THE IMPACT OF CHILD TEACHER RELATIONSHIP TRAINING FOR EARLY
CHILDHOOD EDUCATORS: THE ROLE OF THE RELATIONSHIP

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In this qualitative study, I explored the lived experiences of eight early childhood educators implementing a play-based teacher professional development intervention, child teacher relationship training (CTRT), in an affluent Christian based preschool. Through the building of relationships, CTRT provided the teachers a person-centered approach to develop skills to establish relationships and to attend to the intentional emotional and relational development of young children. The research questions addressed the impact on teachers with children exhibiting challenging behaviors utilizing CTRT experienced before, during, and after the implementation of the play-based consultation intervention. Thematic analysis of the pre-intervention interviews, observation journals, reflexive journal, and post-intervention interviews revealed two clusters and seven distinct themes. The first cluster described the learning experiences of teachers while implementing CTRT with four identified themes: (a) changes in their views about children; (b) changes in their views about their personal abilities and performance; (c) a deeper understanding of theory (Reggio Emilia and CTRT); and (d) teacher skill development. The second cluster concerned the impact of CTRT before, during, and after the implementation of CTRT with three identified themes: (a) relationships; (b) support systems; and (c) the transfer of CTRT skills outside the classroom. The emerging themes indicated that the participants found CTRT to be a useful intervention for skill development to address challenging behaviors in young children, increased the teachers’ abilities to manage classrooms, and professional and personal growth.
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By

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To me, meaningfulness begins and lives within relationships. My journey to completion of this dissertation could not have happened without significant relationships. These relationships began with my children, Mackenzie and Collin. They both were grounded in the belief that as their mother I could and would reach this goal. I could not have made the sacrifices that are required in this program if not for their loving support. Their spouses, Mack and Kristina, always caring and kind even when I was absent for many of life’s markers with their children. My grandchildren, Henry, Addie, Kennedy, and Colton, taught me about the importance of unstructured play and allowed me to experience their mysterious relational abilities that pulled me into their worlds. These four children led me to a deeper understanding of the power that authentic relationships with young souls bring to life. My research team, Luis, Bianca, Hilary, Marie, and Sarah, their hard work and unwavering dedication to the project made the impossible possible. My committee chair, Dee Ray, gave me the space to understand the power of pushing myself through some very difficult situations and at the same time was available and present when I needed her. My committee, Natalya Lindo and Jan Holden, both gave freely of their expertise and allowed me to develop mine. My office manager, Natasha, protected me, ran the office, and gave me the strength to leave the business behind and totally immerse myself in research and writing. My cohort, where I first learned that this journey is not worth taking alone, thank you “Dirty Dozen” for the many lessons I learned from and with you. And finally, the teachers and director in the study that allowed me to observe the changes in their lives as each one of them entered a child’s world through play. To me, life does not exist without strong relationships, and for each of you, I am eternally grateful for helping me reach a life-long dream. In the spirit of play, thank you.
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CHAPTER 1
INTRODUCTION

Among the Zulu tribes of northern Natal in South Africa, the most common greeting when people meet is: “Sawu bona.” This expression is equivalent to hello in English, literally meaning “I see you.” In response to this greeting, a member of the tribe would respond, “Sikhona,” meaning “I am here” (Senge, et al., 2006). However, crucial cultural subtleties are often lost when translating an expression from one language to another. The order of the exchange—that recognition leads to existence—is significant in this Zulu greeting and response. This greeting is an invitation to a deep witnessing of a relationship. The exchange constitutes an agreement to affirm and investigate the potential for mutuality that is present between two human beings. This type of interaction is essential, in general, but becomes even more critical in developing teacher education programs that emphasize the crucial skills of relationship building with young children. An understanding of how to build connection is essential to the process of examining relationship formation between a teacher and a preschooler. In order to bring the preschool teacher and child relationship into existence, the relationship must be seen not only as an asset for education but additionally as a key component of connection for the holistic development and healthy growth of the child. The focus of this project is seeing this relationship as the agent of change.

Development in young children is a holistic process, and children move through stages of development on individual timelines, with growth being dependent on the individual child (Ray, 2016). An element of healthy childhood development depends on the quality of a child’s significant relationships with adults—both within the family and outside of the family structure (Landreth, 2012; Ray, 2011; Rogers, 1951; Siegel & Hartzell, 2004). Young children experience
their world as an environment of relationships. The established relationships between young children and a caring adult affects all aspects of their development—cognitive, physical, emotional, social, behavioral, moral, and spiritual (Hughes, 2010; Ray, 2016). The teacher-child relationship takes on enormous importance for this age group, as relationships with preschool teachers are often the first significant adult relationships that children experience outside their immediate families (Pianta, 1999).

Results from a U.S. Department of Commerce census report (2016) revealed that the population of children between the ages of 3 and 5 was approximately 12,000,000. Additionally, the report indicated that 65% of the preschool population was enrolled in some variation of preprimary education. In another report, the U.S. Department of Education (2008) found that children enrolled in all-day preschool settings spent approximately 1,260 hours a year in school, suggesting that over 58% of a child’s waking hours in the course of a school day were consumed in a relationship with a non-guardian adult with consequential influence on the growth and development of the child.

The upsurge of enrollment in preschool programs began in the 1980s when many mothers entered the workforce (Christakis, 2016; Pew Research Center, 2015). Earlier, the function of preschool was to provide a safe place where children could increase their social competence and experience unfamiliar materials, educational activities, and art media (Christakis, 2016; Miller & Almon, 2009). Historically, neither the testing of academic readiness nor the notion that a 3- to 5-year-old could be disqualified and not permitted to progress to the next level of instruction was a part of early preschool programs (Miller & Almon, 2009). In addition, with the 2001 passage of No Child Left Behind, educators began to reconstruct preschool from a play-based social experience into a narrower agenda of cognitive and academic skills (Stipek, 2006), removing
intellectual serendipity and thereby denying children the right to use unstructured play as a method of academic, behavioral, emotional, and social learning.

In 1989, the United Nations Convention on the Rights of the Child (UNCRC) identified play as a universal right of children. In Article 31, the authors of the UNCRC stated: “1. Parties recognize the right of the child to rest and leisure, to engage in play and recreational activities appropriate to the age of the child and to participate freely in cultural life and the arts” (United Nations, 1989). More recently, the International Play Association (IPA; 2013) examined the status of the implementation of Article 31 worldwide. IPA (2013) reported neglect of children’s play as an international issue, citing the pressure of educational achievement and the lack of awareness of the significant role of play in children’s development as contributing factors. In the early 1970s, American psychologist Ellis (1973) postulated critical mass as determining that academic achievement assumed consequential importance over play, placing play, a necessary component of healthy child development, and, therefore, a child’s developmental growth process, at risk.

Furthermore, developmental theorists such as Erikson (1963), Piaget (1962), and Vygotsky (1978) recognized play as an essential component in child development. Each of these theorists identified a lack of language development in the young child as an indicator that play is significant in a child’s overall growth. Landreth (2012) illustrated how play enables the child to express feelings, explore relationships, and develop self-awareness in play therapy. Additionally, Landreth (2012) indicated that denying play as the most important form of communication condemns children to lack an adequate vocabulary with which they can express their fundamental feelings and thoughts about their environments and, more importantly, their relationships with others.
Although play has been recognized as a universal *right* of children and its value has been understood, play researchers, play theorists, and educators (Brown, 2010; Chistakis, 2016; Ellis, 1973; Gray, 2011, 2013; Miller & Almon, 2009; Pellegrini, 2009) have found that unstructured play has declined sharply over the past five decades in the US, particularly outdoor play and playing with other children. In the 21st century, young children are playing less, playing differently, and playing with less quality (Gray, 2011; Panksepp & Biven, 2012).

Legislators continue to create polices in the educational system that discount play. Removing unstructured play from programs (Almon & Miller, 2011, Gray, 2011; Stipek, 2006), lengthening the school day (Pianta, Downer, & Hamre, 2016), and demanding too much academic rigor too soon (Almon & Miller, 2011) pushes the elementary curriculum down into early childhood education, increasing stress for many preschoolers. Gilliam (2005) surveyed almost 4,000 preschool teachers from state-funded programs and found that 3- and 4-year-old children’s expulsion rates were three times higher than national expulsion rates for grades K-12. Additionally, Gilliam’s (2005) study revealed a correlation between the amount of dramatic play and expulsion: the less play, the more expulsions.

Gray (2011) postulated that in the last 50 years, unstructured play has decreased among children and mental health issues have increased, arguing a causal link between the decrease of play and the increase of psychopathology among children (p. 433). One in every five children in the US meets criteria for a major mental health disorder (Child Mind Institute, 2016; Gray, 2011). Children with mental health disorders can exhibit emotional and behavioral problems that disrupt the environment of learning and the building of relationships with teachers and peers. In addition, the American Academy of Child & Adolescent Psychiatry (2013) reported a shortage of qualified providers to treat the young child has emerged. Given the severe national shortage of
mental health providers, innovative strategies to help teachers relate to schoolchildren with behavioral and emotional issues has become a possible solution to helping the very young who manifest problematic behaviors in the classroom.

One such innovative strategy is Child Teacher Relationship Training, an approach to enhancing the child-teacher relationship based in person-centered theory. The focus of this study is an assessment of the process of equipping early childhood educators with relational skills from the intervention of Child Teacher Relationship Training (CTRT). Implementing CTRT may assist teachers to develop intentional and meaningful relationships with children using basic play therapy skills. Moreover, CTRT may offer teachers a skill set that intentionally addresses the emotional and relational development of children, which is an area lacking in most professional training and preschool educational programs (Reeves & de Mare, 2017). At the same time, teachers’ use of CTRT may also decrease behavioral and emotional problems in their classrooms that hinder the building of successful teacher-child relationships. Erika Christakas (2016) ended her book *The Importance of Being Little: What Preschoolers Really Need from Adults* with the following passage that elucidates the relationship between a young child and a caring adult:

> Young children are important because they contain within themselves the ingredients for learning, any place and at any time. Parents and teacher are important, too. And that’s because they still control the one early learning environment that trumps all others: the relationship with the growing child (p. 299).

**Statement of the Problem**

Few professional development interventions exist, especially for teachers of young children that focus on the impact of forming beneficial relationships with students to improve academic learning, increase self-regulation, and promote healthy development (Han, 2014). Even though research (Sabal & Pianta, 2012) supports the benefits of strong relationships in the classroom, there is disparity in practice that ignores intentional learning of relational and
emotional development competencies for teachers in the domain of professional development for early childhood instructors. In addition, with the increased concern of teachers with regard to children’s externalizing behaviors in the classroom (Joseph & Strain, 2003), it is typically expected that teachers take on the responsibility of mitigating demanding behaviors without emotional and relational development knowledge, competency, and skills (Reeves & Le Mare, 2017).

Purpose of the Study

The purpose of this qualitative study was to explore the phenomenological experience of eight preschool teachers when they implemented CTRT, an intervention that intentionally addressed the building of relationships with children. Throughout a four-month period, teachers were provided training to increase their relational and emotional skill competencies to improve relationships with their students. Implementing a play-based intervention with a child with challenging behaviors encouraged teachers to learn the skills in order to transfer the skill set to the classroom. As the teachers developed relational skills, unstructured play was utilized as the pathway into the child’s inner person (Landreth, 2012). I used a qualitative method with a phenomenological approach (Moustakas, 1994) to examine and capture the experience of teachers implementing a play-based consultation model and to investigate the following research questions: (1) What are the experiences of early childhood educators with children with problematic behaviors before, during, and after their participation in CTRT? (2) What are the perceptions of early childhood educators of the impact of CTRT on the teacher, the child, and the teacher-child relationship?
CHAPTER 2

REVIEW OF RELATED LITERATURE

Relationships begin forming at birth and continue throughout one’s lifespan. Teacher-child relationships are among the many relationships that children will encounter. According to Pianta (1999) the relationships children develop with their teachers tend to be the most influential and significant relationships in a child’s growth and development. In the following literature review, I will provide an overall description of preschool environments for a child aged 3–5 years. The teacher-child relationship in pre-primary school will be examined along with professional development training of the early childhood educator to facilitate teacher-child relationships. How self-structure is formed and the role relationship plays in an individual’s formation of personality will be discussed by utilizing the person-centered theory. Finally, the intervention used in this project to intentionally improve teacher–child relationships within the classroom will be explained.

Environments of Preschool Children

Early Childhood Education

In the US, 7 out of 10 Americans reported being in favor of using federal money to build high-quality preschool education programs for every child (Jones, 2014). This public opinion poll suggested that 70% of adults favor programs that ensure children begin school when they are ready to learn and that the programs children attend provide a path for them to grow and become healthy and productive adults. Exposing children to early educational experiences can have far-reaching influence on later educational outcomes, socioeconomic success, and social responsibility (Berrueta-Clement, Schweinhart, Barnett, Epstein, & Weikart, 1984).
According to a U.S. Department of Commerce census report (2016), the population of children between the ages of 3 to 5 was approximately 12,000,000, with 65% of such children enrolled in preschool. Additionally, the National Center for Educational Statistics (NCES) sponsored McFarland et al. (2018) to document and report the overall condition of education in 2016. According to McFarland et al. (2018), 42% of 3-year-old children, 66% of 4-year-old children, and 86% of 5-year-old children were enrolled in preprimary programs in 2016.

The term *prekindergarten* (Pre-K) primarily refers to any program in which education is the focus for young children before entering elementary school. Other terms used for the education of children aged 3 to 5 years are *preschool*, *preprimary school*, and *nursery school*. Educational programs that have young children as participants vary based on the ages of the children served and the funding sources for the specific programs (Brooks-Gunn, Markman-Pithers, & Rouse, 2016). The different early education programs are as follows:

1. *State- or city-funded program:* These programs tend to be universal, available to all children residing in the geographical area, and fall under the local or state education departments for funding. State- or city-funded programs typically serve children that are 4 or 5 years old.

2. *Federally funded program:* As one of President Lyndon B. Johnson’s initiatives on War on Poverty in his State of the Union Address in 1964, he implemented Head Start as a federally funded program. Head Start is a comprehensive child development program designed to meet children’s emotional, social, health, nutritional, and psychological needs, specifically for disadvantaged preschool children of low-income families. A child that qualifies for Head Start services is 3 to 4 years old.

3. *Community programs:* These preschool programs are subsidized not-for-profit with varied funding from sources such as government organizations, municipal agencies, community
groups, or private donors. The oversight of the not-for-profit early childhood programs are often administered and controlled by entities such as churches, municipal agencies, social service, and other not-for-profit agencies. Although the programs in this category are subsidized, some programs require parents to pay a portion or all of the cost for their child to attend. A child enrolled in community programs is typically 4 years old; however, some programs will serve 3-year-old children and younger.

4. *For-profit programs or private preschools:* As for-profit preschool programs are not funded by government agencies, research about their effectiveness and the quality of services provided is scarce. The ages of the children in for-profit programs vary from infant to 5 years old.

Due to the varied funding and indiscriminate oversight for early childhood programs, regulation of preschool programs in areas such as educational curriculum, professional development, teaching methods, and cost to parents are inconsistent and disjointed (Brooks-Gunn et al., 2016). With an uptick in interest of governmental policy pertaining to education and care programs for children from birth to age 5 years, the need for examination and evaluation of early childhood programs and policies has emerged to promote and provide optimal conditions for healthy child development (Dodge, Bai, Ladd, & Muschkin, 2017).

Coley, Votruba-Drzal, Collins, and Cook (2016) contrasted four different types of early education and care programs (EEC) for quality of program arrangement and student outcomes of children from low-income families. The program arrangements investigated were: (a) Head Start, (b) public preschool centers, (c) private preschools, and (d) home care. Using data from the Early Childhood Longitudinal Study, Birth Cohort (ECLS-B), the authors examined experiences of 4,250 at risk children when the children were 4 years old; in addition, they
assessed the cognitive and behavioral skills when the same children were 5 years old. The results indicate that public preschools and Head Start programs provided economically disadvantaged 4-year-old children with the most educated and trained teachers and offered the highest level of enriching learning activities. At the same time, low-income children who attended private preschools scored highest in math, reading, and language skills when assessed at age 5. Additionally, no significant variations in results were found when behavioral skills were assessed from any of the four types of program arrangement. The authors speculated that low-income children perform better on academic assessments in comparison to higher-income students, who are typically higher functioning.

Dodge et al. (2017) examined two early childhood programs and the impact of outcomes for children from the initial early education program through the fifth grade. The researchers examined fadeout and spillover to determine whether the impact on children changed as children got older. Fadeout defines whether the initial positive impacts are sustained, grow, or fadeout over a period of time. Spillover describes the influence that children who participated in the original program might have directly on their peers who were not participating in the original program throughout elementary school. Both programs, Smart Start and More at Four involved in a North Carolina study, were flagship early childhood programs implemented statewide that involved 13 cohorts and over one million children.

Dodge et al. (2017) indicated that state investments in early childhood education had significant positive outcomes for children, with improvements on standardized assessments, specifically in reading and math. In addition, reduction in special education placements and grade retentions in the third, fourth, and fifth grades were noted. As improvement increased or remained the same over the years of the study in testing, special educational placement, and
retention, Dodge et al. (2017) found no fadeout effects and suggested that spillover influenced nonparticipating students. As a result of the study, the authors suggested that full implementation of early childhood programs saturating school districts on a universal level leads to positive impacts that continue to increase through the end of grade school.

Family Structures of the Preschool Child

The Pew Research Center (2015) recently conducted a poll to explore family life that is continually in a state of change for young children. Terms such as helicopter parents, tiger moms, and free-range parenting emerged to define parenting philosophies. However, the results of the Pew Research poll (2015) that questioned 1,807 parents with children under the age of 18 indicated less correlation to philosophies of parenting as a factor of change and, rather, indicated associations to family structure and economic circumstances of families as the mediating sources of transformation in families. Furthermore, the poll results revealed that two-parent families are on the decline in the US, whereas divorce, remarriage, and cohabitation are on the rise. In the 1960s, 73% of preschoolers typically lived in a nuclear family structure with both biological parents in their first marriage. In 2015, less than half of preschoolers (46%) lived with both biological parents, whereas 26% lived with a single parent, 15% with parents who remarried, and 7% with cohabitating parents.

As the predominant family structure is no longer nuclear, other phenomena were noted: (a) Women had fewer children, with 41% of women giving birth to two children and only 14% of women giving birth to four or more; (b) Improvements in contraception rose; (c) Women were older when having their first child, with their ages being 24 to 27; (d) More women were pursuing higher education, with 67% of all women having some college experience; and (e)
More women entered the workforce, with 73% of mothers employed compared to 47% in 1975 (Pew Research Center, 2015).

In children, that experience changed with different family structures, such as divorce, separation, marriage, cohabitation, or death, with 31% being under the age of six (Pew Research Center, 2015). As these changes occur, the possibility of moves, school changes, and relationship adjustments present challenges for young children. As young children may lack the cognitive and emotional skill set to assess and understand the upheavals of their daily routines due to change, they may struggle to grasp the complex emotions they experience (Hughes, 2010; Landreth, 2012; Ray, 2016). Lacking the verbal skills necessary to express their complicated emotions, children often communicate their feelings through problematic behaviors that cause additional stress for parents at home and teachers in the classroom (Landreth, 2012; Ray, 2011, 2016).

Media and the Preschool Family

With the change in the structure of the American family, young children’s use of technology has increased exponentially in the last few years (Ofcom, 2017). Mobile devices, such as smart phones and tablets, have become ubiquitous and are replacing face-to-face communication within the parent-child dyad. Ofcom (2017) conducted a survey that examined children’s access to screens, Internet use, and gaming, indicating that 53% of all three to four year olds and 79% of children between the ages of five and seven have online Internet access. The percentage of children having access to the Internet increased by 10% from 2015 to 2016 in both age groups. Additionally, screen time for three to seven year old children included about 15 hours of television a week and playing games for another seven hours a week, bringing the total screen time on all devices to about 31 hours a week for a young child (Ofcom, 2017).
Conversely, the American Academy of Pediatrics (2016) recommended limiting screen time to one hour or less of quality programming per day for children between two and five years old.

Furthermore, screen time behaviors develop during early childhood (Hinkley, Brown, Carson, & Teychenne, 2018). Participation in screen-based activities, which are largely solitary and sedentary, may reduce opportunities for preschool children to expand the needed social skills to develop relationships (Hinkley et al, 2018). More importantly, young children’s social skills are an essential precursor to school readiness and peer acceptance (Baker, 2006; Hughes, 2010; Pianta, 1999; Ray, 2016).

Due to the increased number of working mothers, longer school days, and increased consumption of screen time in which both the preschooler and the parent engage, the child-parent relationship can be indirectly and negatively affected. Kildare and Middlemiss (2017) found that parents who are absorbed in phone use during parent-child interactions are less perceptive, receptive, and responsive to their child’s needs, both verbally and nonverbally. With less engaged parents, the potential exists for lower quality parent-child interactions and problematic parent-child relationships. Additionally, Kildare and Middlemiss (2017) stated that when children’s bid for attention is not met, there is an increase in risky, attention seeking behaviors in children.

Beyond television use, few studies have examined new mobile media devices and the consequences of its use on young children or on the parent-child relationship. However, Lauricella, Wartella, and Rideout (2015) examined the screen time for young children, using a sample of more than 2,300 parents with children aged 0 to 8. The authors outlined three main findings indicating an upswing in digital media usage. First, regardless of the devices or parental attitudes in reference to media use, electronic media usage in young children increases as the
child gets older. Second, the study supported a strong interaction between the child’s age, the parent’s screen time, and the child’s screen time. The researchers suggested that the parents’ modeling of technology use determined the child’s attitude about technology and the overall use. Finally, the research indicated that parental attitudes in reference to technology are significant factors of screen time and available devices for child use. Furthermore, parental attitudes toward the use of technology directly determine the rules and, therefore, the duration a child engages in media technology (Lauricella et al., 2015).

With the rapid advancements in technology, difficulties arise in securing current research about the consequences of use of technology for the very young. Parents reported that their young preschool children use technology and spend extensive amounts of time engaged with some type of screen at home and, in some cases, at school (Kildare & Middlemiss, 2017; Lauricella et al., 2015). In addition, research about the consequences of screen time on the parent–child relationships is lacking. With the expanded availability to various mobile devices and increased screen time of the young child, research is needed to assess the ramifications of digital media use on the parent–child relationship.

Preschool Play

Early childhood educators, researchers, and scholars across disciplines view play as the intermediary that children use to communicate with self, others, and the world (Brown, 2010; Christakis, 2016; Hughes, 2010; Landreth, 2012; Pellegrini, 2009; Ray, 2011,2016). In addition, play acts as a medium for children to interact with the environment. Furthermore, differing theoretical orientations and competing viewpoints of researchers investigating play have resulted in a lack of consensus regarding definitions, characteristics, and views of the developmental progression of play in the young child (Brown, 2010; Henricks, 2015; Lillemyr, 2009; Pellegrini,
Play, as a part of human nature, continues to be the object of study in the early education field.

Roskos, Christie, Widman, and Holding (2010) presented an overview of the competing viewpoints, using political parlance to describe three perspectives of play in child development as left, right, and middle. On the left, play is considered to be essential to childhood development and learning; if play is not present, the child will not thrive or develop. On the right, play is considered to be a trivial or irrelevant construct and not necessary used for learning or instruction. In the middle, play is considered to be one of several processes that influence developmental outcomes in the young child. The importance of acknowledging the three viewpoints of play for this study is that the conceptualization of play more often than not has a strong influence on preschool educational policy, programs, early educator professional trainings, and acceptable practices implemented within the preschool classroom (Roskos et al., 2010).

Play is an important aspect in the development of a preschool child, as it percolates many proximal developmental processes, beginning with the mother-child attachment (Lillemyr, 2009). Additionally, Lillemyr (2009) described that a gradual transition exists between understanding play as a concept and theories about play. A theory-driven approach to play is a necessary countermeasure in educational practices in a political climate that minimizes or eliminates play from preschool programs. A play theory is an attempt to describe and clarify how play exists from a specific viewpoint, a set of known components, and foundational values.

Historically, classic play theorists claimed that play is a natural discharge of surplus energy (Spencer, 1873), a sharpening of skills and knowledge necessary for a child to function as an adult (Groos, 1901), a pattern of relaxation from the stress of living in an industrialized
existence, while the body restores energy (Patrick, 1916), and an individual development involving the recapitulation and reliving of earlier progressions in the evolution of the human species (Hall, 1906). Henricks (2015) stated that the classic explanations of play, taken as a whole, claimed that play illustrates the individual’s connection to the animal kingdom and also evidences that of human beings as distinctive. Henricks (2015) believed that play connects the individual to what has gone before and frees humankind from the clutch of instincts with the availability of different opportunities that only play produces.

Piaget (1962) proposed different states of play development and theorized the meaning children made from their play as developmental cognitive constructs. Piaget (1962) postulated four stages of cognitive development in children, identifying specific play behaviors with chronological ages. The first stage, occurring in children from birth to age 2, is sensorimotor intelligence with exercise play or practice play as the central type of play. Stage two, preoperational thought, includes symbolic play with children aged 3 to 6. Stage three, concrete operations, identifies games with rules with children who are 7 to 11 years old. The fourth and final stage, formal operations, classifies a child’s capacity to hold and apply abstract thought and begins at age 12.

According to Piaget (1962), cognitive development occurs during two constant processes, adaptation and organization. Adaptation is the process that increases and changes the child’s experiences and knowledge; and organization is the process that allows each new adaptation to integrate into the system of previous adaptations. The two constant processes result in the child’s cognitive structure or schema that includes all the child’s experiences and knowledge. The schemas in the cognitive structure gradually and continually change through generalization, differentiation, and coordination.
Through play, Piaget (1962) recognized two distinct processes of adaptation: *assimilation* and *accommodation*. During assimilation, children interpret the situation through their individual experiences and working knowledge. With flexibility, a child in this process can transform or choose aspects of the environment that associate with his/her cognitive structure, which serves to strengthen previously acquired knowledge. On the other hand, accommodation occurs when a child gains a new experience that requires changing, redesigning, or expanding the cognitive structure. The child has less flexibility in this process because the child is acquiring new knowledge, which makes it necessary to change the existing understanding. In accommodation, the environment and the new surroundings form the reference for the adaptation, with new schemas being developed as a result.

Vygotsky (1978) focused on the experience of play as an open dialogue between individuals who both cooperate and challenge one another. Although Vygotsky’s theory is often considered a cognitive learning theory due to his concepts of language acquisition and cognitive development, most scholars categorize his works as a social development theory or a sociocultural theory. Vygotsky (1978) believed that the fundamental role of social interaction between an individual and society is to increase cognitive development, and, for children, the cognitive growth happens in play. Moreover, Vygotsky (1978) suggested that culture profoundly influences this process and is observable through the process of play.

Vygotsky (1978) made distinctions between the two levels of development. The *existing* level of development for one describes the development that has taken place and is presently available to the child. The *potential* development on the other hand illustrates the development that one is in the process of achieving. The potential level of development depicts the developmental tasks that the child can achieve through the help of an adult or another child that
has accomplished the task. Vygotsky (1978) referred to this process as the *zone of proximal development*. The zone of proximal development is the distance between the existing level of development and the potential level of development. Hence, children, through this process within established relationships, can observe, imitate, or receive guided instruction to acquire new information and skills as a result of play with a more knowledgeable adult or peer.

Erikson’s (1963) theory of personality focused on identity development. Erikson (1963) identified eight stages or *crises* that the individual experiences and must master over a lifetime. As an individual develops, they will continually encounter demands, expectations, and attitudes from others in the environment. These encounters provide the crises that the individual must solve in order to develop.

As a starting point for his theory of play, Erikson (1963) postulated that children have two recognizable needs: (1) the need to assume an active role (mastery) and (2) the need to be a grown up. He (1963) postulated that play provides rich opportunities to satisfy these needs. Additionally, he (1963) described three phases or stages of play or *play worlds* that a child would encounter. These stages were labeled *autocosmic, mircrocosmic, and macrocosmic*. Autocosmic play is the first stage, in which regular repetition of sensual and kinetic perceptions connect the child’s body to the concept of the child beginning to distinguish between self and others. This stage of play assists the child in establishing fundamental trust. The second stage of play, microcosmic, helps the child strive for independence, autonomy, and self-assertion. Erikson (1963) believed that play in this phase is influential in connecting the child’s development with regard to relationships between love and hate, between cooperation and self-will, and between authority and freedom. As for the final stage, macrocosmic, Erikson (1963) concluded that the child starts to value the consequences of their actions through connecting all three play worlds.
Erikson (1963) linked his theory of play to his developmental crises stages in his theory of personality, indicating that he associated play with normal child development. Play, according to Erikson’s definition, then operates as direct support for the child’s development of identity. His (1963) theories centered on the implication of play for the child’s development of self and on the value of play for children with emotional and social difficulties when working through developmental crises.

Although play is considered fundamental in child development, play is also a significant area of study in preschool education. Lillemyr (2009) suggested that play in early childhood programs has two dimensions: (1) the value of play for the child and (2) the deliberate application of play to the education of the child. The associations between the theories of play and the way play is used and implemented in the classroom are complex as well as political (Neaum, 2016).

As play is critical to the development of children, the United Nations in Article 31 (United Nations, 1989) recognized it as a universal right for all children. Over the past several decades, the learning environment in which preschool children develop has changed dramatically. In most early childhood education programs, children are rarely exposed to uninterrupted blocks of time to play alone or with their peers (Sarmiento-Arribalzaga, 2013). Instead, young children spend substantial time in structured educational or assessment focused environments.

The National Association for the Education of Young Children (NAEYC) is the leading organization that has been promoting best practices in early education. The NAEYC began issuing warnings about the decline of play as early as 1987. During the same period, in 2003, the U.S. federal government began using standardized tests in Head Start to measure academic
achievement in number skills and literacy (Almon & Miller, 2011). NAEYC has an extensive body of literature and research regarding play, which strongly suggests that young children develop in physical, cognitive, social, emotional, language, and literary domains when play is present. In the age of high accountability, testing has had a harmful impact on the inclusion of play in preschool curriculums (Gray, 2011; Lillemyr, 2009).

Preschool Mental Health

In early childhood, one in five children meets the criteria for psychiatric disorders (Child Mind Institute, 2016). Mood dysregulation, oppositional and defiant behaviors, lack of focus and concentration, depressive symptoms, anxious behaviors, and parent-child relationship problems represent the most common reasons for referral to treatment for preschool-age children (Dougherty et al., 2015; Giannakopoulos et al., 2014). Left untreated, up to 50% of preschool children’s problems will continue, with increased risk of developing more severe socio-emotional, behavioral, and academic problems in adulthood (Bufferd, Dougherty, Carlson, Rose, & Klein, 2012; Child Mind Institute, 2016). Among the children with behaviors that need treatment, only 10% will actually seek services (Dougherty et al., 2015; Giannakopoulos et al., 2014).

Wakschlag et al. (2014) identified four domains of preschool disruptive behaviors: loss of temper, noncompliance, aggression, and low concern for others. Wakschlag et al. (2014) addressed challenges in assessing and gaining understanding of the preschool population’s behaviors due to the high level of behavioral variability of the preschool child. The ability to distinguish between normative misbehavior and disruptive behavior is an area in which training is lacking, which is, therefore, necessary for the parent, teacher, and mental health provider.
Preschool settings provide an optimal opportunity to identify and respond effectively to mental health problems in the classroom (Giannakopoulos et al., 2014). Giannakopoulos et al. (2014) identified three themes from the data gathered in a study with 34 early childhood educators participating in focus groups—(a) identification of risk factors for preschoolers’ mental health; (b) identification of preschoolers’ mental health problems; and (c) practices, or helping preschoolers with mental health issues. Additionally, the results indicated that early childhood educators could identify some mental health issues but seemed to deliver inadequate practices in effectively responding to children’s and families’ mental health problems. The researchers suggested that preschool teachers lack knowledge, skills, and competencies in addressing mental health problems and that professional development in the area is indicated.

Teacher–Child Relationship

In early childhood, along with parents or guardians, teachers have one of the most influential relationships in a young child’s developing life (Birch & Ladd, 1997; Pianta, 1999). Moreover, relationships between teachers and children have been a focus of educational research for the last three decades (Sabol & Pianta, 2012; Verschueren, & Koomen, 2012). Over the past several decades, researchers have analyzed the effects of teacher–child relationships on children’s functioning in such areas as social connections (Pianta, 1999), self-regulation (Acar et al., 2018; Cadima, Verchueren, Leal, & Guedes, 2016), behavioral interactions (Decker, Dona, & Christenson, 2007), academic performance (Birch & Ladd, 1997; Baker, 2006), and cognitive development (Vandenbroucke et al., 2018). Some experts suggest that one relationship with a caring adult is perhaps the single most critical element in providing protective buffers for children who generally have multiple risk factors in their lives and, more specifically, have risk factors in their educational endeavors (Birch & Ladd, 1997; Pianta, 1999; Decker et al., 2007;
Hamre & Pianta, 2001; Sabol & Pianta, 2012). For many children, the caring adult that can alter the trajectory of a child’s education and future will be a teacher (Pianta, 1999; Baker, 2006; Sabol & Pianta, 2012; Stulmaker, 2013).

Historically, the conceptual framework for teacher-child relationship literature is rooted in education and psychology (Pianta, 1999). In Dewey’s (1902/1990) early writings, he emphasized the importance of social and emotional relations within the teacher-child relationship. He believed that adequate training and scholarship for the teacher are necessary; on the other hand, he valued established teacher–child relationships that included empathy, recognizing the child’s natural instincts, and acknowledging the child’s family environment as a resource to create the optimum learning environment. Vygotsky (1978) highlighted the support an adult provides a child in the context of learning challenging tasks. In his concept of the zone of proximal development (ZPD), Vygotsky (1978) defined ZPD as “. . . the distance between the actual development level as determined by independent problem solving and the level of potential development as determined through problem solving under adult guidance or in collaboration with more capable peers” (p. 98). Both educators pointed to the relational context essential for the teacher-child relationship to function as a development resource for the young child’s academic success.

Another body of knowledge that strongly informed research regarding teacher-child relationships is attachment theory (Howes & Hamilton, 1992; Pianta, 1999; Sabol & Pianta, 2012). The interest in studying the teacher-child relationship as a focus of research was largely initiated in 1992 when Robert Pianta, while editing a journal issue of New Directions for Child Development, focused on exploring the relationships of young children with adults other than parents (Verschueren & Koomen, 2012). Pianta (1999) postulated that in nearly all theoretical
models of child development, a child’s sense of attachment and security is a direct outcome resulting from reciprocal communications within the context of a relationship.

The conceptualization of the mother-child attachment (Bowlby, 1969; Ainsworth, Blehar, Waters, & Wall, 1978) allowed researchers to advance the idea that the teacher-child relationship represented a system or connection that directly impacted success in school and the development of functioning healthy relationships (Pianta, 1999). According to Bowlby’s (1969) theory of attachment, children develop internal working models that identify the self, others, and self-other relationships primarily based on their early interactions and experiences in the mother-child relationship. These early mental representations that children develop about relationships subsequently direct the interactions and interpretations with other relational adults (Buyse, Verschueren, & Doumen, 2011; Rogers, 1951). Conversely, a relationship with other significant adults, particularly teachers, presents a potential opportunity for a child to transform negative relational working models into positive relational outcomes (Buyse et al., 2011; Rogers & Freiberg, 1994).

Early research in the teacher–child relationship literature revealed the heavy influence of attachment theory (Birch & Ladd, 1997, 1998). Howes and Hamilton (1992) utilized parent-child attachment constructs to define the traits of the teacher-child relationship. From an attachment perspective, Lynch and Cicchette (1992) used the concept of relatedness (Bowlby, 1969; Ainsworth et al., 1978) to describe five patterns of connectedness within the teacher-child relationship. As the earlier research had developed constructs to define the characteristics of the teacher-child relationship, recent research has used attachment theory as the foundation of their scholarship to predict behavioral outcomes of the young child (Hughes, 2012; Verschueren & Koomen, 2012). Furthermore, Acar et al. (2018) examined the teacher-child relationship as a
predictor of child self-regulation for preschoolers. Other researchers such as Cadima et al. (2016) addressed the classroom climate and the relationship that children have with their teachers as predictors of self-regulation in the classroom.


Birch and Ladd (1997) described closeness as the capacity of the child to form close, low-conflict teacher–child relationship when warmth and open communication is present. Furthermore, closeness also indicated the child’s level of comfort in approaching the teacher about his/her feelings and experiences and employing the teacher as a source of comfort and support. A child who experiences closeness with their teacher can feel more secure in the classroom, allowing the child to take more risks. Along with security in the relationship, a child may exhibit more success in the classroom both academically and relationally and be ready to progress to the next level of education with additional ease (Mashburn & Pianta, 2006).

The second characteristic of the teacher-child relationship that Birch and Ladd (1997) addressed was dependency. Overreliance on the teacher, clingingness, and possessiveness are components of dependency that can interfere with the teacher-child dyad (Pianta, 1999). Children that are overly dependent on the teacher may be hesitant in their integration into the school environment and in establishing relationships with peers. Furthermore, feelings of
loneliness and incompetence as well as negative attitudes toward the educational process can also be common in children who display higher levels of dependency.

Lastly, conflict in the teacher-child relationship promotes stress in the classroom and in school relationships with teachers and other students, and it may impair successful regulation for the young child in school situations (Birch & Ladd, 1997). When conflict and stress occur in the teacher-child relationship, a child may experience limitations in approaching the teacher as a supportive resource when in need of support. Another difficulty the researchers noted was when conflict is present in the teacher-child relationship; a child may develop feelings of anxiety, anger, and sadness, causing them to withdraw from the educational and social experience of school. These stressors, if present in the relationship, can establish impairment in academic progress, peer relationships, and over-all academic success.

As a result, Birch and Ladd (1997) reported that teachers who viewed children’s closeness in the teacher-child relationship were more likely to demonstrate academic readiness skills, have more positive attitudes toward the school environment, and be more self-directed in their learning and establishing peer connections. In contrast, Birch and Ladd (1997) characterized the teacher-child relationship that included dependency and/or conflict as disconnected and stressful, causing children to become disengaged in the classroom and exhibit negative school attitudes. Moreover, relationships between teacher and children that are highly conflictual or excessively dependent are associated with poor academic achievement and inappropriate social behaviors (Birch & Ladd, 1997; Pianta, 1999).

Within the precept of attachment theory (Bowlby, 1969), the sensitivity of the adult is assumed to be a predominant feature in a high-quality relationship between an adult and a child. Buyse et al. (2011) investigated the concept of teacher sensitivity, utilizing 127 preschool
children and 36 teachers. The researchers evaluated the quality of the mother-child relationship through coded observation of the mother-child interactions and also assessed teachers’ sensitivity toward their classrooms through administering the teacher sensitivity subscale of the classroom assessment scoring system (CLASS). This instrument provided information for the project when considering teacher sensitivity in the areas in which a teacher provides comfort, reassurance, and encouragement to the child’s academic and emotional functioning. The researchers indicated that children with a lower quality of attachment to their mothers, were not at a higher risk of developing problematic behaviors than children with a higher quality of attachment when with a teacher with high sensitivity. This led Buyse et al. (2011) to postulate that with a highly sensitive teacher, less securely attached children are no longer at risk of low closeness in the teacher-child relationship.

Hughes (2012) noted that teacher-child relationship research emerged in two distinct phases of focus. The first generation of research documented that supportive teacher-child relationships are not only an asset to educational achievement from preschool through secondary school, but the teacher-student relationship provided a safeguard for at-risk students against poor school adjustment (Baker, 2006; Hughes, 2012; Sabol & Pianta, 2012). Most research focused on the teacher-child relationship and on recording the effect the relationship has on educational outcomes. The second generation of teacher-child relationship research (Hughes, 2012) concentrated on understanding the development of the teacher–child relationship, emphasizing the processes of intentionally creating the relationship. Hughes (2012) suggested evaluating theoretically-informed interventions that would support teachers in developing relationships with students. Furthermore, Hughes (2012) emphasized that a person-centered approach could be useful in understanding the teacher-child relationship and for establishing new theoretically-
informed interventions. At the same time, Sabol and Pianta (2012) identified three areas lacking in research about teacher-child relationships: (a) understanding the similarities between relationships with teachers and parents; (b) the role of the teacher-child relationship for at-risk children; and (c) the availability of teacher training from a relational model.

Using an attribution theory, Dobbs and Arnold (2009) examined the development of the teacher-child relationship that included 24 teachers and 107 preschool children. The researchers investigated the connection between the teacher’s perception of a child’s challenging behaviors and the teacher’s reaction toward the child. Additionally, the observations of classroom interactions within the teacher–child relationship were recorded and coded, and the Caregiver-Teacher Report Form (CTRF) was administered to the teachers. The authors reported that teachers give more commands to children whom they report as having more externalizing behavior problems. Additionally, they argued that teachers’ perceptions of children’s behavior may predict teachers’ behavior toward those children and, therefore, predict the reaction of the child. As a result of the study, researchers suggested that preschool programs could be strengthened by utilizing professional development trainings that focus on teachers’ perception of students. Furthermore, educating teachers about the power of perception would also elevate the awareness of teacher bias and the function perception plays in teacher behaviors.

Cadima et al. (2016) examined classroom environments and perceived teacher-child relationships as predictors for self-regulation in disadvantaged preschool children in a sample of socially disadvantaged preschool children \( n = 206; 52\% \) boys. Additionally, direct observation of self-regulation in children, assessments of teachers’ perceptions, and observations of the teacher–child relationship were recorded. Cadima et al. (2016) noted three main findings in their study: (a) children’s improvement in observed self-regulation was connected with emotionally
close dyadic teacher-child relationships; (b) children’s self-regulation improved as teachers offered quality relational instructional support; and (c) the moderating effect of quality relational instructional support was more apparent for girls with low self-regulation skills. These findings suggest that gains in self-regulation for children are supported when teachers provide sensitive, relational, and responsive interactions with students.

Lie, Cui, and Chiu (2016) conducted a meta-analytic review of 57 studies to examine the effect sizes of correlations between affective teacher-student relationships (TSR) and students’ externalizing behavior problems (EBP), excluding students’ internal behavioral problems (IBP) in the study. Lie et al. (2016) calculated 149 effect sizes with a participant student population of 73,933, with the sample sizes ranging from 20 to 2335. Moderation analysis indicated that students’ culture, age, gender, and the report type of EBPs moderated multiple links between the affective TSRs and students’ EBPs. The results suggested that affective teacher–student relationships help students reduce externalizing behavior problems. In addition, when positive indicators of affective TSRs were compared to the negative indicators of affective TSRs, the negative indicators of affective TSRs showed a stronger correlation to student’s EBPs, indicating that negative affect TSRs are more influential on students’ EBPs. In conclusion, the authors suggested that professionally developed opportunities for teachers to improve teacher-student relationships could assist the teacher in establishing skills to consciously promote relational growth.

In summary, there is substantial literature providing evidence that strong and supportive relationships between preschoolers and teachers are fundamental to healthy academic, emotional, and social development (Hughes, 2012; Pianta, 1999). Children’s disruptive behaviors are among the primary stressors for teachers and may result in significant challenges to the teacher’s
ability to provide children with emotional instructional support. Moreover, a teacher’s response to a child’s problematic behaviors may impact the child’s cognitive, emotional, and social development as well as academic engagement in the classroom (Baker, 2006; Dobbs & Arnold, 2009; Pianta, 1999). In order for schools to provide teachers with professional training on emotional support that results in environments that are conducive for teachers to establish intentional relationships with the young child, collaboration between mental health professionals and early childhood educators is necessary.

Early Childhood Educator Professional Development

According to Phillips et al. (2016), early childhood educational professional development is capricious and scarce, compensation does not match educational attainment, and the preschool workforce is one of the lowest compensated groups in the country. They concluded that poor compensation results in economic insecurity for underpaid teachers and often results in teacher turnover and increased stress. When the quality of early education is determined through the interactions that transpire between the teacher and the student, both turnover and teacher stress directly affect the teacher–child relationship that, in turn, affects the academic success of the preschool child.

Ansari and Pianta (2018) investigated the effect of a professional development coaching intervention, MyTeachingPartner (MTP), on preschool students’ academic performance between the ages of 3 and 5 in age-diversified classrooms. The following requirements determined the eligibility for the teachers participating in the project: (a) employed as a lead teacher in a publicly funded classroom; (b) delivered instruction primarily in English; and (c) had access to high-speed Internet at the program site. Teachers were randomly assigned to a control group or intervention group (n = 325). The average age of the teachers was 42, with at least 16 years of
education and 14 years of teaching experience. Children were considered eligible for the study if an individualized educational plan (IEP) was not in place at the beginning of the school year and they spoke English or Spanish, resulting in 1407 4-year-old participants. Each child was assigned to a teacher, with each teacher having 4 students in their classroom as part of the study.

The treatment groups were trained in MTP, a coaching intervention that involves observation-based analysis and web-mediated feedback. Video cameras were installed in classrooms and recordings of instruction activity were sent to coaches bi-weekly for the entire school year. Using the recordings, coaches focused on three primary areas: (a) effective interactions; (b) alternative approaches to interaction that could produce more beneficial results; and (c) instructional behaviors that could improve teacher performance. Furthermore, video conferences were held throughout the school year to discuss strengths and weaknesses of the interactions observed between the teacher and the child.

Objective measures were used to assess learning in: (a) language skills—receptive and expressive vocabulary; (b) literacy skills—phonological awareness and print knowledge; and (c) inhibitory control. The findings suggest that children in both the control group and the treatment group exhibited comparable gains in skill levels across the school year. However, age composition of the classroom differences were noted, the findings were not significant on comparing the control group to the treatment group among preschool participants in the assessed academic competencies.

Ansari and Pianta (2018) suggested that the MTP coaching intervention was beneficial for teachers. The stated goal of MTP coaching is to improve: (a) teachers’ observation skills in response to teacher-child relationship noting their interactions and the child’s responses; (b) teachers’ knowledge of how the teacher-child interactions contribute to the child’s learning; and
(c) reflection of the teachers’ motivations and tendencies in reacting to the teacher-child relationship. Although the focus of this study was educational outcomes for 4-year-old children, the by-product of the intervention was improved instructional support and teacher satisfaction.

**Person-Centered Theory**

For the expansion of early educational professional development programs in which the teacher–child relationship is the agent of change, it is necessary to explore a philosophical and theoretical foundation where relational interventions can be built. A clear history of this philosophical and theoretical development is presented in the chosen intervention for this study, Child Teacher Relationship Training (CTRT). CTRT development rests heavily in the concepts of Carl Rogers’ (1951) theory of personality and the role of the relationship in healing and change.

Every theory of personality is embedded in specific philosophical principles and concepts of human nature, with assumptions, either explicit or implicit, to improve or reconstruct the destiny of humankind. All of these elements are present in the philosophical works of Carl Rogers’ person-centered theory of personality development. In the 1940s, Rogers (1942) provided a radical alternative to predominant psychodynamic and behavioral approaches to psychotherapy, psychiatry, and the prevailing medical model that existed at that time. Moreover, various titles and labels were given to Rogers’s theory of personality as his approach evolved. The title initially used to describe his work was “non-directive,” and then in 1951, the term changed to “client-centered,” and finally, in the 1960s, the term “person-centered” emerged (Wilkins, 2016).

The first introduction of Rogers’s (1942) theory of personality exposed four characteristics that ran in direct opposition to other interventions that prevailed during the 1940s
and 1950s. First, Rogers believed that the purpose of therapy was not to assist the client in solving problems but to rely on the individual’s innate drive toward growth, healing, and maturation. In other words, the focus was on the individual and their inherent capabilities and not on the presenting problem. Second, the emotional components of the individual, not the person’s intellectualizing of stated concerns, were stressed. According to Rogers, maladjustment was not a failure in knowing, but rather the knowledge was unattainable due to the emotional elements blocking the rational processes. Therefore, the realm of feeling and emotion, and not the attempt to gain emotional regulation through an intellectual process, is central. Third, Rogers’ approach depended on the immediate present, and emotional patterns of the person emerged in the present within the relationship between the therapist and the individual. As the emotions emerged in sessions, the role of emotions in behavior could be explored to lead to change in behaviors. Finally, the most radical concept of Rogers’s theory in affiliation to the other existing theories was that the therapeutic relationship in and of itself was the growth experience and the agent of change.

Rogers’s 19 Propositions

In the early 1950s, Carl Rogers (1951) provided a framework of his theory of personality through a series of propositions addressing the expansion of the self-structure, the development of psychological maladjustment, and the process of change in his 19 propositions, which are:

1. Every individual exists in a continually changing world of experience of which he or she is the center.

2. The organism reacts to the field as it is experienced and perceived. This perceptual field is, for the individual, “reality.”

3. The organism reacts as an organized whole to the phenomenal field.

4. The organism has one basic tendency strives – to actualize, maintain, and enhance the experiencing organism.
5. Behavior is basically the goal-directed attempt of the organism to satisfy its needs as experienced in the field as perceived.

6. Emotion accompanies and, in general, facilitates such goal-directed behavior, the kind of emotion being related to the seeking versus the consummatory aspects of the behavior, and the intensity of the emotion being related to the perceived significance of the behavior for the maintenance and enhancement of the organism.

7. The best vantage point for understanding behavior is from the internal frame of the individual himself.

8. A portion of the total perceptual field gradually becomes differentiated as the self.

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

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

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

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

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

14. Psychological maladjustment exists when the organism denies awareness to significant sensory and visceral experiences, which are, consequently, not symbolized and organized into the gestalt of the self-structure. When this situation exists, there is a basis for potential psychological tension.

15. Psychological adjustment exists when the concept of the self is such that all sensory and visceral experiences of the organism are, or may be, assimilated on a symbolic level into a consistent relationship with the concept of the self.
16. Any experience that is inconsistent with the organization or structure of the self may be perceived as a threat, and the more these perceptions exist, the more rigidly the self-structure is organized to maintain itself.

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

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

19. As the individual perceives and accepts more of his organic experiences into his self-structure, he finds that he is replacing his present value system—based so largely upon introjections that have been distorted symbolized—with a continuing organismic valuing system. (Rogers, 1951, pp. 481–533)

In summary, Rogers (1951) believed that the individual is at the center of their phenomenological experience, and the phenomenological field in which the experience occurs is continuously changing. As an organized whole, the individual responds to the experience and structures personalized perceptions as reality. The individual carries an inherent tendency to move toward values, attitudes, and behaviors that are constructive and prosocial and facilitate the development of the person from within. This actualizing tendency is expressed through goal-directed behavior. These behaviors exist in communication with emotions and contribute to the individual’s perceived intensity about the experience. Furthermore, understanding the client’s inner world is the best vantage point to understand his/her behavior. With young children, due to their lack of language (Landreth, 2012), play is the pathway to understand their goal-directed behaviors.

As a child moves through life, the understanding of their goal-directed behaviors and the values attached to their behaviors begins the formation of the self-structure. A portion of the self-structure is formed directly from one’s perceived reality of experiences. Additionally, through interaction with the environment, specifically with introjected values from others, a fluid
and organized self-structure, which is continuously changing, forms with behavior patterns from perceptions, experiences, relationships, and values. At times, the developing values attached to the experiences are generated directly from the individual’s life experiences and perceived understanding. At other times, the values are introjected from the environment. If the individual does not discreetly perceive the values, a distorted phenomenal field or reality in the self-structure will develop. According to Rogers (1951), the valuing of visceral and sensory experiences forms in three distinct ways: (a) the experience is symbolized, perceived, organized, and then consciously accepted into the self-structure; (b) the experience is ignored and never brought into the reality of the self-structure; and (c) the experience is denied symbolization because a discriminating portrayal of the experience would be inconsistent with the self-structure (pp. 503-507).

The self-structure embraces behaviors that satisfy the needs of the person and are consistent with the structure of the self. Conversely, behaviors used to satisfy a need that is in opposition to the self-structure cause the individual’s reaction to the behaviors to assume a form of discomfort, distress, and suffering—the fundamental groundwork for psychological maladjustment. Goal-directed behavior inconsistent with the self-structure is the undercurrent of psychopathology, and in the felt-sense of the individual, it can be interpreted as a threat. The more perceived threats an individual experience, the more rigid the self-structure becomes in maintaining the structure of self. Additionally, Rogers (1951) postulated that under certain conditions, an individual can revise their self-structure.

Rogers’s Necessary and Sufficient Conditions

Rogers (1957) clearly stated that supportive relationships have the potential to promote constructive, positive personality change only if the following six necessary and sufficient
conditions are met and continue over a period of time:

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

According to Rogers (1957), “The first condition specifies that a minimal relationship, a psychological contact, must exist. I am hypothesizing that significant positive personality change does not occur except in a relationship” (p. 96). Without the first condition being met, the other conditions do not exist (Rogers, 1957). The first condition affords the necessary contributions to the relationship from both the individual and the counselor. This type of contact allows both the individual and the counselor to be experienced in a relationship, influenced by the other in the phenomenological field of the individual’s reality, and perceptions developed by both the counselor and the individual. In other words, the critical elements necessary for the first condition to occur are the relationship, the experience of the relationship, and the perceptions of reality created as a result the therapeutic alliance (Wyatt, 2013).

Tolan (2017) asserted that the first condition can have various levels of contact, and thus, introduced four levels of psychological contact that occur within the therapeutic relationship: (a) basic contact, undeveloped mutual encounter where both persons are aware of the other; (b) cognitive contact, constructing a shared meaning through mental processes with the goal of mutual understanding; (c) emotional contact, the emotional availability of both persons in the
relationship; and (d) *subtle, non-verbal contact*, intimacy or what Rogers described as “...the person of the therapist needed to be present in the therapeutic relationship...” (Rogers & Russell, 2002, p. 286).

The state of incongruence emerges when an individual experiences tension created between the individual’s perceived concept of the self-structure and their phenomenological experiences (Rogers, 1961). Due to the anxiousness and vulnerability cultivated while in the state of incongruence, when the second condition is present, an individual can feel confused, conflicted, and distressed. Rogers (1957) believed that when the individual is in a state of incongruence, they often seek help through counseling. Additionally, Wilkins (2016) stated that incongruence arises from conditions of worth and conditional regard that cause the discrepancy between the self-structure and the perception of reality. Furthermore, incongruence must be present for constructive positive personality change to occur (Rogers, 1957).

Cornelius-White (2007) stated: “Congruence is perhaps the most difficult concept to understand, facilitate, develop, measure and agree upon with the person-centered approach” (p. 168). Rogers (1961) frequently referred to congruence using several terms such as genuineness, transparent, and real. Although congruence is rarely communicated through words from a therapist to a client, Rogers (1962) identified that the three processes—internal experience, self-awareness, and external expression or communication—project congruence when aligned within the therapist. Thus, when providing person-centered therapy, an aligned clinician attunes with the adult or child, increasing the potential for connection and deep contact.

Unconditional positive regard is the fourth condition Rogers identified in his necessary and sufficient conditions for personality change. In proposition 17, Rogers (1951) related the importance of a therapist providing unconditional positive regard in order for the client to
perceive and examine the self-structure with the complete absence of threat. For Rogers, this construct is the practice of the counselor warmly accepting every aspect of the adult or child experience. When working with children, the therapist who holds this attitude deeply values the humanity of the child and does not veer from that stance, even when the child is exhibiting disruptive and problematic behaviors (Landreth, 2012).

Empathy, the fifth condition, is a core concept of Rogers’s (1951) personality theory and is a lived experience in the practice of person-centered therapy. Empathic understanding is active and deeply embedded within the perception of the ‘actualizing tendency’ (Freire, 2007). The goal of the therapist is to enter the client’s internal frame of reference through empathic understanding of the client’s phenomenological field (Rogers, 1951). According to Rogers, this is “the most complete implementation of the central hypothesis of respect for and reliance upon the capacity of the person” (1951, pp. 35-36). In other words, as the therapist relies upon and trusts in the client’s movement of the actualizing tendency, the therapist can sustain an empathic attitude in the therapeutic relationship to produce change within the individual (Rogers, 1951).

The third, fourth, and fifth conditions are often referred to as facilitative therapeutic attitudes or therapist provided conditions that create a non-threatening environment which allows the actualizing tendency of the client to surface (Ray, 2011; Rogers, 1957; Wilkins 2016). According to Gellar (2013) implied in these conditions is a therapeutic presence or a way of being with the client that reflects the full engagement of the therapist. Full engagement of the therapist includes awareness of the present moment on physical, emotional, cognitive, spiritual, and relational levels. Congruence, unconditional positive regard, and empathic understanding are not individual skills to be learned, but rather an overall attitude and a way of being that must
be developed in the therapist in order for crucial growth and change to occur within the client (Rogers, 1961; Gellar, 2013; Wilkins, 2016).

According to Toukmanian and Hakim (2007), the only time that Rogers directly addresses the client’s perception of the therapeutic relationship, was in the sixth condition. Toukmanian and Hakim (2007) also stipulated that understanding the sixth condition captures the principle of the relational foundations of person-centered theory. For the therapist to understand the contributions of the client to the therapist–client relationship, the therapist must first recognize the client as an active participant in creating the perception of the relationship as a meaning-making experience. This view presupposes that, in any human encounter with another, there is complex reciprocation between two unique perceptions. This complex, mutual give and take within the therapeutic relationship allows each participant the opportunity of being affecting and being affected by the other. Toukmanian and Hakim (2007) emphasized that it is crucial to recognize that there is always a reciprocal influence on how the individual, adult or child, and the therapist perceive and experience one another in the moment and that this phenomenon is an inevitable component of person-centered therapy (p. 212).

Development of Child Teacher Relationship Training

Child Teacher Relationship Training (CTRT) is an intervention designed to enhance the child–teacher relationship. It is deeply rooted in the seminal work of Carl Rogers’s person-centered theory, emphasizing the relationship as central to the process of change. CTRT has a rich history of development, beginning with the work of Virginia Axline (1947/1974). As Axline (1947/1974) developed her non-directive approach to play therapy in the 1950s, she acknowledged that the basic principles of child-centered play therapy (CCPT) seemed to have far-reaching implications for parents and educators. CTRT, based in the person-centered concept
that change occurs within a relationship, is a developmentally appropriate intervention for early
care educators to use with their students to expand the teacher-child relationship and
improve a child’s behavior. An explanation of the development and history of CTRT follows,
beginning with Axline’s contributions to child-centered play therapy.

Child-Centered Play Therapy

Child-centered play therapy (CCPT) is a developmentally sensitive intervention for
children based in the philosophical concepts of Carl Rogers’s (1951) person-centered theory
(Landreth, 2012; Ray, 2011). In 1947, Virginia Axline, a student of Carl Rogers and a pioneer of
child-centered play therapy, applied person-centered theory with children to develop what was
originally labeled as non-directive play therapy. Along with her experience and belief in person-
centered theory, Axline (1947/1974) combined her knowledge of child development and the
concept of play as a child’s natural medium of communication to develop non-directive play
therapy or child-centered play therapy as it is known today.

Axline (1947/1974) identified eight basic principles for establishing the therapeutic
relationship with children:

1. The therapist must develop a warm, friendly relationship with the child, in which
   good rapport is established as soon as possible.

2. The therapist accepts the child exactly as he is.

3. The therapist establishes a feeling of permissiveness in the relationship so that the
   child feels free to express his feelings completely.

4. The therapist is alert to recognize the feeling the child is expressing and reflect those
   feelings back to him in such a manner that he gains insight into his behavior.

5. The therapist maintains a deep respect for the child’s ability to solve his own
   problems if given the opportunity to do so. The responsibility to make choices and to
   institute change is the child’s.
6. The therapist does not attempt to direct the child's actions or conversation in any manner. The child leads the way; the therapist follows.

7. The therapist does not attempt to hurry the therapy along. It is a gradual process and is recognized as such by the therapist.

8. The therapist establishes only those limitations that are necessary to anchor the therapy to the world of reality and to make the child aware of his responsibility in the relationship. (pp. 73-74)

Axline’s eight principles provided a guide for play therapists to implement the necessary and sufficient conditions of Carl Rogers’s (1957) person-centered theory into non-directive play therapy practice. Axline (1947/1974) believed that when the core conditions of person-centered theory—congruence, empathic understanding, and unconditional positive regard—emerge in a playroom setting a therapeutic alliance develops, a therapeutic environment is created, and the role of the therapist becomes clearly defined. When the therapist is fully present, the child can feel seen, cared for, heard, and understood (Landreth, 2012). In addition, Axline’s non-directive therapeutic responses provided a space in which a child is allowed to lead the sessions and discover their innate ability to make decisions for themselves and make meaning of their world (Axline, 1947/1974, 1964).

Strongly influenced from the earlier work of Rogers and Axline, Garry Landreth continued the development and implementation of child-centered play therapy. According to Landreth (2012), CCPT is based on the person-centered belief that children have an innate capacity to strive toward self-actualization when provided with the space and experiences within a relationship that include genuineness, warmth, and empathic listening and understanding. Landreth (2012) defined 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
In CCPT, the relationship that develops between the child and therapist and is sustained for a period of time is the primary healing factor for children. CCPT is the medium for the child to experience the relational conditions that Rogers (1957) believed to be necessary in a therapeutic relationship for change and healing to manifest in the child.

Conversely, in Advanced Play Therapy: Essential Conditions, Knowledge, and Skills for Child Practice (2011), Ray described that psychotherapy training focuses more on the mechanics of play therapy, and less on the process of change that occurs within the relationship. Ray provided clear theoretical connections and explanations of Rogers’s 19 propositions and six necessary and sufficient conditions as change occurs in the process of CCPT. Although the therapeutic relationship is recognized as a fundamental component necessary for successful therapy to occur, surprisingly little is known about the essential conditions to generate a curative relationship, particularly with children.

Rogers (1951) stated that “the best vantage point for understanding behavior is from the internal frame of the individual himself” (p. 494, Proposition 7). CCPT is typically conducted in a playroom, and this space is crucial for the effectiveness of CCPT (Landreth, 2012). According to Landreth (2012), creating an intentional space for the play sessions to be conducted, allows the therapist to see the child’s inner world from the child’s internal frame of reference. Developmentally sensitive and therapeutically appropriate toys are carefully selected to enhance the child’s natural communication style, which is play. More importantly, when providing a carefully thought-out playroom for the therapist-child relationship to progress, the play therapist offers the child an environment where the child is understood and accepted even before the child ever enters the room.
There are specific responses made to the child throughout sessions that guide the play therapist’s nonverbal and verbal interactions when providing CCPT. These responses include reflecting feelings, reflecting the content the child exposes in session, facilitating decision making, facilitating creativity, encouraging, establishing the relationship, and setting limits (Axline, 1947/1974; Landreth, 2012; Ray, 2011). The responses allow the principles of person-centered to become a lived experience for the therapeutic relationship to grow, be nurtured, and facilitate growth and change within the child.

Research studies as early as 1940 indicates that CCPT has one of the longest research histories in the field of child counseling as an effective intervention for children with a variety of presenting problems and diagnoses (Ray & Bratton, 2010). Four meta-analyses beginning in 2001 (Bratton, Ray, Rhine, & Jones, 2005; LeBlanc & Ritchie, 2001; Lin & Bratton, 2015; Ray, Armstrong, Balkin, & Jayne, 2014) have provided consistent findings of the effectiveness of play therapy, with each study reporting moderate to large treatment effect sizes.

LeBlanc and Ritchie (2001) reviewed 42 studies including multiple approaches from 1950-1996, reporting an average treatment effect of 0.66. The researchers reported that the number of sessions conducted using play therapy appeared to be related to treatment outcomes, citing maximum effect sizes occurred after approximately 30 sessions, which is consistent with Bratton et al.’s (2005) results. Utilizing 93 studies from 1942 to 2000, Bratton et al. (2005) reported a large treatment effect size, ES = 0.80 across all studies. The researchers also found when comparing humanistic play therapy interventions (E = .92) to nonhumanistic or behavior play therapy approaches (E = .71), that the humanistic approach revealed a higher treatment effect size. Both the humanistic approach and the non-humanistic approach were considered to be effective regardless of theoretical orientation. In addition, Bratton et al. (2015) found greater
effectiveness for studies in which parents delivered the play therapy interventions (ES = 1.15) than when mental health professionals provided play therapy (ES = 0.72). This result was consistent with LeBlanc and Ritchie’s (2001) findings and emphasizes the importance of including parents in the process for the success of play therapy treatment. The existing parent-child relationship could have influenced these outcomes as the play therapist has to establish the relationship with the child over time before change can occur.

Examining the effectiveness of CCPT, Ray et al. (2014) and Lin and Bratton (2015) both conducted meta-analyses with experimental outcome studies. Ray et al. (2014) reviewed 23 experimental studies in which CCPT was conducted in elementary schools. The authors found statistically significant effect sizes for outcomes, including externalizing problems ($d = 0.34$), internalizing problems ($d = 0.21$), total problems ($d = 0.34$), self-efficacy ($d = 0.29$), and academic ($d = 0.36$) and other behaviors ($d = 0.38$) when compared to their peers who received no interventions. Lin and Bratton (2015) reviewed 52 experimental design studies from 1995 to 2010. They found an overall effect size of 0.47 across all studies examined. Both studies concluded CCPT to be an effective counseling intervention for children.

Filial Therapy

During the 1960s, Louise and Bernard Guerney developed an innovative method of working with children aged 3 to 10 years, using their parents as the agent of change. Bernard Guerney (1964) first introduced filial therapy as a revolutionary concept in his article, Filial therapy: Description and rationale. Identifying a deficit in the therapeutic process with children, Guerney recognized the parent as an integral component to successful treatment and client progress. The foundation of filial therapy is to utilize “parents as therapeutic agents with their
Guerney assumed to be the essential therapeutic element. Guerney (1964) defined filial therapy as the following:

Filial therapy involves the training of parents of young children (in groups of six to eight) to conduct play sessions with their own children in a very specific way. After training, parents continue to meet weekly with the therapist to discuss results, conclusions, and inferences about their children and themselves. (p. 305)

Referenced as “the very specific way,” Guerney trained parents to conduct play sessions with their children while adhering to the philosophy of person-centered theory and to the practices and basic skills of nondirective or child-centered play therapy. Additionally, Guerney included a combination of instruction, demonstrations of play sessions, role-playing, as well as group processing of the feelings and parental attitudes of the parent participants in weekly sessions over approximately a year.

In 1966, the Guerneys secured funding from the National Institute of Mental Health (NIMH) to conduct research on their innovative approach. In one of the first research projects in filial therapy, significant results were indicated and positively affirmed the research question—can parents learn to modify their patterns of interaction with their own child when the child presents with behavioral, emotional, and social problems? (p. 115). Guerney and Stover (1971) continued the research of filial therapy in a more extensive study of filial using 71 mothers of children referred for services. During this study, 75% of these mothers completed the treatment that lasted almost a year. With the 51 mother and child dyads that completed filial therapy, the researchers found that all children demonstrated improved social adjustment and decreased behavior problems, with 18 of the children exhibiting statistically significant gains.

Through their early research, the Guerneys and their colleagues demonstrated that parents were capable of learning and implementing child-centered play therapy (B. Guerney & Stover,
1971; Oxman, 1972; Stover & Guerney, 1967). Based on a similar concept of teachers’ relational experiences with children, Andronico and Guerney (1969) suggested training teachers in filial therapy interventions. In addition, B. Guerney and Flumen (1970) further researched the child-teacher relationship and found that teachers were also capable of learning and implementing CCPT skills to develop a relationship between the teacher and the child that serves as the therapeutic agent of change.

Although extensive research and publications continued in the field of filial therapy, few practitioners and clinicians outside of those trained under the supervision of the Guerneys utilized the approach (L. Guerney, 2000). Possible reasons for the stagnation of filial therapy were the length of the treatment protocol (original groups ran for over a year), the prevailing belief during the 1960s and 1970s that problems in children were the direct result of pathology in the parent, and a new wave of treatment choice supported behavioral-based interventions focusing on individuals and not families. According to L. Guerney (2000), their students and colleagues continued their research, scholarly writing, and utilization of filial therapy with families. Furthermore, the same time period witnessed a movement of filial therapy implementation and research to university and community settings.

Similar to the radical precepts Rogers (1951) presented in his personality theory that competed in direct opposition of prevailing practices, L. Guerney (2000) postulated that the undertaking of filial therapy utilizing parents as the therapeutic agent in the 1960s “. . .started out too far ahead of the times” (p. 13). Conversely, L. Guerney (2000) cited several reasons for the uptick in client-centered play therapy and filial therapy that resurfaced in the 1990s: (a) Family therapy evolved into a top priority intervention among mental health practices; (b) Family members, once thought to be the source of the problem of the child, were recognized as potential
change agents; (c) Garry Landreth, together with colleagues and students from the University of North Texas, developed a model of filial therapy that ran for 10 weeks, instead of a year. Extensive research demonstrating reliable, statistically significant changes in both parents and children was conducted; (d) The second generation of professionals with filial therapy knowledge entered the field of counseling, with Guerney’s students and colleagues filling leadership positions in academia and professional settings; and (e) Skill-based approaches were elevated to acceptable levels of treatment as parents were systematically taught to transfer and generalize play therapy skills into real-world lived experiences with their children (pp. 10-13).

Child Parent Relationship Training

Forty years after the Guerneys developed filial therapy, Garry Landreth, his co-author Sue Bratton (2006), and colleagues published an operational manual and textbook identifying the principles of their working model of filial therapy, which they titled child-parent relationship training (CPRT; Bratton, Landreth, Kellam, & Blackard, 2006; Landreth & Bratton, 2006). Presenting a more condensed and structured application of filial therapy, Bratton et al. (2006) manualized the CPRT protocol. Additionally, the operational protocol provided clinicians and researchers guidelines to ensure the integrity of the training format.

In the late 1970s, Landreth experimented with the filial therapy model, condensing the length of time of the intervention and modifying the group format (Landreth, 2012). According to Bratton and Landreth (2006), CPRT is the model that enhances the parent-child relationship, with the parent as the therapeutic agent of change. Bratton and Landreth (2006) defined the structure of their modes as follows:

In the CPRT model, filial therapy is defined as a unique approach used by professionals trained in play therapy to train parents to be the therapeutic agents with their own children through a format of didactic instruction, demonstration play sessions, required at-home laboratory play sessions, and supervision in a supportive atmosphere. 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 required weekly play sessions with their children using a special kit of selected toys. Parents learn how to create a nonjudgmental, understanding, and accepting environment that enhances the parent-child relationship, thus facilitating personal growth and change for child and parent. (p. 11)

CPRT (Landreth & Bratton, 2006) differs from the Guerney’s filial therapy model in several ways. CPRT is appropriate for most parents and their children, time limited (10 sessions) and formatted within a structured group format. Each week the parent is required to record one 30-minute play session with their child of focus. During the parent group sessions, a combination of psychoeducation, didactic experiences, and processing are emphasized to enhance the child-parent relationship. Because parents often have intense reactions to their children, their behaviors, and other family members while participating in the group, processing is necessary for parents throughout the training. In order for parents to afford their children the relational conditions taught in CPRT, parents must examine their emotions first. The group format of CPRT provides a safe and caring environment for parents to explore, learn, and grow as parents as well as develop as therapeutic agents of change for their children.

An additional strength of CPRT is that the process allows the practical implementation of Vygotsky’s concept, the zone of proximal development (ZPD; Vygotsky, 1978). The concept, discussed previously, emerges in the parent-child relationship during the sessions. As parents learn play therapy skills, specifically reflection of feelings and content, children will demonstrate (in their own time) a higher level of self-regulation. As the parent models congruence, unconditional positive regard, and empathic listening to the child, the child can begin to shape an understanding of their inner self that did not exist before, resulting in more controlled behaviors (Landreth & Bratton, 2006). In addition, Rogers’s (1951) Proposition 17 emerges as a lived
experience (where change can occur) as parents understand and accept their child through the use of basic child-centered play therapy skills and principles for 30 minutes a week.

A substantial body of theoretical and empirical research presents parents as the curative factor while implementing filial therapy with their children. One of the most salient conclusions came from Bratton et al.’s (2005) meta-analysis using 93 controlled-outcome research studies investigating the effectiveness of play therapy and filial therapy. Examining the compiled data from the study in 2005, Bratton, Landreth, and Lin (2010) concluded that 26 of the 93 studies using the CPRT protocol exhibited a stronger evidence of treatment effectiveness (ES = 1.05; a large effect) when compared to traditional play therapy (ES = 0.72; a moderate effect). When the authors calculated data for effect size, using CPRT studies in which only parents delivered the filial therapy, the results demonstrated an even higher treatment effect size (ES = 1.15). During the writing of their textbook and operational manual, Bratton and Landreth further investigated the data from the Bratton et al. (2005) meta-analysis. Using only the CPRT studies where the methodology employed the 10-session filial therapy model developed by Landreth and researchers trained and supervised directly by Landreth or Bratton, the researchers found substantial evidence of treatment effectiveness. Examining the CPRT studies delivered by parents or other caregivers, the researchers reported an overall large treatment effect size (ES = 1.25). More importantly, the statistical analysis also revealed an even stronger treatment effectiveness (ES = 1.30) when only the parent delivered the protocol.

Early Childhood Educator Professional Development Models

Even though the significance of the teacher–child relationship has been well established in the research, it is only recently that researchers have specifically addressed developing professional in-service trainings for teachers to explicitly enhance and develop the teacher-child
relationship through a relational lens (Hughes, 2012). Axline (1947/1974) first recommended using teachers as therapeutic proxies in the 1950s when she stated, “. . .the most important single factor in establishing sound mental health is the relationship that is built up between the teacher and his or her pupils” (p. 140). Also believing in the strength of the relationship, Andronio and B. G. Guerney (1969) suggested that training teachers to apply empathic skills to difficult teacher-child relationships could impact children’s problematic behaviors. Due to the extensive amount of time a teacher will spend with a child, Axline (1947/1974), Andronio, and B. G. Guerney (1969) all postulated that applying relational interventions to the child-teacher relationship could aid in the success of a young child, academically, behaviorally, emotionally, and socially.

With improving the teacher-child relationship at the center of the intervention, B. Guerney and Flumen (1970) trained 11 elementary school counselors in filial therapy. Training, supervision, and consultation provided by the researchers covered a 20-week period as teachers participated in training sessions of 1 ½ hours a week. Students displaying withdrawal in the classroom were chosen by their teacher to participate in the study. The students were randomly assigned to an experimental group (n = 9) or no-treatment group (n = 6). Teachers were trained for six weeks then conducted 45-minute play sessions with their designated child for a total of 14 sessions. The children were observed and their behaviors coded in the classroom throughout the treatment. Results indicated that teachers could, in fact, learn and implement play therapy skills effectively. Additionally, the small study showed statistically significant differences, with the treatment group displaying more assertive behaviors, especially in their relationships with peers, when compared to the children in the no-treatment group.
Given the overall benefits of teacher-child relationships and research demonstrating that teachers can be mediators of therapeutic change, a child-centered relational-based professional development training model is indicated. Two models—Kinder Training and CTRT—are models for training teachers in building relationships with children using play. Both training models, grounded in humanistic theory and child-centered play therapy practices, embraced the formation of a working relationship between the child and the teacher. In addition, both training models also provided collaboration and support for the teachers as they become therapeutic agents of change.

Kinder Training

Kinder training, first known as kinder therapy, is a play-based professional development training model developed by White, Flynt, and Draper (1997) for early childhood educators. White et al. (1997) conceptualized the kinder training model based on the Guerney’s filial therapy model (1964), the theoretical constructs of Adler’s (1924/2011) individual psychology, and the implementation of intentional consultations between the teacher and the school counselor. Kinder training provides school counselors with a protocol to train and collaborate with teachers in order to draw the teacher into a more intentional position of helping a child with difficult behaviors in the classroom.

White et al. (1997) described a case study involving a kindergarten non-English speaking Hispanic girl who struggled with anxiety and control issues. The behavior of the child, seen often in pre-primary schools, consumed a large percentage of the school counselor’s time. The application of kinder training with the student-teacher-counselor triad allowed the school counselor to increase the effectiveness of the intervention, with the teacher involved in the therapeutic process. Through implementing kinder training, the child’s behavior improved, her
perception of her teacher changed, and the teacher-child relationship flourished. The child’s running away behaviors stopped, tantrums in the classroom ceased, and the teacher reported the experience empowered and encouraged more positive performance in the classroom.

Recognizing the importance of the teacher–child relationship, White, Flynt, and Jones (1999) administered a pilot program utilizing kinder training with six kindergarten teachers. Teachers participated in a full day of training that included didactic lectures, demonstrations of play sessions, role plays, and group discussions. Materials and content presented to the teachers consisted of a rationale for kinder training, a review of child development, and an introduction of child-centered play therapy skills, concepts of individual psychology, and the role of supervision and consultation in kinder training. Teachers selected a student of focus that displayed behavioral or social difficulties in the classroom. Classroom observations were conducted before the intervention and six weeks after the training. In addition, data was collected that assessed the teacher’s perception of their child of focus, as well as six play sessions with teachers delivering the play-based intervention. From the teachers’ perspective, results indicated that academic and social skills of the child improved, teacher’s perception of the child of focus changed in a positive direction, and the teacher–child interactions in the classroom improved. These same results were cited in a subsequent non-play study investigating teachers’ perception of students’ behaviors (Dobbs & Arnold, 2009), that as a teacher’s perception of the child with problematic behaviors changed, the behavior of the child improved.

White et al. (1999) pointed out that previous research (Guerney, & Flumen, 1970; Guerney, & Stover, 1971) determined a person-centered approach in training teachers as therapeutic agents of change improved the relationship between the child and the teacher. However, the previous models did not provide specific classroom strategies to help the teacher
understand and respond to the child in everyday exchanges. White et al. (1999) expanded the prior work, adding the constructs of Adlerian theory to assist teachers in transferring the principles of kinder training to the classroom. As White and her colleagues continued to develop their consultation model, understanding the child’s lifestyle, the child’s social interest, and the appropriate use of encouragement were included (Adler, 1924/2011; Draper et al., 2001).

In a study utilizing kindergarten and first grade teachers and their selected children as participants, Draper et al. (2001) analyzed the impact of kinder training. The researchers evaluated child behavior, social skills, early literacy skills, and the changes in teachers’ behaviors in the classroom. Several assessments measured possible change, along with direct observations in the classroom. Although a control group was not part of the study, results indicated preliminary support for the use of kinder training with children demonstrating problematic behaviors in the classroom. Positive changes were exhibited in children’s behaviors and social interactions with other children, as well as early literacy skills. Through observation, researchers noted the teachers that implemented kinder training used more encouraging statements, exhibited effective responses to children, and transferred skills from the playroom to the classroom.

Draper, Siegel, White, Solis, and Mishna (2009) conducted an intervention, Preschooler, Parents, and Teachers (PPT), as a preventive intervention with an at-risk population, combining aspects of filial therapy and kinder training. Draper et al. (2009) utilized a waitlist control group with 60 preschool children, with 28 students in treatment group and 32 students in control group. Findings in the study demonstrated that the problem behaviors of students whose parents and teachers did not participate in the interventions increased, while the behaviors of the participating students remained stable. Differing from previous studies, teachers in the experimental group
did not participate in individual play sessions with their identified students, but rather delivered practices of kinder training to the classroom. A significant limitation of the study indicated that teachers did not receive the training, ongoing group support, and supervision usually provided with kinder training when working directly with a student. Without experiencing the one-on-one individual play sessions with an identified child displaying challenging behaviors, teachers may not have gained the insight or working knowledge to transfer the kinder training skills to the classroom.

Post, McAllister, Sheely, Hess, and Flowers (2004) investigated the impact of kinder training with teachers \( (n = 9) \) and their preschool students \( (n = 9) \) utilizing Landreth and Bratton’s (2006) person-centered child-parent relationship therapy model. Utilizing a quasi-experimental comparison group design, Post et al. (2004) assessed children’s behaviors, social skills, and early literacy skills before and after the intervention. The researchers reported a statistically significant improvement with internalizing problems, behavioral symptoms, and adaptive skills in children that participated in the experimental group. In addition, the authors reported that teachers perceived the children in more positive ways. As seen in previous studies of kinder training (White et al., 1997; White et al., 1999; Draper et al., 2001), as the teachers’ perceptions change, the behaviors of children improve.

Hess, Post, and Flowers (2005) conducted a follow-up study one year later in relation to the research of Post et al. (2004). Hess et al. (2005) examined the retention of kinder training skills of the teachers who participated in the original study and their continued use kinder training skills in the classroom. Results indicated that one year after the initial training, teachers that participated in the previous study \( (n = 9) \) demonstrated statistically significant differences in their effectiveness of the kinder training skills combined with higher levels of empathy when
using play therapy skills with children in one-on-one sessions when compared to control group ($n = 8$). However, results also showed no significant difference between the two groups when implementing the same skills in the classroom. In future research, Hess et al. (2005) suggested providing more training, supervision, and consultation directly in the classroom to assist teachers to effectively implement the skills and practices of child-centered kinder training more effectively in their classrooms.

Edwards, Varjas, White, and Stokes (2009) administered a qualitative approach to determine the effects of kinder training with kindergarten, first grade, and second grade teachers. Edwards et al. (2009) utilized semi-structured interviews, supervision of teacher-child play sessions, and reflexive journaling with five teachers who participated in kinder training. Edwards et al. (2009) specifically examined the teacher’s perception of the acceptability, integrity, and effectiveness of the kinder training model with five teachers that participated in kinder training. Based on the perceptions of the teachers participating in the study, Edwards et al. determined that as teachers utilized kinder training skills and practices the teacher-child relationship strengthened, pro-social behaviors increased, and classroom management tools expanded.

Chen and Lindo (2018) investigated the impact of kinder training, utilizing an Adlerian approach, on children’s on-task behavior utilizing an experimental single-case methodology and a multiple baseline across-subjects design. Participating teachers ($n = 3$) were trained in kinder training, conducted six play sessions, and were individually supervised by first author. Each child in the control group ($n = 3$) was the same age and gender as the child in the experimental group ($n = 3$), and a child from both the control group and experimental group were in the same classroom to blind the observer to the child’s treatment status. Direct observations of both the
control and experimental groups were conducted three times a week during two distinct phases of the intervention, baseline observations and treatment observation. Results indicated that all three student participants showed improvement in on-task behaviors measured by the direct observations and indicated the most elevated positive change during the intervention phase. As seen in previous research (Draper et al., 2009; Draper et al., 2001; Hess et al., 2005; Post et al., 2004; White et al., 1997; White et al., 1999), all teachers reported a positive change in students’ behavior, an optimistic change in teacher’s perception of student, and a strengthening of the teacher-student relationship.

Child Teacher Relationship Training

The goal of child teacher relationship training (CTRT) is to assist teachers in establishing positive relationships with students that will reduce children’s emotional, social, and behavioral challenges within the classroom (Helker & Ray, 2009; Morrison & Bratton, 2011; Sepulveda, Garza, & Morrison, 2011). Hamre and Pianta (2001) advocated that children’s success in school could be elevated if the teacher–child relationship improved suggesting that professional development models address the relationship. Hughes (2012) suggested that person-centered training programs for teachers to understand and improve the teacher-child relationship are needed. Based on Hamre’s and Pianta’s (2001) premise that the quality of the teacher–child relationship can determine children’s behavior in school, strategies such as CTRT may contribute to lessening challenging behaviors in the classroom and improving teacher-child relationships.

Helker and Ray (2009) and Morrison and Bratton (2010) adapted Landreth’s 10-week filial model (Landreth & Bratton, 2006), child parent relationship therapy (CPRT), to develop child teacher relationship training (CTRT). The researchers combined the philosophy of person-
centered theory, child-centered play therapy principles and skills, and the framework of child-parent relationship therapy (Bratton et al., 2006) to develop child teacher relationship training (CTRT). The researchers separated CTRT into three distinct phases: (a) training, weekly play sessions with child of focus, and teacher supervision with trainer; (b) child teacher relationship time conducted in the classroom three times a week; and (c) follow-up interview 10 weeks from completion of phase one and phase two.

A CTRT trainer begins CTRT Phase I with intensive training in core CTRT principles and skills. The concepts and training format of this phase are equivalent to the curriculum covered in the CPRT 10-session protocol (Bratton et al., 2006). The skills that participants learn and practice are structuring, reflective listening, reflection of children’s feelings, therapeutic limit setting, building children’s self-esteem, facilitating creativity and spontaneity, facilitating decision making, and returning responsibility (Helker & Ray, 2009). The training includes didactic instruction and experiential activities to enhance teacher learning and encompasses the first five sessions of the CPRT protocol. The training is arranged to accommodate school schedule for the approximate 14 hours of training necessary to cover content. Teachers and teacher aides are divided into small groups for weekly meetings to promote collaboration and provide individual feedback.

During CTRT Phase I, teachers and teacher aides select a child of focus to practice the principles and skills of CTRT, conducting 30-minute weekly play sessions to advance their understanding and skill level of CTRT. To provide structure, the one-on-one play sessions take place in a designated room equipped with prescribed toys and materials. During weekly supervision meetings, the teachers and teacher aides receive constructive feedback about their play sessions from live observation or recorded sessions. The CTRT supervision protocol uses
live observation or recorded sessions to ensure the teachers’ and aides’ acquisition of the CTRT skills from their trainers, as well as providing role modeling and role-playing difficult situations that can occur when working with preschool children. The one-on-one play sessions provide the teacher and teacher aide a controlled environment to allow teachers and aides to learn and apply skills free from the distraction of a fluid classroom. Integration of the skill set prior to using the protocol in the classroom is necessary for teachers and aides to successfully implement CTRT in the more challenging environment of their classroom.

CTRT Phase II begins immediately after the one-on-one play sessions and supervision and feedback is completed. Child Teacher Relationship-Time (CTRT-Time) was established to facilitate practice and feedback as the teacher implements the skills in the classroom. Using the rationale for the 30-minute play sessions in Phase I, structuring CTRT-Time prevents teachers and aides from becoming overwhelmed. Teachers and aides are encouraged to use CTRT skills only during the 30-minute session with in-class coaching. This type of assistance, in-class feedback and supervision, provides the teachers and aides only the amount of support and modeling that is necessary. The need for direct coaching will decrease as teachers and aides successfully implement the CTRT skills in classroom management.

CTRT Phase III is a 10-week follow up that occurs after the completion of Phase I and Phase II. During this Phase III, teachers and teacher aides discontinue training and supervision and do not have contact with the CTRT trainers. At the end of the 10-week period, teachers and teacher aides are asked to assess their children’s behaviors, to identify their personal changes and insights, and to improve their experience of their overall classroom environments (Helker & Ray, 2009; Morrison & Bratton, 2010).
Helker and Ray (2009) and Morrison and Bratton (2010) conducted investigations in separate companion preliminary studies of CTRT with a Head Start population to examine the effectiveness of CTRT. The authors of the two studies were the first to use the term child teacher relationship training. Since the conception of CTRT, several studies have been conducted with research findings indicating several benefits of improving the teacher–child relationship (Gonzales, 2012; Helker & Ray, 2009; Morrison & Bratton, 2010; Pronchenko-Jain 2012; Sepulveda, Garza, & Morrison, 2011).

Helker and Ray (2009) investigated the impact of CTRT on Head Start teachers’ and classroom aides’ ability to use relationship building skills embedded in CTRT, maintain use of the skills, and the impact the implementation of those skills had on children’s behaviors. The results indicated that participants successfully implemented CTRT within the classroom and that CTRT impacted student behaviors. Helker and Ray (2009) marked results through ANCOVA with a statistically significant difference ($p = .04$) with a large effect size in externalizing scores between the experimental ($n = 19$) and active control groups ($n = 13$) at the end of treatment, indicating that the results of the study were statistically significant between the early childhood educator’s use of CTRT skills and students’ decrease in externalizing behaviors (Helker & Ray, 2009). Limitations of the study included a small sample size and the possible timing of the intervention. Because the training and play sessions were implemented at the beginning of school, teachers and aides required to complete the C-TRF may not have had sufficient time to fully know the student before assessing.

Morrison and Bratton (2010), in the companion study with Helker and Ray (2009), utilized the CTRT model with teachers and aides and Head Start students. The experimental group’s teachers and aides were trained in CTRT skills, while the active control group teachers
and aides were trained in a classroom management program based in a social emotional curriculum. Results indicated that students whose teachers participated in the CTRT experimental group made statistically significant improvements in both externalizing behavior problems and total problems when compared to active control group (Morrison & Bratton, 2010).

In both of the above studies (Helker & Ray, 2009; Morrison & Bratton, 2010), researchers reported the limitation of assessing children with the data from participants that were involved in the training and implementation of CTRT. Researchers noted difficulty determining if changes were due to change in the child or change in teacher’s perceptions. Helker and Ray (2009) and Morrison and Bratton (2010) all argued that if the teachers’ perceptions changed in a positive way toward the child of focus and the teacher–child relationship improved, then the intervention would be considered successful.

In a qualitative study, Sepulveda, Garza, and Morrison (2011) investigated Head Start teachers’ perceptions about participating in CTRT. This study took place after the protocol’s Phase I and Phase II were completed. The affirmative themes that emerged from data analysis were: (a) improved child-teacher relationships; (b) positive behavioral changes in the child of focus; (c) value of the trainings; and (d) increased confidence in teachers’ classroom management skills, along with one non-affirming theme: scheduling issues. Based on findings, the teachers perceived participating in the study to learn and implement CTRT was an over-all positive experience and beneficial in establishing improved teacher–child relationships.

Gonzales (2012) investigated the effectiveness of CTRT with at-risk preschoolers exhibiting challenging disruptive behaviors. According to the Teacher Report Form (C-TRF) and blinded raters’ reports utilizing the Direct Observations Form (DOF) to assess disruptive
behaviors, children whose teachers received and utilized CTRT demonstrated statistically significant decreases ($p < .05$) in externalizing behaviors on the C-TRF. More importantly from the results, Gonzales (2012) presented the relationship reciprocal cycle (RRC) addressing the lack of relational skills in early childhood educators can possibly lead educators and children into an unhealthy cycle of communication negatively impacting the teacher–child relationship.

Gonzales postulated that when RRC continued between a child and a teacher the following interactions occur: (a) the child exhibits disruptive behaviors originating from emotional disturbance; (b) the teacher feels challenged and ineffective as a result of the child’s disruptive behaviors; (c) the feelings and perceptions of the teacher about the disruptive child develop tension and stress within the teacher-child relationship; (d) the teacher’s perception of child becomes negative; (e) the teacher responds negatively to the child; and (f) teacher’s negative responses elicit emotional disruptions within the child. Consistent with Dobbs and Arnold’s (2009) results, teachers’ perceptions of a child’s behaviors may predict a teacher’s behavior towards a child. When both teachers and children negatively experience the relationship, the RRC interaction could possibly change through implementing CTRT (Gonzales, 2012; Helker & Ray, 2009; Morrison & Bratton, 2010).

Investigating the impact of CTRT, Pronchenko-Jain (2012) examined teachers’ ability to provide emotional support to students, teachers’ aptitudes to apply relationship building skills, and stress levels of teachers displayed in the teacher-child relationship. In a head start facility, teachers and students were randomly assigned to the experimental CTRT group ($n = 11$) or an active control Conscious Discipline group ($n = 12$). Overall results indicated a statistically significant interaction effect for the experimental teachers’ use of CTRT skills. Although results indicated a non-statistically significant interaction effect on teacher stress and providing
emotional support, the findings of the study provided support for CTRT as an effective teacher led intervention that provides the teacher opportunity to address the emotional and relational development with at-risk preschoolers.

Applying an approach that is similar to CTRT, Lindo et al. (2014) conducted a phenomenological study with 18 early childhood education teachers to examine the perceptions of teachers implementing Teacher-Child Relationship Building (TCRB). Similar to CTRT, the approach is a play-based professional development model adapted from kinder training (White et al., 1997) and filial therapy (Guerney, 1964) designed to strengthen the teacher-child relationship. Lindo et al. (2014) examined the teachers’ perception of TCRB and found seven major themes emerging from the data: understanding and/or accepting the child, behavior changes in the child, teacher-child relationship, changes in classroom climate, challenges with role transition, teachers’ perception of the training process, and integration of skills and philosophy. The results revealed that the teachers reported stronger teacher-child relationships, improvement in classroom management, and improvement in students’ behaviors.

Summary

Relationships for young children are at risk in today’s changing world. With changes in family structure, more parents working longer hours, media use curtailing time spent with caring adults, mental health issues for the young child on the rise, and the removal of unstructured play from school place, the building of nurturing relationships and growth and development of the young child are at risk. As environments for the young child change, the teacher-child relationship becomes significantly more relevant for the growing child.

When young children experience negative emotions and feelings, problematic challenging behaviors in the classroom can emerge. Teachers, at times, are not equipped to help
children who display disruptive behaviors. Implementing CTRT affords the teacher a skill set to negotiate the unexpected emotional outbursts or disruptive behaviors while keeping the significant teacher-child relationship intact. Teachers learn this skill set in a playroom in a fluid relationship with a child through play. Once the skill set is acquired with one child in a playroom, a teacher can then integrate the practices to use with an entire class. As the teacher integrates child-centered interventions into everyday practice in the classroom, the teacher-child relationship provides the foundation for change. CTRT, based in the person-centered concept that change occurs within a relationship, is a developmentally appropriate intervention for early childhood educators to use with their students to expand the teacher-child relationship and improve a child’s behavior.

Historically, research about the benefits of CTRT has been limited to Head Start or Title I schools, with the focus of the studies on children at-risk. Thus far, there is limited information on implementing CTRT with teachers of preschool children who reside in affluent neighborhoods or private preschool settings. In addition, CTRT research has recruited teachers who are traditionally trained in more behavioral methods of instruction. However, private school curriculum often expands to student-centered pedagogy which may be a close philosophical match to CTRT, such as the Reggio Emilia approach. This approach is a student-centered method that utilizes self-directed, experiential learning in a relationship-driven environment that aligns with the person-centered approach that is at the root of CTRT. With experienced teachers in child-led pedagogy, the professional development training of CTRT could possibly function more effectively than has been found in previous research involving teachers with more traditional teaching modalities.
CHAPTER 3
METHODS AND PROCEDURES

The purpose of this qualitative study was to investigate the lived experiences of eight early childhood educators in a non-profit, Christian-based preschool before, during, and after the implementation of a professional development intervention, Child Teacher Relationship Training (CTRT). Due to limited research available describing the perception of teachers with regard to CTRT, I determined that a qualitative methodology with a phenomenological approach (Moustakas, 1994) was an appropriate design to examine and capture the vantage point of teachers when applying CTRT in their classrooms.

Research Questions

What are the experiences of early childhood educators with children with problematic behaviors before, during, and after their participation in CTRT? What are the perceptions of early childhood educators of the impact of CTRT on the teacher, the child, and the teacher-child relationship?

Operational Definitions

- **Child of focus**: The child of focus refers to the child whom the teacher has selected for participation in the individual play sessions. For the purpose of this study, the child of focus designated by the classroom teacher has behavioral characteristics, either internal or external, that has caused relational challenges for the child-teacher relationship. Other terms used for the “child of focus” were child, student, or preschooler.

- **Child parent relationship therapy (CPRT)**: Landreth and Bratton (2006) defined CPRT as the following:
A unique approach used by professionals trained in play therapy to train parents to be unique therapeutic agents with their own children through a form of didactic instruction, demonstration of play sessions, required at-home laboratory sessions, and supervision in a supportive atmosphere. 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 required weekly play sessions with their children using a special kit of selected toys. Parents learn how to create a nonjudgmental, understanding, and accepting environment that enhances the parent-child relationship, thus facilitating personal growth and change for child and parent. (p. 11)

- **Child teacher relationship training (CTRT):** CTRT is an adaptation of CPRT (Landreth & Bratton, 2019). Landreth and Bratton (2017) defined CTRT as the following:

  As in CPRT, ‘Teachers are trained to be therapeutic agents with their students through a format of didactic instruction, demonstration of play sessions, required laboratory play sessions, and supervision in a supportive atmosphere. Teachers are taught basic child-centered play therapy principles and skills including reflective listening, recognizing and responding to student’s feelings, therapeutic limit setting, building student’s self-esteem, and structuring required play sessions with their students using a special kit of selected toys.’ As in CPRT, ‘Teachers learn how to create a nonjudgmental, understanding, and accepting environment that enhances the teacher-child relationship thus facilitating personal growth and change for student and teacher.’ (p. 11)

- **Early childhood educators:** For the purpose of this study, the term “early childhood educators” refers to the adult that provides instruction to the preschool child. Other terms used for early childhood educators throughout the project are preschool teacher, teacher, and classroom teacher.

- **Research team:** During the project, the term “research team” referred to the adult that served in some capacity to implement the study. The research team provided feedback to the teachers about their performance in individual play sessions and classroom sessions. Additionally, the other terms used for the research team throughout the project are researcher, research committee, observer, facilitator, collaborating team member, and member of the research team.
Site and Participant Selection

A non-profit church-affiliated affluent preschool and kindergarten pre-primary school was selected for this study. Previous studies examined the effects of CTRT on at-risk populations attending Head Start (Gonzales, 2012; Heckler & Ray, 2009; Morrison & Bratton, 2010; Sepulveda, Garza, & Morrison, 2011; Pronchenko-Jain, 2012). The pre-primary school operates under the authority of a Christian church and a preschool board of directors consisting of 24 board members. Founded in 1981 with an enrollment of 15, the school serves children from 12 months to six years old and, presently, has an enrollment of 160 students and a staff of 26. The mission of the pre-primary school seeks “to reveal and nurture the worth and dignity of each child, while fostering physical, social, spiritual, and intellectual development at the child’s pace” (First Presbyterian Preschool, 2019). The school is a Reggio Emilia-informed school that welcomes and engages the rich diversity of faith traditions in the community it serves.

My relationship with the director of the school was initiated when an LPC-Intern, under my supervision, provided Child Parent Relationship Therapy (CPRT) for a family in which their child attended the pre-school. As the LPC-intern provided play therapy for the child and CPRT for the parents, several meetings with the intern, the director of the school, and me occurred. As the director of the school watched the child and the child-parent relationship improve, her curiosity about play therapy increased. In addition, the director began speculating about utilizing the concepts of CPRT and the benefits the play therapy approach could provide teachers, which, in turn, would provide benefits for the children enrolled at the preschool. During the same time, I conducted several trainings for the school and the local chapter of the National Association for Education of Young Children (NAEYC), focusing on the importance of unstructured play for children in preschool classrooms. As the relationship between me and the director developed,
research opportunities were discussed that emphasized professional development and provided teachers with skills to intentionally address relational and emotional need of children in the program.

After several conversations where the research supporting CTRT was presented and the philosophy and the process of implementation of the intervention was explained, the director and I agreed that CTRT could offer the staff the opportunity to intentionally improve relationships between teachers and children, in general, and, specifically, with children exhibiting problematic behaviors. Furthermore, the director established that their educational philosophy, based on the Reggio Emilia approach, was a philosophical match for CTRT. Reggio Emilia approach is a pedagogy described as student-centered that utilizes self-directed, experiential learning in a relationship-driven environment (Stacey, 2009).

Selection and Description of Participants

Every teacher within the preschool was presented with the opportunity to participate in the study through conversations with the director. With support from the director, teachers engaged in conversations with the director to discuss their work with challenging behaviors in children and the benefits that implementing CTRT in their classrooms could afford. The final decisions about participation in this study were made by the teacher in the first meeting, where the qualifying criteria (listed below) was stated, and second, the teacher decided if the professional development intervention met their professional needs and goals.

Creswell and Poth (2018) recommended between three to ten participants for a phenomenological design. Eight teachers that teach 3- to 5-year-old students decided to participate in the study. The participants met the following criteria:

- The early childhood educator identified improving relationships with students as a goal for professional growth.
• The early childhood educator teaches three, four, or five year old children.
• The early childhood educator teaches full time at the preschool.
• The early childhood educator desired to use play in professional development as a tool for learning CTRT skills and improving relationships with children.

Of the eight teacher participants, all were female. Each participant reported ethnicity as follows: Caucasian, \( n = 1 \); Hispanic, \( n = 6 \); and other, \( n = 1 \). Their ages ranged from 37 to 62 years, with a mean of 50 years. The years of teaching experience ranged from 11 to 24 years, with a mean of 15.5 years. The years of teaching at the site ranged from 3 to 18 years (mean 7.4). Each teacher reported education as follows: associate’s degree in child development (\( n = 4 \)); bachelor’s degree (\( n = 2 \)); two bachelor’s degrees (\( n = 1 \)), and master’s degree (\( n = 1 \)). All teachers, with the exception of one teacher, taught their classes with a co-teacher, and the class sizes varied from 12 to 21. Two teachers in the study co-taught within the same classroom. Each teacher gave consent to participate in the study and signed the IRB-approved teacher informed consent (see Attachment A for teacher informed consent form).

Eight children, selected by their teachers, participated in individual play sessions during the CTRT intervention. The teachers were encouraged to choose a child that evoked an emotional response in the teacher when the child displayed a challenging external or internal behavior. The child participants included six males and two females, and each teacher reported child’s ethnicity as follows: Caucasian (\( n = 6 \)) and Hispanic (\( n = 2 \)). The ages of the children ranged from 3 to 5 years, with a mean of 4.5 years. The challenging behaviors identified by the teachers in their child of focus included mood dysregulation, oppositional and defiant behaviors, lack of focus, anxious behaviors, aggression, and withdrawal. Each of the child’s parents gave consent for their child to participate in the study and signed the IRB-approved parent informed consent before participating in the project (see Attachment B for parent informed consent form).
In order to obtain consent, I met with each parent in person to review the purpose of the study, provide an explanation of the study, and answer any questions.

Research Team

The research team consisted of the primary researcher and five licensed professional counselors (LPCs). Four of the LPCs have participated in at least 100 hours of child-centered play therapy training, have each conducted over 350 hours of child-centered play therapy, and have led several CPRT parenting groups. The fifth member of the research team is a doctoral counseling student not trained in CCPT. The primary researcher is an licensed professional counselor supervisor (LPC-Supervisor), licensed marriage and family therapist (LMFT), and a registered play therapy supervisor (RPT-S).

Saldaña (2016) suggested that no more than five members should be on a coding committee to enable the team to reach consensus. Along with the primary researcher, four members of the research team assisted in the analysis of the five sources of data. The team met for four hours, two to three times a week, over a two-month period to reach an agreement of the meaning of established themes and conclusions.

Structure of Study

For the purpose of this study, I solicited and obtained human subject’s approval from the University of North Texas Institutional Review Board (IRB). Additionally, I sought and received permission to facilitate the study on site from the preschool’s administration and board. Furthermore, the teacher participants were recruited through discussions pertaining to the study and the goals each teacher cited for their professional growth.

In the initial training, teachers identified a child of focus to practice CTRT skills in individual play sessions. Each parent of the children chosen by the teachers was contacted by
me personally to address their concerns as they agreed to allow their child to be included in the study. All of the teachers and all of the parents gave consent to participate in the study and signed informed consents (see Table 1).

The study was divided into three distinct phases: (a) Pre-intervention interview, (b) CTRT intervention, and (c) Post-intervention interview. A detailed explanation of each phase of the research study has been mentioned as follows:

Pre-Intervention Interview

After determining that the participants would meet the criteria for inclusion in the study, the pre-intervention interviews were conducted. The interviews lasted approximately 30-minutes to an hour and were audio-recorded. The pre-intervention interview followed a semi-structured format and covered topics such as the details of the student’s behavior, the teachers’ needs, the teachers’ understanding of the formation of relationships with students, and the teachers’ expectations of participating in CTRT. Using open-ended questions encouraged greater depth of teachers in answering questions, and the questions were guided during the interview by the responses of the participant. A focus group of the primary researcher and three counselor educators who are experts in qualitative design and two of whom are experts in CTRT designed the initial interview questions (see Attachment C for pre-intervention interview protocol).

CTRT Intervention

Using an approach based on the procedures of CPRT (Bratton et al., 2006) and adaptions from previous studies (Heckler & Ray, Morrison & Bratton), a plan was developed to address the needs of the school and the teachers involved. Immediately following the pre-intervention interviews, the teachers attended weekly meetings with the primary researcher to process emotions, thoughts, behavioral changes, skill acquisition, and other significant learnings as they
implemented CTRT individually with the child of their focus and, subsequently, within the classroom. A total of 15 group meetings occurred, with the last group session concluding the intervention immediately after the post-intervention interviews were completed. Weekly meetings allowed teachers to focus not only on learning but also implementing the CTRT skills, providing opportunities to challenge their fears and insecurities with regard to utilizing CTRT skills. The meetings also provided a source of support for teachers, as their relationships in and out of the meetings flourished.

The CTRT intervention occurred in two distinct phases; it (Heckler & Ray, 2009; Morrison & Bratton, 2011) was adapted to fit needs of the study, the school schedule, and the availability of substitute teachers. Phase I consisted of the training regarding and the implementation of CTRT with individual children for six 30-minute sessions, immediately followed by 30-minute feedback sessions. Phase II consisted of additional training and the transfer of skills to the classroom. Each teacher was observed in four 30-minute classroom sessions and then given feedback immediately after. A detailed description of the process is provided below.

**Phase I**

During Phase I, the instruction in and supervision of the individual play sessions marked the relationships between teachers and their COFs. The instruction included 13 hours of specific training in the foundational skills of CTRT, including tracking, reflecting content, reflective listening, responding to the child’s feelings, building the child’s self-esteem, and setting therapeutic limits (see Appendix D for skills sheet).

The content of the training was comparable to the core curriculum covered in the CPRT 10-session protocol (Bratton et al., 2006). The trainings also included activities and exercises that
encouraged teachers to explore and gain an understanding of their personal emotions. As the teachers developed their CTRT skills, trainings also included the management of change.

After the trainings were completed, each teacher engaged with their identified COFs in six 20–30-minute individual play sessions in a play area created in the school’s library. Bookshelves were moved to create a designated space for a play area and draped with tarps to place focus on the toys utilized in the space. Space was carefully and intentionally planned in order to provide a space in which to emphasize the child-teacher relationship. Landreth (2012) stated that “because toys and materials are part of the communicative process of the child, careful attention must be given to the selection of appropriate items.” (p. 133). The toys and materials selected for the playroom included real-life toys, acting-out aggressive-release toys, and emotional-release and creative-expression toys (Landreth, 2012).

During the play sessions, a member of the research team directly observed the teachers and their COFs. The staging of the playroom allowed an observer to be in the room, at the same time removing him/her from the actual play area so as not to tamper with the enhancement of the child-teacher relationship. Once the sessions were completed, the teachers walked their students back to the classroom and then met with the observer for 30-minute feedback sessions. During each feedback session, the teachers were asked three questions: (a) What did you do well?; (b) What do you want to improve?; (c) How can I help you? These sessions allowed the teachers to examine their skill progression/regression in a non-judgmental environment. The supportive feedback enabled the teachers to build a comfortable and working relationship with the observers, which possibly made the transition of the teachers’ skills in the classroom less stressful.
Phase II

After the completion of the six individual play sessions, an additional 2-hour training in group skills provided the teachers instructions on the use of CTRT in classrooms. Participants practiced how to use group skills, and along with didactic instruction, such a training provided them an opportunity to generalize the individual skills for use in the classroom. Teachers and observers scheduled times to conduct the classroom sessions within class times that allowed teachers to use the generalized skills beneficially, to enhance optimum learning and integration. Each participant completed four classroom sessions, with immediate feedback from the observer.

Post-Intervention Interviews

The post-intervention interviews lasted approximately 45 minutes to two hours and were audio-recorded. They followed the same format as the pre-intervention interviews with a semi-structured format and covered the following topics: details of the progressions/regressions in the teachers’ perceptions of student behavior, the teachers’ needs, their understanding of the formation of relationships with students, and their lived experiences in the play sessions, classroom sessions, and weekly group sessions. Using open-ended questions encouraged greater depth of answers to the questions the teachers were asked, and the questions were guided during the interviews by the responses of each individual participant. The same focus group consisting of the primary researcher and three counselor educators, experts in qualitative design (two of whom are experts in CTRT), provided feedback that formed the foundation of the post-intervention interview questions (see Attachment E for interview protocol).

Data Collection Procedures

The primary researcher conducted both the pre-intervention and post-intervention interviews with the eight participating teachers and the director of the preschool. The primary
researcher also provided the initial training, introducing the CTRT skills for individual play sessions and subsequent training with respect to transferring the CTRT skills to the classroom. The primary researcher, along with one member of the research team, led 15 weekly one-hour groups with the teachers. Four members of the research team with play therapy and CPRT experience supervised the play sessions and also the classroom sessions, giving immediate feedback to the teacher participants after each completed session. Each member of the observation team kept reflective journals, documenting their insights and observations of the individual play sessions and the classroom sessions. The primary researcher also documented the gathered experience in a reflective journal, altogether providing five data sources for the study.

Both pre- and post-intervention interviews were audio-recorded and transcribed by the primary researcher. A dictation/transcription software program that captured the audio data and allowed for real-time playback, editing, and the insertion of index information to transcribe the interviews was used. Reflective journals were provided by the research team members who observed the play sessions and the classroom sessions. Moreover, the journals were formatted for coding, along with the reflective journals of the primary researcher. Each of the five data sources is considered a subset of the total data. The data subset of the pre-intervention interviews represented 26% of total data, the play session observations represented 9% of the same, the classroom observations represented 5%, the primary researcher’s journal represented 18%, and the post-intervention interviews represented 42% of the total data.

Data Analysis

Miles, Huberman, and Saldaña (2020) presented an overview of data analysis in qualitative research, as “three concurrent flows of activity: data condensation, data display, and
conclusion drawing/verification” (p. 8). Data condensation, according to Miles et al. (2020), is “the process of selecting, simplifying abstracting, and/or transforming the data that appear in the full corpus (body) of written-up field note, interview transcripts, documents, and other empirical materials” (p. 8). As a part of data analysis, data condensation transpires unceasingly throughout qualitative studies, in circumstances such as writing marginal notes, coding, establishing categories, and developing themes (Miles et al., 2020). This process, entailing the various transformations of data, begins after the field work is completed and ends with the final report (Miles et al., 2020). Data display, the second major flow of analysis, is an organized display of condensed information that facilitates the analytic process (Miles et al., 2016). The final flow, addressed by Miles et al. (2016), is a process that begins with conclusion-drawing and ends with the verification of those conclusions. Each of these three streams surge throughout the analysis process, allowing fluidity that results in a more collaborative and humanistic approach in constructing the meaning of the data (Miles et al., 2020).

Prior to initial coding, the research team and I met to discuss our individual biases that could possibly influence the coding experience through the process of bracketing (Moustakas, 1994). Tufford and Newman (2010) stated that “Bracketing is a method used in qualitative research to mitigate the potentially deleterious effects of preconceptions that taint the research process” (p. 80). To address our preconceptions, we openly discussed our thoughts, feelings, and concerns about the study. We explored our previous personal experiences with young children in play therapy and our experiences with our individual trainings in CCPT and CPRT. We also discussed our experiences of learning CCPT and the significant internal changes that occurred within each of our personal journeys as we acquired the skills that we now use in play therapy, in our practices as counselors. We assessed our relationships within the group and identified the
potential risks in our relationships that might have prevented the team from reaching a consensus. We continually revisited the bracketing process throughout the data analysis every time a potential bias(es) emerged.

Additionally, I have engaged in another method of bracketing—writing memos (Cutcliffe, 2003). The descriptions of my reactions in the process of writing memos were used to acknowledge my perceptions of and biases regarding the research study, enabling me to engage more expansively with the raw data. Another result of memo writings moved me to a more qualitative form of coding agreement (Saldana, 2016). As a result, the research team relied on intensive group discussion and committee coding consensus as a goal for coding agreement (Weston et al., 2001).

Under the umbrella of the “three concurrent flows” discussed previously (Miles, Huberman, & Saldaña, 2020); we have followed Saldaña’s (2016) two major stages of coding: (a) First Cycle coding, and (b) Second Cycle coding. The research team labeled the data in First Cycle coding using three specific coding methods: (a) in vivo, (b) processing, and (c) emotional. Saldaña (2016) described in vivo as a method that “refers to a word or short phrase from the actual language found in the qualitative record” (p. 105). Capturing the verbatim statements of the teachers’ lived experiences led to the acknowledgement of the expression of such experience in their terms. Processing, as a method of coding, ascertains action within the data and typically includes gerunds (Saldaña, 2016). Emotional coding is based on the premise that actions are accompanied by emotions: “One can’t separate emotion from action; they flow together one leading into the other” (Corbin & Strauss, 2015, p.23). Saldaña (2016) suggested that combining coding approaches is an appropriate method to use in the First Cycle coding process.
Before beginning the coding process, each member of the research team read through data sources and made marginal notes. During the First Cycle coding, we engaged with 48% of the data using the identified combination of coding methods to pinpoint those statements and concepts which were deemed relevant to the teachers’ experiences of and perceptions regarding the impact of CTRT during Phase 1 and Phase 2 of the professional development intervention. During the First Cycle coding, discussions aimed at reaching consensus of the initial coding within the text were conducted. Within these discussions, the initial codes were transferred to ensure a manual data display. We created cards for each data point to document the agreed-upon coding. This allowed for a consensus, and served as a way to categorize data freely, as patterns and categories began to form.

After the completion of the First Cycle coding, eight possible categories were identified through collaboration coding. During the Second Cycle coding, 22% of the data was coded to the possible categories. After the initial phase of the Second Cycle, we adjusted the eight identified categories to reach a collaborative consensus on seven themes and 19 subcategories. The themes and subcategories were coded to the remaining 30% of the data. The research team, over a two-month period, met two to three times per week, for over 60 hours, in order to reach a consensus regarding the clusters, themes, and subcategories. Through collaborative team discussions, the team reached a consensus agreeing the final two clusters, seven themes, and 20 subcategories, which represented the lived experiences of eight teachers before, during, and after the implementation of CTRT.

Credibility Procedures

Generating knowledge grounded in a lived human experience with a purpose of transferring the knowledge to practice is the overall goal of qualitative research (Nowell et al.,
In order for the transferability to be considered, the establishment of credibility is necessary (Patton, 2002). Four strategies for establishing credibility identified by Creswell and Poth (2018) provided the guidelines for this study. The strategies used throughout the current study were triangulation, prolonged engagement, rich thick description, and reflexivity.

Triangulation is a strategy that enables the corroboration of evidence through multiple data sources and produces converging results and meanings (Creswell & Poth, 2018; Lincoln & Guba, 1985; Miles, Hubberman, & Saldaña, 2020). Denzin (2013) proposed four types of triangulation: (a) applying multiple methods; (b) utilizing multiple sources of data; (c) engaging multiple investigators; (d) including multiple theories or perspectives. Three of the four types were used in this study. With regard to applying multiple methods, observations, feedback, and process groups provided three ways in which to cross-reference the perspectives of teachers. Additionally, five sources of data were utilized: pre-intervention interviews, play session observations, classroom observations, post-intervention interviews, and the primary researcher’s journals, to increase credibility. Finally, the use of two theories from different perspectives was necessitated: person-centered theory embedded in CTRT (Landreth & Bratton, 2005) and Reggio Emelia (Stacey, 2009), from an educational perspective, which also promoted triangulation.

Prolonged engagement in the field with continued observation is the second technique that was applied to the study to promote credibility (Creswell & Poth, 2018). Each teacher invested about 45 hours in the project, being in direct contact with a member of the research team the entire time. During the study, researchers in the capacities of trainers, group facilitators, observers, or interviewers learned about the culture of preschools to provide context behind gathering information and misinformation. The strategy of checking for misinformation generated from teacher or researchers, possibly increasing credibility. The primary researcher
spent hours with the director to ensure that space, time, and materials were available to the teachers and the research team throughout the study. As the time in the field increased, the research team and the participants developed working relationships, adding to the credibility.

Though it conveys a “rich, thick description” (Creswell & Poth, 2018), the researcher provides readers the opportunity to assess the transferability of this study by including the details (Lincoln & Guba, 1985). With this type of description, the shared connections observed by the reader can be explored with regard to the feasibility of transferring ideas to other possible settings. Creswell and Poth (2018) suggested returning to the raw data after data collection, in order to add further interconnecting details. This strategy was implemented throughout the current study.

The final strategy used in establishing credibility in this study is reflexivity. This method exposes the possible biases, values, and experiences of the researcher to the reader (Creswell & Poth, 2018). Reflexivity, as defined by O’Dwyer and Bernauer (2014), refers to a researcher’s “conscious awareness of...cognitive and emotional filters comprising their experiences, worldviews, and biases that may influence their interpretation of participants’ perceptions” (p. 11). To enhance the credibility of this research, the following statement elucidates my identity as a researcher and the lenses through which this current project is filtered.

Reflexivity Statement

I am a Texas licensed professional counselor supervisor (LPC-S), a Texas licensed marriage and family therapist (LMFT), and an Association for Play Therapy registered play therapist supervisor (RPT-S). I own a private practice that employs 32 providers, the majority of whom are trained to utilize play therapy in their work. My practice is known for its work with children as well as the training I provide to a given community, especially in play therapy.
I am a mother, and now a grandmother, who respects and supports unstructured play for children regarding both learning and healthy child development. The site chosen for this study was a Reggio Emilia-informed preschool that enconces the belief that play guides learning. This site was a good fit for the project, resonating with my beliefs about the importance of play.

I received my training at the University of North Texas, which is renowned worldwide for the training it offers in play therapy. I trained with Garry Landreth, Sue Bratton, Dee Ray, and Natalya Lindo, all accomplished and highly respected researchers in the area of play therapy. Two of these professors are on my dissertation committee—my chair Dee Ray and committee member Natalya Lindo. All four of these play therapy pioneers have influenced my understanding of and practice in play therapy.

Due to my personal and professional understanding of and training in play therapy, a possible bias might exist. Another factor that could lend bias to my research is that I live in an underserved community, where mental health assistance is limited and services for children are difficult to secure. The introduction of CTRT in preschools could help children who would otherwise never receive such services.
CHAPTER 4

RESULTS

The purpose of this study was to capture the lived experiences of early childhood educators by implementing a professional development training known as Child Teacher Relationship Training (CTRT). As a result of collaborative coding and data analysis processes, the following clusters, themes, and subcategories emerged.

The research team determined that two clusters, seven distinct themes, and 20 subcategories emerged, representing the phenomenological experiences of the eight teachers participating in the study. The first cluster describes the learning experiences of the teachers within four identified themes and 12 subcategories: (a) changes in their views about children; (b) changes in their views about their own abilities and performance; (c) a deeper understanding of their field by blending the theories used by the school (Reggio Emelia) and the theory embedded in CTRT (person-centered theory); and (d) skill development with regard to CTRT in the given playroom and classroom. The second cluster concerned the impact of CTRT within three identified themes and eight subcategories: (a) relationships; (b) support systems throughout the process; and (c) the transfer of CTRT skills to the teachers’ understanding and integration of relational and social skills outside the classroom as well as internal integration, resulting in a clearer self-understanding. Tables 1 and 2 present a snapshot of the clusters, themes, and subcategories.
Table 1

*Cluster I (Learning Experiences of the Teacher) Themes and Subcategories*

<table>
<thead>
<tr>
<th>Theme</th>
<th>Subcategories</th>
</tr>
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</table>
| 1 Views of children evolved | (a) Observations of children at play uncovered the child’s thinking, emotions, intentions, and led to increased understanding of the development of the child.  
(b) Children’s behaviors are emotionally driven, represent communication from the child, and provide teachers information about the child’s perspective of his or her world. |
| 2 Views of Self changed | (a) With integration of knowledge with CTRT skills, teacher confidence increased.  
(b) Teachers struggled with negative emotions and self-criticism about their abilities and performance.  
(c) Teachers displayed overwhelming desires to help children grow, learn, and change in regards to their emotional and relational development. |
| 3 Fundamental similarities in CTRT and Reggio Emilia materialized | (a) Both philosophies are embedded in the basic concept of allowing children to lead interactions and place great importance on the one-on-one relationship between a child and an adult.  
(b) Children’s play is not only the pathway to learning but an avenue for understanding children’s emotional and relational issues.  
(c) Alignment of theories allowed teachers to develop CTRT skills at a level that is possibly more integrated with the teachers’ working values as early childhood educators.  
(d) Implementation of theories is a natural transformation in classroom and play sessions; however, some teachers experienced difficult providing explanations (magic). |
| 4 Internal conflicts and an extensive range of emotion occurred | (a) Teachers experienced internal conflicts and an extensive range of emotions.  
(b) Teachers experienced constant struggle between “teacher-mode” and applying CTRT skills.  
(c) Teachers successfully implemented CTRT skills. |
Table 2

*Cluster II (Impact of CTRT) Themes and Subcategories*

<table>
<thead>
<tr>
<th>Theme</th>
<th>Subcategories</th>
</tr>
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| 5 Establishing relationships through CTRT | (a) Challenging behaviors exhibited by children decreased in classroom through intentional development of the child-teacher relationship.  
(b) Behavioral, emotional, and relational changes occurred in children and teachers throughout the implementation of CTRT.  
(c) Classrooms became a culture of creating and protection relationships between teachers and children, as well as relationships between children. |
| 6 Support through process | (a) Process groups enabled teachers to evaluate progressions in their emotional and relational development.  
(b) Teachers both felt supported by teachers and research team and provided support to each other and the group.  
(c) Teachers developed working relationships with each other and the research team through the group process. |
| 7 Personal and professional lives expanded | (a) Teachers expanded relationships with family, friends, and colleagues through utilizing skills learned in CTRT.  
(b) Teachers internalized concepts of CTRT personally and professionally. |
Theme 1: Teachers’ Views of Children Even throughout the Process

CTRT provided an additional skill-set to aid teachers in increasing their awareness regarding the emotional and relational development of children. The teachers’ views of children moved directionally, into a more holistic understanding of children including a perceptive understanding of the language of play as communication. Further, their awareness of the needs of children undergoing emotional and relational development expanded during the implementation of CTRT in their classrooms.

Subcategory 1(a)

*Observations of children at play uncovered the children’s thoughts, emotions, intentions, and led to an enhanced understanding of the development of children.*

Verbalizing intentional responses directly to children while they engage in play is a distinguishing concept of CTRT. Teachers noted that intentionally responding to a child, while observing the child in the natural environment of play, increased understanding and improved the teacher–child relationship. Below are the teachers’ reactions after learning the importance of observing a child to understand him/her:

The play sessions helped me understand and look at the things differently. Like the play is the medium for them...

It is always fast paced, you know, children moving or in transition, so now it is like, just relax and stand back and notice, really, really notice what they’re doing, you know, the expression that they have on their face, and acknowledging that...

I loved that one-on-one that we had in the playroom; it created a very good bond between me and the child. And although the training was more focused on me, on the skills that I am going to learn, it just helped me understand that particular child, too. And every day when there is something, we work through it, we work through it. And it’s getting so much better. Like last week he had a great week, today he had a great morning until right before we came.
Subcategory 1(b)

*Children’s behaviors are emotionally driven, represent their communication, and provide teachers information about a child’s perspective of his/her personal world.*

The natural medium of communication for children is play. An adult placing limits or instructing children on how to play can possibly serve as barriers to communicating fully with a child. (Landreth, 2012). During Phase 1 of CTRT, teachers were asked to choose a child of focus who showed challenging behaviors and also evoked negative emotional responses from the respective teachers. Understanding their own emotional responses may have enabled the teachers to understand their students’ emotions more fully and remove the barriers to fully accessing the child’s communication through play to help strengthen the teacher-child relationship. An observer of the individual play sessions reflected on the change she saw in a teacher as the teacher’s view of a child evolved, given in the comments below:

The teacher stated she experienced a sense of rejection from the student as the sessions came to an end and could feel his hurt as he verbalized his anger. I processed this with the teacher as she was able to see beyond his anger. The connection and experience she had with him over the six play sessions allowed her to have a deeper understanding of his emotions. The teacher verbalized she was able to see him as more than an aggressive child during this time and noted the importance of seeing the child as a whole.

Theme 2: Teachers’ Views of Their Abilities and Performance Emerged and Changed with the Implementation of CTRT

As the professional development training progressed, self-critical tendencies emerged within the teachers. Throughout the process, teachers continually revealed negative views about their abilities and performance. In this respect, process group support, teacher-to-teacher relationships, and teacher-to-researcher relationships developed and assisted teachers in distancing themselves from criticism and embracing a more self-accepting stance. The following statement from the director reflects her observation of the gradual changes appearing in the teachers.
What I noticed, as it went along, they were more communicative initially, and as the time went on as they got confidence built, they may have communicated together more, but they were less dependent on me to tell them everything was going to be okay and they were going to be wonderful and I wasn’t worried one bit about them. They didn’t need that, not one of them, towards the middle and at all...And they began to see it working, and they began to see the results, so that built up their confidence.

Subcategory 2(a)

*Through the integration of knowledge and CTRT skills, teachers’ confidence increased.*

As teachers learned CTRT, implemented the skills with their COFs, and saw positive results, they reported changes in their confidence. Teachers reported showing a higher level of competence, depending less on the director, engaging in more interaction with parents, and following a newly developed self-direction, together resulting in better classroom management.

The following comments highlight the changes that occurred from the teachers’ perspectives:

In my conferences (parent-teacher) I felt different, even talking to the parents, because I felt a little more confidence. Because that is one of my weak points, is sharing what I do, why I do it. I am schooled, but to be articulate and articulate in that the moment, like help them understand. And so I felt a little more confidence.

You know I am not somebody that will talk or, and that gave me a lot of confidence that I could open up with my co-teachers. Although we know each other we never sit in a group like that and open up, talk. So it has given me a lot of confidence to share and hear what they have to say. And, you know, we compare notes, it felt really good, that gave me a lot of confidence.

I mean, now I can say like I loved it. But while I was going through it, it was like I learned so much, but there were moments where it was like difficult and I would feel like, I don’t know. It’s like it made me open, like start talking. I don’t know, I guess I was keeping a lot in before. And so sometimes we would be talking, and I would be like, “Oh my gosh, I said too much.” And I would feel uncomfortable, but then through the process I saw like how it was helping me be a better teacher, a better person, because I was expressing myself.

Subcategory 2(b)

*Teachers struggled with negative emotions and self-criticism about their abilities and performance.*
Throughout the research process, teachers reported that when faced with a negative emotion from a child, they immediately wanted to respond with a positive statement or a redirection. Telling a child that “you are really sad right now” was difficult for teachers in the beginning. In the excerpt below from a post-intervention interview, one of the teachers described her confusion about this concept:

Because I didn’t know when he changed, the way he did everything I was kind of confused, and I didn’t know. I think that and there was a couple, there was one time when he seemed, angry, not angry, but maybe a little frustrated. And it made me frustrated, so I notice that a lot of times I would kind of pick up what he was feeling and feel the same way. And I think that was the hard, one of the hardest parts was trying to, keep an upbeat, something positive, but recognizing his feelings but still remaining positive and not grabbing on to his emotions. So, but I felt most of the time I felt, you know, his happiness, I felt joy, I love watching him go and try everything out. I think the weirdest feeling was that confusion.

Teachers were also self-critical about their performances and their ability to carry out the skills in a way that would herald change in the respective children.

I would over analyze it and just felt, ‘Oh, my gosh, I am doing this wrong.’ Because it’s not like he (observer) was negative with me though. He would just say, ‘We could do this, or how about this?’ And I think I would be a little too hard on myself, and especially the first time. But I had to learn, like you have to hear this if you want to get better.

An observer noted, in a reflection journal, about the quickness of the teachers’ self-criticism:

After the session, I was able to talk with the teacher who quickly became critical of self, pointing out errors she felt she had made.

Subcategory 2(c)

Teachers displayed an overwhelming desire to help children grow, learn, and change with regard to their emotional and relational development.

Even though the teachers were self-critical, the concept of helping children was predominant throughout the project. As teachers shared in the groups, stories of their journeys of becoming preschool teachers emerged, leading them to expose the reasons as to why they
became early childhood educators. The recurring theme in those conversations involved the teachers’ desire to help children.

The following teachers’ statements described their desire to help young children:

I feel like if we don’t help him, we are giving up. I can’t give up on him, I can’t say he doesn’t belong here, let’s send him to somebody else...I don’t feel like a child this age, we can push him away...I feel like he needs to be successful in a school setting, and that is my job to help him.

I do believe that whether the child needs help or not, every child needs that one-on-one from the teacher.

I felt empathy. I felt like a bond. I felt like I want to help him that he doesn’t know how to control himself, you know, that I need to show him how to control himself. That is how I felt.

Theme 3: Fundamental Similarities in CTRT and Reggio Materialized and Provided a Foundation of Knowledge for Teachers

The preschool site operates as a Reggio Emilia-informed campus. Although it is not a frequently adopted curriculum in the US, the Reggio Emilia approach, rather than imposing on the child, enables curriculum to emerge from the child, as it were (Stacey, 2009). Emergent curriculum, like CTRT, facilitates children to become increasingly responsive through unstructured play and by establishing a caring relationship. The common element of an emphasis on emergence rather than imposition made CTRT and Reggio Emilia philosophically compatible and, thus, made CTRT easy for teachers to combine with Reggio Emilia.

Subcategory 3(a)

Both philosophies are embedded in the basic concept of allowing children to lead interactions and place great importance on the one-on-one relationship between a child and an adult.

Allowing the child to lead is evident in both philosophies. All eight teachers allowed the child to lead in the playroom and during classroom observations. Observers reported that
teachers when entering the playroom had established relationships with their students. Answers from pre-intervention interviews also indicated that teachers placed importance on building one-on-one relationships with their students, as indicated in the following statements:

I like to build a relationship with them, that is very important and gain trust for them to be comfortable around me. That is how I grow with them. I bring in what I see and what interests them. That is how we learn. If I see this one child is interested in books, we have books for that child. We have a variety of materials in the classroom so everybody is occupied, everybody is engaged.

Just a lot of listening, you know when they can communicate, listening. And maybe when they are playing if they just kind of, I want to say almost narrate, narrating what they are doing. You know talking to them about what they are playing and what they are, so I think just showing them that I am interested in anything that they are doing. I think that is a lot of it right there, just showing interest.

Subcategory 3(b)

Children’s play is not only the pathway to learning but an avenue to understanding children’s emotional and relational issues.

Teachers recognized the importance of unstructured play through their training in Reggio Emilia. However, in the beginning, teachers did not intentionally observe unstructured play as a pathway to understanding a child’s emotional and relational development. Through the use of CTRT skills, the teachers began to intentionally observe play to learn about their students’ emotional and relational components. In a post-intervention interview, one teacher responded as follows:

Well, I think, with Reggio we tend to try and look at the child, you know, the child and I guess be open, I want to say and intentional. So I think that helped, we already, I already kind of had that in me, but I think it helped having those two kind of mesh together. It’s that intentionality and building that trust with the child has really, I think it has been beneficial to have both of those, you know, in my...I feel like they really work well together. Yeah, I do. I think it has kind of expanded on what we have already been trained, it is only helping.
Subcategory 3(c)

The alignment of theories enabled teachers to develop CTRT skills at a level that is possibly more integrated with their working values as early childhood educators.

With a foundation of Reggio Emilia, the teachers were able to easily accept most of the concepts of CTRT. Although teachers struggled with implementing skills in general, the conflict reported by teachers was with performance and not the conflict between the separate philosophies of CTRT and Reggio Emilia. In a post-intervention interview, a teacher explained the following:

I think because Reggio uses an emergent curriculum, and is play based and process based, stepping into the play therapy [CTRT] was very easy because we just let the child emerge. It is a process that’s happening, because we are not looking for a product, like, they are going to play with this and it’s going to be something. It was an easier transition, than it might be for someone who doesn’t follow Reggio, just because of those, those aspects of it.

Subcategory 3(d)

The implementation of theories comprised a natural transformation in classroom and play sessions, although some teachers experienced difficulty in providing explanations (“magic”).

Although the concepts of CTRT were not foreign to the teachers, as the process progressed, the teachers became aware that explaining how CTRT worked was difficult. Several of the teachers, at different times, stated that CTRT was “magic.” One teacher responded to the question in the post-intervention interview, “Why do you think the relationship with your child of focus improved?”:

Well it is magic, I can’t explain.

Another teacher in a group meeting stated the following:

I don’t know how to talk about CTRT, it has been a process to get here. How do you tell other teachers about this process?
A teacher’s response in the post-intervention interview about the combination of the two theories follows:

I think it goes well together, it goes, it is like a family that it just, you can use it together. And like I said, you know what, the play therapy just it is like a natural way, it is not a therapy that you are doing, it is just a natural way. The language, once you get accustomed to using the language, it becomes natural to implement.

Theme 4: Teachers Experienced Internal Conflicts and an Extensive Range of Emotions when Participating in Trainings, Play Sessions, Classroom Observations, and Weekly Group Meetings while Developing Skills

Throughout the process of learning and applying CTRT skills in the classroom, skill development became imbued with emotional charge, and internal conflicts about the teachers’ role in the classroom gradually became a source of concern. The teachers addressed these concerns in the weekly meetings as well as with their observers during feedback sessions. They were reassured throughout the study that CTRT was not to replace their teaching methods but would add to their skill set, assisting in their apprehension of a more complete understanding of the emotional and relational development of young children.

Further, the director commented on the struggles she witnessed during the process in the following statement:

I felt like initially there was a lot of anxiety, way more anxiety than I expected. And I don’t know if it was because they were going to be observed, or because it was new, the actual practice and one-on-one was new. That went away pretty quickly, after like the first or second time that, they were fine, they actually looked forward to it. And more than anything I think they forgot they were being observed, they were very excited about the time with their child.

Subcategory 4(a)

Teachers developed CTRT skills while continuously progressing and regressing, emotionally and cognitively, in their ability to manage challenging behaviors with children in the classroom settings.

In the beginning, teachers’ emotions about implementing CTRT escalated; they
experienced a learning curve that was not expected or predicted. As they mastered the skills and witnessed positive changes in the behaviors from their COFs and their classrooms, the emotions softened. The following examples from teachers’ post-intervention interviews reflect their emotional struggle:

I think I was able to kind of recognize what it was that I was feeling. I think before I probably just would have been a little hard on myself, thinking well I am not doing it right, or I am making it worse for him, you know. So I think it was, I was able to kind of step out and see, you know, what these feelings were and what they were in him and what they were in me. And I think it, uh, I didn’t notice, I didn’t see that until after I sat with my observer, you know, and talked about it. I think it was helpful.

It was by the end, and now I feel comfortable. But it was really nerve-wracking at first. Like, anxiety, I would get anxiety sometimes. But then I enjoyed it, it was like this weird thoughts always going through my head, but it was hard at first. It gave me anxiety I guess, it made me feel anxious.

Subcategory 4(b)

*Teachers experienced constant struggle between staying in “teacher-mode” and applying CTRT skills.*

During the individual play session with their COFs, teachers commented on the ease in working with one child. They were surprised by the struggle they encountered with utilizing CTRT in their classrooms (within the class itself) speaking about their own internal struggle about their role. The statements below reflect that confusion the teachers felt when struggling with their changes:

“What do I do?” Like I was letting them do things that I would never let them do, like as the teacher point of view.

So many years, “It is time to be sitting, and who is the first one to sit down?” I was more just in the habit, “For you are sitting very nicely. I like the way you are sitting.” And then they come and sit down. But now it is like changing to make them aware of their actions, and they take the decision. And they like it more because they want to learn to decide.

Two separate observers of a play sessions noted teachers struggling with maintaining a “teacher
role” vs. “teacher in play session” in their journals:

I discussed the teacher’s suggestion she provided in the play therapy session and processed her quick response to provide him with suggestions as to where to find the dart. The teacher stated she felt uncomfortable knowing where it was and allowing him to struggle in finding it. As she stated this, she caught herself and acknowledged the importance in knowing he must struggle and allow him to problem solve for himself. She noted ways in which as a teacher she goes directly into ‘teacher mode’ in which she seeks to solve their problems.

The teacher said she struggled to get out of “teacher mode.” She described having an internal dialogue with herself when she noticed she was not being fully present with the child.

Subcategory 4(c)

*Teachers successfully implementing CTRT skills.*

The teachers narrated many instances that revealed the sources aiding the improvement of their skills and their ability to successfully implement CTRT. As the teachers learned the skills, they learned about their understanding of children and the importance intending to create relationships. The changes in their view of children and their reactions to those changes are indicated in the statements below:

I finally told him, “I am not for kicking.” And he looked at me, and he didn’t kick anymore. Before when he was trying to kick me I was telling him, “No or no kicking.” And then I realized I need to change my language, and I did, and I only had to say that one time. When I stopped trying to struggle with him, I think it went a lot easier.

I don’t know what skill this is, but if someone hurts their feelings, it’s not like I have to, I just tell them, “Yes, your feelings are hurt. Your feelings are hurt right now.” Not like, “How are we going to fix this and what can we do?” And you know it worked, it’s like they appreciate knowing that I understand their feelings.

I don’t know that I could have built that relationship without the play sessions. I think it would have been harder, and we probably would not have been as far along as we are now. Yeah, I think being able to take him out of the classroom and be in that playroom with him is really attributed to his improvement.
Theme 5: Establishing Relationships while Intentionally Using CTRT Skills Allowed Teachers and Children to Change Behaviors, Emotions, Attitudes, and Relationships

Improving the relationships between children and teachers is the focus of CTRT. In this regard, all teachers reported substantial behavioral changes in their COFs and improvements in their relationships. The teachers’ views of the relationships and how they described their COFs evolved in course of the process.

Subcategory 5(a)

*Challenging behaviors exhibited by children decreasing in classroom settings through the intentional development of the child-teacher relationship.*

Each teacher identified a child to work with; his/her behavior was supposed to have induced angst within the teacher. Therefore, each child’s challenging behavior was experienced differently. As the COFs changed, the environment of the classroom changed. The comments from a post-intervention interview below reveal how impactful those changes were to the teachers:

...last week and this week, have been the best weeks, like all year with them. Like I feel so extremely happy and I know it is spreading through the classroom and it’s just amazing, it is life changing. And it changed my year, because like when January started I was already counting down to spring break. You know that’s not a good place to be as a teacher, because it’s a long time, you know, so. Now I feel excited and like re-energized and wanting to do new things and tried, because at first I would be like, “No, we can’t do that.” Like it is just going to be too wild. But we are doing things and they like that and it’s just like a domino effect. It’s, it’s awesome.

Subcategory 5(b)

*Behavioral, emotional, and relational changes occurred in children and teachers throughout the implementation CTRT.*

Changes in relationships happened throughout the study, quickly for some teachers and slowly for others. Each teacher shared his/her experiences of the behavioral, emotional, and relational changes occurring with observers and in the process group. The changes were unique
to the child-teacher dyad. The comments from the post-intervention interviews listed below represent the changes:

Because of the relationship that we built, he can come very easily and talk to me. And he can go and take turns now with their classmates. And he is respectful now, he’s not crying, he’s more conscious of himself. The growth just came out of the shell. He was very shy also, and he, timid. And he’s now very open, smiling.

Because I think maybe I had a wall up towards him too, because I didn’t know what he was going to throw at me every day, you know. But now that I let him in and he is letting me into his life more, like we just understand each other in a different way.

I am happy when he walks in the door now.

I loved that one-on-one that we had, it created a very good bond between me and the child. And although the training was more focused on me, on the skills that I am going to learn, it just helped me understand that particular child too. And every day when there is something, we work through it, we work through it. And it’s getting so much better. Like last week he had a great week, today he had a great morning until right before we came.

Subcategory 5(c)

*Classrooms becoming a culture of creating and protecting relationships between teachers and children, as well as the relationships between children.*

The teachers modeled the CTRT skills in the individual play sessions, classroom observations, walking down the hall, and on the playground. With their consistent modeling, children began to use the CTRT language to communicate with each other. The following comment reflects the generalization of the CTRT skills among the children:

We were lining up and, you know, one (child) came up and said, “He is pushing me, he hit me” and immediately another child jumped in, “Tell him, I am not for pushing, I am not for hitting”....You know so, the words they use, “I am not for pushing, I am not for hitting.” The language that they use for defending themselves...just to see the other child’s reaction that they stop and do it. It is amazing...that words can do that.

The statement below highlights the overall goal of creating and protecting relationships:

I think for me, I guess I always knew this, but I can make a significant difference in that child’s life. But not only in his life, but in the lives of all the kids in my class, I can make
it meaningful, not only in our relationship, but relationships with the other children in that class.

The following comment, from the post-intervention interview, is from a teacher who consistently tended to forgive her COF. Numerous times, she was hit, kicked, or head-butted by the COF; while she displayed strength in her CTRT responses, she also became a role model regarding forgiveness for the class. The conversation below shows the results of that modelling:

There is one little boy who was scared of him (COF) and every day he would ask me, “Is COF here? Where is COF?” And this little boy comes every day and today he said, “Where is COF today?” And I said, “He doesn’t come on Mondays.” And he said, “Well, when is he coming again?” And I said, “You will see him again on Thursday.” And he goes, “Can I play with him?” So, I thought, “Wow!!!” He is not scared of him anymore...Now when he asks about him, he really wants him to be there.

Theme 6: Support from Several Groups and Individuals during the Project Allowed Teachers to Learn and Grow while Implementing CTRT

The weekly teacher groups played a significant role in enabling teachers to process their struggles and successes while utilizing CTRT with an individual child or within the classroom. Teachers developed relationships with each other, relations that were non-existent before the intervention. Teachers also relied on their observers, asking for feedback and comfortably using the suggestions they were given.

Subcategory 6(a)

Process groups enabled teachers to evaluate progressions and regressions in their emotional and relational development.

All of the teachers reported in the post-intervention interviews that they found the groups to be beneficial, helping them in learning the skills and receiving feedback from the other teachers. The majority of teachers felt that sharing their struggles helped them overcome their fears. The following statements help capture teachers’ reactions to their group experience:
I think that, we [teachers] sort of bonded in a way that we had not bonded before. We could talk about this together. You know we just had something in common that we were working towards. And so, I just think it made our relationships stronger with each other, the teachers’ relationships stronger. So I like that the best I think.

Well, honestly, I loved hearing the teachers speak of the past week or what went on. When it came my turn, I was, I was sweating, I was sweating, I was sweating. I didn’t want to speak. And I was having a conversation with one of the other teachers that was going through the same, she was going through this like me. I said, “You know what it’s pretty hard just, public speaking has always been my problem.” And you know I have been here 11 years, and you know we have our staff meetings and I’ll listen. And you know, whenever we have group sessions, they are fine. And now it’s like, I feel a little more, there is confidence. There is confidence. And I was telling her, I never say anything, but here I am. I don’t want to use the word forced, it’s not forced but it’s, each teacher, they each gave their, they recapped their week and I had to too. And little by little, I felt better. And I was telling her, well, I actually feel a little bit more confident.

In her post-intervention interview, one teacher from an internal perspective; observing others experience growth as she had previously, led her to embrace her resistance she felt at times:

It was good, because I could listen to everyone’s opinions. Like for example, when one teacher liked it so much, when she was saying like it is changing life for her and I remember 20 years ago when I was taking my training I felt exactly the same way. It was like even at that time I felt like I was a butterfly growing, and right now I feel like the butterfly needed to be more mature to be able to apply more knowledge. For this time, I think it was a little harder for me to receive it, because when you have so many years doing it.

Subcategory 6(b)

Teachers both felt supported and provided support.

The teachers repeatedly stated throughout the process that they felt supported by the research team, the administration, and each other. The observers played a significant role in helping the teachers gain competence and confidence with respect to utilizing the skills used in CTRT. From post-interview interviews, the teachers referenced the observer and the part they played in the teachers’ growth, as given below:

I even had a good relationship with him (observer) at the end, you know. We built the relationship there too. So that is exciting. It is not only with the child, it is not only with
the teachers, it’s with the observer and with you (investigator). So that is a good one. I took advantage to build relations with everybody.

And I feel that I entered this experience at the beginning, very scared, and not saying the right words to the child. And it is amazing how my observer would find something positive to say about what I did. I mean I thought it was a total flop at the beginning and she would find something positive. I think that helps when you find something good about anyone.

Subcategory 6(c)

*Teachers developed working relationships through the group process.*

As the project progressed, teachers began to help each other when challenging behaviors appeared in children. They would actually tag-team at times; when one teacher was exhausted with one student, another teacher would step in, using the same language. The support the teachers felt in being part of the group spilled over to the hallways, the classrooms, and the playground. The following comment from a post-intervention interview describes the helping and supportive relationships:

We were all in the training, because we would always talk afterwards when we were on the playground or when we would run into each other and how they implemented in the classroom, and on the playground. We would always feel so good about ourselves that we are getting ahead and we are using it, you know? We felt, yes, so I feel like I enjoyed it.

There were two teachers in the study that co-teach in the same classroom every day. The following statements are by both of them describing their working relationship in the same classroom, using CTRT:

And that is another thing, that my co-teacher is also so patient. You know, she doesn’t give up. We work really well together. This is our second year together. And it just, you know, we just get stronger being together and knowing techniques, how to help him. So if I decide to walk away, she will walk in or pull up a chair and she will talk to him. And sometimes it’s the other way, she will walk away and I, so we support each other that way.

I was very lucky to have my co-teacher in the same room and we worked it out. The kids now know, that they can’t get anything out of me that they will get out of her or anything
out of her that they would get out me, okay. Because they are very smart, it is like when you are in a family. You have Dad saying, “Oh yes, you can have it.” And then the mom says, “Why did you get that?” So the children are really smart, they know where to go to get what they want.

Theme 7: Teachers’ Personal and Professional Lives Expanded, and Significant Learnings were Internalized through the Transfer of CTRT Skills Outside the Classroom

Several exercises were used to assist the teachers in understanding their goals and needs during the training of the professional development intervention. The teachers were overwhelmed with the information the activities provided. The teachers reflected on their needs and goals and realized that they tended to not spend enough time thinking about their professional and personal goals and needs.

Subcategory 7(a)

Teachers expanded relationships with family, friends, and colleagues through utilizing skills provided in CTRT training.

In the post-intervention interviews, the process groups, and with their observers, the teachers shared the changes they were making in their lives through the teachings of CTRT. All of the teachers reported that the changes they had been making in their teaching styles assisted them in changing their personal lives for the better. The following statements are excerpts from the teachers’ post-intervention interviews:

And I can, you know, with my friends outside of school who have children, I can even tell them how to use it. It’s, you know, it doesn’t end here at school, it keeps going, it keeps going.

Well I just feel like I am opening up more, in every department of my life. You know, and it has helped me a lot because I had always kept everything in. I am not taking things as personally as I used to. And then that helps me, not feel so hurt or upset or you know like the negative feelings. So I just feel freer and happier, but it’s everywhere. Like it’s not like it’s just the classroom, or just work, like it’s even like with my husband and my parents, just everywhere.
The following statement was recorded in an observer’s journal, who also spoke about the changes the teachers were making:

Very often, we hear the importance of trusting the process. In the beginning, this seems difficult and creates an uneasy feeling, especially for individuals who like to control, predict, and plan. However, the teacher was allowing herself to become part of this process as she began to trust it. She was allowing the process to evoke change in her own life and challenging herself to let go of her planning and predicting.

Subcategory 7(b)

*Teachers internalized concepts of CTRT personally and professionally.*

Learning new skills is difficult, especially when they challenge one’s daily activities. The teachers learned their skills, with difficulty at times, but also developed internally. These internal changes resulted in a higher level of confidence, elevated their sense of self-acceptance, and made them delve more deeply into their personal and professional goals. The following statements are taken from the post-intervention interviews:

I think for me personally, I always know that I lack confidence. I had been feeling very not confident...and this helped me. The first time when I made a mistake, I was like, I would almost leave sick because I made a mistake. And this time it just felt more natural and even if I did catch myself making mistakes, I just felt okay, let’s just keep moving. It is going to be okay. And that goes through my whole life, in the classroom, my family, and my friends.

...I knew was going to learn a lot, but gosh, I didn’t know I was going to also grow myself, yeah just me, outside. Yes, that was a double bonus there.

This is really helping me to see myself and look at myself as a teacher but also as a mother and other roles in my personal life.
CHAPTER 5

DISCUSSION

This study was designed to explore the impact of Child Teacher Relationship Training (CTRT) on early childhood educators before, during, and after the implementation of the professional development intervention. Over a period of four months, teachers participated in 15 hours of training, six individual play sessions with a specific child of focus, four classroom observations, and 15 group meetings. The collection of data included pre-intervention interviews, journals recording the observations of individual play sessions and classroom settings, journals from the primary researcher, and post-intervention interviews. The goal of the study was to examine the impact of the intervention on the teachers before, during, and after the intervention of the professional development model, CTRT. Throughout the study, two clusters, seven themes, and 20 subcategories emerged from the data (see Table 1).

Prior to this investigation, only one qualitative research team (Sepulveda, Garza, & Morrison, 2011) placed the perspectives of early childhood educators implementing CTRT at the center of its research. Sepulveda et al. (2011) addressed the lived experiences of teachers only throughout Phase I of CPRT, as a check-in procedure before proceeding to Phase II; however, their research design did not capture the teachers’ experiences with CTRT in its entirety. In this study, I addressed the lived experience of the participant teachers throughout the entire 15-week intervention, before, during, and after the implementation of CTRT.

Previous studies pertaining to CTRT were conducted at Head Start facilities, considering at-risk children with behavioral issues (Gonzales, 2012; Heckler & Ray, 2009; Morrison & Bratton, 2010; Pronchenko-Jain, 2012). The present study was conducted in a non-profit, affluent, church-affiliated preschool with an established Reggio Emilia curriculum, whose
children were supposedly displaying challenging behaviors. This is the first study to have researched CTRT in a preschool setting that was not a Head Start facility.

In addition, most CTRT researchers focused on the behavioral improvement of children through the improvement of the child-teacher relationship but had not directly addressed its impact on the teachers. Although Helker and Ray (2009), Morrison and Bratton (2010), Gonzales-Ball (2019), and Pronchenko-Jain (2012) all demonstrated the intervention’s impact in significantly improving challenging behaviors in children, the data source regarding the improvement of children originated from the teachers’ perspectives. Helker and Ray (2009) identified a common limitation among these previous studies as the lack of attribution in whether children’s behavior improved or if the teachers’ perceptions toward children changed positively. Even though all the studies showed CTRT to be an effective and viable intervention, none investigated the teachers’ lived experience of implementing the intervention; this study focused directly on the perspective of the early childhood educator.

This research project revealed not only the teachers’ challenges in implementing CTRT but also the personal and professional rewards they achieved. The following information, through qualitative findings, addresses the challenges and rewards teachers faced and achieved while implementing CTRT in five areas: (a) Teachers’ valuing of understanding children and relating to them; (b) Teachers needing skills to carry out their valuing of understanding and relating to children; (c) The importance of matching educational curriculum/structure with relational/social-emotional curriculum; (d) Teachers’/director’s/observer’s valuing of CTRT as a way to relate to children; and (e) Teachers needing support with new learnings and applying new skills.
Relating to Children

Christakis (2016), when describing preschool programs, stated that:

in a high-quality program, adults are building relationships with children and paying a lot of attention to children’s thinking processes and, by extension, their communication. They tend carefully to the children’s language and find ways to make them think out loud (p. 13).

Teachers at the research site of the current study apprehended this explanation through their understanding of Reggio Emilia and by implementing the added relational skills provided through CTRT. Relating to children was emphasized in this environment by the Reggio Emilia curriculum, starting with the director and moving through all school personnel who had contact with the children in the preschool program.

As an interpersonal intervention, establishing relationships with children is the focus of CTRT (Gonzales, 2012; Helker & Ray, 2009; Morrison & Bratton, 2010; Pronchenko-Jain, 2012). With each new skill introduced, the teachers embraced the concepts. Although they were instructed to only use the skills during play sessions; the teachers immediately grasped the importance of understanding the emotional and relational development of children and promptly put the acquired skills to use.

During the weekly groups, teachers reported that the challenging behaviors exhibited by their COFs were not behaviors that they previously witnessed in children. In addition, teachers described that the challenging behaviors substantially impacted the climate of their classrooms. Most teachers admitted that they were not equipped to deal with behavioral issues of this magnitude, especially when the behaviors resulted in an emotional reactions from and/or within a teacher. For example, one teacher reported that her student kicked her, resulting in the teacher feeling anger, hurt, frustration, and desire to withdraw from the child. She disclosed that her recovery period from the incident was slow and her avoidance of the child placed undue stress on
the teacher–child relationship. Gonzales (2012) concluded that this interaction described a reciprocal relationship cycle (RRC). This RRC cycle starts with a child’s challenging behavior and flows through five more stages that include the following: (a) the teacher feeling hurt; (b) the teacher-child relationship negatively affected; (c) the teacher developing a negative perception of the child; (d) the teacher responding negatively towards the child; and (e) a consequent emotional disturbance displayed by the child.

Along with Gonzalez (2019), Dobbs and Arnold (2009) argued that teachers’ sensitivities towards children’s behaviors may motivate their reactions toward children and consequently damage the child-teacher relationship. In this study, as teachers progressed in their understanding of children through observation, along with the implementation of skills and theory, the teachers’ views regarding children’s behavior changed and evolved. Teachers began to accept behavior as a form of communication from the child as exposing an unmet need or wish. As a result, the teachers began accepting the children and responding to them without unnecessary personal reactions while also being able to set appropriate limits.

Based on statements of teachers during weekly meetings, teacher self-reports in pre- and post-intervention interviews, and reflective journals kept by research team members; the teachers valued relationships. At the same time, teachers readily admitted that they lacked skills that directly and intentionally addressed the construction of a relationship through the lens of emotional and relational development. Through training, practicing, and assisting each other, the teachers’ ability to accurately read and appropriately respond to children’s wants, needs, and desires increased steadily throughout the study. As the teachers learned the skills, their understanding of how to establish relationships garnering emotional and relational development changed and their abilities to connect with children strengthened.
Skill Development – Valuing the Relationship

Christakis (2016) stated that “play is the most reliable and time-tested way to making learning visible” (p. 14). CTRT is a play-based intervention that relies on play to guide and form the relationship between a teacher and a child (Landreth & Bratton, 2006). Reggio Emelia emphasizes the relational aspects of learning, de-emphasizing the importance of evaluation and measurement in relation to learning with play at the center of the educational philosophy (Stacey, 2009). CTRT skills rely heavily on the responses made by teachers to children while they are engaged in play. With play standing at the center of the intervention, the teachers commented on how different the experience of being with one child is compared to teaching an entire class. The individual play sessions set the stage for the teachers to practice and learn CTRT skills, so that they can utilize the method in the classroom settings.

The desired responses in CTRT follow the lead of the child, and yet teachers were the ones typically giving instructions prior to participating in the current study. The most basic skill, tracking behavior, requires a teacher to verbally reflect to the child what he/she observes the child to be doing (Landreth, 2012; Ray, 2004, 2011). Using this skill initiates the valuing process of such relationships. By tracking a child’s behavior, a teacher is able to show the child acceptance, interest, and understanding. At the same time, using the skill of tracking behaviors enabled teachers to experience children’s worlds. Initially, the teachers found the process of implementing this skill to be strange and unnerving. However, one teacher disclosed that she found her own personal voice through tracking; it allowed the teacher to “get out of her head” and be more present with her COF. She found that she felt closer to the COF in the playroom and felt closer to her class as a whole when engaging in tracking.
On the other hand, another teacher initially felt that tracking in the classroom created distance between her and her students, due to student reactions after she applied the skill; the children found it peculiar and reacted with questioning looks or statements such as, “Why are you talking funny?” Since this is a new way of approaching the classroom setting, teachers might subsequently expect that children will have diverse reactions and will need time to reestablish the norms within the teacher–child relationship. The majority of teachers reached mastery with this skill. However, during the post-intervention interviews, some teachers revealed that tracking was the least-used CTRT skill in the classroom.

Another skill that caused discomfort among teachers as they were practicing CTRT skills was encouraging students. Encouraging provides a teacher a manner in which to promote esteem-building within children (Ray, 2004). The application of this skill helps students feel capable and assists children to look towards themselves for acceptance and validation (Landreth, 2012). Examples of an encouraging response to a child include, “You did that all by yourself” or “You did that just the way you wanted.” Praising, a response that teachers use often, promotes external validation, or looking to others for approval (Landreth, 2012; Ray, 2011). Examples of praising a child includes, “I like the way you sit in your chair” or “That is such a beautiful painting.” Encouraging responses facilitate the formation of internal evaluation, which helps a child move towards self-responsibility (Ray, 2004).

In the beginning, a few of the teachers resisted encouragement because praising was ingrained in their teaching style and methods. However, as the play sessions transpired, each teacher found that students responded differently and positively to encouragement. Teachers reported the children’s self-reliance increased as they took more risks, their problem-solving abilities increased, and they did not ask for help as often or as quickly. As discussions
progressed in the weekly meetings, teachers used encouragement while engaging with one another—at times it was acknowledged and said in humor, but other times it was subtle, caring, and provided an avenue for deeper connection between the teachers.

What generated the most conversations and emotional reactions in the weekly teacher groups was reflecting emotions. Reflecting emotions to a child communicates the teachers’ valuing of the child’s feelings, needs, and wants (Landreth, 2012; Landreth & Bratton, 2006; Ray, 2011). Teachers found reflecting feelings to be the most difficult skill to master in the classroom settings. They seemed to demand that certain conditions be met in order to successfully implement the particular CTRT skill of reflecting emotions.

First, they tended to prefer to look at children’s faces, although some reported difficulty. During the individual play sessions, teachers were surprised by how little they looked at their COF’s face and began to intentionally observe the children’s eyes in order to reflect the children’s emotions more accurately. Most teachers reported that they viewed a child with the purpose of determining what he/she was doing or about to do, refraining from consistently observing his/her facial expressions.

Second, teachers expanded their ability to reflect all emotions, especially the negative emotions displayed by children. When this skill was initially introduced in training, negative versus positive emotions became the focus of group discussions. Teachers reported redirecting a negative emotion to a positive or more acceptable emotion. Concerns were voiced, that naming a negative emotion could possibly escalate a child’s emotional disturbance and, consequently, his/her behavior could increase in intensity.

Finally, their perceptions of an emotional child evolved with the realization that challenging behaviors are communication from the child to the teacher. As a result of valuing
the child-teacher relationship, the teachers’ stances about expressing emotions transformed. Until emotions were resolved, learning would not occur. When the three conditions—looking at children’s face, reflecting all emotions, and accepting behaviors as modes of communication, were present, the teachers became more successful in reflecting emotional responses.

The challenging behaviors of some children immediately changed as the teachers reflected emotions. In a post-intervention interview, a teacher stated that changes in his/her COF occurred immediately as the teacher started looking directly at the child’s face. When the teacher started reflecting the child’s feelings—“You are really mad right now”—the behaviors did not escalate but the child simply stated, “Yes I am.” Once the feeling was named, the child gained control. Another teacher experiencing difficulty in reflecting emotions alluded that her class was too fast-paced and time did not always allow the reflection of emotions. The same teacher, after individual sessions were completed, snapped at her COF on the playground and said, “Hurry up and get in line.” The teacher shared her personal emotional response when she looked at the child’s face and saw the child’s sadness and hurt. The teacher immediately designed a lesson around forgiveness after one’s heart is broken by someone he/she loves. After that experience, the teacher reflected emotions more frequently and acknowledged negative feelings to assist the child in emotional development and establish a stronger teacher-child relationship.

Throughout the study, teachers adopted a therapeutic limit setting known as A-C-T (see Appendix F for limit setting). The A-C-T model of limit setting is a procedure used in CTRT, with three distinct steps: (a) A – Acknowledging the feeling; (b) C – Communicating the limit; and (c) T – Targeting an alternative (Landreth, 2012). Landreth (2012) proposed that the intended goal of limit setting provides the opportunity for children to self-regulate, and not
necessarily stop the presenting diverse challenging behaviors. At times, teachers struggled with balancing the concept of providing an opportunity for a child to self-regulate and wanting the behavior to stop. Additionally, teachers tended to omit empathetic responses when utilizing ACT. Each teacher developed through CTRT differently, because each COF reacted to limits in their own personal ways. Teacher groups allowed the discussions of different reactions from students to provide teachers information on how to handle various acting-out behaviors. As the study progressed, teachers became more competent in applying ACT and observed children self-regulating and increasing their use of emotional vocabulary.

Overall, the teachers were able to move from a position of commanding and questioning to communicating the importance of sensitivity, acceptance, and understanding to their pupils. As the teachers gained proficiency with the skills, the building of relationships became the intended goal. Through their struggles of learning to implement CTRT skills successfully, the teachers gained an intentional skillset that would value children and the building of the teacher–child relationship.

Matching Educational Curriculums to CTRT

In this study, the child parent relationship therapy (CPRT) curriculum served as the foundation of the professional development intervention while teachers functioned as therapeutic agents of change. “As in child-centered play therapy, CPRT is not focused on solving specific problems or a “quick fix,” but rather is structured to enhance the relationship…” (Landreth & Bratton, 2006; p. 11). Similarly, Reggio Emilia comprises a form of pedagogy that places relationships at the core of its philosophy. Children in this educational approach are not the targets of instruction but rather a contributor to their school’s community of learning (Stacey, 2009). The alignment of these two theories possibly allowed teachers to struggle with learning
the skills but did not entail a struggle with the theoretical concepts, as they were not in opposition to their core beliefs about teaching.

With the combination of these two theories, teachers lived the experience of building a relationship based in theory. One teacher noted that the playroom used for practicing CTRT with individual children mirrored the classrooms—everything was placed where a child could “reach and grab.” The teachers acknowledged that the playroom was inviting and placed importance on children’s exploration and creativity as the central focal point, replicating the same in classroom settings. The playroom enabled the teachers to feel comfortable as they learned to respond to children using a sensitive understanding of their needs, and students felt comfortable in a space that allowed the teachers to expand their skill base.

As both theories follow children, the teachers were able to grasp the concept of “being with” allowing the student to strive toward change and growth (Landreth, 2012; Rogers, 1957). Landreth (2012) described this concept as expounding the therapeutic conditions for growth, “only when a child feels free not to change is genuine change possible” (Landreth, 2012, p. 105). These conditions provided the teachers the opportunity to be with children differently, from their knowledge base with regard to teaching experiences and their new learnings from CTRT.

Teacher Support

Supporting teachers as they learned and implemented CTRT was an intentional role that the research team conceived. As an external entity, the research team was not influenced by the internal culture of the preschool. The research team provided external support for teachers, promoting learning, growth, and the development of peer-like relationships that would support them in a relational learning process. The teachers reported that the relationships they built with
their observers helped them improve their skills quickly, through the process of learning skills in the playroom that could be transferred in the classroom settings.

The director provided a culture for the teachers and the researchers that directly bolstered the overall implementation of CTRT. Substitutes were provided in a way that caused little disruption to classes and students. Schedules were fluid, and as problems arose, the director immediately addressed the issues. Time, a limited commodity in most schools, was devoted to weekly teacher meetings. Training times were made flexible and the director addressed the needs of this project quickly and efficiently. Space was allotted for the teachers to learn, make mistakes, and eventually succeed in their professional and at times, personal growth. The director’s role was crucial to the success of the project, as she provided emotional support to teachers, parents, and children. The teachers expressed their gratitude for the director’s support regularly.

Starting with the first group meeting, opposing views on how to deal with an aggressive child were raised and discussed. This discussion was difficult for all participants, comprising long moments of silence and defensiveness. Nevertheless, because of the teachers having previously established working relationships, they were able to maneuver through the difficult conversation. Even with clear divisions on how to proceed with the aggressive child, conflict was not a deterrent, but rather a pathway to significant learnings for the group. The climate of the first group set the tone for the rest of the groups. The teachers could disagree and yet support each other in a way that was helpful and honored the existing relationships.

The weekly meetings enabled the teachers to engage in in-depth interactions with each other while moving through a similar goal of change. The meetings facilitated collaboration, trust, commitment, dialogue, and the building of inter-dependence. The transference of
knowledge required them to change their behaviors when dealing with an emotional child who needed a system that was supportive and informative. Teachers solved issues that arose with children in and out of the group settings, building a strong system within the group to address the improvement of their skills and abilities to help children using a relational intervention.

With professional development, teachers do not always have the time to learn information and practice skills within the classroom with feedback, aimed at improving their competencies as teachers. Each teacher reported in the post-intervention interview that the weekly meetings were essential in gaining an understanding of the concepts related to CTRT competencies. Teachers perceiving the importance of support from each other, their administration, and the research team proved beneficial in their attempts to establish relationships with their students.

Relational Learning

A basic tenet of positive emotional and relational development depends, to a considerable degree, on the environment and the adults’ ability to promote and construct caring and supportive relationships (Pianta, 1999). For an adult to establish teacher–child relationships of this nature, he/she must carefully observe and consistently respond to children’s cues. When a shift occurs from focusing on the gained knowledge or the behavior of children to a stance of emphasizing interpersonal skills between a child and an adult, relationships flourish (Sabol & Pianta, 2012).

The teachers reported that learning the skills to implement in the classroom was difficult at times; however, the support they felt from the relationships they built with the observers, during the process, made the transition rewarding. One teacher was disillusioned and uncomfortable with her class, stating that the observer actually made her feel that she was not
alone. She also stated that the observer’s feedback was meaningful and made her feel relieved, cared for, and respected as a teacher, even though she felt defeated in the classroom setting. The feeling of being seen and supported encouraged her to learn and use the required skills successfully.

The above situation also transpired between other teachers and their respective students. As the teachers developed skills and became confident about their specific use, children began to feel understood, seen, and appreciated. One COF, after being in two individual sessions with his teacher, brought her a rock to let her know he loved her. The open affection and the verbalization of being cared for increased between teachers and their students. Another teacher reported her that COF, instead of greeting the other teacher in the classroom first thing in the morning, started greeting her before others with a heart-felt “good morning.” The teachers reported that the students’ actions cultivated warmth in them, as the relationships developed in a new direction of growth.

Limitations of Present Study

Although the results of this study were from the teachers’ perspectives, previous CTRT studies were found to be similar (Gonzales, 2012; Helker & Ray, 2009; Morrison & Bratton, 2010; Pronchenko-Jain, 2012). The potential for researcher bias exists due to the primary researcher administrating all of the interviews, training all the teachers, and facilitating the weekly process groups. Although credibility procedures were put in place, a researcher with several roles within the project might exhibit reduced objectivity and negatively influence data collection and analysis.

Another limitation of the current study might have emerged in the classroom observations. When the research team members were observing the classroom, at times, they
became overwhelmed by the energy of young preschoolers. Because the observers lacked experience of observing classrooms with young children, their feedback might have been filtered by their lack of knowledge about the classroom settings.

Time and scheduling in school systems can be a limitation. Due to scheduling issues, all six play sessions were conducted within a four-week period during this study. Within this short time frame, teachers scheduled play sessions with their students twice a week. Although the time was compressed between play sessions and successfully implemented, in some school situations this could hinder the completion of the study. Securing substitutes for teachers while conducting play sessions, can pose scheduling issues for the teachers as well as the administration.

Recommendations for Future Research

Professional development interventions such as CTRT are likely to be most effectively supported by a whole school system approach (Ansari & Pianta, 2018). As the study progressed, teachers began to value the relationships and collaboration with staff in creating caring, understanding, and meaningful relationships with children. Teachers who did not participate in the study were curious about the project and did not harbor negative feelings towards the teachers who did. However, several teachers, during the exit interviews, stated they were uncomfortable with being set apart when obtaining new knowledge. It is unlikely that an intervention such as CTRT could be successful without ample time and opportunity for teachers to collaborate about success and failures with the skills and implementation. Therefore, future studies would need to include planning along with administration to address the additional time demands placed on teachers when they participate in this type of intervention. Administration support is a necessary factor that must be considered with regard to the success of CTRT.
Previous research in CTRT has typically been conducted at Head Start facilities, a federally funded program. This current study was conducted at a church-affiliated preschool. Implementing CTRT in other types of preschools such as state- or city-funded programs, community programs, for-profit programs, and private schools could further our understanding of the impact of CTRT on teachers in different settings.

Because the focus of this study was to capture the lived experience of the early childhood educator, teachers’ internal perceptions in regard to personal core beliefs regarding teaching became external. While expanding perceptions of these core values during the study, both teachers and researchers began to recognize the compatibility of the Reggio Emelia-informed site’s teaching philosophy to CTRT. For this reason, exploring other student-centered educational curricula approaches and comparing the success of implementation to different approaches could further the understanding of successful implementation of CTRT.

Implications and Conclusions

With the growing concern about the increased challenging behaviors in early education classrooms and deficits in emotional and relational development in children, teachers are expected to meet pedagogical needs of the acting-out child without sufficient training. (Reeves & Le Mare, 2017). Few training courses are available to prepare teachers such that they become knowledgeable and competent in the areas of emotional and relational development. In this respect, the application of CTRT affords teachers the support they need to foster their students’ emotional and relational development while simultaneously learning a skill set that intentionally promotes children’s emotional and relational growth.

Most of the teachers who participated in the study mastered a majority of CTRT skills. Additionally, all eight children whom participated in this study, as reported by their teachers,
exhibited substantial changes in classroom behaviors and an overall decrease in disruptive behaviors. With complete mastery of the skills not present, this could possibly imply that mastery of the skills is not required for the benefits to manifest in the teacher–child relationship. At the same time, teachers reported an elevation in their confidence as they gained an emotional and relational development skill set to use while engaging with preschoolers’ challenging behaviors.

Moreover, the teachers reported that they gained a better understanding of themselves, their teacher identity, and subsequently developed supportive working relationships. These significant learnings could possibly lead to better-managed classrooms, environments that are more conducive for education, and even lead teachers to take greater satisfaction in their roles as teachers. Additionally, the teachers reported having an elevating understanding of child development, especially in the areas of emotional and relational growth.

The combinations of a child-centered approach in CTRT and Reggio Emilia offered the possibility of teaching and building relationships based on related theory. Each teacher enhanced his/her knowledge of children, of emotional and relational development, and of the impact of intentionally building relationships with children. Furthermore, the teachers also reported about not struggling with the concepts in CTRT because of the similarity of curriculums.

Relationship development occurred in several phases of the study and, possibly, added to the comfort and motivational levels of the teachers. As the teacher–child relationship improved, the teachers’ overall experience of teaching broadened. As teachers developed relationships with the research team, they began to take risks in implementing the skills. In the weekly group meetings, the teachers developed a common language with intentional goals that increased as they established working relationships with other teachers in the study.
Overall, the CTRT model was beneficial for both teachers’ and students’ growth. Such an intervention enabled teachers to improve their responsiveness to children, promote acceptance of children with challenging behaviors, and decrease challenging behaviors in classroom settings. In turn, relationships developed throughout the study between teachers and teachers, between students and teachers, and between students and students that provided avenues to improved classroom environments.
APPENDIX A

TEACHER RESEARCH CONSENT FORM
University of North Texas Institutional Review Board  
Informed Consent Form for Teachers

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:**
The Impact of Child Teacher Relationship Training (CTRT) for Early Childhood Educators: The Role of the Relationship

**Supervising Investigator:**
Dee Ray, Ph.D., Professor, University of North Texas, Department of Counseling and Higher Education

**Student Investigator:**
Leah Fowlkes Miller, University of North Texas, Department of Counseling and Higher Education.

**Research Team:**
Bianca Balderrama, MEd, LPC – Counseling Center of Expressive Arts  
Luis Cano, MA, LPC, ATR – Counseling Center of Expressive Arts  
Hilary Hernandez, MS, LPC, LMFT – Counseling Center of Expressive Arts  
Sarah Martel, MEd, LPC – Counseling Center of Expressive Arts

**Purpose of the Study:**
You are being asked to participate in a research study which involves understanding teachers’ experiences when participating in a teacher training play-based model called Child Teacher Relationship Training (CTRT). The goal of the CTRT model is to help teachers build a stronger relationship with their students, both individually with a student of focus and within the classroom setting. A strong teacher–child relationship is particularly important for preschool students’ development. CTRT aims to support teachers by helping them better understand their students’ concerns and helping them learn developmentally appropriate and sensitive responses that foster healthy social-emotional development.

**Description of Study Procedures:**
As part of this research study, you will be participating in CTRT over the course of 10 to 12 weeks. The entire project should take approximately thirty hours. You will participate in a 15 hour training, and meet weekly with a trainer for one hour sessions with other teachers for 10 weeks. During CTRT, you will conduct 6 twenty to thirty minute play sessions with one student with immediate feedback from a member of the research team. You will also use CTRT skills
in the classroom for 3 sessions with immediate feedback from a member of the research team. In addition, if you choose to participate in this study, you will participate in one pre-intervention interview and one post-intervention interview. Each interview will last about one hour.

Child Teacher Relationship Training (CTRT) procedures will include the following:

*Before* participating in CTRT, you will be asked to participate in a one-hour interview to answer basic questions about yourself, your teaching, and your student of focus, and classroom climate.

*During* participation in CTRT, you will participate in a 15 hour training to learn skills that are designed to strengthen your relationship with your student of focus, understand your student’s needs, and help you respond to your student in difficult situations. You will also conduct 6 twenty to thirty minute play sessions with your student with immediate feedback from a member of the research team. During the same time, you will be participating in a process group with other teachers. After the individual play sessions with your student of focus is completed, you implement the CTRT model in your classroom with immediate feedback from a member of the research team for 3 sessions.

*After* participation in CTRT, you will be asked to participate in an additional one-hour interview to answer basic questions about your experience using CTRT with your student of focus and your classroom.

**Foreseeable Risks:**

There are no foreseeable significant risks to participating in this study. You might feel some discomfort discussing your experience with students, especially problematic experiences with the investigator or other teachers.

**Benefits to the Subjects or Others:**

Potential benefits of participating in this project may include a stronger child-teacher relationship, increased confidence is responding to student behavior, and reduced problematic behaviors in your classroom. You may also benefit from being with other teachers who are having similar experiences with their students.

**Compensation for Participants:**

None

**Procedures for Maintaining Confidentiality of Research Records:**

The confidentiality of your individual information will be maintained in any publications or presentations regarding this study. No one will view your play/supervision sessions or listen to your audio-taped interviews other than the researchers and key personnel. Your recordings will be kept for no more than three years beyond the end of the data collection and then the recordings will be destroyed by the researcher. All recordings and transcripts will be kept locked in a file drawer in the PIs office on the UNT campus. Please be advised that although the researcher will take every precaution to maintain confidentiality of the data, the nature of the
process groups prevents the researchers from guaranteeing confidentiality. The researchers would like to remind you as a participant, to respect the privacy of your fellow participants and not repeat what is said in the process group to others.

**Questions about the Study:** If you have any questions about the study, you may contact Leah Fowlkes Miller at (915) 630-8790 or Dee Ray, Ph.D. at (940) 565-2063.

**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) 565-4643 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:

- Leah Fowlkes Miller 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 consequence to your employment. 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 Student Investigator:
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 Student Investigator             Date
APPENDIX B

PARENT RESEARCH CONSENT FORM
University of North Texas Institutional Review Board
Informed Consent Form for Parents

Parent Name: ___________________________ Date: ________________
Child Name: _____________________________

Before agreeing to your child’s 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.

Your participation is voluntary and you and/or your child may choose to withdraw at any time during the study without penalty of any kind.

**Title of Study:**
The Impact of Child-Teacher Relationship Training (CTRT) for Early Childhood Educators: The Role of the Relationship

**Supervising Investigator:**
Dee Ray, Ph.D., Professor, University of North Texas, Department of Counseling and Higher Education

**Student Investigator:**
Leah Fowlkes Miller, University of North Texas, Department of Counseling and Higher Education.

**Research Team:**
Bianca Balderrama, MEd, LPC – Counseling Center of Expressive Arts
Luis Cano, MA, LPC, ATR – Counseling Center of Expressive Arts
Hilary Hernandez, MS, LPC, LMFT – Counseling Center of Expressive Arts
Sarah Martel, MEd, LPC – Counseling Center of Expressive Arts

**Purpose of the Study:**
You are being asked to allow your child to participate in a research study which involves understanding teachers’ experiences when participating in a teacher training play-based model called Child Teacher Relationship Training (CTRT). The goal of the CTRT model is to help teachers build a stronger relationship with their students, both individually and within the classroom setting. A strong teacher–child relationship is particularly important for preschool students’ development. CTRT aims to support teachers by helping them better understand their students’ concerns and helping them learn developmentally appropriate and sensitive responses that foster healthy social-emotional development. As part of this research study, your child will be participating in six 30 minute play-based sessions with his/her teacher.
Description of Study Procedures:
Your child’s participation in this study should take no more than 3 hours. He/she will participate in play sessions with his/her teacher for about 30 minutes per week, for a total of 6 play sessions. The play sessions the teacher conducts with your child will allow the teacher to implement and practice CTRT skills. These sessions will take place in the library in a dedicated space that allows privacy. Specific toys will be provided in the designated space according to the recommendations of the CTRT protocol. During the play sessions, a member of the research team will observe the session of the teacher and your child. The researcher is observing the skills of the teacher and will be giving the teacher feedback on how to improve implementation of CTRT skills with your child.

Teachers will participate in pre-interviews, a weekly process group, and post-interviews. Audio recordings of the interviews and process groups will be conducted. Audio transcription of the interviews and process groups will be completed by the student investigator and research team.

Foreseeable Risks:
There are no foreseeable significant risks to your child participating in this study. Participation is completely voluntary. If you provide permission for your child to participate in the study, but later change your mind, you may withdraw your child at any time by informing the researchers. There are no penalties or consequences of any kind if you decide that you do not want your child to participate and you will continue to receive school services as usual.

Benefits to the Subjects or Others:
Potential benefits of participating in this project may result in your child building a stronger relationship with his/her teacher. Other potential benefits for your child include improved academic engagement and behavior.

Compensation for Participants:
None

Procedures for Maintaining Confidentiality of Research Records:
The confidentiality of your child’s participation will be maintained in any publications or presentations regarding this study. No one will view your child’s play sessions with his/her teachers or have access to the teacher’s interviews about their participation in the study except the researcher and key personnel. Please be advised that although the researcher will take every precaution to maintain confidentiality of the data, the nature of the process groups prevents the researchers from guaranteeing confidentiality. The researchers would like to remind participants that teachers are expected to respect the privacy of all participants, and not repeat what is said in the process groups to others.

Questions about the Study: If you have any questions about the study, you may contact Leah Fowlkes Miller at (915) 630-8790 or Dee Ray, Ph.D. at (940) 565-2063.
**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) 565-4643 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:

- Leah Fowlkes Miller 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 your child does not have to take part in this study, and your refusal for your child to participate or your decision to withdraw your child from the study will involve no penalties or consequences of any kind. 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 a parent/guardian of a research participant and you voluntarily consent for your child to participate in this study.
- You will receive a copy of this form for your records.

________________________
Printed Name of Participant

________________________  ______________________
Signature of Participant     Date
Child Assent Form
You are being asked to help in a research project being done by the University of North Texas Department of Counseling and Higher Education.

You will have six play sessions with your teacher, with each play session lasting for about 30 minutes. Your sessions with your teacher will be observed by a member of the research team.

If you decide to help with this study, please remember you can stop helping any time you wish.

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

Printed Name of Child Participant

__________________________________________  ______________________________
Signature of Child Participant               Date

Signature of Student Investigator

__________________________________________  ______________________________
Signature of Student 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

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

__________________________________________  ______________________________
Signature of Student Investigator               Date
APPENDIX C

PRE-INTERVENTION INTERVIEW
1. Tell me about your journey to become a preschool teacher.

2. How would you describe the climate of your classroom?

3. What is the most challenging preschooler behavior you experience in your classroom?

4. In your experience, what are the most effective methods, either academic or relational, you use to help your students learn?

5. When connecting with preschool children one-on-one, how do you build relationships?

6. Tell me about the child you chose to work with for this project.

7. How do you perceive your relationship with this child?

8. What challenges you the most in terms of this child’s behavior?

9. What are the feelings you experience when your child of focus exhibits problematic behaviors?

10. What skills and understanding of children do you want to gain by participating in this study?
APPENDIX D

CTRT SKILLS
Non-verbal skills:

1. **Leaning forward with an open stance:** Teachers squarely face the child, body aligns with child to portray openness to child
2. **Appearing interested:** Teachers look at a child with interest, not appearing preoccupied
3. **Presenting comfortable:** Teachers appear relaxed, comfortable with a child and situation
4. **Tone of the teacher:**
   a. Expression congruent with student’s affect – Teacher’s affect matches student’s affect, and teacher’s tone of voice matches student expression
   b. Expression congruent with teacher’s affect – Teacher’s affect matches student’s affect and conveys genuineness, and teacher’s tone of voice matches her own affect

Verbal Skills:

1. **Delivery of responses:**
   a. Succinct – Teacher responses are ten words or less.
   b. Rate – Teachers’ rate of responses match the teacher–student interaction.

2. **Tracking behavior:** Teachers tracks behaviors by verbally responding to the behavior they see, stating what is seen or observed. Tracking behaviors allows students to know the teacher is present, accepting, and interested.
   *Examples:* Child runs across the room, “You’re running across the room.” Child looks at the dinosaurs, “You are looking at those.”

3. **Reflecting content:** Teachers paraphrase the verbal responses of children. Reflecting content allows the students an opportunity for validation and clarification of their world.
   *Examples:* Child shares details of going with her cousin to the zoo, “You got to do something exciting with your cousins yesterday.” Child shares a story about a bird she watched in the trees. “You really know a lot about birds.”

4. **Reflecting feelings:** Teachers reflect the feelings the student is expressing. Children rarely express emotions verbally and may not have an emotional working vocabulary. Reflecting feelings allows students to accept their own emotions and helps build an emotional vocabulary, leading students to accept and express their own emotions more appropriately.
   *Examples:* Child throws baby doll across the room after unsuccessful attempts of dressing the baby, “You are really angry with that.” Child can’t open the play-dough and slams the can down and takes a deep breath, “You are frustrated with that.”
5. **Facilitating decision-making and returning responsibility:** Teachers want children to experience self-reliance and take responsibility for their decisions. The teacher does not do for children what children can do for themselves (Landreth, 2012). Facilitating decision making and returning responsibility to the child, allows the child to feel capable and confident. 
*Examples:* Without making an effort, student hands play-dough can to teacher and states, “Open this.” “That looks like something you can do.” Student, looking around the playroom state, “What should I do?” “In here, you can decide what to do.”

6. **Encouraging and esteem building:** Teachers desire that children feel good about themselves. Encouraging helps the child to feel capable and develop an internal sense of evaluation. Encouraging is not praising. Encouraging acknowledges the process. 
*Examples:* A child wants a band aid to put on baby doll and after several tries the band aid goes on, “You didn’t give up, you just kept trying.” A child wants a feather glued on paper, she tried several ways before feather stuck, “You did it, you figured it out.” Encouraging helps children develop an internal sense of evaluation which leads to an internal sense of responsibility. In opposition to encouragement, a praise response to the above example would be, “That feather is beautiful where you glued it,” or “I like the way you did that.” A praise response places the importance on the child pleasing the teacher and teaches the child to seek external validation.

APPENDIX E

POST-INTERVENTION INTERVIEW
Process and Structure of CTRT:

1. What were your reasons for agreeing to participate in the study?

2. What did you think about the CTRT training?
   a. Skill training
   b. Weekly play sessions with student
   c. Weekly meetings with other teachers

3. Several instructional methods were used during the training (videos, lecture, group discussion, modeling/demonstrations, and written materials).
   a. Which training methods did you find useful?
   b. Which training methods did you find not useful?

4. What were your perceptions of the collaboration group format that was used during the intervention?
   a. What did you like?
   b. What did you not like?

5. What was it like to discuss your progress and concerns with other teachers in the weekly group?

Process and Content of CTRT:

6. What stands out to you the most about the training sessions?

7. Specific skills were taught for you to use with students during the training:
   a. Which of the skills did you find most useful? Why?
   b. Which of the skills did you find difficult to use? Why?
   c. Which of the skills did you find not useful at all? Why not?

8. What did you think of the toy selections used in the area where play sessions were conducted?

9. What was it like for you to do the play sessions?
   a. What were the feelings you experienced during the play sessions?
   b. Did any of the CTRT skills help you control your feelings?
10. What was it like to be observed during the play sessions?
   a. Did you find the observer to be helpful or hinder the sessions?
   b. What did you like best about the feedback from the observer about the play sessions?
   c. What did you like least about the feedback from the observer about the play sessions?

11. What was it like for you to use the CTRT skills in the classroom?
   a. Did you find the observer to be helpful or hinder the sessions in the classroom?
      b. What did you like best about the feedback from the observer about the sessions in the classroom?
      c. What did you like least about the feedback from the observer about the sessions in the classroom?

Outcomes:

12. Are you planning to continue using the skills taught in the training? If so, which ones?

13. Have you begun, or have you considered, using the skills taught in the training with other students?

14. Are you planning to continue the play sessions now that the training and interventions are completed? Why or why not?

Perceptions of the impact of the training:

1. In what ways have you been affected by what you have learned in the training? (attitudes, feelings, perceptions, behaviors)

2. What was the most significant shift you experienced as a result of the CTRT training?

3. In what ways has this training addressed your needs as a teacher of a student with behavioral problems?

4. How has participating in this training influenced your relationship with your student?
   Please give examples.

5. In what ways are you different when interacting with your student?
6. Would you say that your identified student’s behavior in the classroom deteriorated, stayed the same, or improved? To what do you attribute that?

7. Would you say that your relationship with your identified student has deteriorated, stayed the same, or improved? To what do you attribute that?

8. In what ways is your student different in interactions with you as a result of this training?

9. In what ways has this training changed your relationship with other students?

     Please give an example.

10. What, if any role, did your previous training in Reggio Emilia affect your experience when implementing CTRT?
APPENDIX F

A-C-T THERAPEUTIC LIMIT SETTING
A–C–T Method of Limit Setting

1. Acknowledge your student’s feeling or desire with voice conveying empathy and understanding.
2. Communicate the limit being specific and clear.
3. Target acceptable alternatives pointing to the targeted limit.

When to set limits

Limits are set only when the need arises, and for the following reasons:

- To protect the students from hurting themselves or hurting the teacher
- To protect valuable property
- To maintain teacher’s acceptance of student
- To provide consistency by limiting toys to the play area and controlling time

Before setting limit in a play session, ask the following questions:

- Is this limit necessary?
- Can I consistently enforce this limit?
- If I don’t set a limit on this behavior, can I consistently allow this behavior and accept my student?

REFERENCES


Gilliam, W. S. (2005). Pre-K students expelled at more than three times the rate of K-12 students. New Haven, CT: Yale University Office of Public Affairs. Retrieved from https://news.yale.edu/2005/05/17/pre-k-students-expelled-more-three-times-rate-k-12-students


