EFFECTS OF A PLAY-BASED TEACHER CONSULTATION (PBTC) PROGRAM ON INTERPERSONAL SKILLS OF ELEMENTARY SCHOOL TEACHERS IN THE CLASSROOM

Sarah E. Carlson, B.S., M.A.

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APPROVED:

Dee Ray, Major Professor
Sue C. Bratton, Committee Member
Natalya Edwards, Committee Member
Janice Holden, Chair of the Department of Counseling and Higher Education
Jerry R. Thomas, Dean of the College of Education
James D. Meernik, Acting Dean of the Toulouse Graduate School
Carlson, Sarah E. Effects of a Play-Based Teacher Consultation (PBTC) Program on Interpersonal Skills of Elementary School Teachers in the Classroom. Doctor of Philosophy (Counseling), August 2011, 169 pp., 29 tables, 16 figures, references, 95 titles.

The purpose of this study was to examine the effectiveness of a play-based teacher consultation (PBTC) program on individual teachers’ interpersonal classroom behaviors and teacher-child relationships. The research questions addressed the application of child-centered play therapy principles and PBTC increasing teacher responsiveness, decreasing teacher criticism, and enhancing teachers’ perceptions of the teacher-child relationship in elementary school classrooms. Single-case design was utilized to examine eight teachers’ perceptions over 16 weeks. The sample included 8 White female teachers from three local elementary schools. Teacher ages ranged from 28 to 59 years old. There were 5 kindergarten, 1 first grade, and 2 second grade teachers. The teachers participated in one educational training session followed by play sessions with children of focus and interactive modeling sessions. Trained observers, blind to the study’s purpose, utilized the Interaction Analysis System in classroom observations of the teachers, three times per week, to examine teachers’ interpersonal skills. Additionally, the teachers completed the Student Teacher Relationship Scale for the children of focus before and after the play session phase to examine change in the teacher-child relationship. Visual analysis of the data indicated the PBTC’s overall positive impact. 5 out of 8 teachers demonstrated increases in teacher responding scores at mildly to very effective criteria levels. All 8 teachers demonstrated decreases teacher criticism at effective to very effective criteria levels. The teacher-child relationships indicated mixed results, with 5 out of 8 teachers indicating positive changes in teacher-child relationships. Discussion includes implications for future research regarding single-case design, measurement of teacher change, and modifications of the PBTC model.
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CHAPTER 1
INTRODUCTION

The teaching profession is widely known as a stressful occupation (Dunham & Varma, 1998; Kyriacou & Sutcliffe, 1977). Many teachers feel they do not have the resources to meet the emotional needs of students in their classrooms. Abel and Sewell (1999) reported that teachers indicate higher levels of stress from pupil misbehavior and time pressures, when compared to poor working and staff relations. At times, teachers feel such large amounts of stress that they may choose to leave the profession. According to O’Donnell, Lambert, and McCarthy (2008), in a National Education poll, one third of the participants reported they would not choose to be teachers if they had to do it all over again. Additionally, 40% of teachers reported they would leave the teaching profession before retirement (Ullrich, 2009). Teacher attrition is higher than any other profession (Boe, Clark, & Sunderland, 2008). With teacher stress and burnout rates at such a high rate, it is necessary to find ways to reduce teacher stress and enable more resources in the classroom. Teachers who are stressed in their classrooms report additional stress with teacher-student relationships.

The student-teacher relationship is an important component of teachers’ and students’ classroom lives. The student-teacher relationship influences students’ academic achievement, engagement in school, and peer relationships (Ray, Henson, Schottlekorb, Brown, & Muro, 2008). Positive teacher-child relationships affect the success rates of students across time; more involvement in school, higher grades, and more cooperative relationships with teachers. Conversely, a teacher-child relationship characterized by conflict correlates with lower academic involvement in the school system. According to Ladd and Burgess (2001), continued student-teacher conflict results in student decline of appropriate behavior and academic performance.
The teacher-child relationship is important for teachers’ and students’ success throughout the school year (Lambert, McCarthy, O’Donnell, & Melendres, 2007).

According to Bloom and Cohen (2009), in 2007, about 20% of children in schools between the ages of 4 and 17 years old suffered from difficulties with emotions, concentration, behavior, or getting along with other people. In addition to these findings, Bloom and Cohen found that 85.5% of these children presenting with serious difficulties had parents who had contacted a health care provider or school staff. With such a large number of parents seeking support through the school system, teachers and school counselors need to be prepared to provide a positive school environment for all children.

Statement of the Problem

Throughout the school year, children spend approximately 1,281 hours with their classroom teacher (Brown, 2000). Teachers are inarguably important adult figures in children’s lives and impact the way children experience school. Teacher-child relationships influence academic, social, and emotional capabilities of children and can be used to predict the success rates of children throughout their school experiences (Pianta & Stulhman, 2004). However, classroom teachers often encounter children with mental, emotional, and behavioral concerns on a daily basis that cause stress in the classroom. Abel and Swell (1999) indicated that primary causes of classroom teachers’ job stress and lack of job satisfaction are problems with students’ behavioral problems. In addition, teachers who experience more stress tend to respond to students in ways that enable, instead of prevent, problem behaviors (Yost & Mocca, 2002). Classroom teachers need support to reduce stress in their classroom, enhance positive teacher-child relationships, and provide an effective learning environment.
Purpose of the Study

The purpose of this research study was to examine the benefit of a play-based teacher consultation model with kindergarten, first grade, and second grade teachers. Throughout a 16-week period, teachers were introduced to curriculum and training designed to teach specific interpersonal skills with individual children and transfer these skills into their general classroom interactions. Specifically, I examined the effects of a play-based teacher consultation model on individual teacher-child relationships and use of skills in the classroom. I used the structure of a single-case design, collecting data on a weekly basis to examine teachers’ classroom behaviors and teacher-child relationships over the intervention period. Through implementation of a relationship-building play-based consultation model, I expected teachers to increase in teacher-child relationships and demonstrate an improvement in interpersonal classroom behaviors.
CHAPTER 2
REVIEW OF RELATED LITERATURE

Teacher-Child Relationship

Researchers have focused on the teacher-child relationship as an important component in the emotional, social, and academic well-being of school-aged children (Baker, 2006; Howes & Hamilton, 1992; O’Connor & McCartney, 2007). The teacher-child relationship is an important component of the child’s overall experience in the educational setting and may influence the trajectory for children’s abilities across their academic careers (Baker, 2006). The following research review indicates positive and negative correlations regarding the quality of teacher-child relationships.

Pianta and Stuhlman (2004) investigated the teacher-child relationships of 490 students from preschool through kindergarten and first grades. Pianta and Stuhlman specifically measured children’s social competence, academic achievement, vocabulary skills, behavioral problems, and quality of the teacher-child relationship. Using correlational analysis of objective observations, academic achievement scores, and parent and teacher reports, Pianta and Stuhlman found a statistically significant correlation between teacher-child relationship closeness and academic achievement scores. First grade teachers who reported a closer relationship with students also rated those students as having higher achievement abilities. Conversely, teachers who rated students as lower achievers reported more conflict in the teacher-child relationship with their students. A statistically significant positive correlation between parent’s report of high externalizing behaviors exhibited by a child and the teacher’s report of higher conflict with that child was observed. Regarding social competence, kindergarten students who exhibited lower social competence demonstrated higher conflict with teachers, as reported by kindergarten
teachers. Pianta and Stuhlman found a statistically significant correlation between social competence and conflict. Pianta and Stuhlman concluded that teacher-child relationships impact a variety of social, emotional, and academic factors in children and contributed to the classroom environment. Positive teacher-child relationships influence a variety of teacher and child school components, indicating the need for quality teacher-child relationships in the classroom.

Koles, O’Connor, and McCartney (2009) examined characteristics of both children and teachers to understand the teacher-child relationship. Koles et al. studied multiple factors contributing to the teacher-child relationship, including variations in closeness and conflict in the relationship, child characteristics of gender and temperament, and teacher characteristics of neuroticism and agreeableness. Participants included 10 teachers from 10 classrooms as well as four children from each classroom. Overall, the teachers reported high levels of closeness with their students. However, the teachers reported large variability in conflict in their individual classrooms. Koles et al. found that teachers develop different relationships with children based on the child’s characteristics and reported that shy boys developed closer relationships with teachers compared to their non-shy peers. Interestingly, teachers’ relationships with shy girls were not as close compared to their non-shy peers. In addition, Koles et al. reported that boys with higher levels of anger demonstrated more conflict with their teachers, while girls with higher levels of anger had less conflicted relationships with their teachers (Koles et al., 2009, p. 16). In addition to gender characteristics, Koles et al. found a statistically significant correlation between frequency of interactions and teacher-child relationships. Teachers reported that children who interacted with them more often tended to have more conflicted relationships, indicating that teachers may be responding to child dependence in the classroom. Although there was substantial variability in the children’s characteristics, Koles et al. concluded that teachers
need to be aware of the children’s characteristics and of their perceptions of each child’s needs in order to provide a supportive learning environment.

Blankemeyer, Flannery, and Vazsonyi (2002) examined the roles of children’s aggression levels and social competencies in their perceptions of their relationships with their teachers. Blankemeyer et al. indicated the need for focusing on teacher-child relationships. Participants of the study included 1,432 third, fourth, and fifth grade students and consisted of 688 males and 744 females. Blankemeyer et al. found statistically significant results indicating that overall social competence and school adjustment predicted a perceived positive teacher-child relationship. Additionally, Blankemeyer et al. found a statistically significant correlation between the effect of school adjustment on the teacher-child relationship and the variable of gender. More specifically, boys who did not stay on task, turned in messy schoolwork, or did not follow instructions, for example, perceived their teachers as less supportive than girls demonstrating the same behaviors. Blankemeyer et al. also found a negative relationship between aggression and perceived teacher-child relationship, suggesting that students who feel more conflicted in the teacher-child relationship demonstrate more aggressive tendencies. However, although aggression led to poor teacher-child relationships, students who were aggressive, but well adjusted at school, perceived their teacher-child relationships as more positive than their peers who displayed aggression but did not display positive school adjustment (Blankemeyer et al., 2002). Although results indicated statistical significance among some areas, Blankemeyer et al. concluded the clinical significance to be limited, but recommended that teachers take children’s individual aggression and school adjustment into consideration. Further research is needed to generate findings applicable to real-world situations.

Baker (2006) investigated the extent to which the teacher-child relationship contributed
to positive school adjustment. Baker examined teacher-child relationships and child behavior of 1,310 elementary school-aged students and 68 teachers. Baker found a statistically significant correlation between quality of teacher-child relationships and school adjustment. More specifically, Baker found that positive teacher-child relationships correlated with behavioral and academic success. Baker concluded the teacher-child relationship to be important when children display behavior problems. Children with behavioral problems and a close teacher relationship hold significant advantage on their trajectory throughout elementary school, indicating that the teacher-child relationships may affect the child’s well-being and likelihood of positive school success. Additionally, Baker recommended interventions should focus on relationship enhancement between teachers and children, a recommendation consistent with the previous studies on teacher-child relationships.

Birch and Ladd (1998) examined the teacher-child relationship in a longitudinal study, focusing on kindergarten students’ behavioral orientations and the teacher-child relationship in the first grade year. Birch and Ladd interviewed the kindergarten teachers of these students during the first year of the study and interviewed the first grade teachers of the children in the next year of the study. Birch and Ladd characterized teacher-child closeness by warmth and communication between the teachers and children. Birch and Ladd also interviewed the children during kindergarten and again during first grade in a process of “peer nominations of aggression” (p. 937). Birch and Ladd showed the child a picture of a classmate and asked the child to pick out three peers who were verbally and physically aggressive. Birch and Ladd categorized children into three behavioral orientations: (1) moving against others, characterized by aggressive and disruptive behaviors; (2) moving away from others, characterized by reluctance or a lack of interest in connecting with other children; and (3) moving towards others,
characterized by prosocial behaviors of cooperation and consideration. Birch and Ladd concluded via statistically significant correlations that conflict in the teacher-child relationship during the kindergarten year related to a decline in prosocial behavior over time. They hypothesized that children’s ability to engage in teacher-child closeness predicts the child’s ability to form positive relationships with peers. Birch and Ladd suggested using specific relationship interventions for children showing behavioral orientations of “moving against others” and “moving away from others” (p. 944) in early childhood to prevent negative adjustment later in development.

Pianta, La Paro, Payne, Cox, and Bradley (2002) observed the classroom quality of kindergarten classrooms and the relationship of that quality to teacher, school, classroom, and family characteristics. The study consisted of observing one child from each kindergarten classroom. Pianta et al. used observation samples of activities, teacher behaviors, child behaviors, and global ratings of teacher-target child interactions and classroom environments to gain an understanding of classroom quality. In addition to observations, kindergarten teachers completed questionnaires concerning the target child’s proficiencies. Pianta et al. interviewed the target child’s family members to understand background information about the child. Pianta et al. found variations in kindergarten classrooms, with some classrooms having 100% of the observed activities as teacher-directed, while other classrooms had no teacher-directed activities. Pianta et al. did not attribute the quality of the classroom to teacher experience level but did attribute it to the ratio of number of children per teacher; a ratio of fewer children to more staff led to observations of higher quality. Pianta et al. found a statistically significant correlation between on-task behavior and positive teacher interactions; specifically, when teachers demonstrated warmth and caring, the children displayed more on-task behavior. Pianta et al.
reported that children in child-centered classrooms, those in which children had more freedom and choice, displayed the presence of positive support and positive interactions between peers. Additionally, high-quality classrooms were found to contribute to positive child outcomes, independent of family background (Pianta et al., 2002). Pianta et al. confirmed that the teacher-child relationship is important and that child-led activities promote positive school environments.

Despite studies on the teacher-child relationship, researchers have focused on the impairment of the relationship with limited attention to specific interventions designed to establish positive teacher-child relationships. However, researchers have shown that positive teacher-child relationships aid in academic achievement and pro-social behaviors throughout children’s schooling. Therefore, interventions in educational settings designed to enhance the teacher-child relationship are needed for promoting the academic, social, and emotional success of students.

Teacher Stress and Attrition Rates

Teachers across grade levels face daily struggles with classroom demands, including student behavior and testing requirements. Teachers lacking supportive resources and coping mechanisms become stressed in their daily activities. Helping teachers reduce classroom pressures and develop coping skills affect the classroom as a whole and help teachers find more meaning in their profession.

Brouwers and Tomic (2000) studied 558 secondary teachers and focused on the effects that disruptive student behavior had on teacher burnout and self-efficacy. Brouwers and Tomic concluded that the classroom setting functions as a feedback loop. When teachers consistently observe disruptive behavior in their classroom, teachers experience a decreased level of perceived self-efficacy in their classroom management abilities. Teachers’ lack of self-efficacy,
in turn, leads to teacher burnout. Conversely, when the teacher experiences burnout, increases in problematic student behavior occur (Brouwers & Tomic, 2000). The revelation of the feedback loop benefits understanding the relationship between teacher burnout and classroom behavior; however, researchers need to collect more information and provide support in this area of research.

Studying career choice and burnout factors based on the belief that all people seek significance in their work, Pines (2002) implemented qualitative and quantitative measures to study 97 teachers in elementary, middle, and high school from America and Israel. Pines assessed the teachers’ levels of physical, emotional, and mental exhaustion. Pines found a statistically significant negative correlation between teachers’ sense of significance and burnout symptoms. Pines reported “when teachers no longer find significance in their work because they cannot teach, educate, influence, or inspire their students, they burn out” (p. 136). However, although the Israeli teachers suffered stressful life events such as threats to their life, they experienced more significance in their occupation than did American teachers. No matter where they live, Pines concluded, teachers need to find significance in their work to reduce burnout symptoms. Supportive programs for teachers to reduce stress and burnout may reduce the chance of perceived insignificance in the workplace.

Recently, Kokkinos (2007) examined job stressors, personality, and burnout in elementary school teachers. Previous researchers had examined job factors but had not widely examined personality characteristics. Kokkinos believed more focus on an integrative approach, including environmental and individual factors, to examine teacher stress and burnout was needed. Kokkinos’ sample included 447 primary school teachers from all the regions of Cyprus in the Mediterranean Sea. Although the sample represented a culture different from the U.S.,
generalization may be a possibility due to the similarities between the gender percentages of the U.S. and Cyprus teachers. The sample consisted of 79.3% females and 20.7% males, similar to the frequencies of teachers’ genders in the United States. Kokkinos found that both job stressors and personality factors influenced teacher burnout, and the findings promoted the understanding that teachers’ personalities may play a role in burnout. Specifically, on a statistically significant level, neuroticism contributed to all the dimensions of burnout, low scores on conscientiousness appeared to be associated with higher levels of depersonalization, and high scoring on conscientiousness linked to high levels of personal accomplishment. Kokkinos found statistically significant correlations between emotional exhaustion and depersonalization, revealing that higher scores on neuroticism tended to increase emotional exhaustion and depersonalization. Kokkinos suggested using understanding of personality characteristics to reduce burnout, including implementing professional growth activities based on personality characteristics that could promote teachers’ perceptions of success.

O’Donnell, Lambert, and McCarthy (2008) explored stress among elementary school teachers to gain an understanding of the variables of stress in their occupation, because teachers are the largest homogenous occupational group investigated for burnout causes and symptoms. O’Donnell et al. focused on differences related to schools’ federal Title 1 status. Title 1 status affords schools additional funding to ensure students’ receive equal access to high quality education, because at least 40% of the children are from low-income households and receive reduced-fee or free lunches. O’Donnell et al. compared 521 teachers’ stress levels in Title 1 and non-Title 1 elementary schools settings to understand if lower family and community resources corresponded with higher levels of stress. O’Donnell et al. found more variance within each school than between the two types of schools and concluded individual appraisals of personal
resources and demands play a larger role on stress levels than the environment. The stress response within schools and between teachers seemed to be more influential than whether the teacher was working in a Title 1 or non-Title 1 school. Thus, O’Donnell et al. reported no statistically significant associations for the Title 1 variable and found that 24% of the time, teachers reported perception that their demands are greater than their available resources. Although this finding was not statistically significant, the teachers in the sample reported that one quarter of the time they lacked adequate resources for the demands of their classrooms (O’Donnell et al., 2008). O’Donnell et al. suggested a more diverse sample of teachers is needed to gain a greater understanding of perceived stress versus demands and to gain an understanding of individual differences between teachers exhibiting higher stress responses.

McCarthy, Lambert, O’Donnell, and Melendres (2009) examined the relationship between elementary school teachers’ stress and coping resources and their burnout symptoms. McCarthy et al. studied the level of elementary teachers’ burnout symptoms between schools as well as within schools. The data collection took place over two academic years with a sample of 451 elementary school teachers. As O’Donnell et al. (2008) had found in their study, McCarthy et al. found little variance between schools. McCarthy et al. found most of the variance on burnout symptoms occurred within schools. Teachers experiencing emotional exhaustion held perceptions of imbalance between demands and resources at a statistically significant level. Teachers appeared to be at greater risk for burnout the longer they worked within their school (McCarthy et al., 2009). McCarthy et al. speculated that administrators often give experienced teachers more non-teaching duties and a greater proportion of challenging students and suggested that this phenomenon might lead to the long-term burnout in veteran teachers. The variance within schools variable was an important facet of the study, but the experienced teacher variable
led to better understanding of long-term burnout symptoms. This information could be useful for administrators desiring to provide support for all of the teachers in their schools.

Marvel et al. (2007) examined teacher attrition and mobility through a Teacher Follow-up Survey (TFS) distributed during the 2004-2005 academic school year. The sample examined by Marvel et al. included elementary and secondary school teachers who left teaching in the year after the data collection as well as those who continued to teach the following year. Of the 3,214,900 public school teachers who participated in the TFS, 8% moved to another school while 8% left the teaching profession. Of the private school teachers, 14% left the teaching profession. Of the private school teachers leaving the profession, 51% reported that their new positions were more manageable than teaching. Additionally, of the public school teachers who left the field of education, 65% reported that they were better able to balance their personal and work life (Marvel et al., 2007). Although Marvel et al. reported no statistical significance, the findings reinforced the demands and long-term stress teachers encounter. With such a large percentage of teachers leaving the occupation reporting a need for more control of time management and ability to balance family and work, more support needs to be provided to teachers who choose to stay in the profession.

Results of high prevalence rates of teacher burnout and attrition indicate the need for change in the classroom environment and in classroom demands on teachers. Providing teachers with resources such as the ability to relate and communicate more effectively with their students could reduce attrition and increase the numbers of effective classrooms. Teachers benefit from tools they can use to provide more positive classroom environments, which may lead to reducing stress.
Classroom Climate

The classroom climate across grade-level influences the success and well-being of students and teachers. Positive classroom climates are ones in which supportive teachers encourage their students and allow for their students’ needs being met. Effective classroom environments contribute to positive learning experiences, and the social, academic, and emotional health of school-aged students. Classroom learning experiences usually link to academic development; however, Kong (2008) investigated how the classroom environment modifies students’ affective and social development. Kong argued the need for learning experiences in the classroom designed to assist in children’s affective and social development. Kong identified two global feelings of the students as general satisfaction and negative affect and reported that the quality of school life is related to children’s perceptions of the classroom environment. Kong derived data for the study from a large-scale school environment project in Hong Kong. The sample consisted of 19,477 primary and secondary students. Various data collection methods included distributing questionnaire surveys, completing in-depth interviews, and conducting classroom observations to understand classroom environments. Kong found statistical significance in female students giving more favorable ratings of their learning experiences than male students gave. Similarly, primary students gave significantly more favorable ratings compared to secondary students. Additionally, Kong identified positive learning experiences, teacher support in learning, and active learning experiences as predictors of students’ quality of life. The students’ perceptions of a positive learning environment affect the student’s investment in school itself. Kong concluded that teachers need to establish a collaborative learning environment for students to gain higher quality of life at school.

The National Institute of Child Health and Human Development Early Child Care
Research Network (ECCRN, 2005) examined 780 third-grade classrooms in 250 school districts to investigate classroom quality as well as teacher and student behavior. Observations occurred in classrooms with 10 or more children present at the time of the observation. ECCRN conducted detailed observations throughout the school day and reported high variability between third-grade students’ classroom activities and experiences. ECCRN found that most of the classrooms’ social climates were positive at a statistically significant level; however, instruction appeared to be low in quality. ECCRN found that most of the classroom activities appeared fixed or routine and lacked variation and that about one-third of the time, children’s activities appeared unproductive and cooperative-learning activities were rarely observed. ECCRN recommended implementing higher quality experiences or instruction to raise child achievement and school quality. Collaborative learning environments involve equal contributions from teachers and students and promote learning that is more effective. Additionally, when teachers participate in environments encouraging students to be more proactive, reduction of teacher stress and burnout symptoms is possible.

Interest in the relationship between students’ perceptions of classroom environments and learning outcomes, as evidenced by the consistent research over the past few decades, led to Byer’s (1999) study of the effects of students’ perceptions of classroom social climate and their academic self-concepts. Byer studied 185 eighth grade students and found a statistically significant positive relationship between students’ perceptions of their classrooms’ social climates and of their academic self-concept. Students who perceived more participation in the classroom reported being more affiliated with their classroom and displayed higher academic self-concepts. Implications for classroom teachers across all grade levels include the concept that when students feel more connected and involved in the classroom, their perceptions of their
Therefore, teachers who provide collaborative learning environments in which students are involved and interactive may assist in increasing students’ academic self-concepts. Researchers indicated that classroom climates contribute to the social, emotional, and academic well-being of students across age levels. Teachers who demonstrate understanding of children and provide encouragement to their students are perceived as more effective in creating a positive classroom climate.

Indirect Teaching

Researchers have consistently focused on teaching styles and their relationship to the classroom environment (Cohen & Amidon, 2004; Flanders, 1975; McCaleb, 1981; Walker, 2008). During the 1960s, Flanders initiated research on two different teaching styles of direct and indirect teaching. Acheson and Gall (2003) found that indirect teaching, which relies on asking questions, accepting students’ feelings, acknowledging students’ ideas, and giving praise or encouragement, can facilitate an environment in which students learn more and have more positive attitudes toward learning. Although research on indirect teaching has lacked attention in recent years, the importance of its effects seems relevant to the discussion on supportive classroom environments. The following research studies focused on the benefits of indirect teaching on the classroom environment and student success.

Traub, Weiss, Fisher, Musella, and Khan (1973) examined direct teaching and open teaching in elementary schools. Traub et al. reported when teacher were more open to student opinions, classrooms appeared more conducive to independence and students displayed favorable attitudes toward the teacher, school, and themselves. Conversely, in classrooms with more direct teaching and lecturing, teachers were less open to students’ viewpoints, and direct
teaching was negatively associated with student achievement. Although no statistical significance was reported by Traub et al., results indicated an important gain in understanding. Students in classroom environments with open and accepting teachers displayed more positive attitudes toward learning, their teachers, and themselves.

McCaleb (1981) examined indirect teaching and teacher development with indirect instruction skills. McCaleb reported pre-service teachers to be concerned with subject matter and personal characteristics, such as adequacy and survival as a teacher. Because their focus was on performance, pre-service teachers did not learn the benefits of effective indirect instruction. McCaleb argued that pre-service teachers need to develop indirect instruction skills to assist in developing positive classroom environments. Indirect instruction skills include probing, redirecting, clarifying, reinforcing, and making inferences. Additionally, McCaleb argued teachers need to feel confident about themselves, to be able to listen to their students beyond verbal communication, and to find the imbedded messages intended by their students. McCaleb reported when teachers demonstrate indirect instruction, they not only demonstrate acceptance and understanding of their students, but they also model interpersonal skills for their students. When teachers listen, they encourage students to listen to the teacher and to each other. McCaleb’s suggestions of effective communication in the classroom setting apply to today’s classrooms. By modeling indirect instruction, teachers model appropriate social and emotional responses to the children.

One method of measuring teacher communication, especially indirect teaching, is the Interaction Analysis System (IAS; Flanders, 1970). Aspy, Roebuck, and Black (1982) examined “high” and “low” respect teachers using the IAS categories. Flanders’s categories separate classroom communication into teacher talk, student talk, and silence. Teacher talk includes
indirect teaching, such as accepting feelings, praising or encouraging, using student ideas, and asking questions, and direct teaching, such as lectures, giving directions, and criticizing students. Student talk is separated into the two categories of student responding and student initiating. Silence or confusion is coded separately. Aspy et al. found a statistically significant positive correlation between “high” respect teachers and teachers who praise or encourage and accept student initiated communication in the classroom. “High” respect teachers use less criticism than their “low” respect counterparts (Aspy et al., 1982). Additionally “high” respect teachers show few instances of silence and confusion (Aspy et al., 1982). Aspy et al. found that “high respect” teachers, in turn, demonstrate respect for their students by creating an encouraging environment free of criticism. Classroom teachers today can benefit from the findings of this earlier study and create positive classroom environments.

Indirect teaching methods improve the classroom climate and assist students to learn more and have more positive attitudes about school (Acheson & Gall, 2003). Teachers who demonstrate indirect teaching methods not only meet students’ academic needs but also convey understanding and encouragement to benefit students’ social and emotional growth. Implementing indirect teaching in elementary classrooms may benefit teachers, students, and the overall classroom climate.

Child-Centered Play Therapy

Axline (1947, 1969) created child-centered play therapy (CCPT) based on a Rogerian philosophy of counseling and the helping relationship. Play is children’s natural medium of communication, allowing children to express their feelings through play. Axline described eight principles of CCPT. These eight principles include (1) the therapist demonstrating a genuine interest in the child and developing a warm, caring relationship; (2) the therapist demonstrating
full acceptance of the child how they are; (3) the therapist creating a feeling of safety and permissiveness with the child enabling the child to express himself or herself freely; (4) the therapist is sensitive to and consistently reflects the child’s feelings; (5) the therapist believes in the child’s capacity to demonstrate responsibility and solve problems; (6) the therapist trusts the child’s inner direction and allows the child to lead; (7) the therapist appreciates the therapeutic relationship and process; and (8) the therapist establishes therapeutic limits only when they are needed (Landreth, 2002). Additionally, Axline believed that children have the innate capability to grow and mature and are able to be self-directive.

Child-centered play therapists provide a safe and accepting environment in which the child can express his or her emotional needs and desires. In the playroom, the play therapist is understanding of the child’s needs and accepts the whole child in his or her entirety. Play is a developmentally appropriate intervention for young children. According to Piaget (1962), the symbolic function of play is important for children, because children have difficulty expressing their needs through verbal communication. Symbolic play bridges the gap between concrete experiences and abstract thought and allows children to represent their feelings through their play. According to Landreth (2002), children under 11 years of age have difficulty putting words to their emotions, so play is a concrete medium enabling children to express their feelings. Play is the child’s language, and the toys in the playroom are the child’s words (Landreth, 2002).

Supporting the use of play therapy, Bratton, Ray, Rhine, and Jones (2005) conducted a meta-analysis on the outcomes of research investigating play therapy. Bratton et al. combined the results of play therapy studies, overcoming the limitations of a small sample size often found in play therapy research. Bratton et al. examined 93 controlled play therapy outcome studies conducted from 1953 to 2000 and determined the factors of play therapy likely to contribute to
the effectiveness of the intervention. Bratton et al. found that the total mean number of sessions in play therapy research was 16 and that the mean age was 7 years old for all children included in the studies. The overall effect size of the treatment effect was .80, a large effect size according to Cohen (1988). Bratton et al. concluded play therapy appears to be effective across age, gender, setting, and presenting concern and that play therapy is an effective intervention for multiple populations.

Ray et al. (2008) examined the effectiveness of short-term and long-term CCPT services in the school setting. Ray et al. focused on the relationship between CCPT services and teacher-child relationship stress. Ray et al. requested teachers refer children who were experiencing emotional and behavioral difficulties in the classroom, selected 58 students from four local Title I schools, and randomly placed them in either the short-term or long-term CCPT group. Children in the short-term play therapy group received 16 play therapy sessions for 8 weeks. Children in the long-term play therapy group received 16 play therapy sessions for 16 weeks. Teachers completed the Index of Teaching Stress (ITS; Abidin, Green, & Konold, 2004) as a measure of the stress experienced with the specific student included in the study. Ray et al. found that both short-term and long-term play therapy interventions provided statistically significant reductions on teacher-child relationship stress over time. Both intervention groups showed the largest reductions in the Student Characteristics Domain of the ITS. This domain measures student behaviors including students’ inability to adapt to changes, abnormal fearfulness or apprehension, limitations in learning, and aggression toward other children in the classroom. All of the scales of student behavior correlated with the teacher stress in relation to the behaviors. After the intervention, teachers reported a reduction in overall stress compared with these behaviors. Ray et al. concluded CCPT is an effective intervention in the school
setting, specifically as it relates to the reduction of teacher-child relationship stress.

In another report of the effectiveness of play therapy in the school setting, Baggerly and Jenkins (2009) examined the effectiveness of CCPT on developmental and diagnostic factors for homeless children. Baggerly and Jenkins found a statistically significant improvement in the use of self-limiting behaviors. Further, Crow (1990) examined the effects of play therapy with low achievers in reading. Crow found a statistically significant increase in self-concept and internal locus of control when compared to students receiving no treatment. Garza and Bratton (2005) examined CCPT with Hispanic children in the school setting. Results indicated a statistically significant difference in externalizing behaviors of children receiving play therapy and children in a curriculum-based treatment group. Ray, Blanco, Sullivan, and Hollliman (2009) examined CCPT with aggressive children. Teachers reported that children in both the play therapy group and control group showed reduced aggressive tendencies; the CCPT group’s improvement was statistically significant while the control group’s improvement was not statistically significant. Blanco and Ray (in press) examined the effect of CCPT on academic-achievement, self-concept, and teacher-child relationship stress. Blanco and Ray found that students who participated in CCPT scored statistically significantly higher on academic achievement. These are just a few of the school-based research studies that have shown the effectiveness of CCPT across various needs. The need for play therapy to be applied in the school setting to promote academic, social, and emotional well-being of school-aged children has been well-documented.

Filial Therapy

Guerney (1964) developed filial therapy in the 1960s in an effort to focus on preventative approaches for working with parents and their children. Additionally, the filial model was developed to help maximize the role of mental health professionals and incorporated CCPT
principles as a method for enhancing parent-child relationships (Guerney, 1964). Parents participating in the filial therapy model implemented weekly play times with their children using CCPT constructs. Groups of parents, usually six to eight in a group, participated in weekly didactic group instruction and supervision, demonstration, role-playing, and at-home play sessions. The Guerney model of filial therapy occurred once a week for two hours and lasted approximately one year, sometimes as long as two years. As the filial therapy model progressed, parents moved from conducting play sessions at the clinic to conducting play sessions at home, but only once the therapist believed the parents were ready to conduct sessions at home (Guerney, 1964). The Guerney model of filial therapy emphasized continuous play sessions between parent and child. The Guerney model lasted anywhere from 6 to 18 months as needed for meeting the individual parents’ needs.

Stover and Guerney (1967) conducted the earliest research on filial therapy. Stover and Guerney examined the effectiveness of teaching parents to implement CCPT skills with their children. Stover and Guerney recruited mothers to participate in filial therapy. The recruitment process resulted in 51 pairs of mothers and children with all children ranging in ages of 3 to 10 years. After 12 to 18 months of treatment, Stover and Guerney conducted live observations to determine the effectiveness of the filial therapy training. Mothers demonstrated an increase in empathic interactions with their emotionally disturbed children. Children demonstrated improvements with social adjustment and behavioral problems, and 28 of the children showed a statistically significant increase in positive behavior displays. As effective as this groundbreaking study was, Stover and Guerney employed no comparison or control group. Subsequent filial therapy researchers utilized control groups to remediate this study’s main limitation.
Based on the results of the Guerney’s research, Landreth (2000) developed a more concise, 10-session filial model. Landreth and Bratton (2006) formalized this model in a manualized text. The child-parent relationship therapy (CPRT) manual was created to establish a treatment protocol involving lecture, role-play, group process, and supervision (Bratton, Landreth, Kellum, & Blackard, 2006). Parents serve as agents of change for their children. Parents participate in a supervision and training session with other parents and a trained therapist for two hours each week. Typically, following the third week of training, parents begin to conduct 30-minute play sessions with one of their children. During this time, parents practiced the play therapy skills they learned during their weekly meetings. Trained therapists supervised parents on their play sessions to allow for growth and support. After the 10-session training format ends, therapists encourage parents to continue having play sessions with their children to carry on strengthening parent-child relationships (Landreth & Bratton, 2006).

Research studies have been conducted to show the effectiveness of the CPRT model (Bratton & Landreth, 1995; Kale & Landreth, 1999; Yuen, Landreth, & Baggerly, 2002). Bratton and Landreth (1995) applied the CPRT model with 45 single-parent families. The single parents had identified their children as having emotional problems. After the CPRT intervention, the parents in the experimental group demonstrated a statistically significant increase in empathic interactions with their children as well as in parental acceptance, a decrease in parental stress, and a decrease in children’s problem behaviors (Bratton & Landreth, 1995).

Kale and Landreth (1999) utilized the CPRT model with parents of children with learning disabilities. Kale and Landreth worked with 22 parents; 11 were assigned to the experimental group; and 11 were assigned to the control group. After the intervention, parents in the experimental group demonstrated a statistically significant increase in paternal acceptance and a
statistically significant decrease in parental stress (Landreth & Bratton, 2006).

Yuen et al. (2002) applied the filial therapy model to immigrant Chinese parents. Yuen et al. examined the effects of filial therapy on parental acceptance, parental empathic interactions, and parental stress. The parents in the experimental group exhibited statistically significant positive changes on all measures.

Filial therapy research has demonstrated the effectiveness of CPRT as a viable intervention for children with various behavioral and emotional difficulties. Additionally, research has demonstrated the efficacy of CPRT across cultures and in clinical and nonclinical settings to enhance parent-child relationships. The effectiveness of filial therapy provides evidence that play sessions between parents and children can increase parenting skills and improve parent-child relationships. Therapeutic components of the filial models allowed for children and parents to gain positive experiences together building stronger relationships.

Teachers as Therapeutic Agents

Andronico and Guerney (1969) recommended that teachers serve as therapeutic agents for their students for a variety of reasons. First, a discrepancy exists between the amounts of available mental health resources compared to the need for services by young children. Andronico and Guerney believed that teachers could provide therapeutic connections in the classroom and the children would benefit from such services. Another argument for teachers to serve as therapeutic agents is the belief that teachers can respond to children in their classroom in ways that would prevent the development of behavior problems. Through filial therapy, teachers respond to children in ways that increase children’s self-esteem and self-responsibility, while allowing teachers to understand children’s points of view. Andronico and Guerney suggested teachers could apply filial therapy constructs into the general classroom and benefit the
classroom environment. Finally, Andronico and Guerney proposed that promoting teachers to become therapeutic agents would afford teachers more confidence and empowerment in working with their students. The teacher as a therapeutic agent benefits the individual child, teacher, and classroom as a whole (Andronico & Guerney, 1969).

Bach (1968) proposed teachers working preventatively with children could assist with reducing emotional and behavioral problems. Additionally, Bach hypothesized, through learning filial therapy, teachers would feel equipped to discuss behavior problems with parents and improve overall classroom behaviors. Bach worked with 22 teachers in a New Jersey elementary school and trained these teachers to use filial therapy to work with the withdrawn students in their classrooms for 45 minutes, once a week, for 17 weeks. The teachers chose two children from their classrooms; one child received the experimental treatment while the other child received no treatment. The teachers attended weekly group discussion sessions to discuss progress, concerns, or difficulties in implementing filial therapy. College students served as coders in the classrooms to track changes in all of the experimental and control groups’ children’s behaviors over time. The students coded four types of behaviors in the classroom: (1) initiating talk in class, (2) raising their hand in class to talk, (3) initiating talk with another student, and (4) initiating talk privately with the teacher. In all instances but one, the coders demonstrated the ability to distinguish which children had received filial therapy by the end of the treatment, indicating an increase in positive behavior. Teachers reported changes in themselves and in their students (Bach, 1968). Bach reported that after filial therapy, teacher-child verbal interactions became more equal at a statistically significant level, indicating the teacher’s insight into acknowledging the child’s feelings and desires. Limitations of the study included the small sample size, targeting only withdrawn children, and lack of accountability for
the individual teacher-student time of the filial therapy group. Bach reported replication studies with larger samples, including more aggressive children, were needed to show the effectiveness of the intervention. Additionally, Bach suggested implementing individual teacher-student time in the control group to account for the extra attention variable.

Guerney and Flumen (1970) trained teachers to use filial techniques with children in their classrooms. Guerney and Flumen implemented filial therapy training for 20 weeks with the teachers. During this time, teachers viewed demonstrations of individual play sessions with children and learned play techniques. Teachers selected a child from their classrooms to meet over 17 weeks for a 45-minute period each week. Teachers also met with a supervisor during these 17 weeks for discussion and supervision. After the completion of the study, children who participated in weekly play sessions demonstrated a statistically significant increase in positive assertiveness, while the students who did not receive treatment showed no change. Additionally, children initially characterized as withdrawn in the classroom and who participated in filial therapy with their teacher became more assertive with their peers in the classroom at a statistically significant level. The teachers reported a change within themselves as they began understanding the children in their classroom to a greater capacity.

Smith and Landreth (2004) examined the effectiveness of filial therapy with teachers of deaf and hard of hearing children. Smith and Landreth conducted the study in the preschool setting and used an adaptation of Landreth’s (2002) 10-week filial model. The researchers hoped to increase the teachers’ empathic responses with their students, communication of acceptance to their students, and allowance of students’ self-direction capabilities (Smith & Landreth, 2004). A total of 24 teachers participated in the study and comprised the total communication teachers and the auditory communication teachers with 12 in the experimental group and 12 in the control
group. The researchers used the Child Behavior Checklist/Caregiver-Teacher Report Form (CBC/C-TRF). The teachers who participated in filial therapy increased their ability to communicate empathy at a statistically significant level in comparison to the control group. Preschool students of teachers in the experimental group showed statistically significant lower scores on the Behavior Problems, Internalizing Behavior, and Withdrawn Behavior subscales of the CBC/C-TRF. The students’ improvements were also reflected throughout several domains on the CBC/C-TRF (Smith & Landreth, 2004). Smith and Landreth suggested that teachers of deaf and hard of hearing children can become effective change agents by applying filial training skills during one-on-one play sessions with children.

Kinder Training

Kinder therapy, developed by White, Flynt, and Draper (1997), brings together filial therapy principles and the beliefs of Adlerian theorists. Kinder training follows the 10-week filial model and incorporates the Adlerian principles of encouragement and goal-identification (White et al., 1997). White et al. designed the kinder training model to provide an effective teacher consultation model in which teachers act as therapeutic agents in the classroom. White et al. (1997) believed that teachers could make meaningful connections with their students and enhance their relationships in the classroom. Teachers engaged in individual play sessions with a specific child from their classrooms and then transferred the learned skills into the classroom. White et al. followed the teachers and children’s progress throughout the play sessions. At the end of the study, a teacher could successfully implement limit-setting techniques with the child in the classroom, and the child could successfully finish the day without throwing a tantrum or breaking down emotionally (White et al., 1997). Although this study showed significant gains in the teacher-child relationship, no statistical significance was reported. Additionally, White et al.
suggested future research on kinder therapy needed to be conducted to establish the effectiveness of the model with a variety of populations.

Post, McAllister, Sheely, Hess, and Flowers (2004) conducted research on kinder training with teachers of pre-school children identified as at-risk. The teachers in the study participated in a 10-week filial training model and received 13 group sessions. During the 10-week filial training period, the teachers participated in weekly play sessions with a child of focus from their classroom. After the 10 weeks, the teachers learned how to transfer the skills they learned for the playroom into the general classroom. Post et al. found the children who participated in the play sessions with their teachers demonstrated statistically significant reductions in anxiety and depression. In addition, the teachers demonstrated greater adaptability and leadership and social skills on the Assessment of Child-Centered Play Therapy Skills (ACCEPTS, Post, 2003) and the Measurement of Empathy in Adult-Child Interaction (MEACI, Stover, Guerney, & O’Connell, 1971). The teachers reported that their perceptions of the children changed after participating in kinder training. Even though further research on kinder training is needed to validate the findings of the Post et al. study, the researchers provided evidence that the teacher consultation model assisted positive change in children and teachers.

Hess, Post, and Flowers (2005) conducted a follow-up study to the Post et al. (2004) study. Hess et al. sought to determine if the teachers who learned play therapy skills to implement with their students had maintained these skills and empathic understanding one year later. The teachers followed an adaptation of the child-parent relationship therapy 10-week filial model (Landreth & Bratton, 2006). In addition to the group of eight teachers who received the training a year earlier, the authors examined eight teachers who did not receive the training. Hess et al. found that the teachers who participated in the filial training program demonstrated, at
a statistically significant level, play therapy skills more effectively than the teachers who did not participate in the training. Additionally, the participants of the training responded more empathically than non-trained teachers with statistical significance on the MEACI (Hess et al., 2005). Based on results from the focus group, trained teachers “valued children’s opinions and feelings more highly” and “gained a better understanding of the children and made more allowances for ‘children to act like children’” (Hess et al., 2005, p. 110). Hess et al. suggested that teachers demonstrated more acceptability of the model and showed a perceived effectiveness of the intervention. Hess et al. recommended implementing classroom coaching with teachers to provide immediate feedback. Hess et al. found important changes in the perceptions of the teachers in the study, which contributed to the need for establishing a positive teacher consultation model within elementary schools.

Edwards, Varjas, White, and Stokes (2009) utilized a qualitative approach to understand the effects of kinder training along with observational tools and to validate the integrity of the model. Edwards et al. focused on key components of teachers’ acceptability and effectiveness in using the skills and components of kinder training. They investigated two factors: (1) “the perceptions that the teachers have of the content and structure of kinder training” and (2) “before and after kinder training…teacher’s perceptions of their teaching beliefs and practices, characteristics and behavior of their focal student, their relationship with their focal student, and their classroom management strategies and skills” (Edwards et al., 2009, p. 132). Five kindergarten, first grade, and second grade teachers participated in Kinder Training and in the qualitative aspect of the study during the 2006-2007 academic school year. Edwards et al. utilized semi-structured interviews, supervision of teacher-child play sessions, and reflexive journaling to gain answers to their research questions. Edwards et al. found that although
intensive, the kinder training model was beneficial to the teacher-child relationship. Teachers were able to implement empathy and encouragement during their play sessions and in the classroom environment. Additionally, teachers reported they gained the ability to facilitate pro-social behavior and provide effective classroom management tools. However, Edwards et al. reported the limitations to be the small sample size and possible research bias (Edwards et al., 2009). The additional qualitative component in the kinder training model validated current ideas about kinder training and demonstrated the need for larger sample sizes in similar studies. The kinder training model needs additional research for professionals to gain a greater understanding of the effective tools needed for a successfully implemented teacher consultation model.

Although statistical significance was found throughout the kinder therapy research studies, limitations of kinder therapy were noted. Implementation of kinder therapy has been primarily limited to early childhood settings and has been untested in the elementary setting. Often, teachers in early childhood centers have aides in their classroom to help with classroom duties. When teachers participated in kinder therapy, they often left their classrooms of children during the day or met for long periods after school. During times when children were in the classroom, teacher’s aides assisted in the classroom. Additionally, teachers rated any change in behaviors for the participating children in their classrooms. White et al. (1997) argued that teachers might have changed their perceptions simply from exposure to the intervention materials. Observation of classroom behavior from an unbiased observer would assist in accurately tracking changes in children’s behaviors.

Child-Teacher Relationship Training

Child-teacher relationship training (CTRT) is based on the 10-week filial model of CPRT (Landreth, 2002) and kinder training. Brown (2000), Helker and Ray (2009), and Morrison and
Bratton (2010) examined the effectiveness of CTRT. Brown applied the CPRT model to undergraduate teacher trainees. Helker and Ray and Morrison and Bratton worked in conjunction with teachers and teacher aides at a local Head Start school.

CTRT applies the constructs of the 10-week filial model of CPRT by Landreth and Bratton (2006) to teachers in the school setting. In CTRT, therapists train teachers to become therapeutic agents in the classroom and during individual play session times. More specifically, teachers learn relationship-building skills and use developmentally appropriate tools including play as children’s natural language and communication methods. CTRT’s purpose is for teachers to gain an understanding of the children in their classrooms. Teachers learn to identify children’s feelings, experiences, and needs. Through this process of awareness, teachers learn how to build esteem and confidence in their students and to effectively promote the development of more positive relationships with their students.

Brown (2000) worked with undergraduate teacher trainees using the CTRT model. Brown sought to increase teacher trainees’ empathic behavior with children, increase their positive parenting perceptions, and improve their play therapy attitudes, knowledge, and skills. Undergraduate students volunteered during a child development class. The sample consisted of 38 students. Brown placed one class in the experimental group of CTRT and another comparison group receiving regular guidance. Teacher trainees practiced their play skills with students from the university’s on-campus preschool. Brown used these 10 play sessions to track changes in the teacher trainees’ abilities to relate to the children. The teacher trainees who participated in CTRT demonstrated statistically significant increases in empathic behavior during their observed play sessions. The group that participated in CTRT demonstrated improvement in the area of communicating acceptance, while the comparison group actually showed a decrease in the same
area (Brown, 2000). Additionally, teacher trainees in the CTRT group demonstrated statistically significant increases in their knowledge and skill demonstration of play therapy (Brown, 2000). The implementation of CTRT with students preparing to go into the field of education led to increases in positive perceptions and behaviors toward children. The constructs of CTRT benefitted teachers in training because they learned effective tools when working with children (Brown, 2000).

Helker and Ray (2009) and Morrison and Bratton (2010) worked in conjunction at a local Head Start school. Helker and Ray examined using CTRT to improve students’ classroom behavior, and Morrison and Bratton examined teacher reports of child behavior. Helker and Ray and Morrison and Bratton adjusted the CPRT model to account for the classroom setting, school schedule, and in-service training schedule. The teachers attended a 2½ day training session that took place before the start of school. The intervention consisted, first, of a 10-week training and supervision treatment for which teachers conducted 30-minute play sessions weekly with a child of focus from their classroom, and second, a 10-week coaching and modeling treatment for which teachers used CTRT skills in the classroom environment and participated in a weekly 1-hour group training and supervision session. Helker and Ray and Morrison and Bratton used multiple measures to understand the effectiveness of the CTRT intervention. Helker and Ray instructed trained observers to use the Child-Teacher Relationship Training Skills Checklist (CRTR-SC; Ray, 2004) to measure teacher ability to demonstrate CTRT skills in the classroom setting. Morrison and Bratton utilized the Caregiver-Teacher Report Form (C-TRF; Achenbach & Rescorla, 2000). The measure of student behavior occurred four times throughout the study to gain a comprehensive understanding of changes over time. Teachers completed the C-TRF at the beginning, mid-point, and end of the study.
Morrison and Bratton (2010) found that the CTRT intervention led to many significant changes. Children in the experimental group demonstrated a statistically significant decrease on the Externalizing Behaviors domain on the C-TRF compared to the control group, after teachers demonstrated their CTRT skills in the classroom (Helker & Ray, 2009). Children in the experimental group did not show a statistically significant decrease in Internalizing Behaviors over time; however, Morrison and Bratton reported a positive trend of change when compared to the control group. A large practical significance for Internalizing Problems was noted.

Helker and Ray (2009) acknowledged the teachers’ observations of behavior change in their students. Some comments by teachers included, “his outbursts have become less frequent,” “he has greatly improved his ability to manage frustration,” and “she participates more and is very happy when given responsibilities” (Helker & Ray, 2009). Additionally, Helker and Ray reported on teacher change. Teachers and aides in the treatment group demonstrated the CTRT skills in their classrooms even after the 10-week intervention ended. Helker and Ray suggested that CTRT is an effective tool for teaching relationship-building skills to teachers and assists in developing the positive teacher-child relationship (Helker & Ray, 2009). Results of the work of Morrison and Bratton (2010) and Helker and Ray (2009) suggested that CTRT is effective in decreasing children’s problematic behaviors and in giving teachers more tools to provide a positive classroom environment.

Several limitations of the CTRT model indicate the need for replication studies and more applicability to a variety of teachers. Helker and Ray (2009) reported limitations due to the small sample size and lack of true randomization. These limitations might have led to the statistically significant difference in groups and the reliance on effect sizes to determine effectiveness of the intervention. Helker and Ray also reported that the teachers filled out the C-
TRF on their students early in the school year, before the development of a relationship, and before teachers had the ability to accurately rate problem behaviors. Future researchers were encouraged to account for these limitations and allow the teacher-child relationship to form before administering relational or behavioral assessments. An additional limitation of Helker and Ray and Morrison’s work involved the inapplicability to elementary level teachers. These researchers conducted the study in a local Head Start school, where most classrooms have teacher’s aides and assistants throughout the day. The additional assistance in the classroom allowed teachers more opportunities to hold play sessions during the school day and enabled a variance in the daily schedule. The group of teachers also met for one hour after school throughout the period of the intervention. Because of academic and scheduling demands, elementary school teachers might not have the resources or time to follow the model of CTRT used at the Head Start school. A modified model is needed to expose elementary school teachers to the CTRT model and to address the model’s applicability to their daily schedules.

Kinder training and CTRT provide effective tools for building teacher-child relationships. However, each model is time-consuming for the teachers involved. Teachers in the elementary school setting may not be able to afford to take time out of daily activities to participate in such a demanding intervention due to academic pressures and large class sizes. In addition, time after school is limited in the elementary school setting because of continued academic tutoring and the amount of grading required of teachers after school hours. A relationship model accounting for elementary school teachers’ needs is required to gain positive teacher-child relationships for older students and their teachers.

Relationship Enhancement for Learner and Teacher

In order to address time and resource limitations in the elementary school, Ray (personal
communication, 2010) developed relationship enhancement for learner and teacher (RELATe) which was based on child-centered play therapy principles. The RELATe model is intended to assist teachers in increasing interpersonal skills to build positive relationships with children (Ray, Muro, & Schumann, 2004). Intervention consists of four components including a 3-hour educational module, play sessions between teachers and children of focus, live supervision by a trained play therapist, and feedback/processing between the teacher and supervising play therapist. The aim of the model is to help at-risk children by training teachers to learn new ways of seeing children in their classrooms and to reduce the loss of time during instruction because of discipline problems. RELATe differs from previous teacher models because Ray et al. decreased the educational training time, incorporated live supervision, and suggested one school counselor implement the model. The goal of RELATe was to increase applicability in elementary schools.

Ray et al. (2004) and Ray and Beam (2000) conducted two small pilot studies on the RELATe program with volunteer teachers. Teachers reported the program as beneficial for themselves and their children. They reported struggling with the non-directive role in the playroom, but reported incorporating the non-directive role into their daily lesson plans. Teachers reported an increased sense of self-awareness. In addition, teachers reported an increased sensitivity to a child’s world and an increased ability to communicate with children.

Researchers need to conduct more studies to effectively understand the benefits of filial training on the classroom as a whole. Historical studies were used to investigate filial therapy with teachers, and effective gains in the desired child behaviors at statistically significant levels have been observed. Although individual children can demonstrate a reduction in problem behavior, future research would benefit from observation of all children’s behavior in the classroom. Additionally, further research is needed to apply the filial therapy constructs to reach
more children than the children of focus because the intention of the filial model applied to teachers is to improve teacher interpersonal skills with children. Observation of teacher skills demonstrated in the classroom seems prudent.

Single-Case Research Design

Single-case research designs are often used for the behavioral and health sciences. Single-case designs provide an effective alternative to large group designs and allow for flexibility to meet the individual needs of clients (Morgan & Morgan, 2009). Additionally, Morgan and Morgan stated that the single-case design represents the best methodology to use when trying to define individual behavioral change, because single-case designs can demonstrate causal relationships. Single-subject designs allow researchers to draw inferences about a change in behavior across baseline and intervention (Kazdin, 2010). Although often referred to as “single-case,” or \( N = 1 \), design, researchers implementing the single-case design can involve more than one participant.

In addition to flexibility, single-case research methods assist in determining evidence-based mental health interventions. Evidence-based practices have become a movement in mental health and require practitioners to use the best available scientific evidence for formulating interventions for individual clients. Although single-case design is widely accepted as a method for discovering evidence-based approaches in counseling, only 1.02% of the articles published in the Journal of Counseling and Development from 1982 to 2002 represented this research method (Sharpley, 2007). Sharpley reported various reasons for the lack of single-case designs appearing in publications, including the belief that counselors may not know how to conduct and report \( N = 1 \) studies. Lundervold and Belwood (2000) reported single-case design as the “best kept secret” in counseling research, because counselors can utilize the elements to establish a
connection between the intervention and individual change. Lundervold and Belwood also reported that counselors may not be aware of how to conduct single-case research. The implementation of single-case research allows for tracking individual change over time and for connecting change to different points on the intervention timeline.

According to Kazdin (2010), the implementation of single-case design requires four components: (1) continuous assessment, (2) baseline assessment, (3) stability of performance, and (4) the use of different treatment phases. A feature of single-case design that sets the methodology apart involves the execution of repeated observations of the participant's behavior over time. The continual observations often serve as assessments and occur during the intervention phase. Additionally, Kadzin reported that observations should occur multiple times each week to assess for change on an ongoing basis.

The second feature of single-case design, the baseline assessment, occurs during a time when the researcher has not yet implemented the intervention. The researcher uses the baseline assessment to determine the pre-intervention level of behavior and to gain an initial source of data to which subsequent data measurements can be compared during and after the intervention (Kazdin, 2010). The baseline phase is important to ascertain the effectiveness of treatment.

The baseline phase is important for evaluating the stability of performance. By assessing the variability of data during the baseline and treatment phases, the researcher can make conclusions about the data. In addition to variability, the researcher assesses the slope of data, known as the trend of data. According to Kazdin (2010), researchers examine the slope of each phase to determine the degree of change from the beginning to the end of each phase. Researchers desire baseline phase to yield data with no slope and to indicate a stable level of performance. As the intervention is introduced, researchers hope for improved behavior and a
decreasing slope.

According to Morgan and Morgan (2009), researchers assess single-case data through visual analysis, from which researchers gain information through graphing data and comparing all data points for each of the phases. Kennedy (2005) reported that researchers could examine trends and variability of data within each phase. Beyond visual analysis, Morgan and Morgan reported that researchers have not determined the specific type of statistic considered most appropriate for analyzing data from the single-case design. Until statisticians develop specific statistics for use with single-case design studies, Kennedy recommended using visual analysis. Single-case design research is applicable for practitioner use and allows for flexibility in methodology. The implementation of baseline measurements assists researchers in gaining a measure of change after the intervention is introduced. The use of single-case research is a viable and useful tool to determine individual change over time and can assist in established evidence-based practice.

Summary of Literature Review

Researchers indicated that teacher-child relationships provide students with the ability to succeed in early childhood and in the future of their educational careers. The teacher-child relationship influences children’s ability to succeed socially, emotionally, and academically. Children experiencing positive teacher-child relationships perform better across all areas in academics, including receptive vocabulary, reading abilities, mathematics, and language skills (Birch & Ladd, 1998; Burchinal, Peisner-Feinberg, Pianta, & Howes, 2002; Peisner-Fienberg, Culkin, Howes, & Kagan, 1999). Positive relationships with teachers, especially early childhood teachers, promote children’s abilities to develop positive relationships with their peers (Birch & Ladd, 1998). As many successes as children with positive relationships with their teachers
demonstrate, teacher-child relationships characterized by conflict appear detrimental to children. Children who experience poor teacher-child relationships exhibit more aggression toward their peers and show the tendency to avoid attending school more often (Pianta & Stuhlman, 2004). The teacher-child relationship is immensely important in providing positive support for students in the classroom and a positive trajectory for future school success (Baker, 2006).

The classroom environment entails much more than the academic constructs of the school day. Kong (20028) described these constructs as teacher-student relations, social integration, opportunity, achievement, and adventure. Researchers have linked the social and emotional components of the classroom environment to academic success. More specifically, Byer (1999) found that students who feel more involved in the classroom environment as well as more connected to the system as a whole, report higher academic self-concept. In a positive classroom environment, students gain the social and emotional qualities necessary to become academically successful.

Researchers have focused on teacher attrition and burnout in the educational community for many years. According to Boyd, Grossman, Lankford, Loeb, and Wyckoff (2009), about 25% of teachers leave the profession within the first 3 years of teaching. The amount of stress experienced may be a factor in teacher attrition. Borg and Riding (1991) reported that one-third of all of the teachers responding to their study rated teaching as stressful or very stressful. Pupil misbehavior and time pressures have been ranked as the highest stressor in many studies (Abel & Sewell, 1999; Borg & Riding, 1991; Yong & Yue, 2008). Teacher attrition and burnout represents a substantial factor affecting teachers’ connections to their classrooms. When teachers gain more tools to communicate effectively with students in their classrooms, as well as have the capability to draw from resources in the school system, teacher burnout symptoms
decline.

Current therapeutic models adapted for the school setting, including filial therapy (Guerney & Flumen, 1970), CTRT (Brown, 2000; Helker & Ray, 2009; Morrison & Bratton, 2010); Kinder Training (Draper, White, Shaughnessy, Flynt, & Jones, 2001; Edwards et al., 2009; Hess et al., 2005; White et al., 1997), and RELATe (Ray et al., 2004), have been reported as successful interventions when teachers are employed as therapeutic agents of change. In these studies, teachers reported a reduction of teacher stress and a gain in their relationship-building skills for both individual children and entire classrooms. However, many of these interventions occurred in preschool and Head Start school settings, or the researchers failed to measure teachers’ use of skills in the classroom. Research studying these interventions would benefit from exploring the application of filial tools with teachers in elementary settings. The implementation of single-case design allows for more flexibility in providing a school-based intervention. Because of the various demands and time-constraints on teachers, single-case design allows researchers to meet the individual needs of teachers, while exploring the impact of a play-based teacher consultation model.
CHAPTER 3

METHODS AND PROCEDURES

I examined the effects of a play-based teacher consultation (PBTC) program on participating teachers’ abilities to demonstrate relationship-building skills with individual students and in the classroom. I investigated teachers’ verbal interactions in the general classroom and demonstration of relationship-building skills. Research questions, definitions of terms, participant selection, instrumentation, procedures, data collection, and data analysis are included in this chapter.

Research Questions

In this study, two specific research questions were of concern:

1. Will a play-based teacher consultation (PBTC) program improve interpersonal skills of teachers in the classroom? Specifically:
   a. Will teacher responsiveness increase?
   b. Will teacher criticizing statements decrease?

2. Will a play-based teacher consultation (PBTC) program improve individual teacher-child relationships with identified children of focus?

Definition of Terms

For the purposes of this study, the following terms are operationally defined.

*Children of focus.* The kindergarten, first grade, and second grade teachers chose one child from their classroom to work with on an individual basis in a designated child-centered playroom. Teachers chose a child in their classroom they perceived as experiencing emotional or behavioral difficulties with whom they would like to improve the teacher-child relationship.
**Interpersonal skills.** Teachers who demonstrate increased interpersonal skills display characteristics of indirect teaching on the Interaction Analysis System (IAS, Flanders, 1970). As reported by Flanders, indirect teaching is a style of teaching that enhances student participation and classroom investment. Indirect teaching is characterized by the teacher accepting students’ feelings, acknowledging students’ ideas, and giving praise and encouragement (Acheson & Gall, 2003).

**Teacher responsiveness.** Based on the IAS categories, teacher responsiveness is demonstrated by accepting feelings, praising or encouraging, and accepting or using student ideas. Teachers who demonstrate teacher responsiveness display positive affect apparent to students in their classroom (Acheson & Gall, 2003).

**Teacher criticism.** Based on the seventh IAS category, teacher criticism describes criticizing or justifying authority statements. These statements are demonstrated when the teacher intends to change behaviors from non-acceptable to acceptable, consistently corrects student’s answers, and scolds or yells at students. Teacher criticism is negative in nature (Acheson & Gall, 2003).

**Participant Selection**

For the purposes of this study, I obtained approval to conduct research with human subjects from the University of North Texas’ Institutional Review Board (IRB) and from a local school district. Kindergarten, first grade, and second grade teachers were recruited from three local Title 1 elementary schools. Title I schools enroll at least 40% of children from low socio-economic status (SES) families (U.S. Department of Education, 2006).

The population of School 1 was 49% Hispanic, 42% White, 7% African American, and 2% Asian/Pacific Islander. The total number of students was 501, 51% female and 49% male. A
A strong majority (62%) of the students at School 1 received free or reduced lunches. School 1 had a student teacher ratio of 10-1, with eight years being the average years of teaching.

The population of School 2 was 62% Hispanic, 20% White, 17% African American, and 1% Asian/Pacific Islander. The total number of students was 682, 51% female and 49% male. An overwhelming majority (81%) of the students at School 2 received free or reduced lunches. School two had a student teacher ratio of 13-1, with seven years being the average years of teaching.

The population of School 3 was 50% Hispanic, 43% White, 6% African American, and 1% Asian/Pacific Islander. The total number of students was 593, with an even distribution of males and females. A strong majority (66%) of the students at School 3 received free or reduced lunches. School 3 had a student teacher ratio of 12-1, with 10 years being the average years of teaching.

I contacted the principals and school counselors of each school to recruit kindergarten, first, and second grade teachers. The school counselors at Schools 1 and 3 contacted teachers and asked them to participate on a voluntary basis. The principal at School 2 required the teachers to participate. At the beginning of the study, I recruited four teachers from School 1, two teachers from School 2, and three teachers from School 3. However, during the baseline phase of the study, one teacher from School 1 withdrew. A total of eight teachers participated in the study over the duration of the intervention period and follow-up phase.

I obtained written permission by informed consent from participating teachers to video record play sessions and observe classroom interactions during the study. After permission was obtained, each teacher chose a child of focus. The teachers chose children to work with that they believed would benefit from enhancing the teacher-child relationship. Once the children were
chosen, teachers sent home the informed consent forms for the parents to sign, along with a child assent. Children were qualified to sign the child assent form if they were older than seven years of age.

I obtained written consent from the parents of the children chosen as the children of focus. The written consent letter informed the parents that their children were participating in an intervention where they would be video-recorded and observed. Children were eligible to participate based on the following criteria: (1) the child’s parent or guardian agreed and signed a consent form, (2) the child agreed and signed an assent form, (3) the child spoke English, and (4) the child was not currently in play therapy or any other form of psychotherapy.

Because the focus of this study was change in interactions facilitated by teachers, teachers were observed in classroom interactions. They were interviewed regarding any changes in their relationships with children of focus. No data were collected on the children of focus or children in the classroom.

Teacher Participants

Participant 1

*Background information.* Mrs. Olson was a 37-year-old Caucasian female. She received a bachelor of science degree from a private mid-western university. Mrs. Olson had taught for 11 years, including the current school year. She taught kindergarten for 6 years, pre-kindergarten for 4 years, and was currently teaching kindergarten. Mrs. Olson was certified as an early childhood through fourth grade educator and as an English as a Second Language educator (ESL). Mrs. Olson had been teaching at her current school for five years. Mrs. Olson reported having a course on classroom management during her education, but did not receive any
information on relationship-building skills between teachers and students. The school counselor at Mrs. Olson’s school invited her to participate in the study. Mrs. Olson participated in the study on a voluntary basis. Mrs. Olson chose to conduct play sessions with Molly, a 5-year-old Caucasian female enrolled in her kindergarten class. At the time of the first teacher-child relationship assessment collection, Mrs. Olson had known Molly for two months.

_Treatment protocol._ After obtaining consent to participate in the study, a trained research assistant began observing Mrs. Olson three times a week using the IAS. The baseline phase for Mrs. Olson occurred over four weeks (see Table 1). During baseline, Mrs. Olson received no intervention. The Student Teacher Relationship Scale (STRS) was administered during the baseline phase for establishing a measure of the teacher-child relationship before the intervention.

After the baseline was established, Mrs. Olson attended the 3-hour training on teacher-consultation principles. After the training, Mrs. Olson participated in six 20-minute play sessions per week for six weeks. Mrs. Olson completed the STRS for her child of focus after completion of the play sessions. Following the play session period, Mrs. Olson participated in three 30-minute interactive modeling lessons for three weeks. A trained research assistant observed her classroom interactions three times a week throughout the entire intervention phase. During the maintenance phase, the trained research assistant continued to observe Mrs. Olson in her class three times a week, but no intervention was provided. During this phase, Mrs. Olson participated in a follow-up interview with me.
Table 1

*Mrs. Olson’s Treatment Protocol*

<table>
<thead>
<tr>
<th>Week</th>
<th>Phase</th>
<th>Intervention</th>
<th>Instruments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Baseline</td>
<td>None</td>
<td>IAS, STRS</td>
</tr>
<tr>
<td>2</td>
<td>Baseline</td>
<td>None</td>
<td>IAS</td>
</tr>
<tr>
<td>3</td>
<td>Baseline</td>
<td>None</td>
<td>IAS</td>
</tr>
<tr>
<td>4</td>
<td>Baseline</td>
<td>None</td>
<td>IAS</td>
</tr>
<tr>
<td></td>
<td>Training</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Intervention</td>
<td>Play Sessions</td>
<td>IAS</td>
</tr>
<tr>
<td>6</td>
<td>Intervention</td>
<td>Play Sessions</td>
<td>IAS</td>
</tr>
<tr>
<td>7</td>
<td>Intervention</td>
<td>Play Sessions</td>
<td>IAS</td>
</tr>
<tr>
<td>8</td>
<td>Intervention</td>
<td>Play Sessions</td>
<td>IAS</td>
</tr>
<tr>
<td>9</td>
<td>Intervention</td>
<td>Play Sessions</td>
<td>IAS</td>
</tr>
<tr>
<td>10</td>
<td>Intervention</td>
<td>Play Sessions</td>
<td>IAS</td>
</tr>
<tr>
<td>11</td>
<td>Intervention</td>
<td>Interactive Modeling</td>
<td>IAS, STRS</td>
</tr>
<tr>
<td>12</td>
<td>Intervention</td>
<td>Interactive Modeling</td>
<td>IAS</td>
</tr>
<tr>
<td>13</td>
<td>Intervention</td>
<td>Interactive Modeling</td>
<td>IAS</td>
</tr>
<tr>
<td>14</td>
<td>Maintenance</td>
<td>None</td>
<td>IAS</td>
</tr>
<tr>
<td>15</td>
<td>Maintenance</td>
<td>None</td>
<td>IAS</td>
</tr>
<tr>
<td>16</td>
<td>Maintenance</td>
<td>None</td>
<td>IAS, Follow-Up Interview</td>
</tr>
</tbody>
</table>

Participant 2

*Background information.* Ms. George was a 28-year-old Caucasian female. She received a bachelor of science degree in interdisciplinary studies from a local state university. Ms. George had taught fourth grade for 6 years in her current school, but this was her first year teaching kindergarten at the same school. Ms. George was certified as an early childhood through fourth grade generalist educator and as an ESL teacher for kindergarten through 12th
grade, and she had received training in gifted and talented curriculum. Ms. George did not report having any coursework on classroom management or relationship-building training between teachers and students. The school counselor at Ms. George’s school invited her to participate in the study. Ms. George participated in the study on a voluntary basis. Ms. George chose to conduct play sessions with Tonya, a 5-year-old Hispanic female enrolled in her kindergarten class. At the time of the first teacher-child relationship assessment collection, Ms. George had known Tonya for two months.

Treatment protocol. After obtaining consent to participate in the study, a trained research assistant began observing Ms. George three times a week using the IAS. The baseline phase for Ms. George occurred over four weeks (see Table 2). During baseline, Ms. George received no intervention. The STRS was administered during the baseline phase for establishing a measure of the teacher-child relationship before the intervention.

After the baseline was established, Ms. George attended the 3-hour training on teacher-consultation principles. After the training, Ms. George participated in four 20-minute play sessions per week for four weeks. Ms. George completed the STRS for her child of focus after the completion of the play sessions. Following the play session period, Ms. George participated in three 30-minute interactive modeling sessions for three weeks. A trained research assistant observed her classroom interactions three times a week throughout the entire intervention phase. During the maintenance phase, the trained research assistant continued to observe Ms. George in her class three times a week, but no intervention was provided. During this phase, Ms. George participated in a follow-up interview with me.
Table 2

Ms. George’s Treatment Protocol

<table>
<thead>
<tr>
<th>Week</th>
<th>Phase</th>
<th>Intervention</th>
<th>Instruments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Baseline</td>
<td>None</td>
<td>IAS, STRS</td>
</tr>
<tr>
<td>2</td>
<td>Baseline</td>
<td>None</td>
<td>IAS</td>
</tr>
<tr>
<td>3</td>
<td>Baseline</td>
<td>None</td>
<td>IAS</td>
</tr>
<tr>
<td>4</td>
<td>Baseline</td>
<td>None</td>
<td>IAS</td>
</tr>
<tr>
<td></td>
<td>Training</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Intervention</td>
<td>Play Sessions</td>
<td>IAS</td>
</tr>
<tr>
<td>6</td>
<td>Intervention</td>
<td>Play Sessions</td>
<td>IAS</td>
</tr>
<tr>
<td>7</td>
<td>Intervention</td>
<td>Play Sessions</td>
<td>IAS</td>
</tr>
<tr>
<td>8</td>
<td>Intervention</td>
<td>Play Sessions</td>
<td>IAS</td>
</tr>
<tr>
<td>9</td>
<td>Intervention</td>
<td>Interactive Modeling</td>
<td>IAS, STRS</td>
</tr>
<tr>
<td>10</td>
<td>Intervention</td>
<td>Interactive Modeling</td>
<td>IAS</td>
</tr>
<tr>
<td>11</td>
<td>Intervention</td>
<td>Interactive Modeling</td>
<td>IAS</td>
</tr>
<tr>
<td>12</td>
<td>Maintenance</td>
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<td>IAS</td>
</tr>
<tr>
<td>13</td>
<td>Maintenance</td>
<td>None</td>
<td>IAS</td>
</tr>
<tr>
<td>14</td>
<td>Maintenance</td>
<td>None</td>
<td>IAS, Follow-up Interview</td>
</tr>
</tbody>
</table>

Participant 3

Background information. Mrs. Green was a 45-year-old Caucasian female. She received a bachelor of science degree in early childhood education from a local state university. Mrs. Green had been teaching kindergarten for 4 years at her current school. Before working at her current school, Mrs. Green was a teacher aide at another local elementary school, working in first grade and special education classrooms. Mrs. Green was certified as an ESL educator. Mrs. Green reported taking a class on classroom management during her training as well as receiving
training on relationship-building skills. Mrs. Green did not report any specifics on her training. The school counselor at Mrs. Green’s school invited her to participate in the study. Mrs. Green participated in the study on a voluntary basis. Mrs. Green chose to conduct play sessions with Jason, a 5-year-old African-American male enrolled in her kindergarten class. At the time of the first teacher-child relationship assessment collection, Mrs. Green had known Jason for a period of five months.

*Treatment protocol.* After obtaining consent to participate in the study, a trained research assistant began observing Mrs. Green three times a week using the IAS. The baseline phase for Mrs. Green occurred over four weeks (see Table 3). During baseline, Mrs. Green received no intervention. The STRS was administered during the baseline phase for establishing a measure of the teacher-child relationship before the intervention.

After the baseline was established, Mrs. Green attended the 3-hour training on teacher-consultation principles. After the training, Mrs. Green participated in five 20-minute play sessions per week for five weeks. Mrs. Green completed the STRS for her child of focus after completion of play sessions. Following the play session period, Mrs. Green participated in three 30-minute interactive modeling sessions for three weeks. A trained research assistant observed her classroom interactions three times a week throughout the entire intervention phase. During the maintenance phase, the trained research assistant continued to observe Mrs. Green in her class three times a week, but no intervention was provided. During this phase, Mrs. Green participated in a follow-up interview with me.
Table 3

*Mrs. Green’s Treatment Protocol*

<table>
<thead>
<tr>
<th>Week</th>
<th>Phase</th>
<th>Intervention</th>
<th>Instruments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Baseline</td>
<td>None</td>
<td>IAS, STRS</td>
</tr>
<tr>
<td>2</td>
<td>Baseline</td>
<td>None</td>
<td>IAS</td>
</tr>
<tr>
<td>3</td>
<td>Baseline</td>
<td>None</td>
<td>IAS</td>
</tr>
<tr>
<td>4</td>
<td>Baseline</td>
<td>None</td>
<td>IAS</td>
</tr>
<tr>
<td>5</td>
<td>Intervention</td>
<td>Play Sessions</td>
<td>IAS</td>
</tr>
<tr>
<td>6</td>
<td>Intervention</td>
<td>Play Sessions</td>
<td>IAS</td>
</tr>
<tr>
<td>7</td>
<td>Intervention</td>
<td>Play Sessions</td>
<td>IAS</td>
</tr>
<tr>
<td>8</td>
<td>Intervention</td>
<td>Play Sessions</td>
<td>IAS</td>
</tr>
<tr>
<td>9</td>
<td>Intervention</td>
<td>Play Sessions</td>
<td>IAS</td>
</tr>
<tr>
<td>10</td>
<td>Intervention</td>
<td>Interactive Modeling</td>
<td>IAS, STRS</td>
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<td>Intervention</td>
<td>Interactive Modeling</td>
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<td>Intervention</td>
<td>Interactive Modeling</td>
<td>IAS</td>
</tr>
<tr>
<td>13</td>
<td>Maintenance</td>
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<td>IAS</td>
</tr>
<tr>
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<td>Maintenance</td>
<td>None</td>
<td>IAS</td>
</tr>
<tr>
<td>15</td>
<td>Maintenance</td>
<td>None</td>
<td>IAS, Follow-up Interview</td>
</tr>
</tbody>
</table>

Participant 4

*Background information.* Mrs. Vaughn was a 38-year-old Caucasian female. She received the bachelors of science in interdisciplinary studies from a local state university. Mrs. Vaughn had been teaching for 12 years, had been teaching second grade for the past 4 years, and had taught kindergarten for 8 years. Mrs. Vaughn reported that she had been teaching at her current school for the past 11 years. Mrs. Vaughn held certifications in early childhood education for pre-kindergarten through sixth grade and ESL for pre-kindergarten through sixth
grade. Mrs. Vaughn reported thinking she had a course in classroom management during her training; however, she could not remember if she received any information on relationship-building skills for teachers and children. The study was presented to Mrs. Vaughn’s principal and school counselor. Mrs. Vaughn was asked to participate in the study; therefore, her participation was not voluntary. Mrs. Vaughn chose to conduct play sessions with Alexandra, a 7-year-old Hispanic female enrolled in her second grade class. At the time of the first teacher-child relationship assessment collection, Mrs. Vaughn had known Alexandra for two months.

*Treatment protocol.* After obtaining consent to participate in the study, a trained research assistant began observing Mrs. Vaughn three times a week using the IAS. The baseline phase for Mrs. Vaughn occurred over four weeks (see Table 4). During baseline, Mrs. Vaughn received no treatment. The STRS was administered during the baseline phase for establishing a measure of the teacher-child relationship before the intervention.

After the baseline was established, Mrs. Vaughn attended the 3-hour training on teacher-consultation principles. After the training, Mrs. Vaughn participated in five 20-minute play sessions per week for five weeks. Mrs. Vaughn completed the STRS for her child of focus after completion of the play sessions. Following the play session period, Mrs. Vaughn participated in three 30-minute interactive modeling sessions for three weeks. A trained research assistant observed her classroom interactions three times a week throughout the entire intervention phase. During the maintenance phase, the trained research assistant continued to observe Mrs. Vaughn in her class three times a week, but no intervention was provided. During this phase, Mrs. Vaughn participated in a follow-up interview with me.
### Table 4
*Mrs. Vaughn's Treatment Protocol*

<table>
<thead>
<tr>
<th>Week</th>
<th>Phase</th>
<th>Intervention</th>
<th>Instruments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Baseline</td>
<td>None</td>
<td>IAS, STRS</td>
</tr>
<tr>
<td>2</td>
<td>Baseline</td>
<td>None</td>
<td>IAS</td>
</tr>
<tr>
<td>3</td>
<td>Baseline</td>
<td>None</td>
<td>IAS</td>
</tr>
<tr>
<td>4</td>
<td>Baseline</td>
<td>None</td>
<td>IAS</td>
</tr>
<tr>
<td>5</td>
<td>Intervention</td>
<td>Play Sessions</td>
<td>IAS</td>
</tr>
<tr>
<td>6</td>
<td>Intervention</td>
<td>Play Sessions</td>
<td>IAS</td>
</tr>
<tr>
<td>7</td>
<td>Intervention</td>
<td>Play Sessions</td>
<td>IAS</td>
</tr>
<tr>
<td>8</td>
<td>Intervention</td>
<td>Play Sessions</td>
<td>IAS</td>
</tr>
<tr>
<td>9</td>
<td>Intervention</td>
<td>Play Sessions</td>
<td>IAS</td>
</tr>
<tr>
<td>10</td>
<td>Intervention</td>
<td>Interactive Modeling</td>
<td>IAS, STRS</td>
</tr>
<tr>
<td>11</td>
<td>Intervention</td>
<td>Interactive Modeling</td>
<td>IAS</td>
</tr>
<tr>
<td>12</td>
<td>Intervention</td>
<td>Interactive Modeling</td>
<td>IAS</td>
</tr>
<tr>
<td>13</td>
<td>Maintenance</td>
<td>None</td>
<td>IAS</td>
</tr>
<tr>
<td>14</td>
<td>Maintenance</td>
<td>None</td>
<td>IAS</td>
</tr>
<tr>
<td>15</td>
<td>Maintenance</td>
<td>None</td>
<td>IAS, Follow-up Interview</td>
</tr>
</tbody>
</table>

### Participant 5

*Background information.* Ms. Nixon was a 59-year-old Caucasian female. She received the bachelor of science in education from a university in a southern state. Ms. Nixon had been teaching for 12 years, teaching fifth, second, and third grades, respectively. Ms. Nixon reported being a substitute for the past 2 years and holding two long-term substitute positions for fourth grade. Ms. Nixon began the current year as a long-term substitute and was offered a full-time job in October to teach second grade. This was Ms. Nixon’s first year at her current school. Ms.
Nixon was certified to teach first through eighth grades and held ESL certification. Ms. Nixon reported having classroom management training during her education but did not remember having any information on relationship building with children during her training. The study was presented to Ms. Nixon’s principal and school counselor. Ms. Nixon was asked to participate in the study; therefore, her participation was not voluntary. Ms. Nixon chose to conduct play sessions with Henry, an 8-year-old White male enrolled in her second grade class. At the time of the first teacher-child relationship assessment collection, Ms. Nixon had known Henry for three months.

Treatment protocol. After obtaining consent to participate in the study, a trained research assistant began observing Ms. Nixon three times a using the IAS. The baseline phase for Ms. Nixon occurred over four weeks (see Table 5). During baseline, Ms. Nixon received no intervention. The STRS was administered during the baseline phase for establishing a measure of the teacher-child relationship before the intervention.

After the baseline was established, Ms. Nixon attended the 3-hour training on teacher-consultation principles. After the training, Ms. Nixon participated in three 20-minute play sessions per week for three weeks. Ms. Nixon completed the STRS for her child of focus after the completion of the play sessions. Following the play session period, Ms. Nixon participated in three 30-minute interactive modeling sessions for three weeks. A trained research assistant observed her classroom interactions three times a week throughout the entire intervention phase. During the maintenance phase, the trained research assistant continued to observe Ms. Nixon in her class three times a week, but no intervention was provided. During this phase, Ms. Nixon participated in a follow-up interview with me.
Table 5

*Ms. Nixon’s Treatment Protocol*

<table>
<thead>
<tr>
<th>Week</th>
<th>Phase</th>
<th>Intervention</th>
<th>Instruments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Baseline</td>
<td>None</td>
<td>IAS, STRS</td>
</tr>
<tr>
<td>2</td>
<td>Baseline</td>
<td>None</td>
<td>IAS</td>
</tr>
<tr>
<td>3</td>
<td>Baseline</td>
<td>None</td>
<td>IAS</td>
</tr>
<tr>
<td>4</td>
<td>Baseline</td>
<td>None</td>
<td>IAS</td>
</tr>
<tr>
<td>5</td>
<td>Intervention</td>
<td>Play Sessions</td>
<td>IAS</td>
</tr>
<tr>
<td>6</td>
<td>Intervention</td>
<td>Play Sessions</td>
<td>IAS</td>
</tr>
<tr>
<td>7</td>
<td>Intervention</td>
<td>Play Sessions</td>
<td>IAS</td>
</tr>
<tr>
<td>8</td>
<td>Intervention</td>
<td>Interactive Modeling</td>
<td>IAS, STRS</td>
</tr>
<tr>
<td>9</td>
<td>Intervention</td>
<td>Interactive Modeling</td>
<td>IAS</td>
</tr>
<tr>
<td>10</td>
<td>Intervention</td>
<td>Interactive Modeling</td>
<td>IAS</td>
</tr>
<tr>
<td>11</td>
<td>Maintenance</td>
<td>None</td>
<td>IAS</td>
</tr>
<tr>
<td>12</td>
<td>Maintenance</td>
<td>None</td>
<td>IAS</td>
</tr>
<tr>
<td>13</td>
<td>Maintenance</td>
<td>None</td>
<td>IAS, Follow-up Interview</td>
</tr>
</tbody>
</table>

Participant 6

*Background information.* Ms. Miller was a 29-year-old Caucasian female. She received the bachelor of science in interdisciplinary studies from a local state university. Ms. Miller had been teaching for 5 years at her current school. During her first year of teaching, Ms. Miller taught pre-kindergarten, and she had been teaching kindergarten since her second year. Ms. Miller was certified to teach pre-kindergarten through sixth grade. During her training, Ms. Miller reported that she had a classroom management course but did not receive any training on relationship building with children. The school counselor at Ms. Miller’s school invited her to
participate in the study. Ms. Miller participated in the study on a voluntary basis. Ms. Miller chose to conduct play sessions with Jose, a 5-year-old Hispanic male enrolled in her kindergarten class. At the time of the first teacher-child relationship assessment collection, Ms. Miller had known Jose for two months.

*Treatment protocol.* After obtaining consent to participate in the study, a trained research assistant began observing Ms. Miller three times a week using the IAS. The baseline phase for Ms. Miller occurred over three weeks (see Table 6). During baseline, Ms. Miller received no intervention. The STRS was administered during the baseline phase for establishing a measure of the teacher-child relationship before the intervention.

After the baseline was established, Ms. Miller attended the 3-hour training on teacher-consultation principles. After the training, Ms. Miller participated in five 20-minute play sessions per week for five weeks. Ms. Miller completed the STRS for her child of focus after completion of the play sessions. Following the play session period, Ms. Miller participated in three 30-minute interactive modeling sessions for three weeks. A trained research assistant observed her classroom interactions three times a week throughout the entire intervention phase. During the maintenance phase, the trained research assistant continued to observe Mrs. Green in her class three times a week, but no intervention was provided. During this phase, Ms. Miller participated in a follow-up interview with me.
Table 6

*Ms. Miller’s Treatment Protocol*

<table>
<thead>
<tr>
<th>Week</th>
<th>Phase</th>
<th>Intervention</th>
<th>Instruments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Baseline</td>
<td>None</td>
<td>IAS, STRS</td>
</tr>
<tr>
<td>2</td>
<td>Baseline</td>
<td>None</td>
<td>IAS</td>
</tr>
<tr>
<td>3</td>
<td>Baseline</td>
<td>None</td>
<td>IAS</td>
</tr>
<tr>
<td></td>
<td>Training</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Intervention</td>
<td>Play Sessions</td>
<td>IAS</td>
</tr>
<tr>
<td>5</td>
<td>Intervention</td>
<td>Play Sessions</td>
<td>IAS</td>
</tr>
<tr>
<td>6</td>
<td>Intervention</td>
<td>Play Sessions</td>
<td>IAS</td>
</tr>
<tr>
<td>7</td>
<td>Intervention</td>
<td>Play Sessions</td>
<td>IAS</td>
</tr>
<tr>
<td>8</td>
<td>Intervention</td>
<td>Play Sessions</td>
<td>IAS</td>
</tr>
<tr>
<td>9</td>
<td>Intervention</td>
<td>Interactive Modeling</td>
<td>IAS, STRS</td>
</tr>
<tr>
<td>10</td>
<td>Intervention</td>
<td>Interactive Modeling</td>
<td>IAS</td>
</tr>
<tr>
<td>11</td>
<td>Intervention</td>
<td>Interactive Modeling</td>
<td>IAS</td>
</tr>
<tr>
<td>12</td>
<td>Maintenance</td>
<td>None</td>
<td>IAS</td>
</tr>
<tr>
<td>13</td>
<td>Maintenance</td>
<td>None</td>
<td>IAS</td>
</tr>
<tr>
<td>14</td>
<td>Maintenance</td>
<td>None</td>
<td>IAS, Follow-up Interview</td>
</tr>
</tbody>
</table>

Participant 7

*Background information.* Mrs. Morgan was a 38-year-old Caucasian female. She received the bachelor of science in interdisciplinary studies from a local state university. Mrs. Morgan had been teaching for 5 years and had taught all 5 years at her current school. Mrs. Morgan taught kindergarten her entire time as an educator. Mrs. Morgan held a certification as an early childhood through fourth grade educator. Mrs. Morgan reported that she did not receive a classroom management course or relationship building training during her training as an
educator. The school counselor at Mrs. Morgan’s school invited her to participate in the study. Mrs. Morgan participated in the study on a voluntary basis. Mrs. Morgan chose to conduct play sessions with Justin, a 5-year-old Hispanic male enrolled in her kindergarten class. At the time of the first teacher-child relationship assessment collection, Mrs. Morgan had known Justin for two months.

*Treatment protocol.* After obtaining consent to participate in the study, a trained research assistant began observing Mrs. Morgan three times a week on using the IAS. The baseline phase for Mrs. Morgan occurred over three weeks (see Table 7). During baseline, Mrs. Morgan received no intervention. The STRS was administered during the baseline phase for establishing a measure of the teacher-child relationship before the intervention.

After the baseline was established, Mrs. Morgan attended the 3-hour training on teacher-consultation principles. After the training, Mrs. Morgan participated in five 20-minute play sessions per week for five weeks. Mrs. Morgan completed the STRS for her child of after completion of the play sessions. Following the play session period, Mrs. Morgan participated in three 30-minute interactive modeling sessions for three weeks. A trained research assistant observed her classroom interactions three times a week throughout the entire intervention phase. During the maintenance phase, the trained research assistant continued to observe Mrs. Morgan in her class three times a week, but no intervention was provided. During this phase, Mrs. Morgan participated in a follow-up interview with me.
Table 7

*Mrs. Morgan’s Treatment Protocol*

<table>
<thead>
<tr>
<th>Week</th>
<th>Phase</th>
<th>Intervention</th>
<th>Instruments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Baseline</td>
<td>None</td>
<td>IAS, STRS</td>
</tr>
<tr>
<td>2</td>
<td>Baseline</td>
<td>None</td>
<td>IAS</td>
</tr>
<tr>
<td>3</td>
<td>Baseline</td>
<td>None</td>
<td>IAS</td>
</tr>
<tr>
<td></td>
<td>Training</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Intervention</td>
<td>Play Sessions</td>
<td>IAS</td>
</tr>
<tr>
<td>5</td>
<td>Intervention</td>
<td>Play Sessions</td>
<td>IAS</td>
</tr>
<tr>
<td>6</td>
<td>Intervention</td>
<td>Play Sessions</td>
<td>IAS</td>
</tr>
<tr>
<td>7</td>
<td>Intervention</td>
<td>Play Sessions</td>
<td>IAS</td>
</tr>
<tr>
<td>8</td>
<td>Intervention</td>
<td>Play Sessions</td>
<td>IAS</td>
</tr>
<tr>
<td>9</td>
<td>Intervention</td>
<td>Interactive Modeling</td>
<td>IAS, STRS</td>
</tr>
<tr>
<td>10</td>
<td>Intervention</td>
<td>Interactive Modeling</td>
<td>IAS</td>
</tr>
<tr>
<td>11</td>
<td>Intervention</td>
<td>Interactive Modeling</td>
<td>IAS</td>
</tr>
<tr>
<td>12</td>
<td>Maintenance</td>
<td>None</td>
<td>IAS</td>
</tr>
<tr>
<td>13</td>
<td>Maintenance</td>
<td>None</td>
<td>IAS</td>
</tr>
<tr>
<td>14</td>
<td>Maintenance</td>
<td>None</td>
<td>IAS, Follow-up Interview</td>
</tr>
</tbody>
</table>

Participant 8

*Background information.* Mrs. Inman was a 34-year-old Caucasian female. She received the bachelor of applied arts and sciences degree from a local state university. Mrs. Inman had been teaching first grade for 5 years at her current school. Mrs. Inman held certifications as an early childhood through fourth grade generalist educator and an ESL educator for kindergarten through 12th grade. Mrs. Inman reported that she did not receive a classroom management course during her training and that she did not receive any information on relationship building.
with children. The school counselor at Mrs. Inman’s school invited her to participate in the study. Mrs. Inman participated in the study on a voluntary basis. Mrs. Inman chose to conduct play sessions with Yolanda, a 6-year-old Hispanic female enrolled in her first grade class. At the time of the first STRS collection, Mrs. Inman had known Yolanda for two months.

_Treatment protocol._ After obtaining consent to participate in the study, a trained research assistant began observing Mrs. Inman three times a week using the IAS. The baseline phase for Mrs. Inman occurred over three weeks (see Table 8). During baseline, Mrs. Inman received no intervention. The STRS was administered during the baseline phase for establishing a measure of the teacher-child relationship before the intervention.

After the baseline was established, Mrs. Inman attended the 3-hour training on teacher-consultation principles. After the training, Mrs. Inman participated in four 20-minute play sessions per week for four weeks. Mrs. Inman completed the STRS for her child of focus after completion of play sessions. Following the play session period, Mrs. Inman participated in three 30-minute interactive modeling sessions for three weeks. A trained research assistant observed her classroom interactions three times a week throughout the entire intervention phase. During the maintenance phase, the trained research assistant continued to observe Mrs. Inman in her class three times a week, but no intervention was provided. During this phase, Mrs. Inman participated in a follow-up interview with me.
Table 8

*Mrs. Inman’s Treatment Protocol*

<table>
<thead>
<tr>
<th>Week</th>
<th>Phase</th>
<th>Intervention</th>
<th>Instruments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Baseline</td>
<td>None</td>
<td>IAS, STRS</td>
</tr>
<tr>
<td>2</td>
<td>Baseline</td>
<td>None</td>
<td>IAS</td>
</tr>
<tr>
<td>3</td>
<td>Baseline</td>
<td>None</td>
<td>IAS</td>
</tr>
<tr>
<td></td>
<td>Training</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Intervention</td>
<td>Play Sessions</td>
<td>IAS</td>
</tr>
<tr>
<td>5</td>
<td>Intervention</td>
<td>Play Sessions</td>
<td>IAS</td>
</tr>
<tr>
<td>6</td>
<td>Intervention</td>
<td>Play Sessions</td>
<td>IAS</td>
</tr>
<tr>
<td>7</td>
<td>Intervention</td>
<td>Play Sessions</td>
<td>IAS</td>
</tr>
<tr>
<td>8</td>
<td>Intervention</td>
<td>Interactive Modeling</td>
<td>IAS, STRS</td>
</tr>
<tr>
<td>9</td>
<td>Intervention</td>
<td>Interactive Modeling</td>
<td>IAS</td>
</tr>
<tr>
<td>10</td>
<td>Intervention</td>
<td>Interactive Modeling</td>
<td>IAS</td>
</tr>
<tr>
<td>11</td>
<td>Maintenance</td>
<td>None</td>
<td>IAS</td>
</tr>
<tr>
<td>12</td>
<td>Maintenance</td>
<td>None</td>
<td>IAS</td>
</tr>
<tr>
<td>13</td>
<td>Maintenance</td>
<td>None</td>
<td>IAS, Follow-up Interview</td>
</tr>
</tbody>
</table>

**Instruments**

I used one self-report assessment instrument, STRS, and one observation instrument, IAS, to obtain data for the purposes of this study. The STRS (Pianta, 2001) is a self-report measure consisting of 28 items. The STRS was designed to measure teachers’ perceptions of their relationships with specific students on three domains. The STRS contains descriptions of behaviors and interactions that teachers rate on a 5-point Likert scale, ranging from *definitely applies* to *definitely does not apply*. The STRS is a short assessment that usually requires approximately 10 minutes for completion. The STRS accurately assesses the student-teacher
relationship and can be used to monitor the student-teacher relationship over time.

The STRS assesses the teacher’s perception of a relationship with an individual child based on the combination of three subscales. Additionally, the STRS measures the degree to which the teacher perceives his or her relationship with a student as positive and effective. The Total Scale, the best indicator of the STRS, is an overall score that comes from a combination of three subscales: Conflict, Closeness, and Dependency. The Conflict subscale measures the degree to which the teacher views a relationship with a student as negative and conflicted. The Closeness subscale measures the degree to which the teacher perceives warmth and affection in a relationship with a specific student. The Dependency subscale measures the degree to which the teacher feels that a student is dependent in their relationship.

Although a relatively new instrument, reasonable reliability has been established for the STRS. When testing reliability, internal consistency averaged above 0.75 (Conflict at .92, Closeness at .86, and Dependency at .64), and test-retest reliability was established at 0.89. Inter-rater reliability was not measured because students in kindergarten, first grade, and second grade only have one teacher (Pianta, 2001). Moderate to strong coefficients were reported for the validity of the STRS. STRS scales and composites correlated as high as .70 with scores of other instruments reported by teachers, including the Teacher-Child Rating Scale and the Child Behavior Scale. Ladd and Profilet (1996) found that STRS’s Conflict scores correlated strongly with the Child Behavior Scale’s antisocial behavior scores (.70 for kindergarten and .61 for Grade 1), indicating predictive validity for STRS dimensions (Pianta, 2001). Additional validity studies, including discriminant validity, have been conducted on the STRS, and the STRS accounts for factors of the student-teacher relationship not measured by other teacher report instruments.
The IAS (Flanders, 1970) is a supervision and observation tool to measures teaching effectiveness. Originally developed to analyze and improve teaching skills, the IAS categorizes the quantity and type of verbal dialogue that occurs in the classroom. The observer marks occurrences and types of teacher or student communication on a matrix system to draw conclusions about the climate and communication styles of the classroom.

The IAS consists of 10 categories (Table 9). Seven of these categories reflect teacher communication (categories one through seven), two reflect student communication (categories eight and nine), and the last category indicates silence or confusion in the classroom. The three domains used for categorizing teacher responses are: (1) accepting feelings, (2) praising or encouraging, and (3) accepting or using the ideas of students. One domain is dedicated to when the teacher asks questions. The three domains used to characterize teacher initiation are (1) lectures, (2) giving directions, and (3) criticizing or justifying authority responses. The two domains characterizing student communication are: (1) student responds and (2) student initiates. One domain characterizes silence of confusion in the classroom.
# Table 9

**Interaction Analysis System**

<table>
<thead>
<tr>
<th>Domain</th>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teacher Responds</td>
<td>Accepts feelings</td>
<td>Flanders (1973) described accepting feelings as accepting or clarifying the tone of the students’ feelings in a nonthreatening manner, stating that feelings may be positive or negative.</td>
</tr>
<tr>
<td></td>
<td>Praises/Encourages</td>
<td>Praising or encouraging also falls into the teacher’s indirect influence. Coders mark this category when teachers are praising or encouraging student action or behavior or make jokes that release tension, but not at the expense of another individual. Nodding their head or saying, “um hum” or “go on” should also be coded in this category.</td>
</tr>
<tr>
<td></td>
<td>Accepts or Uses Ideas</td>
<td>Accepting or using the ideas of students falls into the category of indirect influence. In this category, teachers’ responses are coded if they clarify, build on, or develop ideas suggested by a student; however, as teachers bring more of their ideas into play, they move out of this category and into direct influence.</td>
</tr>
<tr>
<td>Teacher Questions</td>
<td>Asks Questions</td>
<td>Flanders (1973) suggested coding teacher responses as questions when questions are asked to move the conversation to the next step, to introduce a new component of the lesson, or to show ideas that the teacher thinks are important. Additionally, Flanders reported that questions are usually easy to recognize, including open and close-ended formats.</td>
</tr>
<tr>
<td>Teacher Initiates</td>
<td>Lectures</td>
<td>Flanders described lecturing as giving facts or opinions about content, teachers expressing their own ideas, or asking rhetorical questions.</td>
</tr>
<tr>
<td></td>
<td>Gives Directions</td>
<td>Giving directions is coded when the teacher gives directions, commands, or orders and students are expected to comply.</td>
</tr>
<tr>
<td></td>
<td>Criticizing/Justifying Authority</td>
<td>Criticizing or justifying authority is coded when teachers give statements that intend to change students’ behaviors from non-acceptable patterns, scolding students, stating why the teacher is doing what he or she is doing, or extreme self-reference.</td>
</tr>
<tr>
<td>Student Communication</td>
<td>Student Responds</td>
<td>Student talk-response is coded when students talk in response to the teacher. The teacher initiates the contact or solicits student statements.</td>
</tr>
<tr>
<td></td>
<td>Student Initiates</td>
<td>Conversely, student initiates is coded when students initiate talk. When coding this category, if “calling on” a student is only to determine who may talk next, the coder must decide if the student wanted to talk.</td>
</tr>
<tr>
<td>Silence</td>
<td>Silence or Confusion</td>
<td>Flanders described silence or confusion as pauses, short periods of silence, or periods of confusion where the observer does not understand any communication occurring.</td>
</tr>
</tbody>
</table>
Flanders (1970) suggested that all communication in the classroom could be coded in the IAS. Additionally, Flanders discussed how each category emphasizes or reduces a positive classroom environment. Flanders suggested teacher talk that is indirect encourages and supports student behavior while teacher talk that is direct does not elicit student participation and may contribute to a negative classroom environment.

IAS Inter-rater Reliability Training

Three advanced doctoral students and one faculty member with a doctoral degree collected the IAS data in the classroom setting. The three doctoral students and one faculty member had extensive training in play therapy and filial therapy (referred to CPRT in the text). Two doctoral students were licensed professional counselor-interns, and the faculty member was a licensed professional counselor-supervisor, registered play therapist-supervisor, and national certified counselor.

To establish for inter-rater reliability, I video-recorded education courses at the university and guidance lessons in a local elementary school. I met with the research team four times to discuss the IAS protocol and allow the team members to feel comfortable and familiar with the process of coding. During these meetings, the research team coded video-recordings to establish inter-rater reliability. From five coding periods, the research team established inter-rater reliability of 85.5%. According to Kennedy (2003), a minimum agreement of 80% is expected. Therefore, reasonable inter-rater reliability was established.

Intervention

The teacher consultation model employed in this study integrated principles and processes from the following models: relationship enhancement for learner and teacher
(RELATe), child-teacher relationship training (CTRT), and kinder training. I was trained in all three models that offer different strengths to an integrated consultation model. All three models are predicated on the need for individual play sessions between teachers and children in order to learn and practice effective interpersonal skills in a developmentally appropriate modality. RELATe offers the introduction of communication skills in a short time frame to fit the schedule of a busy teacher. RELATe also uses live supervision and individual feedback of play sessions by a trained play therapist in an individual format with teachers. The CTRT and Kinder Training both use modeling in the classroom as a trained play therapist models interpersonal communication skills on a weekly basis to teachers. The constructs of Kinder Training are based on Adlerian principles and allow teachers to understand the goal-oriented behavior of children. The incorporation of Adlerian principles to the current study’s mostly CCPT-based teacher consultation model was needed to help teachers maintain a level of objectivity in understanding that children are motivated by their goals rather than by a need to influence the teacher in some way. Table 10 lists the intervention as it was intended to happen; however, the number of sessions varied among teachers due to their unique situations (such as, child absences and training programs).

Phase 1 - Baseline

The intervention was divided into five phases of treatment over 16 weeks. During the first phase of treatment occurring for four weeks, trained research team members measured teacher-child interactions in the classroom to establish a baseline measurement. Trained research team members used the IAS for 10-minute periods, three times per week. Weekly observations continued throughout the duration of the intervention. In addition to observation methods, I distributed the STRS to teachers during the first week of the intervention.
Table 10

*Intervention Phases of the Study*

<table>
<thead>
<tr>
<th>Phase</th>
<th>Weeks</th>
<th>Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 – Baseline</td>
<td>4</td>
<td>No Intervention</td>
</tr>
<tr>
<td>2 – Initial Education</td>
<td>1</td>
<td>3-hour training</td>
</tr>
<tr>
<td>(Data were not collected)</td>
<td></td>
<td>● Rationale for play therapy</td>
</tr>
<tr>
<td></td>
<td></td>
<td>● Eight basic principles for play therapy</td>
</tr>
<tr>
<td></td>
<td></td>
<td>● Four goals of misbehavior</td>
</tr>
<tr>
<td></td>
<td></td>
<td>● Toys &amp; Purposes of Toys</td>
</tr>
<tr>
<td></td>
<td></td>
<td>● Characteristics of Therapeutic Responses</td>
</tr>
<tr>
<td></td>
<td></td>
<td>● Limit-Setting</td>
</tr>
<tr>
<td>3 – Play Session Phase</td>
<td>6</td>
<td>Play Sessions</td>
</tr>
<tr>
<td></td>
<td></td>
<td>● Teachers conduct 20 minute play time with their child of focus</td>
</tr>
<tr>
<td></td>
<td></td>
<td>● Live supervision with a trained play therapist</td>
</tr>
<tr>
<td></td>
<td></td>
<td>● 10 minute feedback and processing period</td>
</tr>
<tr>
<td></td>
<td></td>
<td>● Esteem-building/encouragement</td>
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<tr>
<td></td>
<td></td>
<td>● Choice-giving</td>
</tr>
<tr>
<td></td>
<td></td>
<td>● Healing messages</td>
</tr>
<tr>
<td></td>
<td></td>
<td>● Reflecting skills in the classroom</td>
</tr>
<tr>
<td>4 – Classroom Modeling</td>
<td>3</td>
<td>Interactive Modeling</td>
</tr>
<tr>
<td></td>
<td></td>
<td>● Trained play therapists entered the classroom for 30 minutes per week to</td>
</tr>
<tr>
<td></td>
<td></td>
<td>lead a guidance lesson with the teacher</td>
</tr>
<tr>
<td></td>
<td></td>
<td>● Trained play therapists model all learned skills</td>
</tr>
<tr>
<td>5 – Follow-up</td>
<td>3</td>
<td>No Intervention</td>
</tr>
</tbody>
</table>

Phase 2 - Initial Education

During the second phase of treatment, the teachers participated in 3-hour training over the basic principles of the teacher consultation model. During the initial education period, teachers learned to understand the rationale for using play in therapy (Landreth, 2002), the eight basic
principles of the therapeutic relationship (Axline, 1969), the four goals of misbehavior (Nelson, Lott, & Glenn, 2000), toys and the purposes of toys and characteristics of therapeutic responses (Landreth, 2002), and limit-setting (Landreth, 2002).

Landreth (1982; 2002), Ray (2011), and Landreth and Bratton (2006) defined the CCPT constructs. Tracking as defined by Ray involves the therapist verbally responding to the child in the playroom by stating what the therapist sees or observes. Reflecting content is the therapist paraphrasing or summarizing what the child verbally communicates to the therapist. Ray described reflecting feelings as verbally responding to a child’s displayed emotion, whether the child displays their emotions verbally or nonverbally. Returning responsibility responses help children feel empowered in the playroom. An example of a response considered to return responsibility would be if a child asks, “What color should I paint this flower?” Then, the therapeutic agent responds, “That is something you can decide.” By returning responsibility to the child, the therapeutic agent provides an environment in which the child feels able.

Dreikurs, Brunwald, and Pepper (1998) stated that children display four inappropriate or mistaken goals of misbehavior to find meaning and significance. The four mistaken goals are attention, power, revenge, and assumed inadequacy. Dreikurs et al. believed that children, and many adults, adopt one or more of the four goals because they believe one of the following: attention or power will help them feel a sense of belonging or significance; revenge will give them a sense of satisfaction for the hurt of feeling like they do not belong or are not significant; and that giving up is their only choice because they believe they are inadequate. Dreikurs et al. thought it was important for teachers to understand their students’ mistaken goals in order to respond proactively and with encouraging responses. Teachers learned about the goals of misbehavior during phase 2 when they examined their children of focus to gain new tools for
meeting the needs of all of the children in their classroom. In the discussion of the goals of misbehavior, I focused on the teacher’s feelings in response to their child’s behavior as a tool to assist the teachers in understanding the children’s goals.

According to Landreth (2002), toys should allow for reality testing and facilitate children’s exploration of themselves and others. Children use toys to explore real-world situations or express their needs symbolically; therefore, toys in the playroom should include real-life toys like dollhouses, cash registers, and puppets; aggressive-release toys like a bop bag, handcuffs, guns, and toy soldiers; and creative expression toys like paper, crayons, and an easel (Landreth, 2002). By using toys, children can experience emotional release and gain insight. Availability of appropriate toys in the playroom allows children to express themselves in a developmentally appropriate manner. Table 11 displays the alphabetized list of toys that were available in the playroom during the teachers’ individual playtimes with their children of focus.
| Airplane, boat | Medical kit, Band-Aids | Xylophone, cymbals, drums |
| Balls | Pacifier | Zoo animals, farm animal |
| Bendable doll family | Paints, easel, brushes |
| Blunt scissors | Pipe cleaners, Popsicle sticks |
| Bop bag | Pitcher |
| Broom, dustpan | Plastic food |
| Brush and comb | Plastic nursing bottle |
| Chalkboard, chalk, eraser | Play dough or clay |
| Construction paper | Play money and cash register |
| Crayons, pencils, paper | Purse and jewelry |
| Dart gun, noise-making gun | Refrigerator |
| Dishes, pans, silverware | Rope |
| Dishpan | Rubber knife, handcuffs |
| Doll furniture | Rubber snake, alligator |
| Dolls, doll bed, clothes | Sandbox, sieve, pail |
| Egg cartons | Stove |
| Empty fruit/vegetable cans | Toy soldiers, army equipment |
| Firefighter and other hats | Transparent tape, glue |
| Hand puppets | Truck, car, tractor |
| Lone Ranger-type mask | Two telephones |
The participating teachers also learned the characteristics of therapeutic responses during Phase 2 of the intervention (Landreth, 2002). Landreth described effective therapeutic responses as brief and interactive, allowing the child to lead the play. Therapeutic responses are personalized to the individual child, touch on feeling, help the child go on, and build self-esteem. Additionally, Landreth described therapeutic responses as those that avoid questions and are non-evaluative, because it is important to allow children opportunities to express their needs freely. The most important component of therapeutic responses is to demonstrate genuineness to the child.

Landreth (2002) described the ACT method for limit setting. Limits provide physical and emotional security and safety for children, facilitate the development of decision-making, self-control, and self-responsibility of children, and promote the acceptance of the child. There are three parts to the ACT method. First, the teacher acknowledges the child’s feeling or desire (“Billy, I know you are angry with me”). Second, the teacher communicates the limit to the child (“But I am not for hitting”). Third, the teacher targets an alternative (“You can choose to hit the bop bag instead”).

Phase 3 – Play Sessions

The third phase of treatment occurred when teachers selected a child of focus from their classroom. During this time, the teachers conducted once a week 20-minute play sessions with their child of focus for seven weeks. The teachers conducted approximately seven play sessions in order to practice the skills of the teacher consultation model. During this time, sessions were video-recorded to ensure that the teacher consultation model skills were followed. Additionally, either I or a trained research assistant observed the session live to give immediate feedback for 10 minutes after the end of the session. This 10-minute feedback and processing period served
as time for supervision and additional training. Additionally, teachers learned the constructs of healing messages, encouragement and esteem building, choice-giving, brainstorm problem solving, discuss what to do with aggression, discuss reflecting in the classroom, and discuss more specifically the teacher or child’s issues.

Healing messages are important in the teacher-child relationship during Phase 3. Due to the individual nature of the play times, it is important for teachers to convey healing messages to the children. Landreth (2002) describes healing messages as, “I am here,” “I hear you,” “I care,” and “I understand.” These philosophical ideas are also called “be with” attitudes in the CPRT literature. The purpose of these underlying messages is to convey acceptance and understanding to the child, because the teacher is such an important part of the child’s life.

Esteem building/encouragement responses focus on children’s internal processes. Esteem building/encouragement responses differ from praise responses. Child-centered play therapists believe that praise responses focus on the product that the child created, where esteem building/encouragement responses focus on the effort of the child. An example of a praise response would be “What a pretty drawing.” An example of an esteem building/encouragement response is “You worked very hard on your drawing.”

Choice-giving responses facilitate children’s self-control, responsibility, and decision-making (Landreth & Bratton, 2006). Therapeutic agents use choice-giving responses as a method of discipline while also empowering the child. An example of a choice-giving response for empowerment is, “You can choose to use the paints or you can choose to use the markers.” An example of choice-giving as a method of discipline is, “You can choose to have one cookie or you can choose to put all of the cookies back. Which do you choose?” or “When you choose to put the Play-Doh away, you choose to play with it after recess. When you choose to not put
the Play-Doh away, you choose to not play with it after recess.”

During the playtime with their child, either I or a trained research assistant sat on the outside of the playroom to allow for observation without intrusion. Immediately following their playtime with their child of focus, teachers processed what happened and their felt responses. The teachers processed what happened together, how productive the session was, and reflected on the interactions as much as possible over a 10-minute period. Additionally, teachers processed how the child responded, possible feelings the children had, and what they thought was going on within the child during the session. The purpose of the feedback and processing period was to be as encouraging as possible and to correct only if it was absolutely necessary or the teacher asked for corrections (Ray et al., 2004). It was important for teachers to feel encouraged to continue working with their child of focus and feel empowered to strengthen the teacher-child relationship. Following Phase 3, teachers filled out the STRS for the child of focus.

Phase 4 – Interactive Modeling

During the fourth phase of the treatment, I focused on teachers’ ability to generalize the use of the teacher consultation model and their learned skills into the classroom environment. Interactive modeling took place for 30 minutes one time per week for three weeks. Either I or a trained play therapist who worked with the teacher during Phase 3 continued working with the same teacher during fourth phase of the treatment. During the 3-week period, either I or a trained play therapist led a guidance lesson utilizing the second step (Committee for Children, 2009) curriculum, sitting side by side with the teacher.

Second step is a violence prevention program that can be utilized from preschool through eight grades designed to reduce aggression and promote pro-social behaviors. For purposes of this study, Second step was utilized to present the opportunity of modeling interpersonal skills to
teachers in the classroom by the play therapist.

During the first week of the interactive modeling phase, I asked teachers to call on children who had their hands raised during the lesson. As teachers called on the students, I modeled skills learned in the third phase of the study, including reflection of feelings and encouragement statements. During the second week, I asked the teachers to continue to call on the children who had their hand raised, but asked the teachers to reflect on their students’ responses. At times during the second week, I continued to interject desired responses. By the third week, I asked the teachers to call on and respond to the children in their classroom, without me interjecting any statements.

Phase 5 – Follow-up

The fifth phase of treatment followed the same procedures as the first phase of the intervention. Trained observers continued weekly observations of interactions between teachers and their students. There was no intervention during this follow-up phase. Data were collected on eight teachers with the intention that all teachers followed the intervention protocol in Table 10. Based on the responsiveness of single-case design and the unique situation of each teacher, one teacher received the intervention as listed, four teachers received the intervention with five play sessions, three teachers received the intervention with four play sessions, and one teacher received the intervention with three play sessions.

Trainer Qualifications

All training, supervision, and interactive modeling sessions were provided by advanced doctoral counseling students who had at least three courses in play therapy. I provided the 3-hour initial education, supervision, and interactive modeling session for seven of the teachers. I
am a Licensed Professional Counselor-Intern with a Masters degree in Counseling. I have taken five courses in play therapy. One other advanced doctoral student provided the supervision during Phase 3 to an individual teacher. She also provided the interactive modeling session to the same teacher. She is a Licensed Professional Counselor-Intern with Masters of Theological Studies and Community Counseling degrees. She had taken three courses in play therapy.

Data Collection

I implemented a single-case design, A-B-C-D-A, to measure the effects of a teacher consultation model on teacher-child interactions in the classroom. The teachers filled out the STRS on their child of focus two times throughout the study, during the first phase and at the end of the fourth phase of treatment. The trained research assistants observed each teacher in the classroom by using the IAS. A 4-week measurement of the teacher-child interactions was used as the baseline for measuring the intervention’s effectiveness.

During the first phase of the study, I asked teachers to complete the STRS on their children of focus to gain an understanding of their relationship before the intervention. I administered the STRS after Phase 3 to assess changes in the relationship after the completion of individual play sessions. A comparison of the relationship in Conflict, Closeness, Dependency, and Total Scale occurred after the two administrations.

Trained research team members observed teachers using the IAS three times a week over the 16-week period. Observations took place during times where the teachers and children were interacting during large and small group lesson times. According to IAS procedures (Flanders, 1973), each observation occurred for 10 minutes with the observers coding teacher responses into the 10 IAS (see Appendix C) categories. During every other minute of the 10-minute period, trained research team members coded classroom communication every five seconds.
Alternate minutes were rest periods. The implementation of baseline measurements and weekly and continuous observations were conducted according to the suggested repeated measures for single-case design (Nugent, 2010). Averages of the three weekly observations were taken to correspond with visual analysis techniques. I obtained an average number of responses per category for each week.

Data Analysis

Data analysis was used according to single-case experimental design procedures (Kennedy, 2005; Morgan & Morgan, 2009). Single-case design allowed me to measure individual change over time. The baseline measures were employed with all eight teachers. During the baseline phase, four observers trained in IAS observed teacher interactions three times per week in the classroom. The teacher participants were coded using 5-second intervals every other minute, with 1-minute intervals of rest between observation ratings, for 10-minute intervals during each observation period and following the IAS protocol. For the study, observations occurred over the 16-week period of data collection.

Observational data using IAS occurred throughout the course of the baseline, session, interactive modeling, and maintenance phases. Additionally, I collected assessments from teachers twice over the course of the study. The STRS data were collected during Phase 1 and at the end of Phase 3.

The baseline observation period occurred for approximately four weeks to provide for a minimum of three data points. Kennedy (2005) reported that baseline measurements must be conducted long enough to establish a pattern of behavior. Because Kennedy reported that a minimum of three data points are considered adequate for a baseline, I enacted baseline measurements over approximately 4 weeks to establish an understanding of each teacher’s
patterns of behavior.

According to Barlow and Hersen (1987), the strength of a treatment is evidenced by a magnitude of change in the scores between baseline and treatment phases. Barlow and Hersen reported that a meaningful difference between mean ($M$) scores across phases demonstrates an effective treatment. To calculate mean scores, I added the weekly scores in each phase and divided by the number of collection points occurring during that phase. To determine change over time, I examined the differences in mean scores across time for teacher responding and criticizing/justifying authority statements. Each teacher’s mean scores across baseline, sessions, interactive modeling, and maintenance were visually investigated to assess change when the intervention was introduced and withdrawn.

In addition to examining change between mean scores, I examined the change in trend. Tankersley, Hrjusala-Webb, and Ladrum (2008) proposed using change in trend as evidence to support treatment effect in single-case design. For the purposes of the study, I analyzed the data across the entirety of the study by calculating the least squares regression line to examine treatment effectiveness. Cohen (1988) suggested a $R^2$ value of .01 demonstrates a small effect, a $R^2$ value of .09 demonstrates a medium effect, and a $R^2$ value of .25 demonstrates a large effect.

Variability is the degree to which data points vary from the overall trend. Variability is referred to in qualitative terms of low, medium, or high (Kennedy, 2005). Through visual inspection, I found that scores demonstrated high variability, indicating scores showed some inconsistency throughout treatment.

I utilized the percentage of data points exceeding the mean (PEM) approach to calculate the percentage of treatment data that overlapped with the median level of the baseline phase (Ma, 2006). The PEM is recommended as an effect size measure for single-case design. The goal of
the intervention was for teachers to increase teacher responsiveness and reduce criticism in their classrooms. For teacher responding, the goal of the intervention was to increase scores. However, for criticizing/justifying authority, the goal of the intervention was to decrease scores. Scruggs and Mastropieri (1998) provided interpretation guidelines that can be applied to the PEM statistic. If the PEM is greater than or equal to 90%, Scruggs and Mastropieri stated the intervention can be assessed as very effective. For an effective treatment, the PEM should be between 70% and 90% (see Table 12). Scruggs and Mastropieri reported an intervention as having mild effectiveness when the PEM is between 50% and 70%. Finally, when the PEM is 50% or lower, Scruggs and Mastropieri suggested the treatment is ineffective.

Table 12

Interpretation of Effect Size (Scruggs and Mastropieri, 1998)

<table>
<thead>
<tr>
<th>PND Values</th>
<th>Interpretation</th>
</tr>
</thead>
<tbody>
<tr>
<td>90% or greater</td>
<td>Very effective treatment</td>
</tr>
<tr>
<td>70 - 90%</td>
<td>Effective treatment</td>
</tr>
<tr>
<td>50 - 70%</td>
<td>Mild effectiveness</td>
</tr>
<tr>
<td>&gt; 50 %</td>
<td>Ineffective treatment</td>
</tr>
</tbody>
</table>
CHAPTER 4

RESULTS

This single case study was designed to measure teacher-child interactions in elementary school classrooms over time via a teacher-consultation model. In implementing a single-case design, changes in teacher’s classroom interactions were evaluated across approximately 16 weeks in non-intervention and intervention settings. In this chapter, I present the results from the study including: (a) visual analysis of teacher responsiveness and criticizing/justifying authority scores, (b) Student Teacher Relationship Scale (STRS) results, and (c) following up interviews.

The purpose of the play-based teacher consultation (PBTC) model was to increase teacher responsiveness and decrease criticism in the classroom. Teacher responding scores included accepting feelings, praising/encouraging, and accepting or using ideas in the classroom. Criticizing/justifying authority scores included statements intended to change students’ behavior to make it more acceptable, such as yelling and scolding. Means ($M$), standard deviations ($SD$), correlations ($r$), and regressions were calculated for each participant over time. The results for each case are presented in the following sections.

Participant 1: Mrs. Olson

Classroom Measurement

Mrs. Olson’s interactions were assessed through repeated measurements over a 16-week period. A trained research assistant observed Mrs. Olson in three 10-minute observations over two days for the entire duration of the study. The following section reveals the rater’s average teacher responding and criticizing/justifying authority scores across baseline, play sessions, interactive modeling, and maintenance conditions.
Analysis of Mrs. Olson’s Teacher Responding Scores

Mrs. Olson participated in a 4-week non-intervention baseline, one educational session, six weeks of play sessions, three weeks of interactive modeling, and three weeks of a non-intervention maintenance phase. Figure 1 presents descriptive statistics, visual analysis, and effect size on Mrs. Olson’s teacher responding scores on the Interaction Analysis System (IAS) across baseline, intervention, and maintenance phases. The graph revealed a gradual increase in teacher responding scores following the third play session in the second phase of the intervention. Graphical analysis indicated an increase in the level of the interactive modeling phase from the play session phase. The baseline level of 2.3 increased to 3.2 during the play session phase and increased to a level of 5.7 during the interactive modeling phase. Although the maintenance level decreased to 3.3, there was an overall increase from the baseline level of 2.3 to 3.3 in the maintenance phase (see Table 13).

Figure 1. Descriptive statistics, visual analysis, and effect size on Mrs. Olson’s Teacher Responding scores.
Results of a trend line analysis indicated an increase in Mrs. Olson’s teacher responsiveness during the play sessions and interactive modeling phases. Calculation of the least squares regression line revealed a large treatment effect and suggested a relationship ($R^2 = 0.22$, $r = 0.46$) between treatment and time. Analysis of variability demonstrated a moderate variability during the baseline, play session, and interactive modeling phases with $SD$s of 0.8, 1.6, and 2.1, respectively. Analysis of variability demonstrated low variability in the maintenance phase ($SD = 0.9$).

Table 13

*Descriptive Statistics and Effect Size for Mrs. Olson’s Teacher Responding Scores*

<table>
<thead>
<tr>
<th>Descriptors</th>
<th>Baseline</th>
<th>Play Sessions</th>
<th>Interactive Modeling</th>
<th>Maintenance</th>
</tr>
</thead>
<tbody>
<tr>
<td>$M$</td>
<td>2.3</td>
<td>3.2</td>
<td>5.7</td>
<td>3.3</td>
</tr>
<tr>
<td>$SD$</td>
<td>0.8</td>
<td>1.6</td>
<td>2.1</td>
<td>0.9</td>
</tr>
</tbody>
</table>

To examine the degree of treatment effect, I computed the percentage of data points exceeding the median (PEM) statistic. Because the intervention was intended to increase Mrs. Olson’s teacher responding scores, a horizontal line was drawn from the median level (2.5) in the baseline phase and extended across the intervention period (see Figure 1). Results indicated 6 out of 9 (67%) data points in the play sessions and interactive modeling phases had values greater than 2.5, indicating that the intervention was a mildly effective treatment for increasing Mrs. Olson’s teacher responsiveness in the classroom.

Analysis of Mrs. Olson’s Criticizing/Justifying Authority Scores

Figure 2 presents descriptive statistics, visual analysis, and effect size on Mrs. Olson’s
criticizing/justifying authority scores on the IAS across baseline, intervention, and maintenance phases. The graph revealed a gradual decrease in criticizing/justifying authority scores following the introduction of the intervention. Graphical analysis indicated a decrease in the level of the interactive modeling phase from the play session phase. The baseline level of 1.1 decreased to 0.3 during the play session phase and decreased to a level of 0 during the interactive modeling phase. Additionally, there was an overall decrease from the baseline level of 1.1 to 0 in the maintenance phase (see Table 14).

![Graph showing changes in criticizing/justifying authority scores across phases.]

**Figure 2.** Descriptive statistics, visual analysis, and effect size on Mrs. Olson’s Criticizing/Justifying Authority scores.

Results of a trend line analysis indicated a decrease in Mrs. Olson’s criticizing/justifying authority statements during the play session and interactive modeling phases. Calculation of the least squares regression line revealed a large treatment effect and suggested a large relationship ($R^2 = 0.52$, $r = 0.72$) between treatment and time. Analysis of variability demonstrated low
variability during the baseline and play session phases with SDs of 0.9 and 0.5, respectively.

Analysis of variability demonstrated no variability in the interactive modeling and maintenance phases with SDs of 0 and 0, respectively.

Table 14

Descriptive Statistics and Effect Size for Mrs. Olson’s Criticizing/Justifying Authority Scores

<table>
<thead>
<tr>
<th>Descriptors</th>
<th>Baseline</th>
<th>Play Sessions</th>
<th>Interactive Modeling</th>
<th>Maintenance</th>
</tr>
</thead>
<tbody>
<tr>
<td>$M$</td>
<td>1.2</td>
<td>0.3</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>$SD$</td>
<td>0.9</td>
<td>0.5</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

To examine the degree of treatment effect, I computed PEM statistic. Because the intervention was intended to decrease Mrs. Olson’s criticizing/justifying authority scores, a horizontal line was drawn from the median level (1.3) in the baseline phase and extended across the intervention period (see Figure 2). Results indicated 9 out of 9 (100%) data points in the play sessions and interactive modeling phases had values less than 1.3, showing that the intervention was a very effective treatment for decreasing Mrs. Olson’s criticism in the classroom.

STRS Results

Mrs. Olson rated her relationship with Molly before the play session phase of the study using the STRS. The results of the STRS indicated that Mrs. Olson characterized her relationship with Molly by high levels of Conflict (85th percentile), moderate levels of Closeness (44th percentile), and moderate levels of Dependency (60th percentile). Taken together, these three subscales resulted in a very low Total scale (12th percentile), indicating that the overall relationship between Mrs. Olson and Molly was poor or negative.

Mrs. Olson rated her relationship with Molly at the end of play sessions. Results of the
STRS indicated that Mrs. Olson characterized her relationship with Molly as having high levels of Conflict (98th percentile), moderate levels of Closeness (13th percentile), and moderate levels of Dependency (70th percentile). Taken together, these three subscales resulted in a very low Total scale (2nd percentile), indicating that the overall relationship between Mrs. Olson and Molly remained poor or negative. Mrs. Olson’s ratings on the STRS indicated that she struggled more with her relationship with Molly after the play session phase of the study.

Follow-up Interview

Mrs. Olson reported that she enjoyed participating in the play sessions and felt that her relationship with her child grew because of their time together. Mrs. Olson reported that she felt that she and Molly grew closer and that time in the playroom seemed to “bridge some time gaps that may not have been reached, even by the end of the year.” Mrs. Olson reported that during their time in the playroom, she was able to understand Molly’s needs, especially Molly’s need to be able to “imagine and play.” She noticed a difference in the classroom after their play sessions and said, “Molly was much more compliant the afternoon of their play session.” Mrs. Olson reported that she struggled with the language of play during the play sessions as well as with allowing Molly to lead. However, she learned to “let go” during the time in the playroom.

Mrs. Olson also reported that she enjoyed seeing Molly in a different way, describing their time together as “calming and consisted of positive interactions, where in the classroom, Molly often needs so much attention, our interactions may not be positive.” Mrs. Olson reported noticing how the language of play worked in her classroom. She noticed that the succinctness of “that’s for leaving” seemed to accomplish her goals much quicker than other methods she tried. She reported that the language is more readily accessible in the classroom, and she was able to meet the needs of individual students by “simply reflecting.”
Participant 2: Ms. George

Classroom Measurement

Ms. George’s interactions were assessed through repeated measurements over a 14-week period. A trained research assistant observed Ms. George in three 10-minute observations over 2 days for the entire duration of the study. The following section reveals the rater’s averaged teacher responding and criticizing/justifying authority scores across baseline, play session, interactive modeling, and maintenance conditions.

Analysis of Ms. George’s Teacher Responding Scores

Ms. George participated in four weeks of a non-intervention baseline, one educational session, four weeks of play sessions, three weeks of interactive modeling, and three weeks of a non-intervention maintenance phase. Figure 3 presents descriptive statistics, visual analysis, and effect size on Ms. George’s teacher responding scores on the IAS across baseline, intervention, and maintenance phases. The graph revealed a gradual decrease in teacher responding scores following the play sessions in the second phase and a gradual increase in teacher responding scores after the introduction of the interactive modeling phase. Graphical analysis indicated a decrease in the level of the interactive modeling phase from the play session phase. The baseline level of 5.9 decreased to 4.3 during the play session phase and continued to decrease to a level of 3.7 during the interactive modeling phase. Although the intervention levels appeared to decline in teacher responding scores, there was a small increase from the baseline level of 5.9 to 6 in the maintenance phase (see Table 15).
Results of a trend line analysis indicated a decrease in Ms. George’s teacher responsiveness during the play session and interactive modeling phases. Calculation of the least squares regression line revealed a negligible treatment effect; therefore, a relationship ($R^2 = 0.0053$, $r = 0.07$) between treatment and time cannot be suggested. Analysis of variability demonstrated a high variability during the play sessions and interactive modeling phases with $SD$s of 2.5 and 3.8, respectively. Analysis of variability demonstrated low variability in the baseline and maintenance phases with $SD$s of 0.5 and 1.5, respectively.

*Figure 3.* Descriptive statistics, visual analysis, and effect size on Ms. George’s Teacher Responding scores.
Table 15

Descriptive Statistics on Ms. George's Teacher Responding Scores

<table>
<thead>
<tr>
<th>Descriptors</th>
<th>Baseline</th>
<th>Play Sessions</th>
<th>Interactive Modeling</th>
<th>Maintenance</th>
</tr>
</thead>
<tbody>
<tr>
<td>$M$</td>
<td>5.9</td>
<td>4.3</td>
<td>3.7</td>
<td>6.0</td>
</tr>
<tr>
<td>$SD$</td>
<td>0.5</td>
<td>2.5</td>
<td>3.8</td>
<td>1.5</td>
</tr>
</tbody>
</table>

To examine the degree of treatment effect, I computed PEM statistic. Because the intervention was intended to increase Ms. George’s teacher responding scores, a horizontal line was drawn from the median level (6) in the baseline phase and extended across the intervention period (see Figure 3). Results indicated that 2 out of 7 (29%) data points for the play sessions and interactive modeling phases had values greater than 6, indicating that the intervention did not meet criteria for an effective treatment for increasing Ms. George’s teacher responsiveness in the classroom.

Analysis of Ms. George’s Criticizing/Justifying Authority Scores

Figure 4 presents descriptive statistics, visual analysis, and effect size on Ms. George’s criticizing/justifying authority scores on the IAS across baseline, intervention, and maintenance phases. The graph revealed a gradual decrease in criticizing/justifying authority scores following the introduction of the intervention, but an increase during the interactive modeling phase. Graphical analysis indicated a decrease in the level of the maintenance phase. The baseline level of 1.8 decreased to 0.4 during the play session phase but increased to a level of 1.5 during the interactive modeling phase. However, there was an overall decrease from the baseline level of 1.8 to 0.2 in the maintenance phase (see Table 16).
Results of a trend line analysis indicated a decrease in Ms. George’s criticizing/authority statements over the duration of the study. Calculation of the least squares regression line revealed a medium treatment effect and suggested a moderate relationship \( R^2 = 0.1, r = 0.33 \) between treatment and time. Analysis of variability demonstrated high variability during baseline (SD = 1.2) and interactive modeling (SD = 1.4) phases. Variability in play sessions (SD = 0.6) and maintenance (SD = 0.5) phases was low.

Table 16

*Descriptive Statistics on Ms. George’s Criticizing/Justifying Authority Scores*

<table>
<thead>
<tr>
<th>Descriptors</th>
<th>Baseline</th>
<th>Play Sessions</th>
<th>Interactive Modeling</th>
<th>Maintenance</th>
</tr>
</thead>
<tbody>
<tr>
<td>( M )</td>
<td>1.8</td>
<td>0.4</td>
<td>1.5</td>
<td>0.2</td>
</tr>
<tr>
<td>( SD )</td>
<td>1.2</td>
<td>0.6</td>
<td>1.4</td>
<td>0.5</td>
</tr>
</tbody>
</table>
To examine the degree of treatment effect, I computed PEM statistic. Because the intervention was intended to decrease Ms. George’s criticizing/justifying authority scores, a horizontal line was drawn from the median level (1.8) in the baseline phase and extended across the intervention period (see Figure 4). Results showed that 5 out of 7 (71%) data points in the play sessions and interactive modeling phases had values less than 1.8, indicating that the intervention was an effective treatment for decreasing Ms. George’s criticism in the classroom.

STRS Results

Ms. George rated her relationship with Tonya before the play session phase of the study. Results of the STRS indicated that Ms. George characterized her relationship with Tonya by high levels of Conflict (99th percentile), low levels of Closeness (15th percentile), moderate levels of Dependency (75th percentile). Taken together, these three subscales resulted in an extremely low Total scale (2nd percentile), indicating that the overall relationship between Ms. George and Tonya was poor or negative.

Ms. George rated her relationship with Tonya at the end of the play session phase. Results of the STRS indicated that Ms. George characterized her relationship with Tonya as having high levels of Conflict (89th percentile), moderate levels of Closeness (30th percentile), high levels of Dependency (92nd percentile). Taken together, these three subscales resulted in a low Total scale (10th percentile), indicating that the overall relationship between Ms. George and Tonya was poor or negative. Ms. George’s ratings on the STRS indicated that, although she felt that Tonya became more dependent after the play session phase of the study, their relationship was in less conflict and felt closer than in her initial report.

Follow-up Interview

Ms. George reported feeling uncomfortable during the initial play sessions. She reported
the most difficult part at the beginning was her awareness of being watched by a research team member. Additionally, Ms. George reported that during the beginning of the play sessions, she felt that she was repeating the same phrases redundantly. Ms. George reported that she enjoyed gaining a hands-on understanding of play therapy and the importance of expressing feelings. Ms. George reported that Tonya appeared to increase her negative behaviors in the classroom, and at one time, Ms. George refused to participate in the play session due to Tonya’s classroom behaviors. Ms. George reported that she “hated taking away the time together, but it seemed to be the only thing she responded to at that time.” Ms. George reported a difficulty in her relationship with Tonya toward the end of the play session phase, and she struggled implementing the language in the classroom during this time. Ms. George reported that during the last part of the play session phase, Tonya’s behaviors were at their worst, so it was hard to be in the playroom with her. However, Ms. George reported a greater understanding of Tonya’s home life during the play sessions together. Tonya first shared that her parents were getting a divorce and the emotional toll it was taking on her during the play sessions. Additionally, Ms. George recognized Tonya’s feelings of frustration towards her parents during this time. Ms. George self-reported learning that she is “not patient” during the experience. She stated that “it takes a lot of patience to sit in the playroom and be present,” and she struggled maintaining this component. Ms. George shared her struggle, that occurred throughout the study, as involving the time constraints placed on her at her school.

Participant 3: Mrs. Green

Classroom Measurement

Mrs. Green’s interactions were assessed through repeated measurements over a 15-week
period. A trained research assistant observed Mrs. Green in three 10-minute observations over two days for the entire duration of the study. The following section reveals the rater’s averaged teacher responding and criticizing/justifying authority scores across baseline, play session, interactive modeling, and maintenance conditions.

Analysis of Mrs. Green’s Teacher Responding Scores

Mrs. Green participated in four weeks of a non-intervention baseline, one educational session, four weeks of play sessions, three weeks of interactive modeling, and three weeks of a non-intervention maintenance phase. Figure 5 presents descriptive statistics, visual analysis, and effect size on Mrs. Green’s teacher responding scores on the IAS across baseline, intervention, and maintenance phases. The graph revealed a gradual increase in teacher responding scores following the second play session of the intervention. Graphical analysis indicated a small decrease in the level of the interactive modeling phase from the play session phase. The baseline level of 7.6 increased to 10.9 during the play session phase and slightly decreased to a level of 10 during the interactive modeling phase. Although the interactive modeling level decreased to 10, there was an overall increase from the baseline level of 7.6 to 10.2 in the maintenance phase (see Table 17).

Results of a trend line analysis indicated an increase in Mrs. Green’s teacher responsiveness during the play session phase and a small decrease over the interactive modeling and maintenance phases. Calculation of the least squares regression line revealed a medium treatment effect and suggested a moderate relationship ($R^2 = 0.11$, $r = 0.34$) between treatment and time. Analysis of variability demonstrated moderate variability during the baseline, play sessions, and interactive modeling phases with $SD$s of 1.3, 3.3, and 1.5 respectively. Analysis of variability demonstrated high variability in the maintenance phase, $SD = 5.5$. 
Figure 5. Descriptive statistics, visual analysis, and effect size on Mrs. Green’s Teacher Responding Scores.

Table 17

Descriptive Statistics on Mrs. Green’s Teacher Responding Scores

<table>
<thead>
<tr>
<th>Descriptors</th>
<th>Baseline</th>
<th>Play Sessions</th>
<th>Interactive Modeling</th>
<th>Maintenance</th>
</tr>
</thead>
<tbody>
<tr>
<td>M</td>
<td>7.6</td>
<td>10.9</td>
<td>10</td>
<td>10.2</td>
</tr>
<tr>
<td>SD</td>
<td>1.3</td>
<td>3.3</td>
<td>1.5</td>
<td>5.5</td>
</tr>
</tbody>
</table>

To examine the degree of treatment effect, I computed the percentage of data points exceeding the median (PEM) statistic. Because the intervention was intended to increase Mrs. Green’s teacher responding scores, a horizontal line was drawn from the median level (8.3) in the baseline phase and extended across the intervention period (see Figure 5). Results showed that 7 out of 8 (88%) data points in the play sessions and interactive modeling phases had values greater than 8.3, indicating that the intervention was an effective treatment for increasing Mrs.
Green’s teacher responsiveness in the classroom.

Analysis of Mrs. Green’s Criticizing/Justifying Authority Scores

Figure 6 presents descriptive statistics, visual analysis, and effect size on Mrs. Green’s criticizing/justifying authority scores on the IAS across baseline, intervention, and maintenance phases. The graph revealed a gradual decrease in criticizing/justifying authority scores following the introduction of the intervention. Graphical analysis indicated consistency in the level of the interactive modeling phase from the play session phase. The baseline level of 1.6 decreased to 0.3 during the play session phase and maintained a level of 0.3 during the interactive modeling phase. Additionally, there was an overall decrease from the baseline level of 1.6 to 0 in the maintenance phase (see Table 18).

Figure 6. Descriptive statistics, visual analysis, and effect size on Mrs. Green’s Criticizing/Justifying Authority scores.
Results of a trend line analysis indicated a decrease in Mrs. Green’s criticizing/justifying authority statements during the play session and interactive modeling phases. Calculation of the least squares regression line revealed a large treatment effect and suggested a large relationship ($R^2 = 0.35, r = 0.59$) between treatment and time. Analysis of variability demonstrated a high variability during the baseline ($SD = 1.8$). The play session and interactive modeling phases demonstrated low variability, $SD$s of 0.3 and 0.6, respectively. Analysis of variability demonstrated no variability in the maintenance phase ($SD = 0$).

Table 18

*Descriptive Statistics on Mrs. Green’s Criticizing/Justifying Authority Scores*

<table>
<thead>
<tr>
<th>Descriptors</th>
<th>Baseline</th>
<th>Play Sessions</th>
<th>Interactive Modeling</th>
<th>Maintenance</th>
</tr>
</thead>
<tbody>
<tr>
<td>M</td>
<td>1.2</td>
<td>0.3</td>
<td>0.3</td>
<td>0</td>
</tr>
<tr>
<td>SD</td>
<td>1.8</td>
<td>0.6</td>
<td>0.3</td>
<td>0</td>
</tr>
</tbody>
</table>

To examine the degree of treatment effect, I computed PEM statistic. Because the intervention was intended to decrease Mrs. Green’s criticizing/justifying authority scores, a horizontal line was drawn from the median level (1) in the baseline phase and extended across the intervention period (see Figure 6). Results showed that 6 out of 8 (75%) data points in the play sessions and interactive modeling phases had values less than 1, indicating that the intervention was an effective treatment for decreasing Mrs. Green’s criticism in the classroom.

**STRS Results**

Mrs. Green rated her relationship with Jason before the play session phase of the study. Results of the STRS indicated that Mrs. Green characterized her relationship with Jason by high levels of Conflict (90th percentile), low levels of Closeness (2nd percentile), moderate levels of Dependency (40th percentile). Taken together, these three subscales resulted in a very low Total
scale (4<sup>th</sup> percentile), indicating that the overall relationship between Mrs. Green and Jason was poor or negative.

Mrs. Green rated her relationship with Jason at the end of the play session phase. Results of the STRS indicated that Mrs. Green characterized her relationship with Jason as having high levels of Conflict (93<sup>rd</sup> percentile), low levels of Closeness (4<sup>th</sup> percentile), high levels of Dependency (80<sup>th</sup> percentile). Taken together, these three subscales resulted in a very low Total scale (4<sup>th</sup> percentile), indicating that the overall relationship between Mrs. Green and Jason remained poor or negative. Mrs. Green’s ratings on the STRS indicated that she struggled more with her relationship with Jason after the play session phase of the study; however, there was a small increase in her perception of her closeness with Jason.

Follow-up Interview

Mrs. Green reported that her understanding of play therapy changed over time, as well as what individual children may need in the playroom. She reported that she felt awkward during the beginning portions of the play sessions, because Jason did not talk. However, she reported that as she felt more comfortable in the playroom using the skills, she became more comfortable with his silence during his play. Mrs. Green reported that during class, Jason was very talkative and often loud. She was unsure of his change in behavior but learned that he may have needed a quiet place to play and connect with her. Mrs. Green reported that Jason’s home life is often chaotic, and she reported that he “needed a place to be himself and not get in trouble.” She also reported a greater understanding of Jason’s need to feel good about himself, by understanding some of the play themes included feelings of pride. Mrs. Green stated that her relationship with Jason became stronger after participating in the study, reporting that he never demonstrated affection towards her before their playtime together. Mrs. Green stated that after the fourth play
session, Jason hugged her and continues to periodically show affection, even telling her “I love you.” Mrs. Green reported that her greatest gain from the study was the understanding that reflecting feelings and using encouraging language actually “uplifts kids and helps them feel better about themselves.” Mrs. Green reported that she has tried the skills at home with her own children and has seen a difference.

Participant 4: Mrs. Vaughn

Classroom Measurement

Mrs. Vaughn’s interactions were assessed through repeated measurements over a 15-week period. A trained research assistant observed Mrs. Vaughn in three 10-minute observations over two days for the entire duration of the study. The following section reveals the rater’s averaged teacher responding and criticizing/justifying authority scores across baseline, play session, interactive modeling, and maintenance conditions.

Analysis of Mrs. Vaughn’s Teacher Responding Scores

Mrs. Vaughn participated in four weeks of a non-intervention baseline, one educational session, four weeks of play sessions, three weeks of interactive modeling, and three weeks of a non-intervention maintenance phase. Figure 7 presents descriptive statistics, visual analysis, and effect size on Mrs. Vaughn’s teacher responding scores on the IAS across baseline, intervention, and maintenance phases. The graph revealed a gradual increase in teacher responding scores following introduction of the intervention. Graphical analysis indicated an increase in the level of the interactive modeling phase from the play session phase. The baseline level of 3 increased to 3.7 during the play sessions phase and increased to a level of 4.8 during the interactive modeling phase. Over the course of the study, there was an overall increase from the baseline
level of 3 to 7.2 in the maintenance phase (see Table 19).

Figure 7. Descriptive statistics, visual analysis, and effect size on Mrs. Vaughn’s Teacher Responding scores.

Results of a trend line analysis indicated an increase in Mrs. Vaughn’s teacher responsiveness during the play sessions and interactive modeling phases. Calculation of the least squares regression line revealed a large treatment effect and suggested a large relationship \(R^2 = 0.59, r = 0.77\) between treatment and time. Analysis of variability within phases revealed high variability in the baseline, play session, and interactive modeling phases, with baseline of \(SD = 1.6\), play sessions with \(SD = 1.8\), and interactive modeling with \(SD = 1.3\). Analysis of variability within the maintenance phase revealed moderate variability \((SD = 0.8)\).
Table 19

*Descriptive Statistics and Effect Size for Mrs. Vaughn’s Teacher Responding Scores*

<table>
<thead>
<tr>
<th>Descriptors</th>
<th>Baseline</th>
<th>Play Sessions</th>
<th>Interactive Modeling</th>
<th>Maintenance</th>
</tr>
</thead>
<tbody>
<tr>
<td>M</td>
<td>3.0</td>
<td>3.7</td>
<td>4.8</td>
<td>7.2</td>
</tr>
<tr>
<td>SD</td>
<td>1.6</td>
<td>1.8</td>
<td>1.3</td>
<td>0.8</td>
</tr>
</tbody>
</table>

To examine the degree of treatment effect, I computed the percentage of data points exceeding the median (PEM) approach. Because the intervention was intended to increase Mrs. Vaughn’s teacher responding scores, a horizontal line was drawn from the median level (3) in the baseline phase and extended across the intervention period (see Figure 7). Results indicated that six of eight (75%) of the data points in the play sessions and interactive modeling phases have values greater than 3, indicating that the intervention was an effective treatment for increasing Mrs. Vaughn’s teacher responsiveness in the classroom.

Analysis of Mrs. Vaughn’s Criticizing/Justifying Authority Scores

Figure 8 presents descriptive statistics, visual analysis, and effect size on Mrs. Vaughn’s criticizing/justifying authority scores on the IAS across baseline, intervention, and maintenance phases. The graph revealed a gradual decrease in criticizing/justifying authority scores following the introduction of the intervention. Graphical analysis indicated a decrease in the level of the interactive modeling phase from the play session phase. The baseline level of 2.5 decreased to 1.6 during the play sessions phase and decreased to a level of 0.2 during the interactive modeling phase. Additionally, there was an overall decrease from the baseline level of 2.5 to 0 in the maintenance phase (see Table 20).
Results of a trend line analysis indicated a decrease in Mrs. Vaughn’s criticizing/justifying authority statements during the play sessions and interactive modeling phases. Calculation of the least squares regression line revealed a large treatment effect and suggested a large relationship ($R^2 = 0.68$, $r = 0.83$) between treatment and time. Analysis of variability demonstrated low variability throughout phases; baseline ($SD = 0.8$), play session ($SD = 0.8$), interactive modeling ($SD = 0.4$), and maintenance ($SD = 0$).

Table 20

**Descriptive Statistics and Effect Size for Mrs. Vaughn’s Criticizing/Justifying Authority Scores**

<table>
<thead>
<tr>
<th>Descriptors</th>
<th>Baseline</th>
<th>Play Sessions</th>
<th>Interactive Modeling</th>
<th>Maintenance</th>
</tr>
</thead>
<tbody>
<tr>
<td>$M$</td>
<td>2.5</td>
<td>1.6</td>
<td>0.2</td>
<td>0</td>
</tr>
<tr>
<td>$SD$</td>
<td>0.8</td>
<td>0.8</td>
<td>0.4</td>
<td>0</td>
</tr>
</tbody>
</table>
To examine the degree of treatment effect, I computed PEM statistic. Because the intervention was intended to decrease Mrs. Vaughn’s criticizing/justifying authority scores, a horizontal line was drawn from the median level (2.5) in the baseline phase and extended across the intervention period (see Figure 8). Results indicated that seven of eight (88%) of the data points in the play sessions and interactive modeling phases have values less than 2.5, indicating that the intervention was an effective treatment for decreasing Mrs. Vaughn’s criticism in the classroom.

STRS Results

Mrs. Vaughn rated her relationship with Alexandra before the play session phase of the study. Results of the STRS indicated that Mrs. Vaughn characterized her relationship with Alexandra by high levels of Conflict (90\textsuperscript{th} percentile), moderate levels of Closeness (35\textsuperscript{th} percentile), high levels of Dependency (80\textsuperscript{th} percentile). Taken together, these three subscales resulted in a low Total scale (12\textsuperscript{th} percentile), indicating that the overall relationship between Mrs. Vaughn and Alexandra was poor or negative.

Mrs. Vaughn rated her relationship with Alexandra at the end of the play session phase. Results of the STRS indicated that Mrs. Vaughn characterized her relationship with Alexandra as having moderate levels of Conflict (45\textsuperscript{th} percentile), moderate levels of Closeness (60\textsuperscript{th} percentile), moderate levels of Dependency (60\textsuperscript{th} percentile). Taken together, these three subscales resulted in a moderate Total scale (60\textsuperscript{th} percentile), indicating that the overall relationship between Mrs. Vaughn and Alexandra was moderately positive. Mrs. Vaughn’s ratings on the STRS indicated her relationship with Alexandra was characterized as having less conflict, higher closeness, and less dependency after the play session phase of the study.
Additionally, Mrs. Vaughn’s total rating of her relationship changed from poor or negative to demonstrating positive qualities.

Follow-up Interview

Mrs. Vaughn reported that she enjoyed the overall experience of the study. She reported that it was difficult at first, because she was not able to ask questions and it was hard to reflect back to the child. She reported that she “had to change her mindset to stop and think about what to say.” Mrs. Vaughn reported that it took Alexandra a while to relax in the playroom and understand “she’s in here to listen to me.” However, Mrs. Vaughn recognized that Alexandra felt more responsible after being in the playroom and her relationships with her peers and teacher changed. Mrs. Vaughn reported that Alexandra is more confident now and she appears to be “trying harder” in the classroom. Regarding their relationship, Mrs. Vaughn reported that she was frustrated with Alexandra before the study because she knew she had the capabilities to succeed. However, Mrs. Vaughn reported that Alexandra has changed over the course of the study because she has become more responsible in the classroom. Additionally, Mrs. Vaughn reported that she has learned to withdraw from the power struggles that she and Alexandra had in the classroom. Mrs. Vaughn learned how to “step back” and get to know each child individually in her classroom. She also reported that she likes to get things done fast, however, through the process of the study, she learned the importance of “stopping and smelling the roses” with the children in her classroom.

Participant 5: Ms. Nixon

Classroom Measurement

Ms. Nixon’s interactions were assessed through repeated measurements over a 13-week
period. A trained research assistant observed Ms. Nixon in three 10-minute observations over two days for the entire duration of the study. The following section reveals the rater’s averaged teacher responding and criticizing/justifying authority scores across baseline, play session, interactive modeling, and maintenance conditions.

Analysis of Ms. Nixon’s Teacher Responding Scores

Ms. Nixon participated in four weeks of a non-intervention baseline, one educational session, four weeks of play sessions, three weeks of interactive modeling, and three weeks of a non-intervention maintenance phase. Figure 9 presents descriptive statistics, visual analysis, and effect size on Ms. Nixon’s teacher responding scores on the IAS across baseline, intervention, and maintenance phases. The graph revealed a gradual increase in teacher responding scores following the introduction of the intervention. Graphical analysis indicated an increase in the level of the interactive modeling phase from the play session phase. The baseline level of 2.6 increased to 4.9 during the play sessions phase and increased to a level of 5.3 during the interactive modeling phase. Throughout the study, there was an overall increase from the baseline level of 2.6 to 6.1 in the maintenance phase (see Table 21).
Figure 9. Descriptive statistics, visual analysis, and effect size on Ms. Nixon’s Teacher Responding scores.

Results of a trend line analysis indicated an increase in Ms. Nixon’s teacher responsiveness during the play sessions and interactive modeling phases. Calculation of the least squares regression line revealed a large treatment effect and suggested a large relationship ($R^2 = 0.44, r = 0.67$) between treatment and time. Analysis of variability within conditions revealed moderate to high variability in each phase of the study; the baseline phase was represented by $SD = 0.9$, play session phase by $SD = 0.9$, interactive modeling phase by $SD = 1.7$, and maintenance phase by $SD = 1.9$. 

![Figure 9](image_url)
Table 21

**Descriptive Statistics and Effect Size for Ms. Nixon’s Teacher Responding Scores**

<table>
<thead>
<tr>
<th>Descriptors</th>
<th>Baseline</th>
<th>Play Sessions</th>
<th>Interactive Modeling</th>
<th>Maintenance</th>
</tr>
</thead>
<tbody>
<tr>
<td>$M$</td>
<td>2.6</td>
<td>4.9</td>
<td>5.3</td>
<td>6.1</td>
</tr>
<tr>
<td>$SD$</td>
<td>0.9</td>
<td>0.9</td>
<td>1.7</td>
<td>1.9</td>
</tr>
</tbody>
</table>

To examine the degree of treatment effect, I computed the percentage of data points exceeding the median (PEM) statistic. Because the intervention was intended to increase Ms. Nixon’s teacher responding scores, a horizontal line was drawn from the median level (2.8) in the baseline phase and extended across the intervention period (see Figure 9). Results indicated that six of six (100%) of the data points in the play sessions and interactive modeling phases have values greater than 2.8, indicating that the intervention was a very effective treatment for increasing Ms. Nixon’s teacher responsiveness in the classroom.

Analysis of Ms. Nixon’s Criticizing/Justifying Authority Scores

Figure 10 presents descriptive statistics, visual analysis, and effect size on Ms. Nixon’s justifying/criticizing authority scores on the IAS across baseline, intervention, and maintenance phases. The graph revealed a large decrease in criticizing/justifying authority scores following the introduction of the intervention. Graphical analysis indicated a decrease in the level of the interactive modeling phase from the play session phase. The baseline level of 6.4 decreased to 0.9 during the play sessions phase and decreased to a level of 0.3 during the interactive modeling phase. Additionally, there was an overall decrease from the baseline level of 6.4 to 0 in the maintenance phase (see Table 22).
Figure 10. Descriptive statistics, visual analysis, and effect size on Ms. Nixon’s Criticizing/Justifying Authority scores.

Results of a trend line analysis indicated a decrease in Ms. Nixon’s criticizing/justifying authority statements from the baseline phase to the play sessions and interactive modeling phases. Calculation of the least squares regression line revealed a large treatment effect and suggested a large relationship ($R^2 = 0.62$, $r = 0.78$) between treatment and time. Analysis of variability demonstrated high variability during the baseline phase ($SD = 2.9$). Variability during the play session phase showed an $SD$ of 0.8, and no variability in the interactive modeling and maintenance phases were observed due to $SD$s of 0 and 0, respectively.
To examine the degree of treatment effect, I computed PEM statistic. Because the intervention was intended to decrease Ms. Nixon’s criticizing/justifying authority scores, a horizontal line was drawn from the median level (6.1) in the baseline phase and extended across the intervention period (see Figure 10). Results indicated that six of six (100%) of the data points in the play sessions and interactive modeling phases have values less than 6.1, indicating that the intervention was a very effective treatment for decreasing Ms. Nixon’s criticism in the classroom.

STRS Results

Ms. Nixon rated her relationship with Henry before the play session phase of the study. Results of the STRS indicated that Ms. Nixon characterized her relationship with Henry by moderate levels of Conflict (35th percentile), moderate levels of Closeness (45th percentile), high levels of Dependency (75th percentile). Taken together, these three subscales resulted in a moderate Total scale (54th percentile), indicating that the overall relationship between Ms. Nixon and Henry had some positive characteristics.

Ms. Nixon rated her relationship with Henry at the end of the play session phase. Results of the STRS indicated that Ms. Nixon characterized her relationship with Henry as having moderate levels of Conflict (55th percentile), moderate levels of Closeness (40th percentile), high levels of Dependency (75th percentile). Taken together, these three subscales resulted in a
moderate Total scale (40th percentile), indicating that the overall relationship between Ms. Nixon and Henry showed positive characteristics. Ms. Nixon’s ratings on the STRS indicated that she struggled less with her relationship with Henry after the play session phase of the study, however most of her ratings still fell in the moderate range.

Follow-up Interview

Ms. Nixon reported struggling in the play sessions with what to say and at times, she felt herself being silent because she was unsure of how to respond to Henry. Ms. Nixon reported she learned that Henry needed to feel accomplished in and out of the playroom. Additionally, she reported that she felt more connected to Henry and indicated he felt more connected to her. Ms. Nixon reported that Henry asked daily when they would go to the playroom, therefore, she felt he enjoyed their time together. She reported enjoying implementing the new skills in the classroom. Ms. Nixon stated that she feels that she was helped throughout the process of the study because she found ways to help the children in her classroom and interact with them in new ways. She reported that she learned to change how she stated things by giving the students “choices so they could make decisions instead of telling them what to do”. Additionally, Ms. Nixon reported she learned it is “better to state things calmly” than to “yell or threaten” the students in her class. Ms. Nixon reported that she identified with giving choices and learned that she likes to have choices too, which resonated personally with her.

Participant 6: Ms. Miller

Classroom Measurement

Ms. Miller’s interactions were assessed through repeated measurements over a 15-week period. A trained research assistant observed Ms. Miller in three 10-minute observations over
two days for the entire duration of the study. The following section reveals the rater’s averaged teacher responding and criticizing/justifying authority scores across baseline, play sessions, interactive modeling, and maintenance conditions.

Analysis of Ms. Miller’s Teacher Responding Scores

Ms. Miller participated in three weeks of a non-intervention baseline, one educational session, four weeks of play sessions, three weeks of interactive modeling, and three weeks of a non-intervention maintenance phase. Figure 11 presents descriptive statistics, visual analysis, and effect size on Ms. Miller teacher responding scores on the IAS across baseline, intervention, and maintenance phases. The graph revealed a gradual increase in teacher responding scores following the introduction of the intervention. Graphical analysis indicated a small decrease in the level of the interactive modeling phase from the play session phase. The baseline level of 2.4 increased to 3.9 during the play session phase and decreased to a level of 3.5 during the interactive modeling phase. Although the maintenance level decreased to 3.4, there was an overall increase from the baseline level of 2.4 to 3.4 in the maintenance phase (see Table 23).
Figure 11. Descriptive statistics, visual analysis, and effect size on Ms. Miller’s Teacher Responding scores.

Results of a trend line analysis indicated an increase in Ms. Miller’s teacher responsiveness during duration of the study. Calculation of the least squares regression line revealed a small treatment effect, therefore a relationship ($R^2 = 0.01$, $r = 0.14$) between treatment and time cannot be suggested. Analysis of variability within conditions revealed moderate variability in baseline, play session, interactive modeling, and maintenance phases. The baseline phase $SD$ was 0.7. The play session phase was represented by $SD = 1.1$. The interactive modeling phase $SD$ was 1.3, and the maintenance phase $SD$ was 0.8.
Table 23

Descriptive Statistics on Ms. Miller’s Teacher Responding Scores

<table>
<thead>
<tr>
<th>Descriptors</th>
<th>Baseline</th>
<th>Play Sessions</th>
<th>Interactive Modeling</th>
<th>Maintenance</th>
</tr>
</thead>
<tbody>
<tr>
<td>M</td>
<td>2.4</td>
<td>3.9</td>
<td>3.5</td>
<td>3.4</td>
</tr>
<tr>
<td>SD</td>
<td>0.7</td>
<td>1.1</td>
<td>1.3</td>
<td>0.8</td>
</tr>
</tbody>
</table>

To examine the degree of treatment effect, I computed the PEM statistic. Because the intervention was intended to increase Ms. Miller’s teacher responding scores, a horizontal line was drawn from the median level (2.5) in the baseline phase and extended across the intervention period (see Figure 11). Results showed 7 out of 9 (78%) data points in the play sessions and interactive modeling phases had values greater than 2.5, indicating that the intervention was an effective treatment for increasing Ms. Miller’s teacher responsiveness in the classroom.

Analysis of Ms. Miller’s Criticizing/Justifying Authority Scores

Figure 12 presents descriptive statistics, visual analysis, and effect size on Ms. Miller’s criticizing/justifying authority scores on the IAS across baseline, intervention, and maintenance phases. The graph revealed a decrease in criticizing/justifying authority scores following the introduction of the intervention. Graphical analysis indicated a decrease in the level of the interactive modeling phase from the play session phase. The baseline level of 4.3 decreased to 0.3 during the play sessions phase and decreased to a level of 0 during the interactive modeling phase. Additionally, there was an overall decrease from the baseline level of 4.3 to 0 in the maintenance phase (see Table 24).
Results of a trend line analysis indicated a decrease in Ms. Miller’s criticizing/justifying authority statements during the play sessions and interactive modeling phases. Calculation of the least squares regression line revealed a large treatment effect and suggested a large relationship ($R^2 = 0.51$, $r = 0.71$) between treatment and time. Analysis of variability demonstrated a high variability during the baseline ($SD = 2.1$) and low variability in play session phase ($SD = 0.8$). Analysis of variability demonstrated no variability in the interactive modeling and maintenance phases with $SD$s of 0 and 0, respectively.

Table 24

**Descriptive Statistics on Ms. Miller’s Criticizing/Justifying Authority Scores**

<table>
<thead>
<tr>
<th>Descriptors</th>
<th>Baseline</th>
<th>Play Sessions</th>
<th>Interactive Modeling</th>
<th>Maintenance</th>
</tr>
</thead>
<tbody>
<tr>
<td>$M$</td>
<td>4.3</td>
<td>0.3</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>$SD$</td>
<td>2.1</td>
<td>0.8</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

To examine the degree of treatment effect, I computed PEM statistic. Because the
intervention was intended to decrease Ms. Miller’s criticizing/justifying authority scores, a horizontal line was drawn from the median level (5.3) in the baseline phase and extended across the intervention period (see Figure 12). Results showed 9 out of 9 (100%) data points in the play sessions and interactive modeling phases had values less than 5.3, indicating that the intervention was a very effective treatment for decreasing Ms. Miller’s criticism in the classroom.

STRS Results

Ms. Miller rated her relationship with Jose before the play session phase of the study. Results of the STRS indicated that Ms. Miller characterized her relationship with Jose by high levels of Conflict (90th percentile), moderate levels of Closeness (50th percentile), high levels of Dependency (85th percentile). Taken together, these three subscales resulted in a moderately low Total scale (26th percentile), indicating that the overall relationship between Ms. Miller and Jose was poor or negative.

Ms. Miller rated her relationship with Jose at the end of the play session phase. Results of the STRS indicated that Ms. Miller characterized her relationship with Jose as having high levels of Conflict (90th percentile), high levels of Closeness (70th percentile), high levels of Dependency (95th percentile). Taken together, these three subscales resulted in a low Total scale (14th percentile), indicating that the overall relationship between Ms. Miller and Jose remained poor or negative. Although Ms. Miller reported having more conflict and perceiving Jose as being more dependent after the play sessions phase, she reported an increase in closeness throughout the play sessions phase.

Follow-up Interview

Ms. Miller reported that she felt uncomfortable at the beginning of the study, because of the language; however, she reported that as she became more comfortable, she enjoyed the play
sessions more. She reported that at the beginning, she struggled with wanting to redirect and label the toys in the playroom. After a while, however, she learned what Jose needed to accomplish in their time together and understood the importance of being non-directive. Ms. Miller reported that she understands more the purpose of play for young children. Ms. Miller reported that she built a positive relationship with Jose during the course of the study. Jose became less frustrated with her in the classroom, and she understood his need to feel proud. She now sees what he is trying to do in class and uses the language to observe him aloud. Ms. Miller reported that she understood that when she encouraged Jose, he felt proud of himself. Ms. Miller reported that Jose became less dependent on her as the study progressed and demanded less of her individual attention. Ms. Miller stated she learned she does not “have to be in control” all of the time. She also learned the importance of acknowledging other things in the classroom, like effort and hard work and reducing how high her expectations were for all of her children.

Participant 7: Mrs. Morgan

Classroom Measurement

Mrs. Morgan’s interactions were assessed through repeated measurements over a 15-week period. A trained research assistant observed Mrs. Morgan in three 10-minute observations over two days for the entire duration of the study. The following section reveals the rater’s average teacher responding and criticizing/justifying authority scores across baseline, play sessions, interactive modeling, and maintenance conditions.

Analysis of Mrs. Morgan’s Teacher Responding Scores

Mrs. Morgan participated in a 3-week non-intervention baseline, one educational session, four weeks of play sessions, three weeks of interactive modeling, and three weeks of a non-
intervention maintenance phase. Figure 13 presents descriptive statistics, visual analysis, and effect size on Mrs. Morgan’s teacher responding scores on the IAS across baseline, intervention, and maintenance phases. The graph revealed a gradual decrease in teacher responding scores during the play session phase and the interactive modeling phase. The baseline level of 4.4 decreased to 3.9 during the play session phase and decreased to a level of 3.4 during the interactive modeling phase. Although the level of the play sessions and interactive modeling decreased over time, there was an overall increase from the baseline level of 4.4 to 6.2 in the maintenance phase (see Table 25).

![Figure 13: Descriptive statistics, visual analysis, and effect size on Mrs. Morgan’s Teacher Responding scores.](image)

Results of a trend line analysis indicated an increase in Mrs. Morgan’s teacher responsiveness throughout the duration of the study. Calculation of the least squares regression line revealed a medium treatment effect and suggested a moderate relationship ($R^2 = 0.11$, $r =$...
0.33) between treatment and time. Analysis of variance within conditions revealed low variability in baseline and interactive modeling. The baseline phase showed the $SD$ was 0.2, and interactive modeling phase showed the $SD$ of 0.9. The play session phase ($SD = 1.2$) and maintenance phase ($SD = 1.8$) demonstrated higher levels of variability.

Table 25

**Descriptive Statistics on Mrs. Morgan’s Teacher Responding Scores**

<table>
<thead>
<tr>
<th>Descriptors</th>
<th>Baseline</th>
<th>Play Sessions</th>
<th>Interactive Modeling</th>
<th>Maintenance</th>
</tr>
</thead>
<tbody>
<tr>
<td>$M$</td>
<td>4.4</td>
<td>3.9</td>
<td>3.4</td>
<td>6.2</td>
</tr>
<tr>
<td>$SD$</td>
<td>0.2</td>
<td>1.2</td>
<td>0.9</td>
<td>1.8</td>
</tr>
</tbody>
</table>

To examine the degree of treatment effect, I computed the PEM statistic. Because the intervention was intended to increase Mrs. Morgan’s teacher responding scores, a horizontal line was drawn from the median level (4.3) in the baseline phase and extended across the intervention period (see Figure 13). Results showed that 1 out of 9 (11%) data points in the play sessions and interactive modeling phases had values greater than 4.3, indicating that the intervention did not meet criteria for effectiveness in increasing Mrs. Morgan’s teacher responsiveness in the classroom.

Analysis of Mrs. Morgan’s Criticizing/Justifying Authority Scores

Figure 14 presents descriptive statistics, visual analysis, and effect size on Mrs. Morgan’s criticizing/justifying authority scores on the IAS across baseline, intervention, and maintenance phases. The graph revealed a decrease in criticizing/justifying authority scores following the introduction in the second phase of the intervention. Graphical analysis indicated a decrease in the level of the interactive modeling phase from the play session phase. The baseline level of 3.3 decreased to 0.2 during the play sessions phase and decreased to a level of 0 during the
interactive modeling phase. Additionally, there was an overall decrease from the baseline level of 3.3 to 0 in the maintenance phase (see Table 26).

![Figure 14. Descriptive statistics, visual analysis, and effect size on Mrs. Morgan’s Criticizing/Justifying Authority scores.](image)

Results of a trend line analysis indicated a decrease in Mrs. Morgan’s criticizing/justifying authority statements during the play sessions and interactive modeling phases. Calculation of the least squares regression line revealed a large treatment effect and suggested a large relationship ($R^2 = 0.36$, $r = 0.60$) between treatment and time. Analysis of variability demonstrated a high variability during the baseline phase ($SD = 3.3$). Analysis of variability demonstrated low to no variability in the play session ($SD = 0.4$), interactive modeling ($SD = 0$), and maintenance ($SD = 0$) phases.
Table 26

Descriptive Statistics on Mrs. Morgan’s Criticizing/Justifying Authority Scores

<table>
<thead>
<tr>
<th>Descriptors</th>
<th>Baseline</th>
<th>Play Sessions</th>
<th>Interactive Modeling</th>
<th>Maintenance</th>
</tr>
</thead>
<tbody>
<tr>
<td>$M$</td>
<td>3.3</td>
<td>0.2</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>$SD$</td>
<td>3.3</td>
<td>0.4</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

To examine the degree of treatment effect, I computed PEM statistic. Because the intervention was intended to decrease Mrs. Morgan’s criticizing/justifying authority scores, a horizontal line was drawn from the median level (2.3) in the baseline phase and extended across the intervention period (see Figure 14). Results showed 7 out of 9 (78%) data points in the play sessions and interactive modeling phases had values less than 2.3, indicating that the intervention was an effective treatment for decreasing Mrs. Morgan’s criticism in the classroom.

STRS Results

Mrs. Morgan rated her relationship with Justin before the play session phase of the study. Results of the STRS indicated that Mrs. Morgan characterized her relationship with Justin by high levels of Conflict (87th percentile), low levels of Closeness (27th percentile), high levels of Dependency (75th percentile). Taken together, these three subscales resulted in a low Total scale (14th percentile), indicating that the overall relationship between Mrs. Morgan and Justin was poor or negative.

Mrs. Morgan rated her relationship with Justin at the end of the play session phase. Results of the STRS indicated that Mrs. Morgan characterized her relationship with Justin as having high levels of Conflict (77th percentile), low levels of Closeness (8th percentile), high levels of Dependency (85th percentile). Taken together, these three subscales resulted in a low Total scale (12th percentile), indicating that the overall relationship between Mrs. Morgan and
Justin remained poor or negative. Mrs. Morgan’s ratings on the STRS indicated that she struggled more with her relationship with Justin after the play session phase of the study; however, Mrs. Morgan reported lower levels of conflict after the play session phase.

Follow-up Interview

Mrs. Morgan reported her initial perception of the play sessions was they were unfamiliar, and she had to think a lot about what to say in their time together. As she progressed through the study, Mrs. Morgan reported that the language came more easily in and out of the playroom. She felt she and Justin connected more personally through the study. She reported that Justin made more eye contact with her and changed his way of interacting in the classroom. Mrs. Morgan stated Justin did not initiate with her or his peers in the class before the study; however, now he is more engaged with her. Mrs. Morgan reported that she struggled with the play sessions because she felt very confident in the classroom but unsure of herself in the play session. Additionally, she stated that she prefers structured activities, so the unstructured nature of the play sessions challenged her approach to Justin. Mrs. Morgan perceived that Justin felt safe to express his feelings in the playroom, including feeling happy, funny, serious, frustrated, and inquisitive. Mrs. Morgan reported that Justin is no longer “explosive in the classroom” and is less angry than before the study. She was able to transfer their relationship into the classroom by using interactive modeling to transfer skills into the classroom. She reported she has benefited from using reflecting in the classroom, especially because it is used to acknowledge the children’s needs while also redirecting them to what they need to accomplish in the classroom. Finally, Mrs. Morgan reported that she learned she prefers structure, but it “worked” to be non-directive, like in the play sessions. She reported she learned the concepts of the study have a place in the classroom, especially when helping students feel valued.
Participant 8: Mrs. Inman

Classroom Measurement

Mrs. Inman’s interactions were assessed through repeated measurements over a 14-week period. A trained research assistant observed Mrs. Inman in three 10-minute observations over two days for the entire duration of the study. The following section reveals the rater’s average teacher responding and criticizing/justifying authority scores across baseline, play sessions, interactive modeling, and maintenance conditions.

Analysis of Mrs. Inman’s Teacher Responding Scores

Mrs. Inman participated in a 3-week non-intervention baseline, one educational session, four weeks of play sessions, three weeks of interactive modeling, and three weeks of a non-intervention maintenance phase. Figure 15 presents descriptive statistics, visual analysis, and effect size for Mrs. Inman’s teacher responding scores on the IAS across baseline, intervention, and maintenance phases. The graph revealed a large decrease in teacher responding in the level of the play session phase and interactive modeling phase. The baseline level of 6.5 decreased to 2.1 during the play session phase but increased to a level of 3.5 during the interactive modeling phase. There was an overall decrease in teacher responding scores from the baseline level of 6.5 to 3.3 in the maintenance phase (see Table 27).
Figure 15. Descriptive statistics, visual analysis, and effect size on Mrs. Inman’s Teacher Responding scores.

Results of a trend line analysis indicated a decrease in Mrs. Inman’s teacher responsiveness during the play sessions and interactive modeling phases. Calculation of the least squares regression line revealed a medium treatment effect and suggested a moderate relationship \( R^2 = 0.52, r = 0.39 \) between treatment and time; however, the downward trend throughout the duration of the study is opposite of the expected increase in teacher responding scores. Analysis of variance within conditions revealed moderate variability in baseline, play session, interactive modeling, and maintenance phases. The baseline phase SD was 1.4. The play session phase SD was 0.9. The interactive modeling phase SD was 1.4, and the maintenance phase SD was 1.5.
Table 27

**Descriptive Statistics on Mrs. Inman’s Teacher Responding Scores**

<table>
<thead>
<tr>
<th>Descriptors</th>
<th>Baseline</th>
<th>Play Sessions</th>
<th>Interactive Modeling</th>
<th>Maintenance</th>
</tr>
</thead>
<tbody>
<tr>
<td>$M$</td>
<td>6.5</td>
<td>2.1</td>
<td>3.5</td>
<td>3.3</td>
</tr>
<tr>
<td>$SD$</td>
<td>1.4</td>
<td>0.9</td>
<td>1.4</td>
<td>1.5</td>
</tr>
</tbody>
</table>

To examine the degree of treatment effect, I computed the PEM statistic. Because the intervention was intended to increase Mrs. Inman’s teacher responding scores, a horizontal line was drawn from the median level (6) in the baseline phase and extended across the intervention period (see Figure 15). Results showed 0 out of 8 (0%) data points in the play sessions and interactive modeling phases had values greater than 6, indicating that the intervention did not meet criteria for an effective treatment for increasing Mrs. Inman’s teacher responsiveness in the classroom.

**Analysis of Mrs. Inman’s Criticizing/Justifying Authority Scores**

Figure 16 presents descriptive statistics, visual analysis, and effect size on Mrs. Inman’s criticizing/justifying authority scores on the IAS across baseline, intervention, and maintenance phases. The graph revealed a gradual decrease in criticizing/justifying authority scores following the introduction of the intervention. Graphical analysis indicated a decrease in the level of the interactive modeling phase from the play session phase. The baseline level of 0.8 decreased to 0.1 during the play sessions phase and decreased to a level of 0 during the interactive modeling phase. Additionally, there was an overall decrease from the baseline level of 0.8 to 0 in the maintenance phase (see Table 28).
Results of a trend line analysis indicated a decrease in Mrs. Inman’s criticizing/justifying authority statements during the play sessions and interactive modeling phases. Calculation of the least squares regression line revealed a large treatment effect and suggested a large relationship ($R^2 = 0.31$, $r = 0.55$) between treatment and time. During the baseline and play session phases of treatment, Mrs. Inman demonstrated moderate variability in the baseline phase ($SD = 1.1$) and low variability in the play session phase ($SD = 0.2$). However, she showed no variability with the interactive modeling and maintenance phases as each had an $SD = 0$. 

*Figure 16.* Descriptive statistics, visual analysis, and effect size on Mrs. Inman’s Criticizing/Justifying Authority scores.
Table 28

Descriptive Statistics on Mrs. Inman’s Criticizing/Justifying Authority Scores

<table>
<thead>
<tr>
<th>Descriptors</th>
<th>Baseline</th>
<th>Play Sessions</th>
<th>Interactive Modeling</th>
<th>Maintenance</th>
</tr>
</thead>
<tbody>
<tr>
<td>$M$</td>
<td>0.8</td>
<td>0.1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>$SD$</td>
<td>1.1</td>
<td>0.2</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

To examine the degree of treatment effect, I computed PEM statistic. Because the intervention was intended to decrease Mrs. Inman’s criticizing/justifying authority scores, a horizontal line was drawn from the median level (0.3) in the baseline phase and extended across the intervention period (see Figure 16). Results showed 7 out of 8 (88%) data points in the play sessions and interactive modeling phases had values less than 0.3, indicating that the intervention was an effective treatment for decreasing Mrs. Inman’s criticism in the classroom.

STRS Results

Mrs. Inman rated her relationship with Yolanda before the play session phase of the study. Results of the STRS indicated that Mrs. Inman characterized her relationship with Yolanda by high levels of Conflict (99th percentile), low levels of Closeness (18th percentile), high levels of Dependency (99th percentile). Taken together, these three subscales resulted in a very low Total scale (<1st percentile), indicating that the overall relationship between Mrs. Inman and Yolanda was poor or negative.

Mrs. Inman rated her relationship with Yolanda at the end of the play session phase. Results of the STRS indicated that Mrs. Inman characterized her relationship with Yolanda as having high levels of Conflict (96th percentile), moderate levels of Closeness (50th percentile), high levels of Dependency (97th percentile). Taken together, these three subscales resulted in a very low Total scale (5th percentile), indicating that the overall relationship between Mrs. Inman
and Yolanda remained poor or negative. Although Mrs. Inman’s ratings of her relationship were still in the very low range after the play sessions phase, she reported having less conflict, feeling closer, and perceiving less dependency in her relationship with Yolanda.

Follow-up Interview

Mrs. Inman reported that she struggled throughout the entire study with Yolanda. She reported that she felt the play sessions made their relationship more difficult, because Yolanda wanted Mrs. Inman to be that way all the time. Mrs. Inman stated that she understood how important the individual time with Yolanda was, but she “latched on more” because of their positive relationship. Mrs. Inman reported she felt that Yolanda was not used to having individual attention, and she possibly did not know what to do with it. Mrs. Inman recognized a main theme in Yolanda’s play was her anxiety and her desire to feel safe and connected to Mrs. Inman. She reported that Yolanda wanted to invite her into all of her play and had difficulties with boundaries. Additionally, she learned that she struggled with limit setting in and out of the playroom. Although Mrs. Inman reported she struggled throughout the study, she stated that she gained insight into Yolanda’s world through the play sessions and understands the importance of play in the child’s life. Mrs. Inman reported she learned the most about herself in the study, stating that she learned she “has a temper.” She reported she did not realize there were other ways to approach children and using the language of play in the classroom is beneficial to all the children.

Summary of Results

Overall, the summary of results indicates 8 out of 8 teachers demonstrated effective or very effective results on increasing teacher responding or decreasing criticizing/justifying
authority statements. 5 out of 8 teachers demonstrated increases in mean scores on teacher responding at the mildly to very effective criteria levels. All 8 participating teachers demonstrated a decrease in mean scores on criticizing/justifying authority at the effective or very effective criteria level. Table 29 shows the full summary.

Table 29

Summary of Means and Percentage of Non-overlapping Data on Teacher Responding and Criticizing/Justifying Authority Scores

<table>
<thead>
<tr>
<th>Teacher</th>
<th>Means for Teacher Responding</th>
<th>Means for Teacher Criticizing/Justifying</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Baseline</td>
<td>Play Session</td>
</tr>
<tr>
<td>Olson</td>
<td>2.3</td>
<td>3.2</td>
</tr>
<tr>
<td>George</td>
<td>5.9</td>
<td>4.3</td>
</tr>
<tr>
<td>Green</td>
<td>7.6</td>
<td>10.9</td>
</tr>
<tr>
<td>Vaughn</td>
<td>3.0</td>
<td>3.7</td>
</tr>
<tr>
<td>Nixon</td>
<td>2.6</td>
<td>4.9</td>
</tr>
<tr>
<td>Miller</td>
<td>2.4</td>
<td>3.9</td>
</tr>
<tr>
<td>Morgan</td>
<td>4.4</td>
<td>3.9</td>
</tr>
<tr>
<td>Inman</td>
<td>6.5</td>
<td>2.1</td>
</tr>
</tbody>
</table>

Notes: TR = Teacher Responding; C/J = Teacher Criticizing/Justifying Authority; Increase in scores for TR = improvement; Decrease in scores for TC = improvement; * Mildly effective treatment; ** Effective treatment; *** Very effective treatment.
CHAPTER 5
DISCUSSION

The current study was designed to explore the impact of a play-based teacher consultation (PBTC) program on teacher-child interactions with individual children and whole classrooms. Improvement in teacher-child interactions was predicated on the improvement of each teacher’s interpersonal skills with children. Over approximately 16 weeks, teachers participated in one educational session, play sessions with their children of focus, and interactive modeling sessions. Data were collected over the entirety of the study, including baseline and follow-up phases in accordance with single-case design (Kennedy, 2005). The Student Teacher Relationship Scale (STRS; Pianta, 2001) was collected during the baseline phase and after the play session phase to measure change in the teacher-child relationship with the teacher’s child of focus. The Interaction Analysis System (IAS; Flanders, 1973) was used to measure communication patterns between teachers and students. The goal of the intervention was to improve teachers’ interpersonal skills through increased teacher responsiveness and decreased teacher criticism in the classroom as demonstrated through the IAS measurements over time. 5 out of 8 teachers demonstrated effective or very effective treatment results on teacher responding, while 8 out of 8 (100%) teachers demonstrated effective or very effective results on criticizing/justifying authority.

Effect of PBTC on Teacher Responsiveness and Criticism in the Classroom

The PBTC program was based on a 3-hour educational curriculum. The educational curriculum addressed characteristics of therapeutic responses, esteem building for children, and the difference between praise and encouragement. Teachers practiced reflecting content and feelings to prepare for play sessions with their children of focus. Additionally, the teachers
discussed their children of focus and ways to respond to their children in the playroom. The teachers then participated in play sessions once a week over a 7-week period with the children of focus and engaged in interactive modeling sessions within their classrooms for three weeks.

7 of 8 teachers demonstrated an increase in mean scores over the duration of the study on teacher responsiveness. 5 of the teachers’ scores met the criteria for effectiveness of intervention on teacher responsiveness. Because the IAS data might not have represented all change in teachers’ responsiveness over time, raters recorded verbatim teachers’ responses during the IAS break periods. At the beginning of the study, responses coded under teacher responding included more praise statements, such as “I am very proud of you for following the rules,” “You are showing good control,” “I sure would like an awesome today,” and “I like how nice Jenny is sitting.” After the play session phase, during interactive modeling, and in the follow-up phase, the teachers demonstrated more reflections of feelings and encouragement. Examples of the change in responses included “You worked hard to get it, but it didn’t work,” “You’re proud of that,” and “It was important to you that I have that.” The teachers’ responses moved from using praise statements to impact student behavior to using statements that were encouraging and supportive of the students (Flanders, 1973). By changing their responses to the children in the classroom, the teachers provided students with the opportunity to become intrinsically motivated, and the teachers moved away from showing teacher judgment of correct behavior. Encouraging statements focus on children’s internal evaluation and facilitate the development of self-control (Landreth & Bratton, 2006). By increasing teacher responsiveness in the classroom, the teachers promoted students feeling valued and appreciated and contributed to a positive learning environment.

All of the teachers demonstrated decreases in criticism in their classrooms over the
duration of the study. All of the teachers’ mean scores decreased over time and demonstrated effectiveness to high effectiveness for the intervention. Similar to teacher responsiveness, responses were recorded during the IAS break periods to further assess change over time. At the beginning of the study, teachers demonstrated a high frequency of criticizing and justifying authority statements in the classroom, including “Not a good choice sir, and that makes me very sad,” “You never interrupt me unless you are bleeding,” and “You are all on yucky today.” As the intervention progressed, teachers demonstrated more acceptance of the person of the student in the classrooms, as demonstrated by responses like “I know you are really excited, but I need you to take a breath and do your work.” Acceptance is communicated through patience and in the ability to see through the child’s perspective. When children feel accepted, they are more able to express their true selves and willing to take chances (Landreth & Bratton, 2006).

Throughout the study, change occurred with each teacher via interactions in their classrooms. More specifically, 7 out of 8 teachers increased the average number of teacher responding scores from baseline to follow-up periods. All teachers reduced the amount of criticizing statements in their classrooms over time, with the largest change being an average of six criticizing statements in a 10-minute period to zero criticizing statements in the follow-up period. Classrooms with less criticism and more encouragement, reflections of feelings, and ideas indicate higher teacher interpersonal skills. Classroom environments that provide encouragement allow for more academic and emotional success. Students who perceive a positive learning environment demonstrate more on-task behavior and higher perceived academic competence (Pianta et al., 2002).

Individual Play Sessions and Teacher-Child Relationships

Teachers completed the STRS during the baseline phase and after the play session phase
in order to measure possible change in the dyad relationships between the teachers and the children with whom they conducted play sessions. Overall, the results did not demonstrate substantial clinical changes on the STRS. 5 out of 8 teachers reported an aspect of positive change in the relationship after the play session phase. These teachers reported one or more of the following: less conflict, more closeness, less dependency, and higher positive relationship scores. Although these changes may appear small on the STRS scales, any positive change can contribute to an encouraging teacher-child relationship. Three of the teachers who reported positive change over time on the STRS also demonstrated poorer teacher responding scores over time. According to effect size, none of these three teachers showed the teacher consultation model to be effective on teacher responding scores. This finding may indicate that although they were unable to translate responsiveness into the classroom at the rate of the other teachers in the study, their relationships with their individual children changed in a positive direction. The small movement toward positive change with one child could possibly lead to the transfer of interpersonal skills in the classroom as time progresses.

Three teachers reported negative change over time on the STRS. One assumption about the change is that teachers were more in tune with the children of focus and therefore felt more conflict and dependency. When teachers feel more conflict and dependency from their child, their feelings of closeness and a positive relationship might decrease. It is difficult to discern if the teachers felt more negativity in their relationships with their children of focus, or if they were more connected to their children and noticed behaviors they may have not noticed before the study.

The teachers reported enjoying the process of the play sessions because they were able to get to know their children of focus on an individual basis. The teachers reported understanding
what their children of focus needed and gained an awareness of their children’s home lives. The teachers reported learning more about how their children’s home lives, which included divorce, chaos, and lack of attention, played into how they behaved in school. One teacher reported she felt her child had a chaotic home life and the play session provided a place for him to be himself and feel safe. Another teacher reported understanding that feeling proud and accomplished was important to her child, which resulted in more encouragement in the classroom. Many of the teachers reported feeling more connected to their children of focus after the play sessions, with one teacher expressing her desire to get to know all of the children in her classroom individually.

The teachers also reported a change in their children of focus in the classroom environment. Most teachers reported a positive change in the classroom; however, a few reported that their children became more dependent and needed more attention in the classroom. It is possible some children in were in stronger need of more play sessions that would have provided further nurturing. When the play sessions were over, these children might have lacked the adult connection they needed. Additionally, the teachers seemed to be more aware of their students’ needs after the play session phase. The children might or might not have needed more attention from their teachers, but the teachers were more aware of their connections and therefore could have felt more dependency from the child. Other teachers reported positive change in the classroom, including their students trying harder and being more compliant in class after the play sessions. Teachers reported their students demonstrated more confidence, responsibility, and engagement in the classroom. Additionally, teachers reported their students were less frustrated and displayed fewer angry feelings after play sessions.

Although it was difficult to predict positive trajectory over time, after the play session phase, 5 out of 8 teachers reported positive change in one or more areas of the STRS. CTRT
results indicated statistically significant reduction in externalized behavioral problems (Morrison & Bratton, 2010) which may lead to positive teacher-child relationships. In Kinder training research, teachers responded more empathically, and students demonstrated less anxiety and depression at statistically significant levels (Hess et al., 2004; Post et al., 2005). Results at statistically significant levels for CTRT and kinder training indicated that play sessions translated into better teacher-student relationships. In the current study, the limited number of play sessions (3-7) with the children of focus appeared to limit the impact of play sessions. If the main goal is to improve an individual relationship between teacher and child, more play sessions (10) are indicated, as demonstrated in CTRT and kinder therapy literature.

Positive relationships are essential in elementary classrooms to help with academic, social, and emotional well being. Children’s behavioral patterns are related to their relationships with significant adults in school classrooms and teacher-child relationships that consist of frequent conflict may suppress children’s prosocial behaviors (Birch & Ladd, 1998). The continuation of play sessions might aid in increasing positive relationships between the teachers and children to contribute to positive classroom environments.

Teacher Interviews

Individual interviews were conducted to gain more understanding of the teacher’s experiences throughout the study. An overall theme during the interviews with teachers was their difficulty learning the language of the PBTC model and adapting to the unstructured nature of the play sessions. Many teachers reported struggling at the beginning of the play sessions phase due to the application of the language. One teacher reported struggling with wanting to ask questions but knew directness was not a goal of the play sessions. Another teacher reported feeling she repeated the same phrases throughout the first few play sessions and that the
language felt unnatural. However, as the play sessions progressed, the teachers reported feeling more comfortable, genuine, and confident in their roles in the playroom.

Another theme reported by the teachers in the study was the awareness of the impact of reflecting in the classroom. Multiple teachers reported using content and feeling reflections in the classroom. The teachers reported that reflecting in the classroom became easier as they practiced and had support during the interactive modeling phase. Additionally, teachers reported the handout on reflecting in the classroom they received at the end of Phase 3 (see Appendix F) helped in the classroom application. In addition to reporting the implementation of reflecting statements, teachers reported learning the importance of reflecting with their students. Teachers reported they learned that reflecting helped students feel valued, encouraged effort, helped their students feel proud, and helped their students feel better about themselves. Additionally, the teachers reported learning the effectiveness of limit-setting in the classroom. One teacher reported the succinctness of setting limits allowed her to help children understand the limits, while allowing them to feel understood.

A final theme noted from the teacher interviews was the teachers’ gain in self-understanding. Self-understanding might have been derived from live supervision. During their live supervision, the teachers discussed their feelings from the play sessions, including struggling with allowing the children to lead, feeling inadequate, and gaining an understanding of their relationships with their children. The live supervision component was modeled to provide support and encourage the teachers’ feelings. Many of the teachers reported gaining insight into their personalities, including a need to be in control, demonstrating a lack of patience, and even having a temper. The teachers reported having to change their mindsets when in the playroom, such as being non-directive and allowing the child to lead. Many teachers reported that this
experience taught them to slow down and appreciate more things than they previously did. Specifically, teachers reported reducing the high expectations they placed on their students and providing more encouragement on effort and hard work instead of on the product. Teachers reported gaining a new approach in working with the individual children and entire classrooms and learned that reflections and encouragement have places in their classrooms.

Comparison of PBTC with kinder training and CTRT

The applicability of the PBTC model, although difficult to maintain across the long period of the study, appeared more appropriate than previous play-based models for elementary schools. The goal of PBTC was to find an appropriate intervention that school counselors or other school mental health professionals can deliver and is not dependent on staffing resources or school financial support. Play sessions and supervision occurred once a week for 30 minutes, and interactive modeling occurred for 30 minutes per week, making the intervention more applicable to elementary school settings. While most of the teachers reported positive experiences, the teachers at one school reported finding the time of play sessions difficult, because of the time constrains the principal placed on them. At this particular school, the principal scheduled “team time” during the first week of each six weeks. During this week, children attended P.E., art, music, and language on one day while the teachers met to plan for the six weeks. During the play session phase, the “team time” occurred twice, therefore creating conflict with the originally planned schedule. I worked with each teacher to find a time to make up her play session during the same weeks, which, at times, caused chaos and stress. However, other teachers reported that they felt freer during their planning period and were glad to use the time once a week to work with their children of focus.

An additional component of PBTC that assisted teachers was the live supervision and
immediate feedback. The play session period was designed to meet the needs of elementary school teachers, while also allowing for supervision and support. In the CTRT model, teachers video-record their sessions and give them to the play therapist for supervision, delaying the immediacy of feedback. The live supervision component of the teacher consultation model allows for immediacy and a greater sense of understanding between the teacher and play therapist. Live supervision does not require recording or reliance on self-report and allows for modeling of interpersonal skills. In this model, I was able to immediately say what worked in the play session and provide encouragement and support to meet the specific needs of each teacher. At the beginning of the play sessions, I interjected reflections for the play session when the teacher felt stuck or was silent. In the immediate modeling, the teachers were able to integrate my reflections into their play sessions. I believe this interaction also provided support for teachers during the beginning play sessions, because they did not feel alone in the process. The immediate feedback allowed teachers to brainstorm feelings, encouraging statements, and themes that came up during play sessions to use in future sessions. Although mentioned throughout, I believe the immediate feedback allowed teachers to feel supported and encouraged in their newly learned skills.

An additional aspect of PBTC that was modified from CTRT and kinder training to fit elementary schools is the interactive model component. CTRT and kinder training use coaching in the classroom as a method to transfer skills from the playroom into the classroom. Prior to beginning this study, I conducted focus groups with three teachers from the third school and five teachers from the first school. The goal of the focus groups was to gain an understanding of the elementary school teachers’ schedules and their feelings on the coaching model. The teachers felt that coaching was not appropriate or needed for their classrooms and stated that it would be
applicable to teach students in their classrooms to respond to each other, instead of modeling to the teachers. Prior to the intervention, the focus group teachers believed that they already possessed effective interpersonal skills and did not need to be coached. Therefore, a collaborative model was established to help teachers continue to feel competent and in control of their classrooms, while providing a safe and supportive method of practicing newly learned skills. The teachers were able to practice their skills during an interactive guidance lesson, where the play therapist led the lesson and the teacher called on their students. During this phase, teachers practiced reflections of content, feeling, and encouraging statements. Many of the teachers reported that they learned how to use the skills in a big group during this phase.

Limitations

One limitation of the study was limited generalizability associated with single-case design. Results were determined by the individual cases involved in the intervention. Although teachers demonstrated effective results overall, the generalizability of the results is difficult to ascertain because of the individually-oriented nature of the subject design.

Another limitation of the study is the use of volunteer teachers for the intervention. Teachers who volunteered to participate in the study might have already had an awareness of the needs in their classrooms and possibly might have had higher interpersonal skills than teachers who did not volunteer. Seemingly, the participant teachers might have been more willing to try new techniques in their classrooms and more open to change.

Another limitation of the study was the age of IAS, which is an older instrument and was developed in the 1960s (Flanders, 1970). Although the IAS appeared early in the literature, its applicability seemed to be supported by more recent literature (Acheson & Gall, 2003). In addition, the instrument correlated with the constructs of the study, and provided structure for
time-series measurement taking. Working in both a positive and negative aspect, the IAS was brief and required just 10 minutes for each administration. As a result, the amount of observation time may have not been enough time to accurately measure teachers’ applications of their relationship-building skills and the verbal interactions between teachers and students in the classrooms. Furthermore, teachers might have changed how they responded to their students based on the presence of observers in their classrooms.

An additional limitation of the study was the variability within teachers over time. Although many of the teachers demonstrated a positive trend line in their teacher responding scores during play sessions, variability was high throughout the study. To account for variability, mean scores were calculated and the PEM statistic was used. The PEM statistic showed 5 out of 8 teachers demonstrating a highly effective or very effective treatment effect in teacher responding scores over time. Although positive results were demonstrated, the PEM statistic does not account for the magnitude of data points above the median. High scores can be obtained whether the data points are close to the mean or considerably higher than the median. A major criticism of the PEM statistic is its insensitivity to data points above the median (Ma, 2006).

Recommendations for Future Research

Most of the teachers participating in the study demonstrated an upward trend of teacher responsiveness during the play session phase. However, during the interactive modeling phase, the trend line showed more variability. Filial models, including CPRT (Landreth & Bratton, 2006), allow more time to apply learned skills in the playroom and to build the relationship with the child of focus. If teachers had more sessions with their children, the responding scores in the classroom might have continued to increase because they would have had more time to apply the
skills with the individual children of focus. Scores on the STRS may have differed with more weeks of play sessions because the teachers would have had additional individual time with their children of focus. In future studies, teachers need to participate in more play sessions to gain more experience with the skills and to strengthen the individual relationships.

Providing teachers with concrete materials appeared to help with the application of skills into the classroom. During the play session phase, I gave teachers handouts on feelings, reflecting statements in the classroom, and limit-setting (see Appendices E, F, and G). Teachers reported struggling with labeling feelings in the classroom. By providing the feelings handout, teachers were able to brainstorm feelings that may come up in the playroom as well as reflect on feelings in the classroom. All of the teachers reported wanting to display the feelings worksheets in their classroom to help their children understand feelings more. The teachers also reported difficulty with the language of the teacher consultation model. By providing teachers with a list of phrases, they reported having more freedom to use the language in and out of the playroom. Some teachers even reported keeping the handout by their desks to practice reflecting statements in the classroom. At times, the children struggled with leaving the playroom, so I modeled limit-setting to the teachers. Many of the teachers expressed an interest in limit-setting in and out of the playroom. A handout was provided to help teachers refer to limit-setting language when in the classroom. One teacher reported that limit-setting helped students “understand the limit in a clear and concise way so that they could move onto what they were needing to do.” The teachers all expressed that the concreteness of the handouts assisted in the delivery of teacher consultation principles in the playroom and classroom settings.

The interactive modeling phase was designed to help teachers practice reflections in the classroom setting. I struggled with how to assist teachers without taking over the classroom. I
wanted a more collaborative approach to transfer the skills into the classroom setting. Most of the teachers were able to follow the second step lesson and interject reflections; however, a few teachers did not participate as much as I expected. One teacher left the classroom during our last session, although she effectively transferred the skills in the previous session. Some teachers felt their roles were to control classroom behavior and did not practice reflecting. I think that a consideration for future research would be to distinctly clarify the purpose and expectations of the interactive modeling session with the teachers at the beginning of the study. Additionally, I did not meet with teachers individually during the interactive modeling phase. As mentioned in the protocol, during the play session phase, I met with the teachers after each play session to process the session. I think this component was lacking in the interactive modeling phase and might have led the teachers to feel disconnected to the process.

I came across obstacles throughout the study that could be learned from to make future research studies easier or more successful. Many of the teachers participating were ready to begin play sessions with their children of focus at the beginning of the study. However, because of baseline procedures, they had to wait over a month to begin play sessions. At this time, some teachers became impatient with their children’s classroom behaviors and possibly less able to respond in the classroom. I suggest future researchers begin play sessions as soon as possible.

Another difficulty I faced in the study involved the school schedule. I began the study in October; however, I encountered many breaks throughout the process. During the study, I ran into Thanksgiving, Christmas, and Spring Break. The sum of all of these holidays totaled four weeks of interruptions. In addition, the geographic area experienced severe weather during the end of the play session phase, and school was cancelled for an entire week. At the time of this break, teachers had been getting ready to have their last play session and move into the
interactive modeling phase. I believe that this break caused additional stress and lack of time for the teachers involved in the study. In addition to breaks, I encountered benchmark testing toward the end of the study. Teachers became more stressed and had more pressure to meet their testing requirements; therefore, some of the teachers felt frustrated with weekly observations and interactive modeling sessions during this time. I suggest future researchers begin the study as soon as possible, preferably within the first few weeks of the school year. By beginning early, I was able to control for testing pressures and scheduled holiday breaks.

An additional struggle I encountered in the school was the limited time of teachers. All teachers were scheduled to have their play sessions on the same day and time each week. At times, play sessions had to be rescheduled at the last minute, because of the children of focus being absent, teachers attending workshops, or scheduled meetings with administrators. The last minute scheduling changes often caused the teachers stress. At times, it was difficult to find time to reschedule the affected play sessions. Because of scheduling conflicts, some teachers were not able to participate in as many play sessions as the model suggested. I suggest that future researchers be prepared to meet this complication by establishing optional plans ahead of time to account for scheduling conflicts.

The goal of the study was to create a teacher consultation model applicable for school counselors or other mental health professionals to utilize in their school system. Results indicated that this model may be applicable for school counselors and can be very beneficial for the school system as a whole. A recommendation for school counselors is to begin a first time implementation of the model with a smaller group of teachers, possibly 2 or 3. I experienced difficulty in meeting the scheduling needs of eight teachers across three schools. School counselors with a large ratio of children in their schools need to meet the needs of their schools
while implementing the model. Therefore, I recommended that a school counselor use only a few teachers when executing the model the first time.

Implications and Conclusions

Although there were barriers in the study, the positive aspects in the teacher-child relationships and classroom interactions outweighed the scheduling conflicts and other difficulties. Overall, teachers increased their responsiveness in the classroom, demonstrating more statements that conveyed their understanding of the children’s feelings and ideas as well as encouraging children for their efforts and hard work. All of the teachers reduced their use of criticizing statements in the classroom setting to provide a more positive and accepting classroom environment. While the teachers demonstrated more interpersonal skills in the classroom, it should be noted that no academic time or focus was lost in the implementation of these new skills. The implementation of the play-based consultation model contributed to the classroom environment which mirrors the finding of positive classrooms, those characterized by teachers with high interpersonal skills, being positively associated with student achievement (Traub et al., 1973).

Teachers reported greater understanding of themselves at the end of the intervention. This understanding could lead to more positive classroom environments with teachers encouraging small milestones, allowing for unstructured time in class, and demonstrating more patience with students. The teachers reported a greater understanding of their children of focus. With an understanding of the children’s needs and home lives, teachers revealed more acceptance of the children’s behaviors in the classroom.

Overall, the PBTC model was effective for improving teacher responsiveness and decreasing criticism in the classroom. These changes contributed to a positive classroom
environment and positive teacher-child relationships. Although teachers are faced with various stressors and expectations by their administrations, emphasis needs to be placed on the importance of teacher-child relationships and positive classroom environments. The teacher-child relationship is an essential component in the emotional, social, and academic well-being of school-aged children (Baker, 2006; Howes & Hamilton, 1992; O’Connor & McCartney, 2007). Children who experience positive teacher-child relationships are likely to have a positive trajectory for their academic success across their school careers (Baker, 2006). Additionally, classroom environments predict the quality of children’s school lives over time (Kong, 2006). Teachers should have the necessary tools to create encouraging learning environments and positive teacher-child relationships with individual children.
APPENDIX A

RESEARCH CONSENT FORM
RESEARCH CONSENT FORM

Subject Name: ___________________________________________ Date: __________________

Title of the study: Effects of a Teacher Consultation Model on Elementary School Classroom Interactions.

Principal Investigator: Dee Ray, Ph.D., LPC-S, RPT-S, NCC
Licensed Professional Counselor-Supervisor
Registered Play Therapist-Supervisor
Director, Child and Family Resource Clinic
Associate Professor, University of North Texas
(940) 565-2066

Before agreeing to participate in this research study, it is important that you read and understand the following explanation of the proposed procedures. It describes the procedures, benefits, risks, and discomforts of the study. It is important for you to understand that no guarantees or assurances can be made as to the results of this study.

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. Your signature indicates that you meet all of the requirements for participation, have decided to participate, and you have been told that you will receive a signed copy of this consent form. Your decision whether or not to participate will not affect your child’s standing at school. At the conclusion of the study, a summary of results will be made to all interested parents and teachers. You will not have any information to fill out or time requested. You are not directly involved in the study; however we ask that your child participates.

Purpose of the study:
The purpose of this study is to examine the effects of a teacher consultation model on classroom interaction. Child development literature emphasizes the vital importance of the teacher-child relationship for children’s academic success. In addition, the purpose of the intervention is to help teachers respond interpersonally to children’s behavior and create a positive classroom environment for learning.

Description of the study including the procedures to be used:
If you decide you want your child to participate, they will attend 6 play-based sessions with their teachers. Teachers will be learning skills designed to help them effectively manage children’s behavior and maintain classroom discipline in order to maximize learning. Teachers who decide to participate in the intervention will set aside 20 minutes a week for 6 weeks to work with their child individually in a playroom. Following this 6 weeks, teachers will interact with a trained researcher to implement the learned skills into the general classroom. Your child will be video-recorded during one-on-one play-based interactions with their teacher in order to provide supervision of skills. The researcher is also interested in interaction between teachers and child, specifically the teacher’s ability to communicate empathy and acceptance, as well execute the skills taught. The Principal Investigator and Research Project Coordinators will insure that all
information will be kept confidential.

**Description of procedures/elements that may result in discomfort or inconvenience:**
There is no personal risk or discomfort directly involved with this study other than those associated with your normal daily teaching activities. You may choose to withdraw your child at any time without penalty or prejudice.

**Description of the procedures/elements associated with foreseeable risks:**
There are no foreseeable risks involved in this study other than those associated with normal daily activities.

**Benefit to the subjects or others:**
Elementary school is a very important time in your child’s development; a time when children develop life-long attitudes concerning school, as well as self, peers, social groups, and family. Play-based sessions offered in this research project are designed to help elementary-age children at an early age by providing age-appropriate activities designed to help children a) better understand their thoughts and feelings and how to express them in appropriate ways; b) develop confidence in their abilities; and c) become more responsible as they learn self-control and problem-solving skills. Additionally, play-based sessions offered in this research project are expected to help strengthen the teacher-child relationship to provide a more positive school climate.

**Confidentiality of research records:**
All data, including assessments and videos, will be assigned a code number and kept in a locked filing cabinet in order to preserve confidentiality. Only the principal investigator and research assistants will review the videos for coding teacher-child interactions. For research purposes, only the Principal Investigator and Research Project Coordinators will have access to the list of participants’ names and code numbers. At the end of the study, the list of names will be destroyed. The recordings may be used for educational purposes, such as training of mental health professionals. No information about your child or you will be shared with your child’s school or school officials. The only exceptions to confidentiality are if 1) a child disclosed abuse, neglect, or exploitation, 2) the child is a danger to oneself or to someone else, 3) a court orders disclosure of information, or 4) the parent or legal guardian requests release of information.

**Review for protection of participants:**
This research study has been reviewed and approved by the UNT Committee for the Protection of Human Subjects. Contact the UNT IRB at (940) 565-3940 with any questions regarding your rights as a research subject.

**Research Subjects’ Rights:**
I have read or have had read to me all of the above. This study has been explained to me and all of my questions have been answered. I have been told the risks or discomforts and possible benefits of the study.
I understand that my child does not have to take part in this study, and my refusal to allow my child to participate or to withdraw will involve no penalty or loss of rights or benefits rights to which he/she is entitled. The study personnel may choose to stop my child’s participation at any time.
In case there are problems or questions, I have been told I can call Dr. Dee Ray at telephone number (940) 565-2066.
I understand my child’s as a research subject, and I voluntarily consent for my child to participate in this study. I understand what the study is about and how and why it is being done. I
have been told I will receive a signed copy of this consent form.

________________________________________________________________________
Printed Name of Subject

________________________________________________________________________
Signature of Parent/Guardian

Date

For the Investigator or Research Project Coordinators:
I certify that I have reviewed the contents of this form with the person signing above, who, in my opinion, understood the explanation. I have explained the known benefits and risks of the research.

________________________________________________________________________
Signature of the Principal Investigator or Research Project Coordinators

Date

Child Assent Form

You are being asked to be part of a research project being done by the University of North Texas Department of Counseling, Development, and Higher Education.

This study involves recording your play session with your teacher.

If you decide to help with this study, please remember you can stop participating any time you want to and nothing bad will happen.

If you would like to help with this study, please sign your name below.

________________________________________________________________________
Signature of Child

Date

________________________________________________________________________
Signature of Principal Investigator

Date

Waiver of Assent

The assent of (insert name of child) was waived due to:

_______ Age

_______ Maturity

_______ Psychological State

________________________________________________________________________
Signature of Parent/Guardian

Date
APPENDIX B

RESEARCH CONSENT FORM FOR TEACHERS
RESEARCH CONSENT FORM FOR TEACHERS

Subject Name: __________________________ Date: _______________

Title of the study: Effects of a Teacher Consultation Model on Elementary School Classroom Interactions.

Principal Investigator: Dr. Dee Ray, Assistant Professor, Counseling and Higher Education Program; Director, Child and Family Resource Clinic

Before agreeing to participate in this research study, it is important that you read and understand the following explanation of the proposed procedures. It describes the procedures, benefits, risks, and discomforts of the study. It is important for you to understand that no guarantees or assurances can be made as to the results of this study.

Your participation is voluntary and you may choose to withdraw at any time during the study without penalty of any kind. Your signature indicates that you meet all of the requirements for participation, have decided to participate, and you have been told that you will receive a signed copy of this consent form. At the conclusion of the study, a summary of results will be made to all interested parents and teachers.

Purpose of the study and how long it will last:
The purpose of this study is to examine the effects of a teacher consultation model on classroom interaction. Child development literature emphasizes the vital importance of the teacher-child relationship for children’s academic success. In addition, the purpose of the intervention is to help teachers respond interpersonally to children’s behavior and create a positive classroom environment for learning. This study involves teachers participating in training and supervision for a period of 18 weeks.

Description of the study including the procedures to be used:
If you choose to participate, you will attend a 3 hour training to learn skills of empathy, encouragement, limit setting, and choice giving. These skills are designed to help teachers effectively manage student’s behavior and maintain classroom discipline in order to maximize learning. Teachers who decide to participate in the intervention will set aside 20 minutes a week for 6 weeks to work with their student individually in a playroom. Following this 6 weeks, teachers will interact with a trained researcher to implement the learned skills into the general classroom. Educational activities and schedules will not be impacted as a result of this study. Participating teachers will be asked to complete the Student-Teacher Relationship Scale (STRS) two times during the school year. The STRS will take approximately 10 minutes to complete. Teachers will be video-recorded during one-on-one play-based interactions with a student, as well as directly observed during classroom interactions in order to provide supervision of skills. The researcher is also interested in interaction between teachers and student, specifically the teacher’s ability to communicate empathy and acceptance, as well execute the skills taught. The Principal Investigator and Research Project Coordinators will insure that all information will be kept confidential.
Teacher Consultation Model
The teacher consultation model is a developmentally appropriate teacher training model that uses play-based intervention skills to train teachers in skills of empathy, encouragement, limit setting, and choice giving. These skills are designed to help teachers effectively manage children’s behavior and maintain classroom discipline in order to maximize learning. This training focuses on the development of positive teacher-child relationships based on the philosophy that children who feel more connected to their teachers are more successful in school. This training also utilizes developmentally appropriate play-based activities and skills to help teachers more effectively communicate with and manage behavior of young children. Teachers will be trained and closely supervised by counseling professionals who have advanced training in play therapy. The teacher consultation model consists of 13-hour training, six weeks of play-based sessions, and 4 weeks of classroom modeling.

Description of procedures/elements that may result in discomfort or inconvenience:
There is no personal risk or discomfort directly involved with this study other than those associated with your normal daily teaching activities. You may choose to withdraw at any time without penalty or prejudice.

Description of the procedures/elements associated with foreseeable risks:
There are not foreseeable risks involved in this study other than those associated with normal daily activities.

Benefit to the subjects or others:
The teacher-child relationship is significant to the development of children. Due to this significant relationship, teachers have the potential to make a considerable difference in a child’s development. Therefore, training teachers to respond to children in a more encouraging and developmentally appropriate way can benefit aspects of your students’ development, including cognitive, behavioral, social, and emotional development. Research suggests that children who feel more connected to their teacher have more positive attitudes towards school and demonstrate higher levels of academic achievement.
Teacher-child relationship training can benefit you by: increasing your ability to effectively respond to students’ emotional and behavioral needs; enhance your ability in providing effective classroom management and discipline. Literature suggests that teachers who feel more confident of their ability to respond effectively to students’ needs have reported more satisfaction in their careers.

Confidentiality of research records:
The information you provide when you answer the questionnaire will be kept confidential, and will not be disclosed in any publication or discussion of this material. All data, including assessments and videos will be assigned a code number and kept in a locked filing cabinet in order to preserve confidentiality. Only the principal investigator and research assistants will review the videos for coding teacher-child interactions. For research purposes, only the Principal Investigator and Research Project Coordinators will have access to the list of participants’ names and code numbers. At the end of the study, the list of names will be destroyed. The recordings may be used for educational purposes, such as training of mental health professionals. The only exceptions to confidentiality are if the parent or legal guardian requests release of
information.

**Review for protection of participants:**
This research study has been reviewed and approved by the UNT Committee for the Protection of Human Subjects. Contact the UNT IRB at (940) 565-3940 with any questions regarding your rights as a research subject.

**Research Subjects’ Rights:**
I have read or have had read to me all of the above.
The Principal Investigator or Research Project Coordinators have explained the study to me and answered all of my questions. I have been told there are no foreseeable risks or discomfort directly involved with this study other than those associated with normal daily activities. I have also been informed of the possible benefits participating in this study.
I understand that I do not have to take part in this study, and my refusal to participate or to withdraw will involve no penalty or loss of rights, benefits, or legal recourse to which I am entitled. The study personnel may choose to stop my participation at any time.
In case there are problems or questions, I have been told I can call Dr. Dee Ray at telephone number (940) 565-2066.
I understand my rights as a research subject, and I voluntarily consent to participate in this study.
I understand what the study is about and how and why it is being done. I have been told I will receive a signed copy of this consent form.

______________________________
Printed Name of Participant

______________________________
Signature of Participant Date

**For the Investigator or Research Project Coordinators:**
I certify that I have reviewed the contents of this form with the person signing above, who, in my opinion, understood the explanation. I have explained the known benefits and risks of the research.

______________________________
Signature of the Principal Investigator or Research Project Coordinators Date
APPENDIX C

INTERACTION ANALYSIS SYSTEM GRID
### Interaction Analysis System Grid

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<th>Teacher/Student Behavior Observed</th>
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<td><strong>Accepts or Uses Ideas</strong></td>
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<td><strong>Criticizes or Justifies Authority</strong></td>
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</table>

1. **Accepts Feeling**: Accepting and clarifying the feeling tone of students in a nonthreatening manner. Feelings may be positive or negative. Predicting or recalling feelings is included.
2. **Praises or encourages**: Praising or encouraging student action or behavior. Jokes that release tension, but not at the expense of another individual; nodding head, saying "um hm?" or "go on" are included.
3. **Accepts or Uses Ideas**: Clarifying, building, or developing ideas suggested by a student. As more of the teacher’s own ideas come into play, shift to Category 5.
4. **Asks Questions**: Asking a question about content or procedure with the intent that a student answers.
5. **Lectures**: Giving facts or opinions about content or procedures; expressing the teacher’s own ideas, asking rhetorical questions.
6. **Gives Directions**: Giving directions, commands, or orders with which a student is expected to comply.
7. **Criticizes or Justifies Authority**: Making statements intended to change student behavior from unacceptable to acceptable pattern; bawling out someone; stating why the teacher is doing what he/she is doing; extreme self-reference.
8. **Responds**: Talk by students in response to teacher. Teacher initiates the contact or solicits student statement.
9. **Initiates**: Talk by students, which they initiate. If “calling on” students is only to indicate who may talk next, observer must decide whether student wanted to talk. If so, use this category.
10. **Silence or Confusion**: Pauses, short periods of silence, and periods of confusion in which communication cannot be understood by the observer.

* If the teacher and student are verbally interacting simultaneously, choose the teacher interaction to code.*
APPENDIX D

TEACHER CONSULTATION TRAINING MODULE
**PBTC Training Module**

(from RELATe model; Ray, personal communication, 2010)

**Initial Education**
- Rationale for Using Play in Therapy (Landreth, 2002)
- 8 Basic Principles of the Therapeutic Relationship (Axline, 1969)
- 4 Goals of Misbehavior (Nelsen, Lott, & Glenn, 2000)
- Toys and purposes of toys
- Characteristics of Therapeutic Responses (Landreth, 2002)
- Limit-Setting (Landreth, 2002)
- Role-play
- Choose Child of Focus

**Rationale for Using Play in Therapy (Landreth, 2002):**
- Play is natural medium of expression for children
- Play bridges the gap between concrete experience and abstract thought
- Play is children’s attempt to organize their experience
- Children gain sense of control through play
- Through play, children learn coping skills

**Eight Basic Principles of the Therapeutic Relationship (Axline, 1969):**
1. The therapist is genuinely interested in the child and develops a warm, caring relationship.
2. The therapist experiences unqualified acceptance of the child and does not wish that the child were different in some way.
3. The therapist creates a feeling of safety and permissiveness in the relationship so the child feels free to explore and express self completely.
4. The therapist is always sensitive to the child’s feelings and gently reflects those feelings in such a manner that the child develops self-understanding.
5. The therapist believes deeply in the child’s capacity to act responsibly, respects the child’s ability to solve personal problems, and allows the child to do so.
6. The therapist trusts the child’s inner direction.
7. The therapist appreciates the gradual nature of the therapeutic process and does not attempt to hurry the process.
8. The therapist establishes only those therapeutic limits, which help the child accept personal and appropriate relationship responsibility.

**Toys should (Landreth, 2002):**
- Facilitate contact with the child by gaining the child’s interest and attention
- Permit reality testing
- Facilitate exploration of self & others
- Allow children to express their needs symbolically
- Provide for emotional release
- Provide opportunities for insight
Characteristics of Therapeutic Responses (Landreth, 2002):
- Brief & Interactive
- Help child to go on
- Allow child to lead
- Non-evaluative
- Personalized
- Build self-esteem
- Touch feeling
- Avoid asking questions

Limit-Setting: 3-Steps (Landreth, 2002):
1. Acknowledge child’s feelings, wants
   “You are really angry at me….”
2. State the limit – definitive
   “…but I’m not for hitting”
3. Provide the alternative
   “…you can hit the BoBo”

Follow-up feedback and processing
- Takes place in time immediately following play session (role-play is a good format)
- Encouragement vs. praise
- Questions to ask yourself regarding responses
- Healing messages
- Choice-giving
- Problem-solving
- Aggression
- More specific education on teacher or child’s issues

Questions to Ask Yourself (Landreth, 2002):
- Was the response freeing to the child?
- Did the response facilitate decision-making or responsibility?
- Was spontaneity or creativity facilitated?
- Did the child feel understood?

Four Healing Messages (Landreth, 2002):
- I am here
- I hear you
- I understand
- I care

Follow-up processing
- Immediately following session – need to process what happened and felt responses
  (cognitive > affect)
- What did you think? How was it?
- Be sure to reflect as much as possible.
- How do you think the child responded? What do you think was going on with him/her?
o What feelings did you have throughout the time?
o What feelings did the child have?
o Be sure to be as encouraging as possible (“You said before the session that you were nervous, but you sure seemed to concentrate on the child”)
o Only correct if given the opening or it is absolutely necessary.
APPENDIX E

FEELINGS WORKSHEET
How Are You Feeling Today?

EXHAUSTED  CONFUSED  ECSTATIC  GUILTY  SUSPICIOUS
ANGRY  HYSTERICAL  FRISTRATED  HURT  CONFIDENT
EXUBERANCED  HAPPY  HOCUSCUS  DISGUSTED  FRIGHTENED
ENRAGED  ASHAMED  CAUTIOUS  SHUG  DEPRESSED
OVERWHELMED  HOPEFUL  LONELY  LOVSTRUCK  JEALOUS
BRED  SURPRISED  ANXIOUS  SHOCKED  SHY
APPENDIX F

REFLECTING IN THE CLASSROOM WORKSHEET
Reflecting in the Classroom

Sarah Carlson, M.A.

At Center Time:

“You are using a lot of colors on that”

“You are working hard to stay in the lines”

“You are really focused on your work”

“You are working hard on counting”

“You are determined to get it how you want it”

“You are lining up your numbers just how you want them”

“You are getting your blocks just how you want them”

“You decided to use the Play-Doh”

“You are having a hard time finishing your writing. You can choose to work until our time is up today or you can choose to work during our free time”

“I know you would really like to get all the markers back in the box ‘just right’, but now we are going to the carpet. You can choose to put the markers in the box together or you can choose for me to do it”

“You know just how you want your picture to look”

“We have ten more minutes of center time today”

“You had a plan for your picture”

During Circle Time:

“You have something you want to share”

“You really wanted me to know that”

“It is important to you that we know how you’re feeling”
“I know you’d like to talk about that right now, but now we are doing the calendar. You can share your story later on (during…)

“You are raising your hand”

“You know which day comes next”

“You really want me to know what ______ is doing, but right now we are working on ______. It is important that you are aware of your own body right now”

**During Guided Reading:**

“You know a lot about dinosaurs, animals, etc.”

“You remembered ______ about the story”

“You liked the illustrations in the book”

“You remember reading this story before”

“You know what this story is about”

“You are listening to the story”

**Lining up:**

“I know you really want to be first in line, but this week, it is ______’s turn. You can be the first in line in ______ weeks”

“People are not for pushing in line”

“You are working hard to stay in line”

“You are focused on keeping quiet”

“You want me to see how hard you are working”

“I know you are upset with ______ for pushing you and people are not for pushing, but right now, it is important to be responsible for your own body”
APPENDIX G

LIMIT-SETTING IN THE CLASSROOM WORKSHEET
Limit Setting in the Playroom & Beyond

Sarah Carlson, M.A.

Limits are not needed until they are needed

A – Acknowledge the feelings

C – Communicate the limit

T – Target choices

› Say child’s name first to get child’s attention

› Reverse the order of the steps

› Use natural language (what works for you)

› Use patience-repeat the steps TWO times: this provides children the opportunity to assume responsibility for themselves and limit their own behavior

› Be matter-of-fact and calm, speak with sincerity

Sally, I know you want to stay in the playroom (A), but it is time to leave (C). You can choose to open the door or you can choose for me to open the door (T).

Tommy, I know you would like to shoot me (A), but people are not for shooting (C). You can shoot the floor or the walls (T).

Amy, I know you have so many more things to do in the playroom (A), but our time is over for today (C). You can choose to turn the light off or you can choose for me to turn the light off (T).

David, I know that you would like to use the Playdoh (A), but the Playdoh is not for playing with right now (C). You can choose to play with the Playdoh during free time (T).

Molly, I know you think those words are funny (A), but those words are not for saying in our
classroom (C).

Molly, I see you would like to continue using those word (A), but those words are not for using in our classroom (C). You can choose to sit quietly on the spot on the carpet or you can choose to sit quietly at your table (T).

Suzie, I know you want to be the first in line (A), but today it is Michael’s turn (C).

Scott, I know you want to tell me that Suzie hit you (A), but you are not for tattling (C). You can choose to stay sitting quietly on the carpet or you can choose to go sit at your table (T).

- Be matter-of-fact and calm, speak with sincerity

When limits are broken

- Patience is the rule of the day
- State the final choice
- “If you choose to shoot me again, you choose (not to play with the gun anymore today)(to leave the playroom).”
- “I see you have chosen not to play with the gun anymore today”
REFERENCES


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http://www.cfchildren.org/


