discipline. Bailey described the primary goal of the program as promoting an emotional intelligence in teachers and students and promoting a permanent change in students’ behavior in the context of a
positive teacher-child relationship. CD focuses on relationship building and the communication skills of students in a relationship-based classroom environment. Three major premises of CD are: (a) students and teachers can control and change themselves and that has a profound impact on others; (b) one’s sense of connectedness directs behavior; and (c) conflict is an opportunity to learn. CD recognizes the role of teachers in promoting and modeling respect in students and staff members and provides teachers with seven basic skills of discipline, such as composure, encouragement, assertiveness, choices, positive intent, empathy, and consequences to apply with their students (Bailey, 2000).

Data Collection

After obtaining IRB approval and informed consents from teachers and parents, the teachers were asked to complete the C-TRF on children identified with disruptive behaviors. Children who qualified in the borderline or clinical range were eligible for selection as the child of focus for each teacher and aide. For the purpose of assessing the impact of treatment on the experimental and the control teachers, data was collected on the CLASS, CTR-SC, and the ITS.

Teachers completed the ITS on children of focus to assess teachers’ perception of stress in the teacher-child relationship. Teachers completed the ITS at pretest, midpoint test (following Phase I and prior to Phase II), and posttest. The CLASS and CTR-SC data were collected by objective raters blinded to the study. The CLASS was collected pre, mid and posttest. The CTR-SC data collection followed the recommendations of Bratton et al. (in review) as a measure of effectiveness of in-class coaching and was collected two times, prior to Phase II (in-class coaching) and following Phase II of treatment, to assess acquisition and use of relationship skills in the classroom.
CLASS – Emotional Support Domain

Two objective raters blinded to the study and treatment group assignment conducted observations of the experimental and the control group teacher/aide dyads’ ability to provide emotional support to their students by utilizing the emotional support domain of CLASS. These observations were conducted at three points: (1) prior to Phase I of the experimental group treatment, (2) after Phase I and prior to Phase II of the experimental group treatment, and (3) at the completion of the study. Inter-rater reliability of the emotional support domain of CLASS was established prior to each point of data collection. The blinded observers were two advanced doctoral level counseling students with advanced training and experience in child-centered play therapy, CPRT, and observation assessments. One of the observers was fluent in Spanish and was a former school counselor. First, both observers received 4-hours of training in the CLASS instrument by a nationally certified CLASS trainer. The primary focus of the training was on the emotional support domain of the CLASS. To evaluate interrater reliability, the CLASS certified trainer conducted interrater reliability trainings. The trainer asked observers to rate two training videos provided and required by the publisher of CLASS for the purpose of interrater reliability training. The two observers’ ratings on the emotional support domain of CLASS were compared to the reported reliability ratings scores of the CLASS publisher for each video. Based on two practice ratings completed during training, the raters demonstrated excellent interrater reliability, achieving a 100% within one point agreement on all dimensions of the CLASS emotional support with each other and the Master Rating Codes. The CLASS requires that raters achieve 80% agreement with the Master Rating Codes for each training video. The same procedure was repeated prior to each phase of CLASS observation. Observers rated different videos each time and achieved a 100% agreement with each other and the Master Rating Codes.
**CTRT-SC**

Two objective raters blinded to the study and treatment group assignment conducted observations of the experimental and control group teacher/aide dyads’ ability to utilize relationship-building skills in the classroom. The CTRT-SC requires observers to rate each teacher for 15 minutes and each aide for 15 minutes during the regularly scheduled center time for each classroom. I conducted training on CTRT-SC using the guidelines outlined in the CTRT-SC manual (Helker et al., 2006). To evaluate interrater reliability, observers were asked to rate teachers from video recorded segments of preschool classrooms in which teachers had no specific training in play therapy skills. The interrater reliability was calculated at pretest and posttest following Stemler’s (2004) 70% benchmark and calculation procedures (i.e. percentage agreement estimates). Agreements were defined as ratings that fell within one point of the measure. The interrater agreement was 100% for both observations.

**Data Analyses**

Each dependent variable (the Total Stress scale of the ITS, CTRT-SC scores, and emotional support domain of CLASS) was analyzed on Statistical Package for the Social Sciences (SPSS 17) using a two-factor (treatment group x time) repeated measures split plot ANOVA. This analysis was chosen to investigate group differences, changes across time, and the possible interaction effect of group membership with change across time, which was of particular interest in this study. Prior to conducting the analysis, dependent variables were inspected to screen data for the normality, assumption of sphericity, and homogeneity of variance/covariance matrices. All assumptions for repeated measures ANOVA were met. I established $\alpha$ at .05 to test for significant mean differences and used Wilks’s lambda to interpret the results. I calculated partial eta-squared ($\eta_p^2$) effect size to report the magnitude of differences between two groups.
and understand practical significance of findings (Kazdin, 1999). According to Cohen (1988), .01 is considered a small effect size, .06 is considered a medium effect size, and .14 is considered a large effect size.

When the results of the repeated measures ANOVA yielded a statistically significant main effect for time, I conducted one-way repeated measures ANOVA to explore group performance across time (pre to mid to post). To avoid the Type 1 error, I used the α level of .025 for the post hoc analyses (Armstrong & Henson, 2005).

The individual scores of each participant from pre to post on the emotional support domain of the CLASS and CTRT-SC were examined to report the clinical significance of treatment on the lives of participants. As previously stated, one teacher in the experimental group was dropped from the study due to life events that prevented her from completing the CTRT training. Two teachers from the experimental group and one teacher from the control group were removed from the data analysis of the Total Stress scale of the Index of Teaching Stress due to their children of focus removal from school. One teacher from the experimental group was removed from the data analyses of the Total Stress scale of the ITS due to failure to follow guidelines for completing the ITS. Therefore, data for five classrooms (n = 5) in the experimental group and six classrooms (n = 6) in the active control group were utilized for the emotional support domain of the CLASS. Data for 11 participants (n = 11) in the experimental group and 12 participants (n = 12) in the active control group were utilized for the CTRT-SC scores, and data for eight participants (n = 8) in the experimental group and 11 participants (n = 11) in the active control group were used for the Total Stress scale of the ITS.
Results

*Emotional Support Domain of the CLASS*

Table 1 presents pretest, midpoint test, and posttest means and standard deviations for the experimental ($n = 5$ classrooms) and the control ($n = 6$ classrooms) group on the emotional support domain of the CLASS. Results of the analysis of the dependent variable, emotional support, revealed a non-statistically significant interaction effect of Time (pretest, midpoint test, posttest) x Group membership (experimental/control); [Wilks’s lambda = .84, $F(2, 8) = 2, p = .50$, ($\eta_p^2 = .159$; observed power = .13)] a statistically significant main effect for time; [Wilks’s lambda = .46, $F(2, 8) = 26.59, p = .04$, ($\eta_p^2 = .54$)], and a non-statistically significant main effect for group; [$F(1, 9) = 1.342, p = .28$ ($\eta_p^2 = .13$)]. These results indicated that according to objective raters blinded to the study, teachers from CTRT group did not demonstrate a statistically significant increase in the emotional support domain overtime when compared to teachers from CD group. Partial $\eta_p^2$ was calculated to determine the magnitude of the treatment effect. Results indicated that although the interaction effect was not significant, CTRT demonstrated a large treatment effect ($\eta_p^2 = .159$) overtime, when compared to the CD. Figure 1 graphically displays the means for both groups at pretest, midpoint, and posttest and demonstrates that while both groups demonstrated improvement, the experimental group demonstrated greater gain in providing students emotional support.
Table 1

*Mean Scores on the Emotional Support Domain on Classroom Assessment Scoring System (CLASS)*

<table>
<thead>
<tr>
<th></th>
<th>Experimental group (n = 5)</th>
<th>Control group (n = 6)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pretest</td>
<td>Midtest</td>
</tr>
<tr>
<td>Emotional Support Domain</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Mean</strong></td>
<td>5.14</td>
<td>5.94</td>
</tr>
<tr>
<td><strong>SD</strong></td>
<td>.96</td>
<td>.68</td>
</tr>
</tbody>
</table>

*Note.* An increase in mean scores indicates improvement in behavior.

*Figure 1.* Mean Index of emotional support (CLASS) scores for CTRT and CD groups.

*Post Hoc Analyses*

Because the main effect for time was statistically significant, a post hoc one-way repeated measures ANOVA was conducted to examine within group change for the CTRT and CD group.
Results indicated no statistically significant main effect for time for the experimental group, $F(2, 3) = 4.67, p = .120, (\eta_p^2 = .76)$ and no statistically significant main effect for time for the control group, Wilks’s lambda = .72, $F(2, 4) = .798, p = .511, (\eta_p^2 = .29)$. However, CTRT demonstrated a very large treatment effect ($\eta_p^2 = .76$), almost three times greater than the treatment effect for the CD ($\eta_p^2 = .29$).

**Relationship-building Skills on the CTRT-SC**

Table 2 presents pretest and posttest means and standard deviations for the experimental ($n = 11$) and the control ($n = 12$) group on the dependent variable, child-teacher relationship skills. Results of the analyses of the dependent variable, relationship skills, indicated a statistically significant interaction effect of Time (pretest, midtest, posttest) x Group membership (CTRT, CD); [Wilks’s lambda = .81, $F(1, 21) = 5.038, p = .036, (\eta_p^2 = .193; \text{observed power} = .572)$]; a statistically significant main effect for time; [Wilks’s lambda = .66, $F(1, 21) = 10.68, p = .04, (\eta_p^2 = .337)$]; and a non-statistically significant main effect for group, [$F(1, 21) = 4.06, p = .057, (\eta_p^2 = .162)$]. These results indicated that according to objective raters blinded to the study teachers from the CTRT group demonstrated a statistically significant increase in the Child-Teacher Relationship Skills from pre- to posttreatment when compared to teachers in the CD group. Results further indicate that CTRT group demonstrated a large treatment effect ($\eta_p^2 = .193$) on relationship skills when compared to the CD group teachers. Figure 2 graphically displays the means for both groups at pretest, midpoint, and posttest and demonstrates that while both groups demonstrated improvement, the experimental group demonstrated greater gain in providing students emotional support.
Table 2

*Mean Scores on Child Teacher Relationship Training Skills Checklist*

<table>
<thead>
<tr>
<th></th>
<th>Experimental group (n = 11)</th>
<th>Control group (n = 12)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pretest</td>
<td>Posttest</td>
</tr>
<tr>
<td>Relationship-building</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skills</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean</td>
<td>4.54</td>
<td>19.36</td>
</tr>
<tr>
<td>SD</td>
<td>4.76</td>
<td>17.69</td>
</tr>
</tbody>
</table>

*Note.* An increase in mean scores indicates improvement in behavior.

*Figure 2.* Mean CTRT-SC scores for CTRT and Conscious Discipline groups.

*Post Hoc Analyses*

Because the main effect for time was statistically significant, a post hoc one-way repeated measures ANOVA was conducted to examine within group change for the CTRT and CD group.
Results indicated a statistically significant main effect for time for the experimental group; [Wilks’s lambda = .57, F (1, 10) = 7.57, p = .020, (\eta_p^2 = .43)] and no statistically significant main effect for time for the control group; [Wilks’s lambda = .76, F(1, 11) = 3.39, p = .093, (\eta_p^2 = .24)]. However, CTRT demonstrated a very large treatment effect (\eta^2 = .43), almost two times greater than the treatment effect for the CD (\eta_p^2 = .24).

Total Stress Scale on the ITS

Table 3 presents pretest and posttest means and standard deviations for the experimental (n = 8) and the control (n = 11) group on the Total Stress scale of the ITS. A visual inspection of pretest means revealed that the groups appeared different. I conducted a one-way ANOVA to examine group differences at pretest. Results indicated a non-statistically significant difference between groups at pretest, F(1, 17) = 1.54, p = .232.

Results of the analyses of the dependent variable, Total Stress, indicated a non-statistically significant interaction effect for Time (pretest, midtest, posttest) x Group membership (CTRT, CD); [Wilks’s lambda = 1.00, F(2, 16) = .003, p = .997, (\eta_p^2 < .001; observed power = .050)]; a statistically significant main effect for time; [Wilks’s lambda = .55, F(2, 16) = 6.57, p = .008, (\eta_p^2 = .45)]; and a non-statistically significant main effect for group, [F(1, 17) = 1.76, p = .202 (\eta_p^2 = .094)].

These results indicated that teachers from the CTRT group did not demonstrate a statistically significant decrease in Total Stress score from pre-, to mid-, to posttreatment when compared to teachers from the CD group. Partial \eta_p^2 was calculated to determine the magnitude of the interaction treatment effect and did not yield a substantial effect size (\eta_p^2 < .001). Figure 3 graphically displays the means for both groups at pretest, midpoint, and posttest and demonstrates a similar pattern of change in scores for both CTRT and CD group.
Table 3

Mean Scores for the Total Stress Scale on Index of Teaching Stress

<table>
<thead>
<tr>
<th></th>
<th>Experimental group (n = 8)</th>
<th>Control group (n = 11)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>pretest</td>
<td>midtest</td>
</tr>
<tr>
<td>Total Stress</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean</td>
<td>165.00</td>
<td>137.75</td>
</tr>
<tr>
<td>SD</td>
<td>42.71</td>
<td>33.33</td>
</tr>
</tbody>
</table>

*Note.* A decrease in mean scores indicates improvement in behavior.

![Graph showing mean total stress scale (ITS) for CTRT and Conscious Discipline groups.](image)

*Figure 3.* Mean Total Stress scale (ITS) for CTRT and Conscious Discipline groups.

**Post Hoc Analyses**

Because the main effect for time was statistically significant, a post hoc one-way repeated measures ANOVA was conducted to examine within group change for the CTRT and CD group.
Results indicated a statistically significant main effect for time for the experimental group; [Wilks’s lambda = .39, F(2, 6) = 5.37, \( p = .046 \), \( \eta^2_p = .64 \)] and no statistically significant main effect for time for the control group; [Wilks’s lambda = .62, F(2, 9) = 2.78, \( p = .115 \), \( \eta^2_p = .38 \)]. However, CTRT demonstrated a very large treatment effect \( \eta^2_p = .64 \), almost two times greater than the treatment effect for CD \( \eta^2_p = .38 \).

**Clinical Significance**

Clinical significance refers to the benefit the treatment offers to the client in real life (Kazdin, 2003). To understand the impact CTRT had on teachers’ and aides’ ability to provide emotional supportive classroom environments and use relationship building skills with at-risk students, the individual scores of each participant from pre to post on the emotional support domain of the CLASS and CTRT-SC were examined.

**Emotional Support Domain of the CLASS**

Out of 5 classrooms that received CTRT, 2 classrooms improved from medium to high level of emotional support with an average increase in score of 2.02 points. Two classrooms remained in high level of emotional support with an average increase in score of .84 points. One classroom remained in medium level of emotional support with an average increase in score of 1 point. On the other hand, out of 6 classrooms in the active control group, 3 classrooms improved from medium to high level of emotional support with an average increase in score of .96 points and 3 classrooms remained in the medium level of emotional support with an average increase in score of .25 points.

**Relationship-Building Skills of the CTRT-SC**

Out of 11 teachers and aides who received CTRT, 7 participants demonstrated improvement in relationship-building skills with an average increase in score of 19.33 points and
2 participants demonstrated a decline in relationship skills with an average decrease in score of 5.5 points. On the other hand, out of 12 teachers in the active control group, 7 participants demonstrated improvement in relationship-building skills with an average increase in score of 5.86 points, 3 participants demonstrated a decline in relationship-building skills with an average decrease in score of 2.67 points, and 2 participants remained the same.

Discussion

A review of the literature indicated that there is a critical need for professional development programs focused on developing teacher skills that promote positive classroom environments, particularly with young at-risk children. Specifically, researchers emphasized the importance of relationship-building skills and teachers’ ability to understand students’ social and emotional needs (Fukkink & Lont, 2007; Raver, Jones, Li-Grining, Metzger, Champion, & Sardine, 2008; Whittaker & Harden, 2010; Yost & Mosca, 2002). This study was designed to investigate the effectiveness of child teacher relationship training (CTRT) with Head Start teachers. The results indicate that CTRT offers promise as an effective treatment for increasing teachers’ ability to use relationship-building skills and provide emotional support to students and for reducing teachers’ level of stress with disruptive students in their classroom.

CTRT Effects on Teacher’s Emotional Support

Results of the study provide preliminary support for CTRT as a beneficial intervention for increasing Head Start teachers’ ability to provide emotional support to students in their classrooms. Although the interaction effect was non-statistically significant, the treatment effect for CTRT compared to CD over time was large ($\eta_p^2 = .16$), indicating that 16% of the increase in teachers’ ability to provide emotional support is accounted for by the treatment. Post hoc
analysis of group effects across three points of measure revealed that the treatment effect for CTRT ($\eta_p^2 = .76$) was nearly three times larger than the effect size for the CD ($\eta_p^2 = .29$).

Because the CLASS instrument has been adopted by Head Start nationwide to evaluate effective classroom environments, the teachers’ increased ability to provide emotional support on this measurement is of significant importance. Both CTRT and CD treatment protocols have similar philosophical beliefs focusing on the teacher-student relationship, the importance of social-emotional development, and a positive classroom environment. While both groups demonstrated improvement, CTRT’s nearly three times greater treatment effect indicates the superiority of CTRT over CD on increasing teachers’ ability to respond to students with emotional sensitivity. These results are of particular importance because teacher’s ability to provide emotional support to students has been linked to positive classroom climate and students’ social and academic success (Pianta, LaParo, & Hamre, 2010). For example, students in emotionally supportive classroom environments demonstrated higher levels of self-regulation (Blair, 2004), interpersonal skills (Birch & Ladd, 1998; Howes, 2000) and academic readiness (Raver, 2004).

Teachers who are attuned to students’ social-emotional needs provide positive classroom environments characterized with a high degree of teacher sensitivity and regard for student perspective that are essential to students’ holistic development and academic success (Pianta, et al., 2008). This can be particularly important for at-risk children at Head Start because emotionally supportive classroom environments were found to serve as a buffer against significant risk factors and adverse childhood caregiving experiences for students (Buyse, Verschueren, & Doumen, 2009; Ladd & Burgess, 2001; O’Connor & McCartney, 2007). Because availability of the mental health services to at-risk preschool children continues to be a
national concern (NCCP, 2009), the CTRT training model should be considered as an effective
treatment option to prevent students’ poor social and emotional outcomes and respond to
students’ current mental health needs.

CTRT Effects on the Use of Relationship-Building Skills

Results of the study indicate that teachers in the CTRT group demonstrated a statistically
significant increase in the use of relationship-building skills overtime with a large treatment
effect ($\eta_p^2 = .193$) when compared to teachers who participated in the CD training. Examination
of mean change for each group indicates that CTRT teachers demonstrated a 14.82 mean
increase in use of relationship-building skills in classroom, while CD teachers demonstrated a
2.75 mean increase in use of relationship-building skills. Post hoc analyses of group effects over
time supported the effectiveness of the CTRT treatment, indicating that the effect size for CTRT
($\eta_p^2 = .43$) was almost twice as large as the CD group’s ($\eta_p^2 = .24$).

These results are consistent with findings from Helker and Ray (2009) in which teachers
from CTRT group demonstrated a statistically significant increase in the use of relationship-
building skills in the classroom when compared to the CD group. Helker and Ray also conducted
observations of CTRT-SC 10-weeks after the completion of the intervention and found that
CTRT teachers retained their relationship-building skills and continued to demonstrate
statistically significant more relationship-building skills than the CD group teachers. The
researchers noted that during follow-up observation the majority of teachers in the CD group
conducted administrative work during the center time, while the CTRT group actively engaged
with students. Although the present study did not utilize follow-up observations, the notes of the
blind observers at posttest indicated a similar trend. Several teachers from the CD group engaged
in the end of year school paperwork, while CTRT group actively engaged students during the
center time. Helker and Ray reported two main limitations to their study, including the use of only one measurement, the CTRT-SC, to measure the impact of treatment on teachers’ ability to provide relational and emotional support to students. Furthermore, the researchers reported that the CTRT-SC observers were not blinded to the participants’ group assignment, thus observer bias could have impacted the results. The present study addresses these two limitations by using a second direct observation instrument with well-established validity and reliability, the CLASS, and using independent raters blinded to the study to collect CLASS and CTRT-SC data. Helker and Ray (2009) also reported that teachers’ use of relationship-building skills had a positive effect on children in their classrooms, resulting in a decrease in reported externalizing behavioral problems.

Indeed, the teacher’s ability to build positive relationship with students has been found to have a significant lasting impact on preschool students. For example, when children identified at-risk due to family factors have positive relationships with their teachers they demonstrated higher levels of scholastic competence than at-risk children who did not have positive relationships with their teachers (Burchinal et al., 2002). Teacher’s ability to build relationships with at-risk preschool students has been also linked to students’ cooperative behavior, increased attention in the classroom, and development of social skills and prosocial behaviors up to second grade (Howes, 2000; Ladd & Burgess, 2001).

**CTRT Effect on Teacher’s Stress**

Results of the analysis indicated that both the CTRT and the active control teachers reported a decrease in their stress level over time with children of focus who were identified as exhibiting disruptive behaviors in their classroom. Although, the results for statistical significance did not indicate that one of the treatments was more effective than the other, the
treatment effect for CTRT ($\eta^2_p = .64$) was nearly two times larger than the treatment effect for the CD ($\eta^2_p = .38$). It is important to note that while teachers verbally expressed high levels of stress related to identified students’ clinical levels of disruptive behaviors, experimental and active control teachers’ mean pretest scores on the ITS fell in the normal range. Thus the ITS pretest scores did not reflect teacher’s verbal report of stress. The discrepancy between verbal report and ITS scores should be considered when interpreting results. Figure 3 reveals an interesting pattern of pre to mid decrease and mid to post increase in scores for both groups, suggesting the possibility of a confounding variable in the school environment that impacted results. Again, caution in interpreting these results is warranted.

The findings that CTRT might be an effective intervention in reducing teachers’ stress are important. Teachers’ high level of stress has been linked to the development of low confidence, job dissatisfaction, high burnout rate, and high teacher attrition rate in schools (Klassen & Chiu, 2010; McCarthy et al., 2009). Further, teachers’ stress level impacts their ability to respond to their students’ emotional needs and positive classroom environments (McCarthy et al., 2009).

Limitations and Recommendations for Future Research

Although the results of this study offer valuable information regarding effectiveness of CTRT with Head Start teachers working with disruptive students, there are several limitations that should be considered when interpreting results. Convenience sampling and a small sampling size limits generalizability of the results to Head Start teachers. Studies utilizing larger sample size and several locations can increase the ability to attribute effects to the intervention and increase generalizability. An additional limitation of this study is a lack of true comparison group, as originally planned. Because I didn’t have control over CD training, I utilized the group
as an active control group. However, it is important to note that the CD training was typical of what teachers in this school receive every year. To address this limitation, future studies can incorporate a true comparison group and increase the assurance that findings were directly related to CTRT training. An additional limitation was my heavy involvement in providing CTRT training that could have impacted treatment administration and introduced experimenter bias. Finally, due to time constraints of the school schedule, it was impossible to conduct a follow-up observation after completion of the treatment protocol to measure teachers’ CLASS and CTRT-SC skills retention. Thus, I cannot report if teachers continued using skills once CTRT training was completed. Future studies can address this limitation by conducting follow-up observations and reporting the results. Finally, it is also recommended to avoid data collection at the end of school year and other stressful periods that can impact the results.

Conclusion

A growing body of government reports indicated a concern with the growing number of young children with behavior problems in classrooms (NCCP, 2009, US Department of Health and Human Services, 2002), contributing to the problem of negative teacher-child relationships, classroom climate, and high levels of teacher stress. To address this problem, these reports indicated the need for identifying professional development programs for teachers focusing on developing teachers’ understanding and empathy of students’ social and emotional needs, relationship-building skills, and ability to provide emotionally supportive classroom environments (Raver et al., 2008; Whittaker & Hardem, 2010).

In two preliminary studies (Helker & Ray, 2009; Morrison & Bratton, 2010), CTRT has been identified as a possible effective teacher professional development model to develop emotionally attuned relationships with students exhibiting clinical levels of behavior problems.
This study supports the previous findings on the effectiveness of CTRT in developing teacher’s relationship-building skills. This study also adds to the literature by providing preliminary evidence of the effectiveness of CTRT on increasing teachers’ ability to provide emotionally supportive classroom environments as measured by a well-established instrument the Classroom Assessment Scoring System. Although further research is needed in order to establish CTRT as an evidence-based treatment, this study supports CTRT as a viable model to use in Head Start schools with at-risk children.
References


APPENDIX A

EXPANDED LITERATURE REVIEW
Introduction

The National Center for Children in Poverty (NCCP; 2009) estimated that 14.2% of children under 5 years of age develop social-emotional problems that impact their development, functioning, and school readiness. Yet, less than 1% of preschoolers with social emotional difficulties is identified and receives treatment. Of preschool children who receive mental health services, the majority (34%) are diagnosed with disruptive behavior disorder (U. S. Department of Health and Human Services, 2002). The NCCP estimates that because of a significant gap in meeting young children’s mental health needs, up to 97% of young children with disruptive behavior problems do not receive services. This statistic is especially concerning in light of several major government reports that unaddressed early mental health problems are likely to result in more serious mental health problems later in life (NCCP, 2009; New Freedom Commission on Mental Health, 2003; U. S. Department of Health and Human Services, 2002; U.S. Public Health Service, 2000), and research that shows that disruptive behavior problems in young children are particularly stable and predictive of dire consequences across the lifespan when they go untreated (Webster-Stratton & Reid, 2003; Keiley, Bates, Dodge, & Petit, 2000).

The impact of preschoolers’ social emotional difficulties on early school readiness and future academic success has been well-documented in the literature. Preschoolers are three times more likely to be expelled from school than school-aged children (NCCP, 2009). Furthermore, young children with social emotional difficulties exhibit behaviors that impact the overall classroom atmosphere and contribute to teachers’ level of stress and tension in the classroom (NCCP, 2010). A recent government report (US Department of Health and Human Services, 2010) examined the effectiveness of Head Start programs and concluded that teacher-child interactions were of particular concern in addressing social-emotional development. Thus, there
has been an increased attention to the role of teacher-child relationships and teachers’ ability to provide emotional support to their students.

Teachers have been recognized as significant caregivers for young children (Achenbach & Rescola, 2000), and often spend more daytime hours with children than their parents. This fact is particularly important for children who live in unstable family environments and further supports the significance of nurturing teacher-child relationships (Morrison & Bratton, 2010). The quality of student-child relationships has been specifically linked to students’ externalizing behavior (Whitaker & Harden, 2010) and school success (Pianta, La Paro, & Hamre, 2008). Children who develop negative relationships with teachers are at higher risk of developing externalized behavioral problems or intensifying existing social-emotional and behavioral difficulties (Ladd & Burgess, 2001). Researchers also found that preschoolers whose relationships with teachers are characterized by a high level of conflict develop similar interpersonal behaviors with their peers (Birch & Ladd, 1997). The importance of the teacher-child relationship is further supported by research showing its link to students’ school adjustment, academic achievement, engagement in classroom curriculum, liking of school, number of absences, social and emotional competence, and self-concept (Baker, 2006; Birch & Ladd, 1997; Birch & Ladd, 1998; Burchinal, Peisner-Feinberg, Pianta, & Howes, 2002; Howes, 2000; Pianta & Stuhlman, 2004).

A negative teacher-child relationship effects teachers as well. Inability to manage challenging behaviors in the classroom may lead teachers to question their competence and result in a low sense of self-efficacy (Klassen & Chiu, 2010). Teachers who are exposed to disruptive students’ behaviors on a regular basis are also at high risk of developing high levels of stress and negative feelings towards their students (McCarthy et al., 2009), and are more likely to develop
burnout symptoms that contribute to the current problem of high rate of teacher attrition in public schools (Skaalvik & Skaalvik, 2007; Ulrich, 2009).

Teachers who experience high levels of stress in their relationship with students are also more likely to demonstrate low emotional sensitivity to students’ social and emotional needs. Because teachers’ emotional sensitivity and support has been linked to positive classroom climate and students’ social and academic success (Pianta et al., 2008), classrooms with teachers who show a diminished capacity to provide these conditions to students are of particular concern. Such classrooms are characterized by a negative climate with frequently exhibited feelings of anger, frustration, hostility, and aggression by teacher and students. Students in classrooms with a negative environment do not feel connected and respected by their teachers and peers (Pianta et al., 2008) or motivated to engage in learning (Pianta et al., 2002).

Policymakers have recognized the need to provide teachers with training that will help them acquire developmentally appropriate relationship-building skills to help children meet their social-emotional and developmental needs (NCCP, 2009, 2010). Further, researchers have emphasized the need for the teacher training programs to focus on helping teachers understand underlying motives of students’ behaviors, increase their emotional sensitivity, and strengthen the teacher-child relationship (Fukkink & Lont, 2007; Pianta et al., 2008; Whittaker & Harden, 2011). Teachers who understand students’ behavior can have a greater capacity to respond to a student with empathy and care and provide them with emotional support.

Child teacher relationship training (CTRT; Bratton, Landreth, Morrison, & Helker, in review) is a teacher-focused intervention for young children that is focused on helping teachers develop an emotionally-attuned relationship with their young charges. CTRT is a teacher-adapted model of child parent relationship therapy (CPRT; Landreth & Bratton, 2006), a well-
researched treatment intervention that is grounded in the principles and procedures of child-centered play therapy (CCPT) and focused on training parents to become therapeutic agents of change for their children. With over 32 controlled outcome studies (Bratton, Landreth, & Lin, 2010), CPRT is an empirically supported, manualized intervention (Bratton, Landreth, Kellam, and Blackard, 2006) that meets American Psychological Association criteria for probably efficacious treatments (Baggerly & Bratton, 2010; Bratton et al., 2010). A meta-analysis of 93 play therapy outcome studies (Bratton, Ray, Rhine & Jones, 2005) calculated an overall large treatment effect for play therapy interventions, and indicated that the effects were even stronger when caregivers were fully involved in treatment, as in the case of CPRT and CTRT. While the majority of included studies focused on parental involvement, these findings indicate the potential effectiveness for training teachers in child centered play therapy skills as a treatment for young children exhibiting behavioral difficulties.

Morrison and Bratton (2010) conducted a preliminary investigation of applying CPRT with teachers and found that CTRT demonstrated a large beneficial treatment effect on Head Start children displaying clinical levels of behavior problems in the classroom. The clinical significance of the findings revealed that the majority of children (69%) in the experimental group improved to normal levels of functioning following the intervention. These results indicate that teachers who received the CTRT training were able to learn and effectively apply therapeutic skills with children considered behaviorally at-risk. In a companion study, Helker and Ray (2009) focused primarily on the impact of CTRT training on Head Start teachers and found that teachers trained in CTRT utilized more relationship-building and developmentally appropriate classroom management skills than teachers who did not receive the training. Further they reported that student reduction in behavior problems reported in Morrison and Bratton were
maintained at follow-up. Results from these two initial investigations are promising and provide the impetus for further research that addresses limitations of these preliminary studies, particularly the use of a well-established, reliable instrument and independent raters to observe effects of CTRT on Head Start teachers’ ability to provide an emotionally and relationally supportive classroom environment.

**Statement of the Problem**

Recent government reports indicate an increase in a number of young children with disruptive behaviors in classrooms (NCCP, 2009; US Department of Health and Human Services, 2002). These children exhibit behaviors that are challenging to teachers contributing to the stress in the teacher-child relationship. The literature indicates that the quality of the teacher-child relationship is linked to students’ social-emotional development and academic success and teachers’ ability to provide emotional support in classrooms (Birch & Ladd, 1997; Burchinal et al., 2002; McCarthy et al., 2009). Because Head Start teachers play an important caregiving role for young children who often come from unstable home environments, the quality of the teacher-child relationship is of even greater significance.

Empowering teachers with skills to respond to children’s emotional and behavioral needs and build a positive teacher-child relationship has been shown to have a reciprocal effect on children and teachers. Teachers who have a capacity to understand underlying motives of students’ behavior can respond to students with empathy and increased emotional sensitivity (Pianta et al., 2008), thereby helping students develop self-regulation and an enhanced capacity for succeeding socially and academically. Although literature acknowledges the importance of training to increase teachers’ relationship-building skills and emotional attunement to students
(Fukkink & Lont, 2007), there is a need to identify effective training programs for teachers working with disruptive students to address these goals.

Two recent exploratory studies cite promising results on the effectiveness of training teachers in CTRT (Helker & Ray, 2009; Morrison & Bratton, 2010) and indicate the need for further research, particularly given a growing body of research that emphasizes the importance of the teacher-child relationship on pre-school children’s school readiness and future mental health and academic success.

Purpose of the Study

The proposed study aims to explore if training teachers in CTRT is an effective intervention to a) increase teachers’ ability to provide emotional support to students in their classroom using the Classroom Assessment Scoring System (CLASS) which is specifically designed to measure the quality of classrooms in meeting students’ social-emotional and academic needs (Pianta et al., 2008), and recently adopted by Head Start for annual evaluation of program quality; b) increase teachers’ use of relationship-building skills; and c) reduce teachers’ level of stress with disruptive students.

Review of Related Literature

The review of related literature includes the following: (a) early mental health needs of Head Start children, (b) importance of emotional support in Head Start classrooms, (c) effects of teacher-child relationship on students and teachers, (d) rational for teachers’ training, (e) overview of teachers’ professional development models, and (f) overview of play-based interventions.

Early Mental Health Needs of Head Start Children

The Head Start program was established in 1961 with a mission to enhance social and
cognitive development of at-risk children and to promote their school readiness. To achieve this goal, Head Start provides educational, health, nutritional, social, and other services to children and their families (Head Start Act, 1981). To be eligible for Head Start services, a family’s income should be below 130% of the federal poverty level. In 2011, nearly 22% of children under the age of 6 lived in households with a family income below 100%-200% of the federal poverty level (National Center for Children in Poverty [NCCP], 2011). These children are likely to be exposed to several risk factors that have a detrimental effect on their cognitive and emotional development. These risk factors include poverty, non-English speaking household, low parental education, impaired parenting, single parenthood, parental alcohol and drug abuse, parental unemployment, parental depression, and exposure to community and domestic violence (Knitzer, 2003; NCCP, 2011). Children who are exposed to a combination of these risk factors are at risk of experiencing some sort of trauma and neglect in their early years (Knitzer, 2000). These experiences can have a negative impact on children’s ability to trust adults and build positive relationships with caregivers. Furthermore, these children are at risk of developing poor social and emotional outcomes and delinquent behaviors that may threaten their development and academics readiness (Knitzer, 2003). In the classroom, such children can exhibit fearful, disorganized, and inattentive behaviors that can prevent them from succeeding academically and building positive relationships with teachers (Donahue, 2002; Thompson, 2002).

These children often exhibit behaviors that can be challenging for school staff. Teachers continue to report more problematic and noncompliant behaviors for young children in their classrooms (Whittaker & Harden, 2010). These behaviors can be stressful for teachers and lead to the development of negative feelings towards students (McCarthey, Lambert, O’Donell, & Melenders, 2009). Negative teacher-child relationships are of particular concern because children
spend the majority of their awake time with teachers and therefore teachers are important caregivers to help children meet their social and emotional needs. A negative teacher-child relationship has been found to affect both teachers and children and decrease teachers’ ability to provide emotional support to children. Because caregivers have an emotional significance to children, such inability to attune to a child’s emotional needs is concerning and negatively affects a child’s emotional development.

*Emotional Support in Head Start Classrooms*

Researchers recognize the importance of a positive emotional climate on at-risk children’s development of self-regulation and academic readiness (Blair, 2002; Raver, 2004). Children who develop emotional connections to caregivers and peers early in their lives are more likely to develop positive social and academic outcomes (Hamre & Pianta, 2005; Ladd & Burgess, 2001). For example, children who experienced a child-centered climate in the classroom showed more on-task and learning behaviors than children from non-client-centered classrooms (Pianta et al, 2002). Because children spend the majority of their daily time in the classroom, the teacher’s ability to provide them with social and emotional support is central to their holistic development (Pianta, LaParo, & Hamre, 2008). Teachers who are attuned and responsive to students’ emotional needs exhibit a high level of awareness of students’ academic needs and a high regard for students’ individual interests, strengths, and points of views. As a result of such classroom practice, students feel emotionally connected and respected by teachers and exhibit emotional sensitivity with their peers as well (Pianta et al., 2008).

The National Association for the Education of Young Children (NAEYC, 1992) issued a position statement that emphasized the importance of teachers’ providing emotional support for students’ optimal development. The NAEYC described emotionally supportive teachers as
respectful to a child, understanding of a child, and appreciative of a child. Dollard, Christensen, Colucci, and Epanchin (1996) also proposed that emotionally supportive teachers create child-centered environments in classrooms characterized by a caring, respectful, and understanding relationship with children. Furthermore, caring and emotionally supportive teachers are characterized by a high degree of awareness of their own biases, beliefs, and reactions to students and to certain behaviors (Dollard et al., 1996).

It appears that emotionally supportive teachers have an ability to provide sensitivity and empathetic response to students in need. However, teachers with at-risk students in the classroom may feel challenged to understand and respond to students’ behaviors and positively respond to students’ underlying needs. Teachers who do not feel empathetic to their students are in danger of developing negative feelings and attitudes towards challenging students that may negatively affect the quality of the teacher-child relationship and have a negative impact on both students and teachers.

**Effects of Teacher-Child Relationship on Students**

Many researchers have focused on the quality of teacher-child relationships and its effects on students’ behavior, social-emotional development, and academic success. For example, Birch and Ladd (1998) noted that children may exhibit three types of interpersonal behaviors: moving “against” others (e.g., antisocial behaviors), moving “away” from others (e.g., asocial behaviors), and moving “towards” others (e.g., social behaviors). Therefore, children with antisocial interpersonal behaviors tend to form relationships with teachers characterized by a high level of conflict and a low level of closeness and challenge their teachers’ ability to provide emotional support in the classroom. Children who exhibit asocial interpersonal behaviors require more guidance and supervision from teachers and show more dependent and withdrawn
behaviors compared to other children in the class. Birch and Ladd raised concerns that children’s interpersonal behaviors can become stable overtime and predict their social adjustment at school. They also reported observations that children who had negative relationships with teachers exhibit a gradual decline in the quality of relationship with their peers.

Howes (2000) reported similar findings on the impact of young children’s experiences of the teacher-child relationship and classroom climate at preschool on their prosocial behaviors in the second grade. Thus, children’s early childhood experiences of building relationships with significant caregivers are essential for developing their social skills and prosocial behaviors later in life.

Furthermore, researchers examined the impact of the teacher-child relationship and students’ learning behaviors and academic engagement. For example, Ladd and Burgess (2001) followed 396 children and their teachers from kindergarten through completion of first grade and found that children with behavioral problems were less likely to cooperate in the classroom than their peers. Furthermore, disruptive children with negative relationships with teachers and peers tended to like school less, participate in the classroom less, and show an increase in the severity of disruptive behaviors, thought problems, and attention problems by the completion of the first grade. Therefore, at-risk children experiencing ongoing conflictual relationships with teachers are at greater risk of developing psychological maladjustments that prevent them from academic learning and developing their scholastic competency.

Birch and Ladd (1997) also proposed that the nature of the student-teacher relationship characterized by closeness, conflict, or dependency can impact the outcome of students’ school adjustment. In dependent teacher-child relationships, students show a high degree of overdependence on the teacher that restricts their curiosity, learning, and relationship with peers.
In conflictual teacher-child relationships, students continue to engage in discordant interactions with the teacher and do not perceive the teacher as a secure base for academic learning and development. Close teacher child relationships promote a sense of security and facilitate students’ academic performance and social-emotional development. Therefore, Birch and Ladd concluded that a close teacher-child relationship is associated with positive school adjustment. Researchers speculated that in a teacher-child relationship characterized by closeness, children view teachers as a secure base that encourages their self-direction and autonomy in the learning environment. However, students with negative relationships with teachers tend to dislike and avoid school and be less self-directed, less cooperative, and less accepted by peers.

Hamre and Pianta (2001) also found a trajectory of the quality of early teacher-child relationships on children’s \( n=179 \) behavior, grades, school absences, work habits, and performance on standardized tests from kindergarten to eighth grade. These results indicate the importance of early teacher-child relationships on children’s behavior and adjustment at school in later years, especially for children with behavior problems.

Finally, researchers found a strong link between the students’ academic achievement and the quality their relationship with teachers. For example, Birch and Ladd (1997) found that a positive teacher-child relationship is associated with children’s high academic performance. Thus, children with close relationships with teachers had higher visual and language stanine scores on achievement tests compared to children with dependent and conflictual relationships with teachers.

Mashburn et al. (2008) investigated the quality of 671 pre-K programs classrooms in developing children’s academic, language, and social skills by looking into the programs infrastructure and design; overall quality of classroom environment; and teacher-student
interaction. The results indicated that the quality of teacher-child emotional and instructional interactions had the most consistent strong association with children’s development, including language and academic skills, social competence, and positive behavior. These results indicate that children learn more when their interactions with teachers are emotionally supportive and stimulating.

Burchinal, Peisner-Feinberg, Pianta, and Howes (2002) also looked at the quality of children’s experiences with early caregivers and its impact on their academic skills acquisition. The results of a longitudinal study with 511 children indicated that children identified as at risk due to family factors were able to develop academic competence when they had close relationships with their teachers. The effects of positive teacher-child relationship on children’s development were stronger for preschool children than elementary school children, indicating that teachers have a significant impact on young children’s future academic development and success. Furthermore, the researchers found that students of color and students from authoritarian family backgrounds who had positive relationship with teachers demonstrated a significant increase in language acquisition and reading skills, respectively, by the end of second grade.

Baker (2006) conducted a longitudinal study with 1,310 children from kindergarten to fifth grade and found a small-to-moderate effect of the quality teacher-child relationship on students’ behavior and academic success. These results indicate that students with negative relationships with teachers may be at risk of poor school outcome. Results also indicated that girls tended to have better quality relationships with teachers than boys, indicating that gender differences may contribute to the development of conflict or closeness in relationships with caregivers.
O’Connor and McCartney (2007) also found a high correlation between the quality of teacher-child relationships and students’ achievement. In a longitudinal study with 880 children from birth to third grade, researchers noticed that the quality of the teacher-child relationship significantly changed from preschool to third grade, with a tendency for the quality of the relationship to decrease. The results of the study suggest that children whose relationship with teachers was on a decreasing trajectory from preschool to third grade had the lowest achievement scores in the third grade. However, children whose relationships with teachers were on an inclining trajectory demonstrated higher achievement scores. These results indicate that the quality of the teacher-child relationship can predict and foster children’s achievement. Furthermore, the quality of the teacher-child relationship was found to be correlated to students’ engagement in the classroom. Thus, students with positive teacher-child relationships were more engaged and attentive in the classroom.

Several studies addressed the impact of the teacher-child relationship on children’s risk factors. For example, Ladd and Burgess (2001) found that positive teacher-child relationships served as a buffer for children identified at risk because of their aggressive behavior in kindergarten. When children with aggressive behaviors were able to develop positive relationships with their teachers and peers in kindergarten, they behaved better, liked school more, and engaged in cooperative behaviors.

Buyse, Verschueren, and Doumen (2009) also found that a positive teacher-child relationship may serve as a buffer against aggressive behavior for children who have less secure attachment to their mothers. The findings of the study with 237 preschool children suggested that positive teacher-child relationships decreased the risk of aggressive classroom behaviors for children with a low quality of attachment to their mothers. Furthermore, the researchers found
that the teacher’s sensitivity was a strong predictor in the development of a close teacher-child relationship with these children. These findings are particularly important because they indicate that the teacher characteristics are important predictors of the quality of the teacher-child relationship. O’Connor and McCartney (2007) also looked at the impact of the quality of teacher-child relationship on academic success of children with insecure attachments to their mothers. The results indicated that positive relationships with teachers served as a buffer against academic failure for these students. Therefore, the above studies indicated that a positive teacher-child relationship may serve as a buffer for at-risk children with adverse early childhood caregiving experience (Buyse et al., 2009; O’Connor & McCartney, 2007).

The review of the above studies indicates that the quality of the teacher-child relationship has a significant impact on children’s behavior and social-emotional and academic development. Students who develop negative relationships with teachers are at greater risk of developing behavioral problems, challenging teachers’ ability to provide them with emotional support, engaging in disruptive behaviors, and refusing to participate in learning. Furthermore, these children are at greater risk of developing negative relationships with peers as well. However, positive-teacher child relationships may serve as a buffer against significant risk factors and negative early childhood relational experiences for students. Although the impact of the quality of the teacher-child relationship is clearly significant for children, it is important to review the effects of these relationships on teachers. A better understanding of teachers’ experiences in their relationships with students can help understand teachers’ needs as well as difficulties in building relationships with disruptive students in the classroom.

**Effects of Teacher-Child Relationship on Teachers**

A literature review indicated that most research focuses on the impact of the quality of
teacher-child relationships on students than teachers. However, it is important to understand teachers’ experiences in these relationships in order to better understand their needs and to provide interventions to improve the quality of these relationships.

Some studies linked the quality of teacher-child relationships to teachers’ perceptions of self-efficacy and the development of burnout. For example, Klassen and Chiu (2010) conducted a study with 1,430 teachers, finding that teachers who perceived a high level of classroom stress due to students’ misbehavior reported a lower level of self-efficacy for classroom management. These findings suggest that teachers with disruptive students in the classroom may develop low confidence in their perceived ability to manage students’ behavior over time and like their job less.

Skaalvik and Skaalvik (2007) linked teachers’ perception of self-efficacy to their self-concept and the development of burnout symptoms. Researchers conducted a study with 246 elementary and middle school teachers and found a strong negative correlation between teachers’ self-efficacy and burnout, indicating that teachers who do not perceive themselves as being effective in building positive classroom environment, discipline, motivation of students, and instruction can develop a low professional self-concept. Furthermore, these teachers are particularly vulnerable to stress and burnout.

McCarthy, Lambert, O’Donell, and Melenders (2009) also linked teachers’ (n = 451) perceptions of classroom demands and available resources to a development of burnout. Thus, teachers who reported an imbalance of perceived classroom demands and available resources to manage those demands reported experiencing fewer feelings of personal accomplishment and more symptoms of emotional exhaustion than their colleagues. Furthermore, these teachers were found to be at risk for developing symptoms of depersonalization, such as having negative
feelings towards students, colleagues, and the school environment. This study suggests that teachers who lack resources to respond to disruptive students in the classroom may develop negative feelings towards students, themselves, and their teaching job. Researchers also suggested that providing teachers with regular opportunities to provide emotional support to each other can buffer their defensive mechanism against stress.

Nelson, Maculan, Roberts, and Ohlund (2001) also found that teachers feel less competent in working with children exhibiting externalizing and thought-disordered behaviors. Furthermore, when these teachers perceived less support from school administrators and colleagues, they had higher levels of occupational stress, contributing to the problem of teachers’ attrition at schools. Therefore, these findings suggest that teachers are in need of training to develop skills and competency in managing students’ challenging behaviors and responding to their emotional needs. Furthermore, providing teachers with opportunities to support each other and collaborate in the decision-making process may help them to develop a sense of belonging in a school community and increase their professional satisfaction.

Take together, the above studies indicate that the quality of teacher-child relationship has an impact on teachers’ perceived self-efficacy, self-concept, competence, stress, and job satisfaction. Teachers who do not feel self-efficacious in their relationships with students are at risk of developing low self-concept and of questioning their own professional competence. This leads to an increase in perceived levels of professional and teacher-child relational stress and teachers’ development of burnout symptoms and dissatisfaction with their job, contributing to the problem of teacher attrition. Thus, it appears that teachers are in need of training that will help them to develop skills in building positive classroom environment and improve their relationships with disruptive students.
Rationale for Teachers’ Training

Relationships are reciprocal in nature and, therefore, the characteristics of each person in a relationship dyad contribute to the quality of the relationship (Ray, 2007). However, because teachers play an important role as caregivers in a child’s life, it is essential for teachers to strive towards building positive relationships with their students. Indeed, although many students may exhibit disruptive behaviors that can be stressful to teachers, each teacher can have a different response to the same behavior. It is important for teachers to develop an awareness of their own triggers and the effects that the nature of their response to students can have on their social, emotional, and academic development. It appears that teachers are in need of trainings that can help them learn to respond to students’ emotional needs and improve the quality of their relationships.

Several studies focused on the effects of teachers’ training to meet the needs of both teachers and students. Whittaker and Harden (2010) emphasized the importance of providing support, training, and supervision to teachers working with at-risk students in Head Start to prevent and intervene in children’s disruptive behaviors. Indeed, teachers are mostly trained in academic knowledge rather than relationship-building skills that are developmentally appropriate for children (Koles, O’Connor, & McCartney, 2009). Researchers emphasized the importance of addressing students’ behavioral problems through interventions that improve the quality of the teacher-child relationship (Buyse et al., 2009).

Yost and Mosca (2002) also emphasized the importance of training that focuses on increasing teachers’ emotionally supportive skills to help teachers understand the underlying motives of students’ disruptive behaviors. Based on the Conflict Cycle paradigm (Long, 2000), students act out because of their inability to manage negative thoughts, feelings, and negative
self-concept. However, teachers tend to react to these behaviors through the use of threats and punishments and thus, to escalate the conflict. The Conflict Cycle paradigm depicts that relationships are reciprocal in nature and characteristics of both partners in a dyad contribute to the quality of the relationship (Ray, 2007). However, according to Yost and Mosca, teachers have a responsibility and a greater potential to break the cycle of conflict by developing an understanding of roots of students’ behaviors and their own reactions to those behaviors. Teachers’ increased emotional sensitivity can help a student feel emotional support and decrease the need to act out in a classroom. The researchers suggested that teachers will benefit more if such training takes place in the form of small focus groups and discussions of critical incidents as they arise in a classroom (Yost & Mosca, 2002).

Raver et al. (2008) found that providing teachers with developmentally appropriate skills to address children’s disruptive behavior in class resulted in an overall positive classroom environment ($d = .89$). Teachers who were able to monitor and manage students’ disruptive behavior also were able to create a warm, supportive, and positive classroom environment and were more enthusiastic and responsive in their relationship with students. However, classrooms with teachers who did not receive training had a substantial decrease in climate quality over the course of the year. Based on the results of the study, researchers recommended that mental health professionals provide teachers with skills for building a positive classroom environment. Furthermore, the researchers emphasized the importance of in-class coaching, stating that in addition to modeling an implementation of skills in the classroom, mental health professionals can provide emotional support to teachers working with challenging students.

In addition to managing students’ behaviors, teachers who receive training in interaction skills also demonstrate more skills and knowledge in managing challenging situations in the
classroom. For example, Fukkink and Lont (2007) conducted a meta-analyses of 17 quantitative studies that trained teachers in interpersonal relationships and found a statistically significant change in teachers’ competency after the training ($d = .45; ES = 10$). Training programs with a developed curriculum had a more positive effect on teachers’ professional competencies than programs with a less fixed curriculum. Furthermore, the researchers found that teacher trainings had a positive effect on children’s behavior, although the effect size was not statistically significant due to the small number of studies ($d = .55, ES = .30$). The findings of these meta-analyses indicate the importance of training teachers in developmentally appropriate interpersonal skills and in understanding the needs of young children.

Therefore, the review of the above studies indicates that teachers are in need of training that will focus on helping them understand students’ needs and the underlying reasons for behavioral problems. Training should also focus on providing teachers with developmentally appropriate skills to provide emotional support to students that will strengthen teacher-child relationship rather than perpetuating students’ problematic behavior in the classroom. Also, researchers suggest that effective training models should be based on a developed training curriculum, the small group format, and classroom coaching.

**Professional Development Models for Teachers**

Literature review identified several widely used models of teachers’ professional development that targets at least one of the several important components: classroom management skills, teacher-child relationship, student behavior and academic success, teachers’ empathy, and classroom environment. First, a brief overview of the existing professional development programs for teachers is presented. The overview is followed by the in-depth
description of play-based interventions and Child Teacher Relationship training that is of a primary focus in the study.

*Banking Time*

Banking Time model is based on the principles of attachment theory (Bowlby, 1969) with primary belief on the significance of strengthening teacher-child relationship with students with disruptive behaviors and emotional needs (Howes & Matheson, 1992). The concept of Banking Time involves teacher and child investing in building their relationship capital to cope successfully with daily classroom challenges (Pianta & Hamre, 2001). Banking Time involves teachers intentionally spending 10 -15 minutes of their class time with the identified child in nondirective relationship-building interactions twice a week for a period of eight to ten weeks. During this interaction time, teacher is taught to follow the child’s lead by using active listening skills, e. g. using attentive nonverbals, describing student’s activity, paraphrasing, reflecting feelings, and imitating the student. Teacher also gradually incorporates relational themes such as statements describing teacher’s supportive role in a student’s life. An example of relational theme is a teacher’s statement “I am here to help you if you need me.” During Banking Time it is important for teachers to avoid communication skills that do not facilitate relationship with the student, including questions, commands, praise, threats, and non-student related activities (Pianta & Hamre, 2001).

To date there has been found only one research article reporting on the effects of Banking Time on teacher-child relationship, teacher classroom instructions, and student behavior. Attwood (2005) conducted a multiple base-line single case design with three early elementary school teacher-student dyads over a period of 12 weeks. There was little to no evidence on the effects of Banking Time on teacher-student relationship and student behavior. Therefore, more
research with larger sample size is needed to investigate the effectiveness of the Banking Time intervention. Furthermore, Banking Time seems to aim at the quality of the relationships of teacher-student dyads and does not address classroom management skills and all students in the classroom.

*Good Behavior Game*

Good Behavior Game (GBG) is a behavioral classroom management tool aimed at reducing students’ maladaptive behaviors and facilitating adaptive behaviors for all students in the classroom (Lannie & McCurdy, 2007). The teacher can select the duration of the Game based on own preference and the Game is conducted during structured academic activities. As a part of the Game, the class is divided into several teams to complete a timed academic task while the teacher is recording instances of student misbehaviors on a team’s checklist. The examples of misbehaviors are reviewed prior to the Game and may include not waiting turns to speak, not following directions, and etc. Once the task is completed the teacher tallies number of misbehaviors for each team. The team with the least number of misbehaviors wins and gets a reward.

Lannie & McCurdy (2007) tested the effectiveness of the Game on at-risk student (n = 22) behavior and teacher responses in urban schools. The results of the study indicated the effectives of the Game in reducing students’ disruptive behavior and increasing students’ on-task behavior. The results also indicated that teachers reduced the frequency of negative and neutral teacher statements as students’ behavior improved in the classroom. Although the results of the Game are promising, it is important to note that this study was conducted with elementary school children with the idea that students will improve their behavior once they realize its impact on the whole team. However, it is not clear if the same approach would be effective for younger
children who developmentally are self-centered rather than team-centered. Finally, the theoretical constructs of the Game aimed at improving individual students’ behavior and do not address the quality of teacher-child relationship and classroom environment.

*Competence Enhancement Behavior Management*

Competence Enhancement Behavior Management (CEBM) is a behavioral classroom management model aimed at strengthening teacher-student relationship, communicating to students that they are important, and reducing students’ behavioral problems (Farmer et al., 2006). The CEBM framework is based on five major components. “Aims and Viewpoints” includes teachers’ general beliefs on teaching and behavior management. “General Management Strategies” incorporates interventions skills essential for effective classroom management. “Communicating with Students” addresses strategies to build relationship with challenging students. “Social Networks and Peer Groups” provides an overview of the effect of social context on student’s behavior. Finally, “Constructive Consequences” aims at providing teachers with skills in eliminating students’ disruptive behaviors while strengthening teacher-student relationship.

The CEBM model seems to address the important constructs such as student behavior, classroom management skills, and teacher-child relationship. However, no empirical support has been found to support the effectiveness of this model.

*Teacher Child Interaction Therapy*

Teacher Child Interaction Therapy (TCIT) was adapted from Parent Child Interaction Therapy (PCIT; Eyberg, 1998) to address teacher-child relationship and student behaviors in classrooms (McIntosh, Rizza, & Bliss, 2000). TCIT training is conducted in 1.5-hour sessions for a period of nine weeks. During the first four sessions teachers learn and practice Child-Directed
Interaction (CDI) skills, including providing behavioral descriptions and ignoring unwanted behaviors, using reflective listening, eliminating use of questions, using praise and reducing criticism. During the remaining four sessions teachers learn and practice Teacher-Directed Interaction (TDI) skills including praising the opposite of challenging behaviors, giving direct, specific, and positively stated commands, and removing the child to “Sit and Watch” place as a consequence for misbehavior. During both CDI and TDI skills training teachers practice the skills with a group of children for 20 minutes 1-3 times a week. A trainer supervises the practice sessions, and teachers receive feedback during and after the practice session.

McIntosh et al. (2000) reported promising results on TCIT improving teacher-child relationship and student behavior based on the case study with one teacher. However, it is important to note that in this case study teacher did not use TCIT skills with other children in the classroom than the identified child of focus. Therefore, it is not clear if the teacher was able to generalize the skills with other children in the classroom. Lyon et al. (2009) conducted an empirical multiple-baseline study with 12 teachers. The results were reported for 4 classrooms (3 teachers each) rather than by teachers. The results indicated the 10% increase in the teachers’ use of positive attention in the classroom from pretest to the completion of CDI training, and 1% increase from CDI to the completion of TCI training. The effect size of the change was interpreted as small to moderate. However, it is important to note that during the 4-month follow-up teachers demonstrated a decrease in the use of positive attention in the classroom. This preliminary study demonstrated that TCIT may be an effective intervention in increasing teacher’s use of positive attention in the classroom, more research needs to be done on the effects of the model on teacher-child relationship and student behavior.
Conscious Discipline

The Conscious Discipline™ program was developed by Becky Bailey (2000) as a classroom management program for teachers and students that incorporates social-emotional learning and discipline. Bailey described the primary goal of the program as promoting an emotional intelligence in teachers and students and promoting a permanent change in students’ behavior in the context of a positive teacher-child relationship. Unlike traditional classroom management programs that focus on enforcing rules, rewards, and punishments, Conscious Discipline focuses on relationship building and the communication skills of students in a relationship-based classroom environment. Conscious Discipline also views conflict and misbehavior as an opportunity for students to learn. Therefore, the three major premises of the Conscious Discipline are: (a) students and teachers can control and change themselves and that has a profound impact on others; (b) one’s sense of connectedness directs behavior; and (c) conflict is an opportunity to learn.

Conscious Discipline recognizes the role of teachers in promoting and modeling respect in students and staff members. Therefore, through the program, teachers discover Seven Powers for Self-Control that help them to be proactive rather than reactive in conflict situations. Teachers who are able to utilize self-control have an ability to show empathy, acceptance of self and others, communicate feelings, and resolve conflict in a socially constructive way. The power of perception reflects on taking responsibility for one’s own feelings and reactions. The power of unity promotes compassion and community feeling in the classroom environment. The power of attention encourages focusing on positive student behavior. The power of free will recognizes the importance of providing the encouragement and guidance of students rather than demands in changing students’ behavior. The power of love emphasizes the importance of seeing the best in
others. The power of acceptance recognizes the importance of accepting the moment as it is rather than attempting to change it. The power of intention promotes the importance of seeing conflict as an opportunity to teach skills rather than as punishment for the lack of those skills.

In the Conscious Discipline program teachers learn skills to constructively respond to conflict situations in the classroom and restore the peaceful inner state of a child. The seven basic skills of discipline are composure, encouragement, assertiveness, choices, positive intent, empathy, and consequences. Teachers who incorporate the seven powers of self-control and use the seven basic skills of discipline build a classroom environment characterized by the seven essential life values and teach students the seven basic social skills. The seven essential life values include integrity, independence, respect, empowerment, diversity, compassion, and responsibility in the classroom, while the seven basic social skills help students to develop anger management, helpfulness, assertiveness, impulsive control, cooperation, empathy, and problem-solving skills.

The Conscious Discipline program for teachers is delivered by professionals trained in Conscious Discipline through three full-day workshops. Each workshop focuses on one of three main topics: creating the school family, self-regulation, and conflict resolution. Each workshop is conducted a few months apart to provide teachers with an ample opportunity to practice newly learned skills in a classroom environment. However, teachers can self-study the Conscious Discipline program by reading the book and focusing on a new power and skill each month.

The Conscious Discipline Web site describes the model as evidence-based and reported that the Florida State Legislature claimed the program as a national model for character education. The Web site also provides information about research findings on the Conscious Discipline model. However, because of lack of information on the methodology of reported
It is difficult to assess the rigor of the study and the validity and reliability of findings. For example, according to the Web site, children from one central Florida school with students performing at 35-40% below on standardized test scores as compared to peers from other schools showed an increase in reading proficiency at twice the rate of children from other elementary schools in the district. The Web site also reported findings of the 2009-2011 study with 35 Head Start classrooms with 700 children whose teachers recorded incidents of aggressive behaviors. However, when teachers were trained in Conscious Discipline over a 2-year period, children’s aggressive behavior in the classroom decreased up to 85% of the time. Finally, a 2001-2002 research study measured the effect of Conscious Discipline on students’ aggressive, impulsive, and hyperactive behaviors. Twelve students qualified for the study based on their atypical scores on the Behavior Assessment System for Children (BASC). After the implementation of the Conscious Discipline program, 75% of qualified students moved to normal functioning on a posttest.

Two peer-reviewed articles reported the effects of Conscious Discipline on students and teachers. Hoffman, Hutchinson, and Reiss (2005) conducted a study with 12 elementary school teachers to measure the impact of Conscious Discipline on children’s behavior. Researchers assigned 10 teachers to the experimental group and 2 teachers to the control group based on their use of Conscious Discipline skills in the classroom 6 months after the training. Teachers selected one child from their classrooms with behavioral problems and completed the Behavioral Assessment Scale for Children-Teacher Rating Scale (BASC-TRS) before the training and 6 months after the training. Researchers reported comparative t-tests composite scores between the experimental and control groups prior to and after the Conscious Discipline training. Although the results of the study are tentative, researchers reported statistically significant improvement in
the experimental group students’ hyperactive, aggressive, and conduct behavior problems when compared to the control group students.

The Conscious Discipline model has been found to have a positive effect on teachers as well. Hoffman, Hutchinson, and Reiss (2009) conducted a survey with pre-kindergarten to sixth grade teachers \((n = 206)\) prior to the Conscious Discipline training in September and after completion of the training in April \((n = 117)\). Researchers adapted a survey to measure the teachers’ sense of school community and use of reward systems, teaching/learning locus of responsibility, job satisfaction, and support for innovation. The results of statistical discriminant analyses of teachers’ responses prior to and after the training indicate an improvement in teachers’ perceptions of school community. Teachers reported an improvement in support from other teachers \((r = .306)\) and the quality of teacher-student relationship \((r = .325)\). Teachers also demonstrated an increase in knowledge and use of Conscious Discipline skills in the classroom.

**Play Therapy-Based Interventions**

Play therapy-based interventions have been founded on the basic belief that play is a developmentally appropriate medium for children to explore their emotional needs. Through play, children are capable of reaching their potential, self-regulating, and self-directing their behaviors (Landreth, 2002). Children’s significant caregivers can serve as therapeutic agents in a child’s emotional development through a relationship characterized by empathy, acceptance, and high regard for a child’s emotional needs. Because of the importance of relationship in play therapy, its application is not limited to mental health professionals, but includes the child’s caregivers as well.

**Play Therapy**

Play is the natural medium of communication for children. Developmentally, children do
not have the capacity to use abstract thinking that is required in traditional talk therapy. Through toys, children are engaged in self-directed exploration and express their inner feelings and experiences in a concrete form (Landreth, 2002). Through the symbolism of a play, children can express and make meaning of their previous life experiences, feelings, and thoughts, and express their wishes, wants, needs, and views of self. Play also allows children to experience a sense of being in control of their environment and play content, which is essential for their emotional development (Landreth, 2002).

The history of play therapy goes back to Sigmund Freud, who was the first to report a use of play in his psychoanalytical work with a child whom he called “Little Hans.” Freud’s followers developed the concept of the importance of using play in child analyses. In 1921, Hermine Hugh-Hellmuth was the first who brought into attention the difficulty of using the adult counseling approach with children and provided expressive play materials to children in therapy (Landreth, 2002). Melanie Klein, another psychoanalyst, utilized play techniques with children under 6 years of age with an assumption that children’s free play is equivalent to adults’ free associations. Anna Freud used play as means of building a relationship with the child and understanding the child’s inner world. However, unlike Klein, Anna Freud did not rely as heavily on play interpretations until she formed an understanding of a child through play observations and parent consultations (Landreth, 2002).

Child-centered play therapy is based on the philosophical assumptions of Carl Rogers that individuals have an innate motive for growth and self-actualization. Rogers (1951) believed that providing a therapeutic environment characterized by congruence, genuineness, empathy, and unconditional positive regard can help individuals to unleash the inner energy to meet their own needs. In 1947 Virginia Axline applied nondirective philosophy to working with children in
Axline (1947) believed that providing children with relationships based on eight basic principles will facilitate their process of self-acceptance and self-actualization. These principles include the therapist’s developing a warm and caring relationship, accepting the personhood of a child, providing a safe atmosphere with freedom of exploration, being sensitive and reflective to the child’s feelings, honoring the child’s capacity to act responsibly and solve his/her own problems, trusting the child’s inner direction by allowing the child to lead, being patient with the flow of the therapeutic process, and setting limits only when it is necessary.

Landreth (2002) advanced the development of child-centered play therapy philosophy by expanding on the essential conditions for children’s self-actualization and self-directions in the play therapy process and explaining the skills necessary for developing a therapeutic environment. Landreth emphasized the importance of the therapist communicating three important messages to the child in a play room: I am here, I hear you, and I understand. To do so, therapists use reflections of feelings and tracking of the child’s play and acknowledge and empathize with the child’s needs and struggles.

Child-centered play therapy (CCPT) has been successfully utilized in school environment to respond to children with externalizing and internalizing behaviors. Children who participated in CCPT at school demonstrated a statistically significant decrease in externalizing behavior problems, ADHD, and anxiety/withdrawal symptoms and improvement in the teacher-child relationship as reported by teachers (Ray, Blanco, Sullivan, & Holliman, 2009; Ray, Schottelkorb, & Tsai, 2007). Children who received CCPT also demonstrated an increase in academic performance. For example, children with speech problems who received 25 CCPT sessions concurrent with speech therapy demonstrated a statistically significant increase in receptive and expressive language skills with a large effect size (Danger & Landreth, 2005).
Blanco and Ray (2011) reported that children identified as at risk of academic failure demonstrated a statistically significant improvement in academic achievement scores and an increase in reported self-concept after receiving 14 CCPT session compared to children in a control group.

Bratton, Ray, Rhine, and Jones (2005) conducted a meta-analyses of 93 play therapy outcome studies and concluded that play therapy is an effective intervention for children of different ages, backgrounds, and presenting concerns and that it had a moderate to large treatment effect. However, the effect size of play therapy outcome had a larger effect when delivered by a parent or a caregiver (ES = 1.15) than a mental health professional (ES = .72), indicating that involving parents and teachers in a child’s therapy process has a more significant impact on the child’s emotional development. Therefore, the above studies indicate that CCPT is possibly an effective and developmentally appropriate intervention in meeting children’s social and emotional needs. Furthermore, providing caregivers with CCPT skills may have a larger impact on children’s social and emotional development.

*Filial Therapy/CPRT*

Filial therapy was first introduced by Bernard and Louise Guerney in the mid-1960s, based on a belief that parents can be therapeutic agents in the therapeutic process of the child. Guerney believed that children develop problematic behaviors as a result of parental lack of knowledge and skills. Thus, training parents in developmentally appropriate ways to relate to children will bring about more significant and long-lasting changes in a child than therapy. Guerney (1964) stated:

The parent-child relationship is nearly always the most significant in a child’s life. Therefore, if a child were provided the experiences of expression, insight, and adult
acceptance in the presence of such powerful people as parent, every bit of success the 
parent achieves in carrying our therapeutic role should be many times more powerful 
than that of the therapist doing the same thing… a relatively small amount of affection, 
attention, interest, and so on, from the parent can be expected to be more therapeutic than 
a larger amount from a therapist. (p. 309)

However, the filial training model developed by the Guerney’s required 2-hours once a 
week, for a 5 to 6 months commitment from parents. Landreth and Bratton (2006) reported that, 
although they found the filial model to be an effective parent-training model, the time 
commitment was difficult for parents to sustain in the group. Thus, Landreth and Bratton (2006) 
adapted the original filial model into 10 sessions and called it child parent relationship therapy 
(CPRT). In the CPRT model, parents learn child-centered play therapy skills and conduct weekly 
30-minute play sessions with their children, with a primary goal of enhancing and strengthening 
the parent-child relationship. According to CPRT philosophy, relationship is a primary vehicle 
for change, and thus a parent-child relationship based on warmth, affection, understanding, and 
unconditional positive regard will facilitate growth and change for both child and parent. 
Landreth and Bratton (2006) manualized the child parent relationship therapy model that 
contributed to the model’s accessibility to other mental health professionals and the ability to 
utilize it in research studies to ensure the model’s integrity, treatment fidelity, and effectiveness.

Research Support for CPRT. Landreth and Bratton (2006) described CPRT as “one of the 
more well-researched treatment protocols in the field of child psychotherapy” (p. 457). Indeed, a 
meta-analyses of 32 controlled-outcome research outcome studies with 916 participants looked 
at the effectiveness of training parents in CPRT skills to reduce children’s social-emotion or 
behavioral problems and enhance parent-child relationship (Bratton, Landreth, & Lin, 2010). The
results revealed a large effect size (ES = 1.30), indicating that CPRT is an effective intervention. This is consistent with previous findings that CPRT meets criteria for a promising or probably efficacious treatment standards adopted by the American Psychological Association (Baggerly & Bratton, 2010).

Researchers utilized CPRT model with a broad range of population (Bratton et al., 2010). For example, Bratton and Landreth (1995) examined the effectiveness of the CPRT model with single parents \((n = 43)\). Parents from the experimental group \((n = 22)\) demonstrated a statistically significant decline in children’s problematic behaviors and parent-child relationship stress compared to the control group over time. Experimental group parents also demonstrated a statistically significant increase in the communication of empathy and acceptance of their children.

Landreth and Lobaugh (1998) implemented the CPRT model with incarcerated fathers in a medium security federal prison. Participants were randomly assigned to the experimental \((n = 16)\) and the wait list control group \((n = 16)\). The experimental group fathers conducted their weekly play sessions during children’s weekly visits to the prison. The results of the training indicated that CPRT is an effective intervention in reducing incarcerated fathers’ parental stress and increasing fathers’ acceptance of their children and children’s reported self-esteem levels.

Smith and Landreth (2003) utilized CPRT intervention with mothers of children who witnessed domestic violence. The training was conducted at a domestic violence shelter and was extended to 12 sessions and reduced to a 2-to-3 week time period. Results indicated a statistically significant increase in the experimental group parents’ empathic interactions with their children as compared to parents who did not receive CPRT training. The experimental group children also demonstrated a statistically significant decrease in problematic behavior and an increase in self-
esteem. When the results of this study were compared to the findings of the two studies that utilized a similar population and setting (Kot, Landreth, & Giordano, 1998; Tyndall-Lind, Landreth, & Giordano, 2001), the results indicated that intensive CPRT training can be as effective as intensive individual play therapy or group play therapy conducted by professionals.

Furthermore, CPRT model has been found effective with families of a variety of ethnic backgrounds, suggesting that CPRT is a multiculturally sensitive model. For example, Lee and Landreth (2003) utilized CPRT model with 17 immigrant Korean parents and found that CPRT training demonstrated a statistically significant increase in Korean parents empathetic interactions with their children and degree of acceptance of their children as well as reduction in parent-child relationship stress.

Kidron (2003) also modified a traditional CPRT model to nine sessions over a 5-week period and applied it to Israeli parents in Israel. Parents from the experimental group ($n = 14$) reported a statistically significant reduction in children’s externalizing behavior and parental stress in comparison to control group parents. Furthermore, independent observers indicated a statistically significant increase of experimental group parents’ engagement in empathic interactions.

Chau and Landreth (1997) conducted a study with 34 Chinese parents living in the United States. Experimental group parents ($n = 18$) reported a statistically significant reduction in parent child relationship stress and statistically significant increase in their level of acceptance and communication of empathy to their children.

Glover and Landreth (2000) found that the CPRT model was an effective intervention for Native American families. Thus, the observation of 11 parents who received CPRT treatment demonstrated a statistically significant increase in empathetic interactions with their children.
Furthermore, these parents reported an increase in parental acceptance and decrease in parent-child relationship as compared to the control group. Also, the children of parents who received CPRT treatment reported an increase in self-concept. Although the number of parents and children reported was not statistically significant, the pre-and post-differences of the scores indicate that CPRT may be an effective treatment for Native American families.

Two studies incorporated CPRT model with minority families from a Head Start school. Ceballos and Bratton (2010) conducted a study with 62 Hispanics parents from two Head Start schools and one Title 1 elementary school. Ceballos and Bratton randomly assigned parents to the experimental group \( (n = 24) \) and a wait-list control group \( (n = 31) \). Pretest and posttest outcome analyses indicated a large effect size for the experimental group children whose parents received CPRT treatment in reduction of externalizing \( (\eta^2 = .59) \) and internalizing \( (\eta^2 = .56) \) behavior problems. Experimental group parents also reported a statistically significant decline in parental stress. Furthermore, Ceballos and Bratton calculated clinical significance to determine the benefits of CPRT training on the daily functioning of experimental group participants. Ceballos and Bratton reported that 85% of children with internalizing problems and 88% of children with externalizing problems moved from clinical/borderline levels of concern to a normal range of functioning. CPRT training had a clinical significance for parents as well. Thus 62% of parents moved from clinical/borderline reported levels of concern to a normal range of functioning. This study indicates that CPRT is an effective treatment for Hispanic families of Head Start children.

Sheely and Bratton (2010) reported a quasi-experimental study with 23 African American parents of Head Start children with identified behavioral problems. Researchers randomly assigned parents to an experimental group \( (n = 14) \) and a wait list control group \( (n = 13) \).
Parents who received CPRT training reported a statistically significant reduction of parental stress as compared to the control group parents. Experimental group parents also reported a statistically significant decline in children’s externalizing behavior ($\eta^2 = .42$) in comparison to children from the control group. However, experimental and control group children identified with internalizing problems did not demonstrate a statistically significant difference in their scores after the treatment. The effect size for experimental group children with internalizing problems was moderate ($\eta^2 = .10$), indicating that CPRT can be an effective intervention for this group. The above studies indicate that the CPRT model is sensitive to the needs of parents and children from a variety of populations and can be successfully applied in diverse settings.

*Filial Therapy with Teachers*

Andronico and Guerney (1969) were the first to acknowledge the possibility of helping teachers to be therapeutic agents for children in the classroom. Researchers proposed that with the increase of young children with social and emotional difficulties, school psychologists could serve more children by training staff in mental health skills and creating a safe and supporting environment in the school. Andronico and Guerney suggested training teachers in filial skills to help them to contribute to children’s change and mental health through the use of the existing teacher-child relationship. Indeed, because children spend the majority of their waking time at school, teachers have benefits over counseling professionals because of the existing teacher-child relationship and an opportunity to implement therapeutic skills to help children meet their needs in their natural daily environment. Teachers can be trained and supervised in play therapy skills with an ultimate goal of helping them transfer and generalize skills into classrooms to impact all the children with whom they work (Andronico & Guerney, 1969). The authors also emphasized the importance of supervision to provide support to teachers and help teachers maintain their
skills. Thus, Andronico and Guerney emphasized that supervision should be continued on at least an every-other-week basis for the remainder of the school year after the training and once a month the following year.

Several researchers explored the effectiveness of the filial model on teachers’ training. The first published study was conducted by Guerney and Flumen (1970) with 11 elementary school teachers and 15 students identified as withdrawn. All teachers received training in filial therapy skills for 20 weeks during 1.5 hour sessions and conducted fourteen 45-minute play sessions with identified students. Students were randomly assigned into experimental \( n = 9 \) or no-treatment groups \( n = 6 \). Guerney and Flumen reported an increase in the experimental group children’s assertiveness, especially in their relationship with peers, while students from the no-treatment group did not demonstrate such improvement. The authors suggested that changes in the experimental group students’ level of assertiveness may indicate a possible change in their self-image and self-confidence. The two filial models that are specifically designed for training teachers are Kinder training and Child Teacher Relationship Training models.

**Kinder Training.** White, Flint, and Draper (1997) developed a teacher consultation model based on Guerney’s filial therapy model and the theoretical tenets of Individual Psychology: style of life, mistaken goals of behavior, encouragement, and logical consequences. The core goal of Kinder training is to help teachers and students create meaningful relationships and change their behaviors by making meaningful connections on an emotional level. Therefore, this model empowers teachers to take a central role in the therapeutic change of their students and engage in a collaborative relationship with the school counselor to meet students’ emotional needs (White et al., 1997).
The Kinder training model adopts the structure of the filial model and involves six basic steps (White et al., 1997). First, the school counselor provides one or more training sessions in basic principles of play therapy and Individual psychology and models a play session with a child to teachers. Then teachers conduct play sessions with a student from their class and receive immediate feedback from the school counselor for the purpose of encouragement, modeling of play therapy skills, and providing a better understanding of the child. The school counselor also helps teachers to transfer skills into classrooms and provides follow-up sessions to provide support to teachers for the continued application of the model. White et al. (1997) did not specify the length of the training and the number of sessions, stating that it should vary, based on the severity of the problem and unique needs of a teacher.

White, Flint, and Jones (1999) conducted a pilot study with six kindergarten teachers. Teachers received one-day training in Kinder training skills and conducted six supervised play sessions with a student of focus. Researchers utilized pre- and post-testing to measure the effects of Kinder training on the teachers’ use of encouragement, limit-setting, and goal disclosure statements, and the students’ level of encouragement, language arts and math skills, social interaction, and behavior. The results indicated changes in teacher-student interactions as evidenced by teachers’ triple increase in encouragement and goal-disclosure statements and a double increase in logical consequences. Observers also noted that teachers’ use of ineffective verbal responses decreased by two thirds. Teachers also reported an increase in students’ appropriate social skills and a decrease in less appropriate social skills and hyperactive, aggressive, depressive, and attention-related behaviors. Finally, all six students demonstrated an improvement in math and language skills.
Draper, White, O’Shaughnessy, Flynt, and Jones (2001) examined the effects of Kinder training on students behavior, social skills, and early literacy. Researchers utilized a pretest and posttest single-case design with kindergarten teachers and their aides and first-grade teachers \((n = 14)\) and their selected students \((n = 14)\). After completion of the training, teachers reported positive changes in students’ behavior, social skills, sense of belonging, and openness to experience. Furthermore, 10 of the 13 students demonstrated an improvement in early literacy skills. Independents raters also observed positive changes in teachers’ classroom interaction behaviors. Therefore, teachers demonstrated an increase in the number of encouragement, limit-setting, and facilitative statements. The results of the study suggest that Kinder training is possibly an effective intervention for students with behavioral problems and for teachers’ development of relationship-building skills.

Furthermore, interviews with elementary school teachers \((n = 5)\) trained in Kinder training skills revealed their perception of the model as acceptable and effective (Edwards, Varjas, White, & Stokes, 2009). Therefore, teachers demonstrated an understanding of the training content, such as tracking, empathy, encouragement, and limit-setting, and had a positive view of training structure. Teachers also perceived Kinder training to be an effective training model and noted its impact on their communication skills, quality of teacher-student relationship, improvement of students’ behavior, and their classroom management skills.

**CPRT Model with Teachers.** Several researchers utilized CPRT model with teachers (Brown, 2003; Hess, Post, & Flowers, 2005; Post, McAllester, Sheely, Hess, & Flowers, 2004; Smith & Landreth, 2004). Brown investigated the effectiveness of the filial model with undergraduate teacher trainees \((n = 38)\). Participants were assigned to a filial training group \((n = 18)\) or Systemic Training of Effective Parenting (STEP; \(n = 20)\) based on participants’ schedule
of availability. Independent raters observed that CPRT group participants demonstrated a statistically significant increase from pre- to posttest in empathic interactions with children when compared to STEP group participants. Furthermore, Brown reported that CPRT group participants demonstrated a statistically significant increase in play therapy knowledge, attitudes, and skills.

Smith and Landreth (2004) trained 12 teachers of deaf and hard of hearing preschool children in CPRT skills. Independent observers reported that CPRT group teachers demonstrated a statistically significant increase in the communication of empathy to students when compared to the no-treatment control group ($n = 12$). Furthermore, compared to the control group, CPRT group teachers reported a statistically significant decrease in children’s behavior problems and improvement in social-emotional functioning over time. CPRT group teachers also reported a statistically significant increase in acceptance of their students when compared to control group teachers. The results of the above studies suggest that the CPRT model may be an effective intervention in increasing the quality of the teacher-child relationship and decreasing behavioral problems of students.

Post et al. (2004) and Hess et al. (2005) investigated the ability of teachers to generalize the skills into the daily classroom environment with all students and sustain the skills over a period of time. Post et al. incorporated an adapted 10-week CPRT model followed by 13 weeks of group intervention to help teachers generalize CPRT play therapy skills to classrooms. Researchers utilized a convenience sampling procedure to assigned teachers to an experimental ($n = 9$) and a control group ($n = 8$). Experimental group teachers identified two children exhibiting behavioral problems in the classroom. Children were assigned to the experimental ($n = 9$) and the control ($n = 9$) group based on the early return of consent forms. According to the
teachers’ reports, experimental group children demonstrated a statistically significant decrease in adaptive, internalizing, and overall behavior problems.

Hess et al. (2005) conducted a follow-up study with Post et al. (2004) CTRT group teachers to determine if teachers sustained skills and empathetic responding in individual play sessions and classroom interactions with students a year after the training. Independent raters observed CTRT group teachers \(n = 8\) and the control group teachers \(n = 8\) in one individual play session and classroom environment. Researchers found a statistically significant difference between experimental and control group teachers using play therapy skills and empathetic responses in individual play sessions. However, when teachers were observed in classroom interactions with students, observers did not note a statistically significant difference between experimental and control group teachers in the demonstration of play therapy skills and empathetic responses. These results indicate that teachers trained in play therapy skills can implement and retain the skills in individual interaction with a child over a period of time. However, teachers demonstrated difficulty with implementing and retaining skills in classroom interactions over a period of time.

Child Teacher Relationship Training. Morrison and Bratton (2010) and Helker and Ray (2009) formally adapted CPRT curriculum and coined child teacher relationship training (CTRT). Therefore, teachers and teaching aides are trained to recognize and respond to children’s needs and facilitate children’s sense of competence and self-esteem (Morrison & Bratton, 2010). The CTRT treatment delivery procedures are specific to teacher-child relationships and school setting. Similarly to the CPRT model, teachers are trained in basic child-centered play therapy skills in a small-group format. Furthermore, teachers identify a child of focus in their classrooms and conduct weekly play sessions. Teachers receive small-group
supervision to provide group emotional support and feedback on teachers’ relationship-building skills with the child of focus. After completion of the CTRT protocol and the required eight play sessions, teachers gradually transfer their skills into the classroom with a modeling of a group leader. Teachers are asked to utilize skills for 20 minutes a week to ensure the success of implementation with a hope that once teachers feel comfortable with their skills with a group of children, they will naturally increase its use in classroom environment (Morrison & Bratton, 2010). Because CTRT model is fairly new, there has been a lack of research on its effectiveness with children and teachers. However, two researchers who utilized the CTRT model reported promising results on its effectiveness.

Morrison (2006) utilized the CTRT model with 24 Head Start teachers and teaching aides. Morrison divided 12 teacher/aide dyads into an experimental group (n = 12) and an active control group (n = 12). Random assignment was not possible for all teachers due to conflicts in their schedules. An experimental group was trained in CTRT skills, while an active control group received training in CD. Children who scored Borderline or Clinical on Caregiver/Teacher report Form (C-TRF) were identified as children of focus for the purpose of the study. Morrison reported that children of focus whose teachers received CTRT training demonstrated a statistically significant improvement in externalizing ($p = .01; \eta^2 = .43$) and total behavior problems ($p = .01; \eta^2 = .36$). Children who were also identified as having behavioral problems but were not randomly selected as children of focus demonstrated statistically significant improvement in externalizing behavior problems ($p = .003; \eta^2 = .20$) after teachers incorporated CTRT skills in the classrooms. These findings suggest that training teachers in CTRT skills may be an effective intervention and prevention model to utilize at schools.
In a companion study, Helker & Ray (2009) looked at the effects of CTRT training on teachers’ and aides’ use of relationship-building skills in the classroom and its effects on students’ behavior. Independent observers noted experimental and active control group teachers’ use of relationship-building skills in the classroom prior to the treatment and after the treatment. The results indicated a statistically significant difference between the experimental group and the active control group in the use of relationship-building skills. However, because the assumption of homogeneity of variance was not met, the researchers warned that the results should be interpreted with caution. They also found that teachers trained in CTRT skills were able to retain skills 10 weeks after the completion of the training. Furthermore, Helker and Ray reported that training teachers in CTRT skills had a positive effect on students. Thus, students whose teachers utilized CTRT skills in the classroom demonstrated a statistically significant decrease in Externalizing behavior with a large effect size (ES = 14) as compared to students of teachers from the active control group. The researchers concluded her study by interviewing experimental group teachers about their experience with CTRT training. Based on these interviews, the researchers reported that in general teachers liked to know how to respond to children and conduct play sessions, thought that CTRT training was valuable, increased their awareness of self and their students, improved relationships with challenging students, and noticed positive changes in their students’ behaviors. Although the majority of teachers reported that length of the training required a great time commitment, they would recommend this program to other teachers as well.

Based on the results of the two studies above, CTRT may be an effective intervention to train teachers in relationship-building skills to increase teachers’ developmentally appropriate classroom management skills and intervene in students’ problematic behaviors. However, more
research is needed to measure the effectiveness of CTRT on reducing teachers’ stress and increasing teachers’ empathy and acceptance of the child, the teachers’ self-efficacy, and developmentally appropriate classroom management skills. Furthermore, it is important to measure the effects of CTRT training on teacher-student relationships.
APPENDIX B

DETAILED METHODOLOGY
Methodology and Procedures

Using repeated measures control group design, this study utilized 2 treatment groups (experimental group receiving CTRT and an active control group receiving Conscious Discipline) and 3 points of measurement (pre-, mid-, post-) to measure the effectiveness of CTRT model on a) teachers’ ability to provide emotional support in the classroom, b) teachers’ use of relationship-building skills, and c) teachers’ level of stress related to the student-child relationship. A priori power analysis using G*Power software determined that a minimum sample of 12 participants would be necessary to find a statistical difference between groups over three times of measurement (pre to mid to post). G*Power calculation was based on alpha level .05, minimum power established at .80, and a moderate treatment effect size (f = .40) based on Cohen’s (1992) guidelines.

A sample of teachers from one Head Start school from a Southwest region participated in this study. In this section, I review the following as it relates to this study: research question, definition of terms, instrumentation, participant selection, details of treatment, data collection, and data analyses.

Research Questions

1. Will teachers who participate in the CTRT intervention demonstrate an increase in their ability to provide emotional support to children in the classroom as measured by the emotional support domain on Classroom Assessment Scoring System (CLASS) when compared to teachers from the active control group?

2. Will teachers who participate in the CTRT intervention demonstrate an increase in their use of relationship-building skills to build relationship with students during center time as
measured by Child-Teacher Relationship Training Skills Checklist (CTRT-SC) when compared to teachers from the active control group?

3. Will teachers who receive the CTRT intervention decrease their level of stress related to student-teacher relationships as measured by the Index of Teaching Stress (ITS) when compared to teachers from the active control group?

**Definition of Terms**

For the purpose of this study, the following terms have been operationally defined:

*Child centered play therapy (CCPT):* Landreth (2002) defines CCPT as a dynamic interpersonal relationship between a child (or person of any age) and a therapist trained in play therapy procedures who provides selected play materials and facilitates the development of a safe relationship for the child (or person of any age) to fully express and explore self (feelings, thoughts, experiences, and behaviors) through play, the child’s natural medium of communication, for optimal growth and development. (p. 16)

*Child parent relationship therapy (CPRT):* Bratton and Landreth (2006) defined CPRT as a therapy in which parents are taught basic child centered play therapy principles and skills including reflective listening, recognizing and responding to children’s feelings, therapeutic limit setting, building children’s self-esteem, and structuring weekly play sessions with their children using a special kit of selected toys (p. 11). CPRT treatment is manualized in a 10-session format.

*Child teacher relationship training (CTRT):* CTRT is the experimental group treatment that has been adapted from the CPRT model to fit the needs of teachers and students and to apply to the school environment. CTRT is delivered in two phases. During Phase 1 teachers learn basic principles and skills outlined in the CPRT Treatment Manual (Bratton, Landreth, Kellam, &
Blackard, 2006). Teachers meet in a group format for 10 sessions and receive weekly supervision for 7 weeks of individual play sessions with an identified child of focus. During Phase 2 teachers incorporate their skills into classroom environment through a 10-week skills modeling/coaching by a CTRT facilitator.

*Child of focus:* The child who scores in a clinical or borderline range on Caregiver-Teacher Report Form (C-TRF) and who participates in 7 weekly individual play times with a teacher trained in CTRT skills.

*Teachers:* Educators who have received a degree or certification from the Texas Education Agency and are hired by the school district to teach at preschool

*Classroom aides:* Educators hired by a school district to assist certified pre-school teachers in classroom management and instruction

*Teacher partner:* Teachers or classroom aides who share responsibilities in a classroom

*Teacher aide dyads:* Teacher and classroom aide who work together in the same classroom

*Externalizing behaviors:* For the purpose of this study, externalizing behavior was operationally defined as the total score on the Externalizing Problem scale on the Caregiver-Teacher Report Form. This scale includes the following behavioral problems: attention, aggression, anxiety, affective and pervasive developmental problems (Achenbach & Rescorla, 2000).

*Teacher-child relationship stress:* Stress that teacher reports as experiencing in relationship with a particular student as measured by a Total Score on Index of Teaching Stress (Abidin, Green, & Konold, 2004).
**Instrumentation**

*Classroom Assessment Scoring System*

The Classroom Assessment Scoring System (CLASS) is an observation instrument that measures the quality of classrooms in preschool through third grade. According to Pianta, LaParo, and Hamre (2008), the CLASS dimensions assess the quality of teacher-students interactions in the classroom specific to particular students’ developmental levels or age. The CLASS instrument has been adopted by Head Start nationwide to assess effective classroom environment. To use the CLASS instrument, observers are required to participate in the training conducted by a certified CLASS trainer and pass a reliability test by scoring within one point of master codes developed by CLASS creators. The CLASS reliability is achieved at the 80% or above agreement with the CLASS master code. The CLASS is comprised of three main domains: emotional support, classroom organization, and instructional support. The emotional support domain measures teacher’s ability to support students’ social and emotional functioning in the classroom and encompasses four dimensions: positive climate, negative climate, teacher sensitivity, and regard for student perspective. The classroom organization domain measures the teacher’s ability to manage students’ behavior, time, and attention in the classroom and encompasses three dimensions: behavior management, productivity, and instructional learning formats. The instructional support domain measures the teacher’s ability to effectively support students’ cognitive and language development and encompasses three dimensions: concept development, quality of feedback, and language modeling. According to Pianta et al. (2008), the CLASS instrument can be used for the purpose of research, accountability efforts, program planning and evaluation, and professional development and supervision of teachers.
The CLASS observation consists of a minimum of four 30-minute cycles per day, including 20-minute observation and 10-minute coding. The teacher/aide interactions are scored as a one score per classroom. Observers rate teachers’ interactions with students on a Likert scale of 1 (minimally characteristic) to 7 (highly characteristic) on each dimension. The composite of average scores of each dimension constitutes a score for the corresponding domain.

The organizational structure of the CLASS domains has been validated in nearly 3,000 preschool to fifth-grade classrooms. The internal consistency of the CLASS domains was high: .85 to .94 for emotional support, .76 to .89 for classroom organization, and .79 to .90 for instructional support. Painta et al. (2008) reported a high inter-rater reliability total score of an average 87.1% and high internal consistency with α level ranging from .79 to .91 for the CLASS subscale scores across two, three, and four cycles.

*Child-Teacher Relationship Training Skills Checklist*

The Child-Teacher Relationship Training Skills Checklist (CTRT-SC) has been adapted (Helker, Bratton, Ray, & Morrison; 2006) from the Play Therapy Skills Checklist, an assessment of child-centered play therapy (CCPT) skills and attitudes, developed at the University of North Texas (Ray; 2004). CTRT-SC is an observation instrument utilized to rate teachers’ use of relationship-building skills taught during CTRT training in the classroom. The CTRT-SC observers are required to have training and experience in child-centered play therapy skills. The observed skills include tracking, reflecting content, reflecting feelings, esteem-building/encouragement, returning responsibility, relational responses, choice giving, and ACT method of limit-setting. The form also includes a section to rate teacher-directed responses and other responses. The observations are conducted during unstructured playtime, e.g. center time,
in three 5-minute segments. To measure teacher’s use of relationship-building skills, a total score is calculated.

Observers also rate teachers’ ability to communicate “be with” attitude defined as “the ability to put aside personal experiences and expectations and appreciate the personhood of the child, as well as the child’s activities, experiences, feelings, and thoughts” (Landreth & Bratton, 2006, p. 81). Observers give teacher a rating of 1 if teacher demonstrates “be with” attitude for less than half of the observed class time and a rating of 2 if teacher demonstrates “be with attitude” for the majority of the class time. Furthermore, to record teacher’s perception of the observed classroom environment, teacher is asked to rate the classroom climate during observation on a five point Likert scale: one and two points indicating relatively calm classroom environment, a three point indicating an average classroom environment, and four and five points indicating a chaotic classroom environment. Helker et al. (2006) reported that CTRT-SC was reviewed by focus group composed of four experts in the field of counseling and play therapy and the instrument was piloted by doctoral level therapists in four Head Start classrooms. Helker reported that inter-rater reliability was established with three observers on three occasions, indicating a computed reliability of 76% for the first observation, 93% for the second observation, and 88% for the third observation.

Index of Teaching Stress

The Index of Teaching Stress (ITS) is a teacher report instrument that measures teacher stress in relationship to specific student behaviors and the teachers’ perceptions of self-efficacy in responding to those behaviors. According to Abidin, Greene, and Konold (2004), the instrument can be used for conducting consultations with teachers and maximizing teachers’
effectiveness in managing specific student behaviors in the classroom. The ITS is used for teachers who work with students from pre-K to 12th grade and takes 20-25 minutes to complete.

The ITS is composed of 90 statements that are grouped into three domains: attention-deficit/hyperactivity disorder (ADHD), student characteristic domain, and teacher characteristic domain. The student characteristic domain is composed of the following subscales: Emotional Liability/Low Adaptability, Anxiety/Withdrawal, Low Ability/Learning Disability, and Aggressiveness/Conduct Disorder. The teacher characteristic domain contains the following subscales: Sense of Competence/Need for Support, Loss of Satisfaction From Teaching, Disruption of the Teaching Process, and Frustration Working With Parents. Teachers rate 90 statements on a 5-point scale ranging from 1- Never Stressful to 5- Very Stressful for ADHD and student characteristic domains and ranging from 1- Never Distressed to 5- Very Distressed on teacher characteristic domain.

The ITS was standardized with 814 teachers from six different states and with an average of 14 years of experience who rated randomly selected students in their classrooms and with 674 teachers who rated randomly selected students with behavioral problems. Abidin et al. (2004) reported that test-retest reliability ranged from .57 to .70, suggesting that the instrument is relatively stable. Internal consistency was established through alpha coefficients that exceeded .90 for domain scores and total stress score. Abidin et al. (2004) examined the validity of ITS by correlating it to Caregiver-Teacher Report Form. The results of correlation were moderate, ranging from .73 to .83. Furthermore, researchers utilized teacher focus groups to establish content validity of the ITS.
Caregiver –Teacher Report Form

In this study, the Caregiver –Teacher Report Form (C-TRF) was used to qualify children as child of focus. The C-TRF for ages 1 ½ - 5 is an instrument for teachers, daycare providers, and caregivers other than parents to report their observations of child’s behavior (Achenbach & Rescorla, 2000). Respondents rate child’s behavior on a Likert scale of 0 to 2 (0 = Not true, 1 = Somewhat or sometimes true, and 2 = Very true or often true) on a total of 118 items that describe specific behaviors. The C-TRF takes approximately 15 minutes to complete. The C-TRF items are divided into three subscales: Adaptive scale, Problem/syndrome scale, and DSM-oriented scales. Furthermore, the C-TRF problem/syndrome scale is categorized into one of the following domains: externalizing behaviors and internalizing behaviors.

The internalizing/externalizing domains indicate whether the child’s behaviors are expressed in an internal or external manner. The internalizing domain includes the following subscales: Emotionally Reactive, Anxious/Depressed, Somatic Complains, and Withdrawn. The externalizing domain includes Aggressive Behavior and Attention Problems subscales. Finally, the total problems domain is a composite score of internalizing and externalizing domains. The reduction in scores on any of the three domains indicates an improvement in the targeted behaviors (Achenbach & Rescorla, 2000).

To norm the sampling, researchers utilized well-adjusted children and children referred for clinical services from the National Survey population. The normative sample included 588 boys and 604 girls. Achenbach and Rescorla (2000) reported that test-retest reliability scores were high for most scales, ranging between .80 and .90. Internal consistency of C-TRF was also high: .90 for the Total Adaptive scale, .72 to .95 for the Problem scales, and .73 to .94 for the DSM-oriented scales. Researchers also supported content validity indicating that difference of
the items of the C-TRF for children referred for mental health or special education services and non-referred children. Criterion-related validity of the problems scores on the C-TRF was established at 71% for the internalizing and externalizing domains and Syndrome scales (Achenbach & Rescorla, 2000).

Participants

Teacher Participants

I approached the principal of a Head Start school in the Southwest to receive approval for examining the effects of training teachers in relationship-building skills. I informed the principal of the current research on the importance of the positive teacher-child relationship on children’s social-emotional development and academic performance. The principal expressed her approval of the project and arranged a meeting with teachers to explain the purpose of training and importance of teacher-child relationship. Research approval from the school district and the University of North Texas Internal Review Board (IRB) was obtained prior to participant recruitment. I followed ethical recommendations of the American Counseling Association Code of Ethics (2005), Section G, on conducting an ethical research by providing an informed consent and confidentiality and reporting results. No participant was excluded from the study based on race, ethnicity, gender, religious beliefs, or socio-economic status. To maintain participants’ confidentiality, I substituted codes for participants’ names on all instruments to ensure their confidentiality and maintain the privacy of their identity.

All Head Start classroom teachers \( n = 12 \) and their aides \( n = 12 \) consented to participate in the study. Using a random assignment of numbers, I assigned 6 teacher/aide pairs to the experimental CTRT group \( n = 12 \) and 6 teacher/aide pairs to the comparison control CD group \( n = 12 \). One teacher \( n = 1 \) in CTRT group dropped from the study due to a family crises
that resulted in excessive absences. This change resulted in CTRT group \((n = 11)\) having 5 teachers and 6 aides. Table B.1 presents demographic information regarding teachers and classroom aides in the experimental and the active control group. Table B.2 presents education information and teaching experience regarding teachers and aides in the experimental and the active control group.

Table B.1

*Demographics of Teachers and Aides in the Research Study \((n = 23)\)*

<table>
<thead>
<tr>
<th></th>
<th>Experimental CTRT group ((n = 11))</th>
<th>Control Conscious Discipline Group ((n = 12))</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Teachers</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Males</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Females</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td><strong>Aides</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Average Age</strong></td>
<td>37</td>
<td>44.6</td>
</tr>
<tr>
<td><strong>Ethnicity</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hispanic</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Black American</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>White/Caucasian</td>
<td>2</td>
<td>0</td>
</tr>
</tbody>
</table>
Table B.2

*Education and Certification and Years of Teaching Experience for Teachers and Aides in the Research Study (n = 22)*

<table>
<thead>
<tr>
<th></th>
<th>Experimental CTRT group (n = 11)</th>
<th>Control Conscious Discipline group (n = 12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teachers</td>
<td>Aides</td>
<td>Teachers</td>
</tr>
<tr>
<td><strong>Average years of teaching in Head Start</strong></td>
<td>6.4</td>
<td>4.5</td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High school diploma only</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Some college</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Bachelor’s degree</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Graduate degree or higher</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td><strong>Certification level</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Early Childhood Education EC_4</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>Bilingual Generalist</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>EC-4 Child Development Associate</td>
<td>1</td>
<td>3</td>
</tr>
</tbody>
</table>

**Student Participants**

Participating teachers and aides (n = 23) identified children with behavioral problems for the purpose of selecting children of focus for the study. After obtaining parental consent, teachers completed the C-TRF on identified children. Children who qualified in the borderline or
clinical range on the C-TRF were eligible for selection as the child of focus for each teacher and teaching aide. Table B.3 presents demographic information of children of focus.

Table B.3

Demographics of Children of Focus in the Research Study (n = 23)

<table>
<thead>
<tr>
<th></th>
<th>Experimental group (n = 11)</th>
<th>Control group (n = 12)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Mean Age</strong></td>
<td>3.63</td>
<td>3.88</td>
</tr>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>9</td>
<td>5</td>
</tr>
<tr>
<td>Female</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td><strong>Ethnicity</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hispanic</td>
<td>8</td>
<td>6</td>
</tr>
<tr>
<td>African American</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>White</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

**Treatment**

**Experimental Group (CTRT)**

The experimental treatment group (n = 11; 5 teachers and 6 aides) participated in training, supervision, and in-class coaching in the CTRT protocol (Bratton et al., in review) that consists of two phases of treatment (Morrison & Bratton, 2010). The objective of CTRT is to train teachers and aides in relationship building skills that help them become more sensitive, understanding, and responsive to the needs of children. Phase I focused on skill acquisition and
application with one child (child of focus). Phase II focused on integration and application of skills in the classroom.

**CTRT - Phase I.** Phase I training content is equivalent to the material covered in the CPRT 10-session protocol. Teachers learned and practiced the core CTRT relationship skills and attitudes including reflective listening, recognizing and responding to children’s feelings, communicating empathy, encouragement, building children’s self-esteem, facilitating decision making, and setting therapeutic limits. The training format included a 2-day intensive didactic training during which teachers applied CTRT skills with typically developing preschool children, followed by 7 weeks of 1-hour group training/supervision sessions along with weekly one-on-one 30-minute play sessions between teachers/aides and children of focus. Teacher/aide dyads were divided into 2 groups, one English-speaking and one Spanish-speaking, for the purpose of small group interaction and supervision of the video-recorded play sessions. The weekly supervised play sessions between teacher and child of focus is considered essential to mastering the CTRT skills prior to use in the classroom. To further ensure successful skill acquisition, teachers are instructed to refrain from using their new skills outside of the 30-minute play time during Phase I.

**CTRT - Phase II.** During Phase II, trainers facilitated teachers/aides’ transference of CTRT skills into the classroom environment by providing coaching, modeling, and feedback. Trainers met with each teacher/aide dyad three times a week for 30 minutes for 10 weeks during the regularly scheduled center time (a daily, child-directed play time). For the purpose of this study, center time was designated child teacher relationship (CTR) time to signify to teachers the importance of spending focused relationship time with individual students. Trainers divided the 30-minute CTR time into two 15-minute blocks for teacher and aide to take turns in practicing
relationship-building skills with a small group of children, while the other teaching partner was responsible for general classroom management. As classroom coaching sessions progressed, trainers’ modeling of skills decreased and teachers’ and teacher aides’ independent use of CTRT skills in the classroom increased. To ensure that all children received an equal opportunity to engage in relationship-building skills with their classroom teachers and aides, teachers were encouraged to maintain a checklist of children they engaged with during CTR time. Participants continued to meet for 1-hour weekly group training/supervision sessions in their assigned groups with the primary focus of didactic instruction of using play therapy skills on a more advanced level by utilizing it with more than one child at a time. When teachers and aides could not attend group training/supervision sessions, trainers met with those teachers individually to make-up missed sessions.

CTRT training, supervision, and coaching was provided by two advanced doctoral counseling students who are nationally certified counselors and licensed professional counselor interns. Both trainers had experience with Head Start and had received advanced supervised clinical training in play therapy, the CPRT protocol, and the CTRT protocol. To ensure treatment integrity, trainers videorecorded weekly training sessions during Phase I and II. A minimum of 10% of the video recorded sessions were randomly checked by the trainers’ supervisor, an expert in CTRT, to ensure adherence to the CTRT protocol (Bratton et al., in review).

Active Control Group (Conscious Discipline)

Teacher/aide dyads \((n = 12)\) randomly assigned to the active control group received training in the Conscious Discipline (CD) program (Bailey, 2000) as a part of the participating school’s required training for teachers who do not receive CTRT. The underlying philosophy of CD and CTRT is similar in the focus on the teacher-student relationship, the importance of
social-emotional development, and a positive classroom environment. Adherence to CD training and use of curriculum could not be insured by researchers, thus CD was designated as an active control group. Consistent with traditional CD training provided by the participating school, participants receiving the AC condition met for a 1-day session prior to the school year and then met periodically throughout the year for group training and support, following the CD curriculum: *Conscious Discipline: 7 Basic Skills for Brain Smart Classroom Management* (Bailey, 2000).

The CD program was developed by Becky Bailey (2000) as a classroom management program for teachers and students that incorporates social-emotional learning and discipline. Bailey described the primary goal of the program as promoting an emotional intelligence in teachers and students and promoting a permanent change in students’ behavior in the context of a positive teacher-child relationship. CD focuses on relationship building and the communication skills of students in a relationship-based classroom environment. Three major premises of CD are: (a) students and teachers can control and change themselves and that has a profound impact on others; (b) one’s sense of connectedness directs behavior; and (c) conflict is an opportunity to learn. CD recognizes the role of teachers in promoting and modeling respect in students and staff members and provides teachers with seven basic skills of discipline, such as composure, encouragement, assertiveness, choices, positive intent, empathy, and consequences to apply with their students (Bailey, 2000).

The CD training was conducted by a control group teacher with extensive training in the Conscious Discipline. The trainer had a graduate degree and certification in early childhood education. Unfortunately, I did not have any control over the quality and intensity of the
Conscious Discipline training received by the teachers. But this training is a typical of what teachers receive annually at this school.

Data Collection

After obtaining informed consent from teachers and parents, the teachers were asked to complete the C-TRF on children identified with disruptive behaviors. Children who qualified in the borderline or clinical range were eligible for selection as the child of focus for each teacher and aide. For the purpose of assessing the impact of treatment on the experimental and the control teachers, data was collected on the CLASS, CTR-SC, and the ITS.

Teachers completed the ITS on children of focus to assess teachers’ perception of stress in the teacher-child relationship. Teachers completed the ITS at pretest, midpoint test (following Phase I and prior to Phase II), and posttest. The CLASS and CTR-SC data were collected by objective raters blinded to the study. The CLASS was collected pre, mid and post test. The CTR-SC was collected two times, prior to Phase II (in-class coaching) and following Phase II of treatment, to assess acquisition and use of relationship skills in the classroom.

CLASS – Emotional Support Domain

Two objective raters blinded to the study and treatment group assignment conducted observations of the experimental and the control group teacher/aide dyads’ ability to provide emotional support to their students by utilizing the emotional support domain of CLASS. These observations were conducted at three points: (1) prior to Phase I of the experimental group treatment, (2) after Phase I and prior to Phase II of the experimental group treatment, and (3) at the completion of the study. Inter-rater reliability of the emotional support domain of CLASS was established prior each point of data collection. The blinded observers were two advanced doctoral level counseling students with advanced training and experience in child-centered play
therapy, CPRT, and observation assessments. One of the observers was fluent in Spanish and was a former school counselor. First, both observers received 4-hours of training in the CLASS instrument by a nationally certified CLASS trainer. The primary focus of the training was on the emotional support domain of the CLASS. To evaluate interrater reliability, the CLASS certified trainer conducted interrater reliability trainings. The trainer asked observers to rate two training videos provided and required by the publisher of the CLASS for the purpose on interrater reliability training. The two observers’ ratings on the emotional support domain of CLASS were compared to the reported reliability ratings scores of the CLASS publisher for each video. Based on two practice ratings completed during training, the raters demonstrated excellent interrater reliability, achieving a 100% agreement on all dimensions of the CLASS emotional support with each other and the Master Rating Codes. Agreements were defined as ratings that fell within one point of the mode. The CLASS requires that raters achieve 80% agreement with the Master Rating Codes for each training video. The same procedure was repeated prior to each phase of CLASS observation. Observers rated different videos each time and achieved a 100% agreement with each other and the Master Rating Codes.

**CTRT-SC**

Two objective raters blinded to the study and treatment group assignment conducted observations of the experimental and control group teacher/aide dyads’ ability to utilize relationship-building skills in the classroom. The CTRT-SC requires observers to rate each teacher for 15 minutes and each aide for 15 minutes during the regularly scheduled center time for each classroom. I conducted training on CTRT-SC using the guidelines outlined in the CTRT-SC manual (Helker et al., 2006). To evaluate interrater reliability, observers were asked to rate teachers from video recorded segments of preschool classrooms in which teachers had no
specific training in play therapy skills. To calculate interrater reliability, I used Stemler’s (2004) guidelines for calculating and interpreting consensus estimates of interrater reliability and calculated the percentage of agreement on the total score of CTRT-SC checklist. Agreements were defined as ratings that fell within one point of the scale. The raters demonstrated a 100% agreement on all ratings. The interrater reliability was again calculated prior to the last observations following the same procedures. The raters again demonstrated 100% agreement.

Analysis of Data

Results obtained from pretest, midpoint test, and posttest data were analyzed in order to examine the effects of CTRT on teachers’ a) emotional support to students, b) relationship-building skills, and c) stress. To ensure the accuracy of the Total Stress scale of the ITS, CTRT-SC score, and emotional support domain of CLASS, the data was hand scored and double-checked for accuracy.

For two dependent variable (Total Stress scale of the ITS and emotional support domain of CLASS) a 2 (groups) by 3 repeated measures split plot ANOVA was performed on SPSS to analyze group differences, changes across time, and the possible interaction effect of group membership with change across time, which was of particular interest in this study. Prior to conducting the analysis, dependent variables were inspected to screen data for the normality, assumption of sphericity, and homogeneity of variance/covariance matrices. All assumptions for running split plot ANOVA were met. I established the α of .05 to test for significant mean differences and used Wilks’s lambda to interpret the results. I calculated partial eta-squared (\(\eta^2_p\)) effect size to report the magnitude of differences between two groups and understand practical significance of findings (Kazdin, 1999). According to Cohen (1988), .01 is considered a small effect size, .06 is considered a medium effect size, and .14 is considered a large effect size.
For the dependent variable the CTRT-SC scores a 2 (groups) by 2 repeated measures split plot ANOVA was performed on SPSS to analyze group differences, changes across time, and the possible interaction effect of group membership with change across time, which of particular interest in this study. Assumptions for performing repeated measures ANOVA were met. I established the $\alpha$ of .05 to test for significant mean differences and used Wilks’s lambda to interpret the results. Partial eta-squared ($\eta^2_p$) effect size was calculated and interpreted for reporting the magnitude of differences between the two groups and understanding of practical significance of findings (Kazdin, 1999).

When the results of the repeated measures ANOVA yielded a statistically significant main effect for time, I conducted one-way repeated measures ANOVA to explore group performance across time (pre to mid to post). To avoid the Type 1 error, I used the $\alpha$ level of .025 for the post hoc analyses (Armstrong & Henson, 2005).

The individual scores of each participant from pre to post on the emotional support domain of the CLASS and CTRT-SC were examined to report the clinical significance of treatment on the lives of participants. As previously stated, one teacher in the experimental group was dropped from the study due to life events that prevented her from completing the CTRT training. Two teachers from the experimental group and one teacher from the control group were removed from the data analysis of the Total Stress scale of the Index of Teaching Stress due to their children of focus removal from school. One teacher from the experimental group was removed from the data analyses of the Total Stress scale of the ITS due to failure to follow guidelines for completing the ITS. Therefore, data for five classrooms ($n = 5$) in the experimental group and six classrooms ($n = 6$) in the active control group were utilized for the emotional support domain of the CLASS. Data for 11 participants ($n = 11$) in the experimental group and
12 participants \((n = 12)\) in the active control group were utilized for the CTRT-SC scores, and data for eight participants \((n = 8)\) in the experimental group and 11 participants \((n = 11)\) in the active control group were used for the Total Stress scale of the ITS.
APPENDIX C

COMPLETE/UNABRIDGED RESULTS
Results

This chapter includes the results of this study. Results of data analyses are presented in the order in which the research question were examined.

Research Question 1

Will teachers who participate in the CTRT intervention demonstrate an increase in their ability to provide emotional support to children in the classroom as measured by the emotional support domain on Classroom Assessment Scoring System (CLASS) when compared to teachers from the active control group? Table C.1 presents pretest, midpoint test, and posttest means and standard deviations for the experimental \( (n = 5) \) and the control \( (n = 6) \) group on the emotional support domain of the CLASS.

Table C.1

Mean Scores on the Emotional Support Domain on Classroom Assessment Scoring System (CLASS)

<table>
<thead>
<tr>
<th></th>
<th>Experimental group ( (n = 5) )</th>
<th>Control group ( (n = 6) )</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pretest</td>
<td>Midtest</td>
</tr>
<tr>
<td>Emotional Support Domain</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean</td>
<td>5.14</td>
<td>5.94</td>
</tr>
<tr>
<td>SD</td>
<td>.96</td>
<td>.68</td>
</tr>
</tbody>
</table>

*Note.* An increase in mean scores indicates improvement in behavior.

Results of analysis of the dependent variable, emotional support, revealed a non-statistically significant interaction effect of Time (pretest, midpoint test, posttest) x Group membership (experimental/control); [Wilks’s lambda = .84, \( F(2, 8) = 2, p = .50, (\eta^2_p = .159;\) observed power = .137]) a statistically significant main effect for time; [Wilks’s lambda = .46, \( F(2, 8) = 26.59, p = .04, (\eta^2_p = .54)\)], and a non-statistically significant main effect for group;
$F(1, 9) = 1.342, p = .28 \ (\eta_p^2 = .13)$. These results indicated that according to objective raters blinded to the study teachers from the CTRT group did not demonstrate a statistically significant increase in the emotional support domain overtime when compared to teachers from the CD group. Partial $\eta_p^2$ was calculated to determine the magnitude of the treatment effect. Results indicated that although the interaction effect was not significant, CTRT demonstrated a large treatment effect ($\eta_p^2 = .159$) overtime, when compared to the CD. Figure C.1 graphically displays the means for both groups at pretest, midpoint, and posttest and demonstrates that while both groups demonstrated improvement, the experimental group demonstrated greater gain in providing students emotional support.

![Graph](image)

*Figure C.1.* Mean Index of emotional support (CLASS) scores for CTRT and Conscious Discipline groups.

Because the main effect for time was statistically significant, a post hoc one-way repeated measures ANOVA was conducted to examine within group change for the CTRT and CD group. Results indicated no statistically significant main effect for time for the
experimental group, \([\text{Wilks’s lambda} = .24, \, F(2, \, 3) = 4.67, \, p = .120, \, (\eta_p^2 = .76)]\) and no statistically significant main effect for time for the control group, \([\text{Wilks’s lambda} = .72, \, F(2, \, 4) = .798, \, p = .511, \, (\eta_p^2 = .29)]\). However, CTRT demonstrated a very large treatment effect \((\eta^2 = .76)\), almost three times greater than the treatment effect for CD \((\eta_p^2 = .29)\).

**Research Question 2**

Will teachers who participate in the CTRT intervention demonstrate an increase in their use of relationship-building skills with students during center time as measured by Child-Teacher Relationship Training Skills Checklist (CTRT-SC) when compared to teachers from the active control group? Table C.2 presents pretest and posttest means and standard deviations for the experimental \((n = 11)\) and the control \((n = 12)\) group on the dependent variable, child-teacher relationship skills.

Table C.2

<table>
<thead>
<tr>
<th></th>
<th>Experimental group ((n = 11))</th>
<th>Control group ((n = 12))</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pretest</td>
<td>Posttest</td>
</tr>
<tr>
<td>Relationship-building Skills</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean</td>
<td>4.54</td>
<td>19.36</td>
</tr>
<tr>
<td>(SD)</td>
<td>4.76</td>
<td>17.69</td>
</tr>
</tbody>
</table>

*Note.* An increase in mean scores indicates improvement in behavior.

Results of the analyses of the dependent variable, relationship skills, indicated a statistically significant interaction effect of Time (pretest, midtest, posttest) x Group membership (CTRT, CD); \([\text{Wilks’s lambda} = .81, \, F(1, \, 21) = 5.038, \, p = .036, \, (\eta_p^2 = .193; \, \text{observed power} = .572)]\); a statistically significant main effect for time; \([\text{Wilks’s lambda} = .66, \, F(1, \, 21) = 10.68, \, p \)
and a non-statistically significant main effect for group, [F(1, 21) = 4.06, \( p = .057, (\eta_p^2 = .162) \)]. These results indicated that according to objective raters blinded to the study teachers from the CTRT group demonstrated a statistically significant increase in the Child-Teacher Relationship Skills from pre- to posttreatment when compared to teachers in the CD group. Results further indicate that the CTRT group demonstrated a large treatment effect (\( \eta_p^2 = .193 \)) on the Relationship Skills when compared to the CD group teachers. Figure C.2 graphically displays the means for both groups at pretest and posttest and demonstrates the average increase in scores for both groups.

![Figure C.2. Mean CTRT-SC scores for CTRT and Conscious Discipline groups.](image)

Because the main effect for time was statistically significant, a post hoc one-way repeated measures ANOVA was conducted to examine within group change for the CTRT and the CD group. Results indicated a statistically significant main effect for time for the experimental group; [Wilks’s lambda = .57, F (1, 10) = 7.57, \( p = .020, (\eta_p^2 = .43) \)] and a non-statistically significant main effect for time for the control group; [Wilks’s lambda = .76, F(1, 11) = 3.39, \( p = \ldots\)
However, CTRT demonstrated a very large treatment effect ($\eta_p^2 = .43$), almost two times greater than the treatment effect for CD ($\eta_p^2 = .24$).

**Research Question 3**

Will teachers who receive the CTRT intervention decrease their level of teaching stress as measured by the Total Stress scale of Index of Teaching Stress (ITS) when compared to teachers from the active control group? Table C.3 presents pretest and posttest means and standard deviations for the experimental ($n = 8$) and the control ($n = 11$) group on the Total Stress scale of the ITS. A visual inspection of pretest means revealed that the groups appeared different. I conducted a one-way ANOVA to examine group differences at pretest. Results indicated a non-statistically significant difference between groups at pretest, $F(1, 17) = .1.54$, $p = .232$.

**Table C.3**

<table>
<thead>
<tr>
<th></th>
<th>Experimental group ($n = 8$)</th>
<th>Control group ($n = 11$)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>pretest</td>
<td>midtest</td>
</tr>
<tr>
<td><strong>Total Stress</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Mean</strong></td>
<td>165.00</td>
<td>137.75</td>
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<tr>
<td><strong>SD</strong></td>
<td>42.71</td>
<td>33.33</td>
</tr>
</tbody>
</table>

*Note.* A decrease in mean scores indicates improvement in behavior.

Results of the analyses of the dependent variable, Total Stress, indicated a non-statistically significant interaction effect for Time (pretest, midtest, posttest) x Group membership (CTRT, CD); [Wilks’s lambda $= 1.00$, $F(2, 16) = .003$, $p = .997$, $\eta_p^2 < .001$; observed power $= .05$]]; a statistically significant main effect for time; [Wilks’s lambda $= .55$,
F(2, 16) = 6.57, p = .008, (\(\eta_p^2 = .45\))]; and a non-statistically significant main effect for group, [F(1, 17) = 1.76, p = .202 (\(\eta_p^2 = .094\))].

These results indicated that teachers from the CTRT group did not demonstrate a statistically significant decrease in the Total Stress score from pre-, to mid-, to posttreatment when compared to teachers from the CD group. Partial \(\eta_p^2\) was calculated to determine the magnitude of the treatment effect and did not yield a substantial effect size (\(\eta_p^2 < .001\)). Figure C.3 graphically displays the means for both groups at both pretest and posttest and demonstrates the average increase in scores for both groups.

![Graph showing mean Total Stress scale (ITS) for CTRT and Conscious Discipline groups.](image)

**Figure C.3.** Mean Total Stress scale (ITS) for CTRT and Conscious Discipline groups.

Because the main effect for time was statistically significant, a post hoc one-way repeated measures ANOVA was conducted to examine within group change for the CTRT and CD group. Results indicated a statistically significant main effect for time for the experimental group; [Wilks’s lambda = .39, F (2, 6) = 5.37, p = .046, (\(\eta_p^2 = .64\))] and a non-statistically significant
main effect for time for the control group; [Wilks’s lambda = .62, F(2, 9) = 2.78, p = .115, (η² = .38)]. However, CTRT demonstrated a very large treatment effect (η² = .64), almost two times greater than the treatment effect for CD (η² = .38).

Clinical Significance

Clinical significance refers to the benefit the treatment offers to the client in real life (Kazdin, 2003). To understand the impact CTRT had on teachers’ and aides’ ability to provide emotional supportive classroom environments and use relationship building skills with at-risk students, the individual scores of each participant from pre to post on the emotional support domain of the CLASS and CTRT-SC were examined.

Emotional Support Domain of CLASS

Out of 5 classrooms that received CTRT, 2 classrooms improved from medium to high level of emotional support with an average increase in score of 2.02 points. Two classrooms remained in high level of emotional support with an average increase in score of .84 points. One classroom remained in medium level of emotional support with an average increase in score of 1 point. On the other hand, out of 6 classrooms in the active control group, 3 classrooms improved from medium to high level of emotional support with an average increase in score of .96 points and 3 classrooms remained in the medium level of emotional support with an average increase in score of .25 points.

Relationship-Building Skills of the CTRT-SC

Out of 11 teachers and aides who received CTRT, 7 participants demonstrated improvement in relationship-building skills with an average increase in score of 19.33 points and 2 participants demonstrated a decline in relationship skills with an average decrease in score of 5.5 points. On the other hand, out of 12 teachers in the active control group, 7 participants
demonstrated improvement in relationship-building skills with an average increase in score of 5.86 points, 3 participants demonstrated a decline in relationship-building skills with an average decrease in score of 2.67 points, and 2 participants remained the same.
APPENDIX D

OTHER ADDITIONAL MATERIALS
RESEARCH CONSENT FORM FOR TEACHERS

University of North Texas Institutional Review Board

Informed Consent Form

Before agreeing to participate 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: Caregivers as Therapeutic Agents: Effectiveness of Child Teacher Relationship Training on Disruptive Behavior and School Readiness.

Investigator: Dr. Sue Bratton, Assistant Professor, University of North Texas (UNT) Department of Counseling and Higher Education.

Research Project Coordinators: Terri L. Gonzales, Graduate Assistant, University of North Texas (UNT) Department of Counseling and Higher Education

Yulia Pronchenko, Graduate Assistant, University of North Texas (UNT) Department of Counseling and Higher Education

Purpose of the Study: You are being asked to participate in a research study which involves the examination of the effects of Child-Teacher-Relationship Training (CTRT) on children’s disruptive behavior and school readiness at your school. Child development literature emphasizes the vital importance of the teacher-child relationship for young children’s academic success. In addition, the purpose of the CTRT training is to help teachers respond more appropriately to young children’s behavior and create a more positive classroom environment for learning. This study involves teachers participating in training and supervision for a period of 23 weeks.

Study Procedures: If you choose to participate, you will be placed in either the CTRT treatment group or the control group that receives Conscious Discipline training. CTRT is a model that trains teachers in skills of empathy, encouragement, limit setting and choice giving. These skills are designed to help teachers effectively manage children’s behavior and maintain classroom discipline in order to maximize learning. Teachers selected for the CTRT treatment group will participate in training and supervision on a weekly basis for a total of 23 weeks. Educational activities and schedules will not be impacted as a result of this study. Participating teachers will be asked to complete the Child Behavior Checklist (Caregiver-Teacher version- C-TRF) three times this school year, at the beginning, middle and end of the training, to evaluate the effects of teacher training on student behavior. The C-TRF will take approximately 20 minutes to complete. In addition teachers will be video taped during one-on-one play-based interactions with the child, as well as directly observed during classroom interactions in order to provide supervision of skills. The researcher is also interested in interaction between teacher and child specifically the
teacher’s ability to communicate empathy and acceptance as well as execute the skills taught. Therefore, videotapes will be utilized to examine the effects of CTRT on the teacher-child relationship. Training and supervision will be provided by counseling professionals with advanced training in play therapy and the CTRT model. The Principal Investigator and Research Project Coordinators will ensure that all information will be kept confidential.

**Child Teacher Relationship Training (CTRT)**

CTRT is a developmentally appropriate teacher training model that uses play based intervention skills to train teachers in skills of empathy, encouragement, limit setting and choice giving. These skills are designed to help teachers effectively manage children’s behavior and maintain classroom discipline in order to maximize learning. This training focuses on the development of a positive teacher-child relationship based on the philosophy that children who feel more connected to their teacher are more successful in school. This training also utilizes developmentally appropriate culturally responsive play-based activities and skills to help teachers more effectively communicate with and manage behavior of young children. Teachers will be trained and closely supervised by counseling professionals who have advanced training in play therapy and the CTRT model. CTRT training consists of 2 days of intensive training in skills followed by 22 weeks of 1 hour per week training and supervision of the skills.

**Conscious Discipline**

Conscious Discipline is a developmentally appropriate teacher training program that fosters the emotional intelligence of teachers to empower both the teachers and the students. The training focuses on the basic skills of discipline, self-control, character building, and social skills. Teachers will be trained and closely supervised by counseling professionals who have advanced training in child development and Conscious Discipline.

**Foreseeable Risks:** There is no personal risk of discomfort directly involved with this study other than those associated with your normal daily teaching activities. You may choose to withdraw at any time without penalty or prejudice. There are no foreseeable risks involved with this study other than those associated with normal daily activities.

**Benefits to the Subjects or Others:** The teacher-child relationship is significant to the development of young children. Due to this significant relationship, teachers have the potential to make a considerable difference in a child’s development. Therefore, training teachers to respond to children in a more encouraging and developmentally appropriate way can benefit aspects of your students’ development, including cognitive, behavioral, social and emotional. Research suggests that children who feel more connected to their teacher have more positive attitudes towards school and demonstrate higher levels of academic achievement.

Teacher-child relationship training can benefit you by: increasing your ability to effectively respond to students’ emotional and behavioral needs, enhance your ability in providing effective classroom management and discipline. Literature suggests that teachers who feel
more confident of their ability to respond effectively to students’ needs have reported more satisfaction in their careers.

**Compensation for Participants:** None

**Procedures for Maintaining Confidentiality of Research Records:** The information you provide when you answer the questionnaire will be kept confidential and will not be disclosed in any publication or discussion of this material. All data including assessments and video tapes will be assigned a code number and kept in a locked filing cabinet in order to preserve confidentiality. Only the Principle Investigator and research assistants will review the video tapes for coding teacher-child interactions. For research purposes, only the Principle Investigator and the Research Project Coordinators will have access to the list of participants’ names and code numbers. At the end of this study the list of names will be destroyed.

The only exceptions to confidentiality are if the parent or legal guardian requests release information on C-TRF results.

**Questions about the Study:** If you have any questions about the study, you may contact 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:

- Dr. Sue Bratton 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 take part in this study, and your refusal to participate or your decision to withdraw will involve no penalty or loss of rights or benefits. The study personnel may choose to stop your participation at any time.
- You understand why the study is being conducted and how it will be performed.
- You understand your rights as a research participant and you voluntarily consent to participate in this study.
- You have been told you will receive a copy of this form.
Printed Name of Participant

__________________________
Signature of Participant

Date

For the Investigator or Designee:

I certify that I have reviewed the contents of this form with the subject signing above. I have explained the possible benefits and the potential risks and/or discomforts of the study. It is my opinion that the participant understood the explanation.

__________________________
Signature of Investigator or Designee

Date
Informed Consent Form

Before agreeing to 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: Caregivers as Therapeutic Agents: Effectiveness of Child Teacher Relationship Training on Disruptive Behavior and School Readiness

Investigator: Dr. Sue Bratton, Assistant Professor, University of North Texas (UNT) Department of Counseling and Higher Education.

Research Project Coordinators: Terri Gonzales, Graduate Assistant, University of North Texas (UNT) Department of Counseling and Higher Education

Yulia Pronchenko, Graduate Assistant, University of North Texas (UNT) Department of Counseling and Higher Education

Purpose of the Study: You are being asked to allow your child to participate in a research study which involves your child participating in school-based play therapy services. The purpose of the study is to help children who have behavior difficulties such as aggression, fighting, attention problems, hyperactivity, problems with following directions, rule-breaking, etc to reduce their behavior problems. Experts in child development suggest that children who have less behavioral problems at school do better academically.

Study Procedures: Your child will be asked to participate in approximately 16 individual play therapy sessions that will take about 30 minutes, one time each week. All sessions will take place during regular school hours at a time determined by the teacher. Sessions will be video-recorded to make sure your child is receiving helpful services from the counselors.

Foreseeable Risks: The potential risks involved in this study are minimal. As with any counseling intervention, children may become more aware of emotional difficulties. In the event a child has a difficult time adjusting to new emotions, the parent will be contacted and a referral will be made to a local counseling center.

Benefits to the Subjects or Others: We expect the project to benefit your child by allowing him or her an opportunity to learn self-control and socially acceptable behaviors which can then be transferred to the classroom.

Compensation for Participants: None

Procedures for Maintaining Confidentiality of Research Records: Your child's name will be removed from all identifying materials related to this research and replaced with a random code number. Consent forms will be stored in a location separate from coded
materials. All research records including video recordings will be kept in a locked cabinet in the researcher's office, and accessible only to the researchers. Research records will be kept for a period of 3 years following the conclusion of this study. At that time, all records will be properly destroyed. The confidentiality of your child’s individual information will be maintained in any professional publications or presentations regarding this study.

Questions about the Study: If you have any questions about the study, you may contact 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:

- Dr. Bratton 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 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                           Printed Name of the Student

________________________________                           ____________
Signature of Parent or Guardian                                        Date

For the 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 Investigator or Designee                                 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.

This project hopes you will take part in a special play time. Your teacher or teacher aide will be asking you to go to the special play room for your special play time.

Your special play time will be videotaped to make sure that your teacher or teacher aide is helpful to you during your time together.

If you decide to be part of this study, 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

_________________________                                __________________
Signature of Child      Date

__________________________
Signature of Principal Investigator               Date

Waiver of Assent

The assent of (______________________) was waived due to:

_______ Age

_______ Maturity

_______ Psychological State

________________________________
Printed Name of Parent/Guardian

______________________________                         _____________
Signature of Parent/Guardian                                        Date
FORMA DE CONSENTIMIENTO PARA LA INVESTIGACION

Antes de que usted decida participar en éste estudio de investigación, es muy importante que usted lea y entienda las siguientes explicaciones de los procedimientos propuestos. Ésto le describe los procedimientos, beneficios, riesgos, e incomodidades de este estudio. Es muy importante que usted entienda que no hay garantía ni tampoco seguridad de los resultados que puedan tenerse con este estudio.

Título del Estudio: Investigando la Efectividad de la Terapia de Juego usando los myestras que son agentes terapéuticos con las Bases-de Juegos y el Riesgo que Implica para los Ninos que tienen problemas de portando y en preparándolos para escuela.

Investigadora Principal: Sue Bratton, Profesora Asociada de la Universidad del Norte de Texas

Coordinadores del Proyecto: Terri Gonzales, Asistente Graduado, de la Universidad del Norte de Texas
Yulia Pronchenko, Asistente Graduado de la Universidad del Norte de Texas

El propósito de este estudio y por cuánto tiempo durará:
Este proyecto está designado para examinar los efectos de la consejería escolar basada en el juego, también llamada terapia de juego. Este proyecto también está basada en el juego con el maestro o mentor para ayudar a los niños de descendencia hispana que hablan el español y que están asistiendo las escuelas primarias de Denton, Texas pero están en un alto riesgo de no alcanzar el éxito en sus estudios escolares. Al ser el grupo minoritario de crecimiento más grande en el estado de Texas, los niños hispanos frecuentemente no reciben la ayuda que ellos necesitan porque se encuentran con las barreras del idioma al ser diferente y por la falta de consejeros entrenados para trabajar con los niños hispanos. Si ofrecemos los servicios de consejería en las escuelas para niños hispanos a la edad más temprano posible, estaremos ayudando esta situación crítica, para así poder confrontar los problemas a una edad temprano y ayudarlos a obtener el mayor de los éxitos en su vida estudiantil.

Este estudio conlleva 30 minutos de sesiones de consejería para su niño o niña, una vez por semana por aproximadamente 10 semanas. A el (a) maestro (a) de su niño (a) se les pedirá que completen dos cuestionarios al comienzo y al final de la sesión de consejería de su niño o niña. Cada cuestionario tomará aproximadamente 20 minutos para completarlo.

Descripción del estudio incluyendo los procedimientos usados:
Si su niño califica y usted decide que quiere que su niño o niña participe, su niño (a) será asignado (a) a recibir uno de los siguientes servicios de consejería escolar terapia de juego. Los consejeros que ofrecen estos servicios están especialmente entrenados para trabajar con niños y estarán supervisados directamente por la Dra. Bratton, la coordinadora del proyecto, para asegurar la máxima calidad de los servicios.
Terapia de juego:
En la terapia de juego, también llamada consejería con niños a través de los juegos y los juguetes, un consejero que tiene entrenamiento avanzado en juegos de terapia llevará a su niño (a) al área de juego de la escuela, que está equipada con una variedad de juguetes debidamente desarrollados y creados para este propósito, también tiene materiales como artes plásticas, objetos para construir, plastilina, juegos, muñecos y animales, carros y camiones, peluches, títeres, ropa para disfrazarse o fingir ser alguien, un área de cocina, arena y agua.

Usando los juguetes y los juegos en las terapias de consejería para ayudar a los niños que están teniendo problemas en la escuela, se basa en la realidad de que los niños se comunican más fácilmente a través del juego, mientras que los adultos generalmente se comunican a través de las palabras. Los niños de la edad primaria piensan en un nivel muy concreto, de manera que es más fácil para ellos usar figuras de juguetes y otros materiales para mostrarle al consejero lo que ellos están pensando o sintiendo. Tratando de explicar como usted se está sintiendo y porque se siente de esa manera, puede ser muy difícil inclusive para un adulto--¡especialmente cuando uno está enojado! Esto es sobretodo cierto para los niños que están pasando por problemas de aprendizaje de un idioma segundo.

El mentor o maestro del aprendizaje del juego:
En este programa de asesoría, un estudiante del primer año o último año de la universidad con entrenamiento especial en consejería y juegos terapéuticos, juega con varios procedimientos para ayudar a los niños mientras interactúan con ellos por 45 minutos cada semana. Los maestros ofrecen un juguete especial o varios, con diferentes tipos de juegos y juguetes para ayudar a que los niños expresen como se están sintiendo y que están pensando.

Consejería de grupo:
En los grupos de consejería, que también se llaman grupos de guía escolar, la idea se basa en que el consejero ofrecerá a los niños una variedad de actividades a través de un currículo aprobado por la escuela, incluyendo: 1) leyendo historias y haciendo preguntas a los niños acerca de la historia o pidiéndoles a ellos que dibujen algo relacionado con la historia, 2) mostrando a los niños fotos de diferentes emociones como el estar bravo y el estar felíz y preguntándoles si pueden identificar que tipo de emoción es, y 3) pidiéndoles que practiquen normas de relaciones sociales básicas, por ejemplo: como resolver un desacuerdo con otros niños y como saber elegir de una manera amigable.

Descripción de los procedimientos/elementos que están asociados con riesgos previsibles:
No existen riesgos que puedan prevenirse envueltos con este estudio más que los que están asociados con las actividades normales de vida.

Beneficios para los sujetos:
La escuela primaria es una época muy importante en el desarrollo de su niño o niña, es la época en que los niños desarrollan las actitudes o comportamientos que van a durarle toda la vida en cuanto a la escuela, en las relaciones con otros niños, con ellos mismos, con grupos sociales y la familia. Muchos niños tienen dificultades para ajustarse a las demandas de la escuela, en particular los niños que están teniendo problemas para aprender un idioma segundo y adaptarse a
una nueva cultura. Con frecuencia, los problemas de estos niños no son atendidos hasta que ellos han crecido lo suficiente para poder comunicar sus problemas con palabras. Los servicios de consejería basados en el juego ofrecen la oportunidad a través de este proyecto de investigación, de ayudarlos con actividades de juego apropiadas para esa edad temprano de estos niños-- antes de que los problemas se conviertan en algo más serio, por ejemplo: a) un mejor entendimiento de sus propios pensamientos e ideas y como pueden expresar éstas en muchas diferentes maneras; b) empezando a desarrollar seguridad en sus propias habilidades; y c) llegando a ser más responsable, en la manera en que aprenden a controlarse a ellos mismos y resolver sus propios problemas. Los consejeros estarán también disponibles para los padres para poder discutir como sus niños están progresando, ayudarlos con útiles consejos parentales, o compartiendo ideas acerca de cómo usted puede ayudar, de una manera mejor a que su niño triunfe.

Compensarson Para los Participantes: Nada

Privacidad de los datos del estudio:
Los cuestionarios que tanto usted como el (la) maestro (a) de su niño o niña completen antes y después del estudio estarán guardados confidencialmente. Ellos no estarán identificados con su nombre o con el nombre del niño; un numero de código especial será usado en vez del nombre del niño (a). Los cuestionarios ofrecen información muy importante acerca del comportamiento de su niño o niña y ofrecen también información acerca de la efectividad de los servicios de consejería que su niño (a) recibió. Sin embargo, ninguna información acerca de su niño (a) o suya será compartida con los maestros de su niño (a), los directivos de la escuela, o cualquier otra persona. Las únicas excepciones a la privacidad son si 1) el niño (a) declara ser abusado, abandonado o explotado 2) el niño (a) está en una situación peligrosa por si mismo o por otra persona, 3) un orden judicial ordena la exposición de esta información, o 4) los padres o guardianes legales solicitan que la información sea publicada.
La Dra. Sue Bratton, Investigadora Principal, guardará y firmará todos los resultados y le puede dar cualquier información si usted está interesado. Al final del estudio, todas las formas serán destruidas.

La investigadora también está interesada en que tipo de juguetes el niño o niña usa, que tipos de juegos le gustan, y en el uso del idioma (si es español o inglés) durante las sesiones de consejería. Por esta razón la investigadora usará una cámara de video para grabar las sesiones de juego individuales. Los videos no identificarán el nombre del niño o niña, al contrario, se usará un numero especial para codificar las cintas y sólo la investigadora sabrá a quien le pertenece el video. Las cintas de video serán guardadas en una caja especial con candado en la oficina de la investigadora. Solo la investigadora y los empleados asociados a ella, revisarán las cintas de video para poder codificar los juegos y los patrones de lenguaje. En adición a ésto, las sesiones serán grabadas para propósitos de supervisión y serán vistos por la Dra. Sue Bratton, investigadora principal del estudio, para asegurar que su niño (a) está recibiendo la mejor calidad de servicios de consejería. Al final de este estudio, todas las cintas de video serán destruidas a menos que los padres den un consentimiento por escrito que permita usar los videos para entrenamiento y propósitos educativos.

Preguntas de el estudio: En caso de que existan problemas o preguntas, se me ha dicho que puedo llamar a la Dra. Sue Bratton, (940) 565-3864.
**Revisión para la protección de los participantes:**
Este estudio investigativo ha sido revisado y aprobado por el Comité para la Protección de los Derechos Humanos de la UNT (940) 565-3940.

**Los derechos de los participantes de la investigación:**
Yo he leído o he hecho que me lean todo lo expresado arriba. Este estudio me ha sido explicado y todas las preguntas que he tenido han sido contestadas. Se me ha informado de todos los riesgos o molestias y posibles beneficios de este estudio.

Yo entiendo que mi niño o niña y yo no tenemos que tomar parte de este estudio, y que mi negación a participar o mi decisión de salirme no conllevará ninguna pena o perdida de los derechos o los beneficios o los recursos legales a los cuales tenga derechos. También entiendo que la investigadora puede decidir interrumpir la participación de mi niño o niña en cualquier momento.

En caso de que existan problemas o preguntas, se me ha dicho que puedo llamar a la Dra. Sue Bratton, (940) 565-3864.

Yo entiendo mis derechos como participante o parte de este estudio investigativo, y yo voluntariamente estoy dando mi consentimiento para participar en este estudio. Se me ha explicado que yo recibiré una copia firmada de esta forma de consentimiento.

_________________________________                               ______________
Firma del Padre o Madre o Guardian              Fecha

________________________________
Nombre de Niño(a)

Para la Investigadora o el (la) Designada (o):

Yo certifico que he recibido el contenido de esta forma con la persona que firmó más arriba, quien, en mi opinión, entendió la explicación. Yo he explicado los beneficios y riesgos conocidos de esta investigación.

__________________________________________________________
Firma de la Investigadora Principal                      Fecha


Play-based consultation to improve the school adjustment of discouraged kindergarten and first grade students. *International Journal of Play Therapy, 10*, 1-30.


of relationship-building skills and the effect on student classroom behavior (Doctoral dissertation). Retrieved from ProQuest Dissertations and Theses database. (UMI No. 3254192)


