

THE IMPACT OF CHILD TEACHER RELATIONSHIP TRAINING ON TEACHERS' AND
AIDES' USE OF RELATIONSHIP-BUILDING SKILLS AND THE EFFECT ON
STUDENT CLASSROOM BEHAVIOR

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This study examined the impact of child teacher relationship training (CTRT) on teachers' and aides' use of relationship- building skills in the classroom and the correlation between teachers' and aides' demonstration of relationship- building skills and the effect on student behavior. CTRT was modeled after Landreth and Bratton's (2006) 10-session filial therapy model titled child parent relationship therapy (CPRT) which is based on the principles and procedures of child -centered play therapy. The CPRT manual was adapted slightly for use with teachers and aides for this project. In this quasi-experimental design, 12 teacher aide dyads ($n = 24$) were assigned to the experimental ($n = 12$) or active control groups ($n = 12$). Children who scored in the Borderline/Clinical range on at least one scale of the Child Behavior Checklist- Caregiver/Teacher Report Form (C-TRF) at pretest qualified for the study ($N = 32$).

During the first phase of treatment, teachers and aides participated in the equivalent of 10 training/supervision sessions consistent with the principles and procedures of CPRT. During CTRT Phase II, teachers and aides participated in 10 weeks of coaching/modeling to facilitate the use of CTRT skills in the classroom environment and continued to participate in weekly 1-hour group training/supervision sessions.

Eight hypotheses were analyzed. Different analyses were conducted based on the hypotheses. Analyses of covariance and repeated measures analysis of variance

were conducted. Correlation coefficients were also calculated. Additionally, effect sizes were calculated to determine practical significance. Two hypotheses were retained at the .05 level of significance.

Children in the experimental group ($n = 19$) demonstrated a significant decrease ($p = .04$) in Externalizing Problems between Measurements 1 and 3 when compared to the children in the active control group ($n = 13$). A statistically significant relationship was found between teachers' and aides' higher use of relationship-building skills and students' decrease in externalizing behaviors ($p < .05$). No statistically significant results were found on the remaining hypotheses.

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CHAPTER 1

INTRODUCTION

A growing body of research indicates that the teacher-child relationship is an important contributing factor in young children's successful academic, social, and emotional development (Birch & Ladd, 1997; Hamre & Pianta, 2001; Howes, Hamilton, & Matheson, 1994). The National Association for the Education of Young Children (NAEYC, 1992) puts forth in their position statement on developmentally appropriate practice for early childhood programs that positive, supportive relationships during the earliest years of life appear to be essential not only for cognitive development but also for healthy emotional development. According to the NAEYC (1992) one of the core values that underlies all of its' work is to help children and adults achieve their full potential in the context of relationships that are based on trust, respect, and positive regard. Therefore, a prominent component of high- quality education for young children is positive relationships with educators.

A positive teacher-child relationship can impact teachers as well as students. Teachers in positive relationships with children may view themselves as competent (Guerney & Flumen, 1970) and successful teachers. One aspect that may contribute to a positive relationship between student and teacher, or a more challenging relationship between student and teacher, is student behavior. Research has indicated that one primary cause of teacher stress and job dissatisfaction is problems with student behavior (Abel & Sewell, 1999; Borg & Riding, 1991). Teachers who are more stressed tend to respond to students in ways that perpetuate rather than prevent problematic behaviors (Yost & Mosca, 2002), and students who experience relationships with

teachers that are characterized by conflict are less engaged in school (Birch & Ladd, 1997; Pianta & Stuhlman, 2004); teachers and children may therefore become caught in a cycle in which both experience the school environment as negative. What is especially challenging is that the children who tend to cause teachers the most discontent are the very students who need a positive, high-quality relationship with the teacher.

Based on the idea that the quality of the teacher-child relationship and children's behavior in the classroom are related, strategies designed to improve the student-teacher relationship may also contribute to improving children's problematic behaviors in the classroom. Child-teacher relationship Training (CTRT) is a program adapted from Child Parent Relationship Therapy (Landreth & Bratton, 2006) in which teachers are trained in relationship-building skills using children's developmentally appropriate means of communication, play. The purpose is to provide opportunities for teachers to gain a better understanding of children's feelings, experiences, and needs; increase teachers' awareness of ways to respond to children that build children's confidence and self-esteem; and facilitate the development of more positive emotional relationships with children. Each of these aspects contributes to the teacher's ability to prevent the development of behavioral problems and respond to emotionally charged situations with children in ways that are helpful.

Statement of the Problem

Teachers report feeling stress due, in part, to feeling unprepared to deal with students' personal problems and problematic behaviors in the classroom. One vehicle for improving teachers' abilities to respond to students' problematic behaviors may be improving the teacher-child relationship. Results from many studies have revealed that

the child-teacher relationship is significant to a child's ability to be socially, behaviorally, and academically successful (Birch & Ladd, 1997, 1998; Burchinal et al., 2002; Howes et al., 1994; Lynch & Cicchetti, 1997; Pianta & Stuhlman, 2004). A large number of studies have indicated that child centered play therapy (CCPT) has been shown to be an effective treatment for the emotional and behavioral problems of children (Bratton, Ray, Rhine, & Jones, 2005). Studies have also indicated that play therapy conducted by parents (filial therapy) is a valid treatment method to address children's problematic behaviors. Adaptations have been made to the filial therapy model to include teachers as therapeutic agents (Brown, 2002; Guerney & Flumen, 1970; Post, McAllister, Sheely, Hess, & Flowers, 2004; Smith & Landreth, 2004; White, Flynt, & Draper, 1997,) in an effort to improve child-teacher relationships. However, one tenet of filial therapy and, additionally, filial therapy training with teachers, is the expectation that after learning and practicing the relationship-building skills with an individual child in a play room purposefully structured to include specific toys and materials, many of those skills will transfer for use with all children in the classroom. To date, only one research study has investigated whether or not teachers are able to maintain the use of play therapy skills in the classroom over time (Hess, Post, & Flowers, 2005). Additionally, little research has investigated what impact, if any, there is on children's behavior as a result of the teacher's use of play therapy skills in the classroom (Post et al., 2004)

Review of Related Literature

The review of the literature focuses on the importance of the student- teacher relationship, the rationale for using play therapy, and the rationale for using filial therapy.

Student-Teacher Relationship

The relationship that develops between the student and the teacher has a significant impact on several factors that contribute to the student's ability to be successful in school. Birch and Ladd (1997) defined school adjustment as a student's cognitive, and academic performance, as well as a student's affect, attitude, and involvement or engagement with the environment. Pianta and Stuhlman (2004) narrowed these components further by indicating that key components to school success are those pertaining to early literacy, language development, relationships, and self-regulation. A review of the literature indicates that the student-teacher relationship influences the student's ability to be successful in school academically and interpersonally (Birch & Ladd, 1997, 1998; Burchinal et al., 2002; Howes et al., 1994 ; Lynch & Cicchetti, 1997; Pianta & Stuhlman, 2004).

Children's early competencies in several domains have been linked to and perhaps facilitated by the quality of the student-teacher relationship (Pianta & Stuhlman, 2004). Peisner-Feinberg, Culkin, Howes, and Kagan (1999) conducted a longitudinal study in which they followed a number of children (826 in year 1; 579 in year 2; 451 in year 3; 463 in year 4; and 418 in year 5) from various childcare centers (401 randomly selected sites) in four different states (North Carolina, Connecticut, Colorado, and California) from the children's preschool years through second grade. The researchers gathered four sources of data in years 1, 2, 3, and 5, including classroom observation, individual child assessments, teacher ratings of children and parent reports and family characteristics, to examine the relations between childcare quality and children's development (Peisner-Feinberg et al., 1999). No data were collected in year 4.

Information was gathered in four domains: classroom quality (including developmental appropriateness of the classroom practices, teacher sensitivity, the extent to which teaching style was didactic or child centered, and teacher responsiveness to children); teacher-child relationship quality (teachers' ratings of their relationships with each participating child regarding closeness, conflict, and over-dependency); child assessment measures (including children's social and cognitive functioning); and parent surveys (including demographic and family climate information). The longitudinal results of the study indicated that children who experienced warm student-teacher relationships performed better on thinking, language ability, and math skills when compared to children who did not experience such a warm relationship (Peisner-Feinberg et al., 1999).

Using 511 participants from the previously described study, Burchinal et al. (2002) conducted a related longitudinal study in which the researchers sought to determine whether interpersonal teacher-child interactions may provide a possible pathway to competence for children who enter school at risk for academic problems due to family characteristics (p. 416). Information regarding children's academic skills and their relationships with their teachers was gathered during 2 preschool years, the kindergarten year and the second-grade year. Information was also gathered regarding parenting beliefs and practices each year. Results of the study indicated that teacher reported closeness was positively related to growth in children's receptive vocabulary and reading abilities from preschool to second grade, specifically for children of color and for children whose parents' attitudes were more authoritarian. The findings also suggested that a close relationship with the teacher may serve as a protective

factor for children who enter school at risk for academic success due to family characteristics (Burchinal et al., 2002).

Birch and Ladd (1997) investigated three distinct aspects of the teacher-child relationship- closeness, conflict, and dependency -and how those aspects are related to young children's school adjustment. The researchers collected data from a sample of 206 public school kindergarten children and their teachers ($N=16$) from elementary schools in the midwestern United States. Investigators gathered information regarding the teacher-child relationship and children's school adjustment using a variety of assessment methods including teacher report, child interviews, and a standardized visual and language measure. Teacher ratings and child interviews were conducted midway through the kindergarten year. The findings of this study indicated that children with more teacher reported closeness in the student-teacher relationship had higher Metropolitan Readiness Test (MRT) visual and language stanine scores than did children with less teacher reported closeness in their relationships with their teachers. Children whose teachers viewed them as less dependent also scored higher on these academic performance assessments than children whose teachers perceived them as exhibiting more dependency on their teachers.

Pianta and Stuhlman (2004) also investigated different aspects of the teacher - child relationship. The researchers examined to what extent preschool, kindergarten, and first grade teachers' perceptions of their relationships (conflict and closeness) with their students were related to the children's social and behavioral outcomes. Using data collected from 490 child participants and their families and teachers, Pianta and Stuhlman studied children's academic achievement, vocabulary skills, behavior

problems, social competence, and the teacher-child relationship. Results suggested that first- grade teachers rated children's achievement more highly for those children with whom they reported sharing a closer relationship and assigned lower achieving ratings to those children with whom they felt more conflict (Pianta & Stuhlman, 2004). First -grade teachers' perceptions of either a close relationship or a conflictual relationship with a child predicted whether the teacher perceived the child as having internalizing behavior problems, and first- grade teachers who reported relational conflict with a child tended to rate that child as having externalizing behavior problems. Teacher -child relationships characterized by high levels of conflict were associated with lower social competence. Additionally, as teachers reported more closeness in a relationship with a child, they also rated the child as having higher levels of social competence. Overall, the results indicated that the interpersonal aspects of children's experience, (in relationships with teachers and peers), makes a difference in their ability to develop competencies in the early years of school (Pianta & Stuhlman, 2004).

Because healthy student-teacher relationships are believed to be essential to children's social and emotional development, student-teacher relationships have the potential to exert positive influence on children's ability to succeed in school (Pianta & Stuhlman, 2004). Studies indicate that children who experience relationships with teachers that are characterized by conflict and dependency (from the teacher's perception) tend to like school less, avoid school more, and are less engaged in class when compared to children whose teachers perceive a close, more positive student-teacher relationship (Birch & Ladd, 1997; Pianta & Stuhlman, 2004). When children are disengaged from the classroom environment, it is evident that it would be more difficult

to master the expected academic material. Furthermore, the student-teacher relationship serves as a vehicle for the child to continue to develop a personal view of self, others, and the world. This relationship can confirm a child's perception of being valuable, worthy, and able to contribute in meaningful ways, or the relationship can lend credence to a child's feeling of worthlessness and incapability.

Not only is the student-teacher relationship important in and of itself, characteristics of this relationship may contribute to the child's ability to build relationships with peers. Howes et al. (1994) conducted a longitudinal study that examined three aspects of the student-teacher relationship linked to peer relationships: emotional security, dependency, and socialization. Researchers collected Q-sort and behavior sample data on 48 children six times throughout the study. At each data collection point children were observed by two observers on 2 separate days. At the final data collection point, the children were interviewed and teachers completed rating forms. The Attachment Q-Set was used to assess teacher-child relationships and observations of the children were used to obtain behavior samples. Correlations were used to examine the four aspects of the child- teacher relationship: security, dependency, and positive or negative mediation of peer interaction over time. The researchers utilized three multiple regressions to examine the associations between child-teacher relationships and behavior with peers. The results of this study indicated that emotional security and teacher-child socialization predicted aspects of social relationships with peers. The authors suggested that emotional security with a first teacher (a daycare or preschool teacher) provides a child with a positive orientation to

peer relationships, and socialization experiences help shape the child's particular behaviors with peers.

Birch and Ladd (1998) studied the link between children's interpersonal behaviors and the teacher-child relationship and the features of the teacher-child relationship that affect children's behavior. Additionally, researchers studied peer relationships as a component of children's behavior. A sample of kindergarten students ($N=199$) and their teachers ($N=17$) participated in the study. Researchers gathered data using a behavioral assessment designed to assess young children's behavior with peers at school, an interview technique that assessed peer nominations of aggression, and a relationship assessment designed to assess teacher's perceptions of three features of their relationships with their students (closeness, conflict, and dependency). Birch and Ladd concluded that early antisocial behavior in kindergarteners was associated with lower levels of closeness in children's kindergarten and first-grade teacher-child relationships. Also, children who exhibited asocial behavior early in kindergarten were perceived as being dependent by their kindergarten and first-grade teachers. This dependency may lead to relational difficulty because teachers perceive withdrawn children as needing more supervision or guidance (Birch & Ladd, 1998)

Birch and Ladd (1998) further concluded that conflict in kindergarten children's teacher-child relationships was associated with a decline in children's pro-social behavior over time. Additionally, a child's demonstration of less pro-social behavior may negatively affect a child's ability to develop and maintain positive relationships with others, including peers, thus perpetuating a cycle of behavioral and relational difficulties (Birch & Ladd, 1998)

Research indicates that the quality of the student-teacher relationship influences children's academic, interpersonal, and behavioral domains. Therefore, intervention programs that focus on building positive student-teacher relationships may facilitate improvement in a child's ability to adjust to and be successful in school (Hamre & Pianta, 2001). Some progress has been made in developing specific interventions that are designed to improve the student-teacher relationship (Post et al., 2004; White et al., 1997; White, Flynt, Draper, & Jones, 1999). Similarly, the importance of the student-teacher relationship has not gone unnoticed in the field of education.

In their position statement regarding the importance of adhering to a developmentally appropriate model for instruction for young children, the NAEYC (1992) noted that children's development is influenced by their ability to establish and maintain positive, consistent relationships with adults including parents, caregivers, and teachers. According to the NAEYC, teachers can play an important role in strengthening children's self esteem through participating in positive relationships with children by treating them respectfully, taking their views and opinions seriously, and expressing appreciation to them. Dollard, Christensen, Colucci, and Epanchin (1996) also recognized that a critical component of the instructional environment is positive student-teacher relationships characterized by trust, respect, and understanding and suggested specific ideas to help teachers begin to form more positive student-teacher relationships. In order for teachers to build positive relationships with students, teachers must give up the idea of being in control of the student and allow the student to take responsibility for behavior and learning (Dollard et al., 1996). A second component of developing a positive teacher-child relationship is for the teacher and

student to enter into a genuine relationship in which the needs and perspectives of both student and teacher are involved. Also important in fostering positive student- teacher relationships is for teachers to demonstrate actively and consistently that they care for students. One way to demonstrate this caring is through “dialog”. “Dialog” is described by Dollard et al. (1996) as an interaction in which control is put aside and the focus becomes shared understandings and mutual decision making about issues at hand. A key component of effective “dialog” is that the teachers must be aware of their personal beliefs, biases and values and how those color their perceptions of the student (Dollard et al., 1996).

Freiberg, Connell, and Lorentz (2001) reiterated the importance of positive student- teacher relationships, stating that caring is the heart and soul of teaching. The authors described a method of promoting awareness of caring actions and behaviors by having teachers audiotape their classrooms. Then students and teachers listen to the audiotape and identify “killer statements” by students or teachers that, when made, inhibit students from sharing their ideas (Freiberg et al., 2001). Such statements are typically negative in nature. Freiberg et al., (2001) detailed specific behaviors that teachers can engage in to promote a caring climate in the classroom, including having lunch with students, sharing experiences with students, and celebrating special events in students’ lives such as birthdays.

As more emphasis is placed on the value of positive student- teacher relationships, ways of interacting with students that promote the development of high-quality student -teacher relationships are being considered and highlighted. Ideas presented that are designed to help teachers build positive relationships with students

by encouraging them to respond to students in ways that communicate empathy, understanding, and genuineness are ideas that closely resemble the principles and underlying concepts of child centered play therapy.

Child Centered Play Therapy (CCPT)

Child centered play therapy was developed by Virginia Axline, who adapted Carl Rogers's philosophy and principles of person-centered adult counseling to children (Landreth, 1993). Axline (1947) described eight basic principles of nondirective or child centered play therapy. These basic principles are used to guide the therapist's therapeutic contacts with children. They include developing a warm, friendly relationship with the child, accepting the child exactly how he or she is; establishing a feeling of permissiveness so that the child feels free to express feelings completely; recognizing the child's feelings and reflecting those feelings back to the child; maintaining a deep respect for the child's ability to solve his or her own problems; refraining from attempting to direct the child's actions or conversations in any manner; recognizing the gradual process and not trying to hurry it along; and establishing only necessary therapeutic limits (Axline, 1947). The crux of the child centered approach is based on the theory that children have an innate human capacity to strive for growth and maturity and are able to be constructively self-directing (Landreth, 2002).

The CCPT therapist provides an environment and participates in a relationship with the child that promotes the child's self-healing process through understanding and acceptance of the child just as he or she is. Therefore, play is essential to the therapeutic process because play is the child's developmentally appropriate method for expressing thoughts, feelings, and experiences. Children under the age of 11 lack the

ability to think abstractly, making it difficult to put words to complex emotions (Landreth, 1993, 2002). Children more naturally express themselves through the concreteness of play (Bratton et al., 2005). Play is the child's language and the toys are the child's words (Landreth, 2002).

Play therapy has been shown to be an effective intervention for children experiencing a variety of social, emotional and behavioral difficulties (Bratton et al., 2005). Bratton et al. conducted a meta-analysis of 93 play therapy studies to determine the efficacy of play therapy with children. Studies analyzed were originally conducted between the years 1953 and 2000. Criteria for the inclusion of the studies reviewed included published and unpublished research, studies that identified the intervention used as "play therapy" following the definition offered by the Association for Play Therapy (APT), and studies that used a control or comparison group design along with pre- and/or posttest measures with sufficient statistical data to calculate treatment effect. Results of the meta-analysis indicated that play therapy is an effective intervention for use with children and is equally effective across gender, age, and presenting issue. Additionally, although interpreted with caution, humanistic approaches yielded higher outcomes than did nonhumanistic approaches.

Filial Therapy

History of filial therapy. From the concepts and principles of CCPT emerged the idea of filial therapy. Filial therapy is described by Landreth and Bratton (2006) as "a unique approach used by professionals trained in play therapy to train parents to be therapeutic agents with their own children" (p.11). Bernard and Louise Guerney developed filial therapy in the early 1960s in an attempt to meet the growing needs of

mental health professionals to be able to help more people per therapeutic hour as well as focus on the mental health needs of children (Guerney, 1964). Filial therapy is a process in which parents of young children are trained in a group format to hold specialized play sessions with their children. Parents are trained in methods of responding during the play sessions in a manner consistent with CCPT. According to Guerney, the purposes of these play sessions are threefold. The intention is to break the child's perception or misperception of the parent's feelings, attitudes, or behavior toward him or her, allow the child to communicate thoughts, feelings, and needs to parents, and bring the child via incorporation of newly perceived attitudes on the part of the parents, greater self-respect, self-worth, and confidence. Guerney's filial therapy model is structured in a group format and progresses through three stages. Stage 1 includes explaining the potential benefits of participation for the child and the parent and incorporates training the parents in specific ways of responding to children in play sessions. These responses include reflecting content and clarification of feeling, with a major emphasis on empathy and genuineness rather than rote responses (Guerney, 1964). During stage 2, parents begin holding weekly specialized play sessions with their children using specifically selected toys and materials. Parents and therapist continue to meet weekly to discuss parents' emotional reactions to their children and experiences in the play session. As parents' needs dwindle and therapy suggests that there is no longer a need for help, the focus in stage 3 is placed on termination issues.

Guerney (1964) developed the filial therapy approach with the following underlying theoretical views and rationale. Young children's maladjustment stems from their interpersonal experiences with family members. Relationships that are

characterized by patterns of deprivation, conflict, and defense serve to shape the child's perception of self and of others. The child-therapist relationship in CCPT is characterized by the therapist's respect for the child, concern for the child, permissiveness, and understanding of the child, allowing the child to experience acceptance of another person and therefore experience acceptance of his or her own self. The nature of this relationship when transferred to the parent- child relationship can be many times more powerful than what the therapist can achieve. Additionally, the methods of filial therapy empower parents to be helped and to be of help in eliminating the parents' potential view that the therapist is a rival. As a further component of filial therapy, it is believed that having a specific time for parents to practice a new role with the child will help weaken habitual negative patterns of interaction with that child and that this method provides parents with skills and attitudes that will continue to be of potential benefit to the parent- child relationship once formal therapy has ended.

Landreth continued to develop the filial therapy approach by creating a 10 - session filial therapy training model in the late 1980s. Landreth and Bratton (2006) formalized Landreth's model and titled it Child Parent Relationship Therapy (CPRT) to distinguish the 10 -session model from other filial therapy models. CPRT (Landreth & Bratton, 2006) differs from the Guerneys' original model in that filial therapy can be appropriate for all parents and their children, not just children with behavioral or emotional problems. Additionally, the CPRT approach is more time limited (10 sessions as opposed to longer time period). CPRT is structured in a support group format, meeting with parents for 2 hours weekly, with parents required to conduct one videotaped 30- minute play session per week. During the parent group meeting,

emphasis is placed on a combination of psychoeducational and didactic experiences as well as supervision experiences in which parents are provided information and feedback and encouragement regarding their play sessions (Landreth & Bratton, 2006).

Effectiveness of filial therapy. A total of 33 studies involving over 800 subjects have investigated the effectiveness of filial therapy. Filial therapy has been employed with a wide variety of populations with impressive results (Bratton et al., 2005) As part of a meta-analysis of the efficacy of play therapy, Bratton et al. (2005) included studies that focused on filial therapy as an intervention. The analysis of 26 studies involving play therapy conducted by paraprofessionals (parent, teacher, or peer mentor who was trained and supervised by a mental health professional) revealed filial therapy to be a viable form of psychotherapy for children. In fact, when compared to play therapy conducted by a professional, play therapy conducted by a parent was found to be more effective. A moderate to large effect size of 0.72 for play therapy provided by a mental health professional was found, and a very large effect size of 1.15 for play therapy provided by a parent (filial therapy) was found. Analysis of the studies including play therapy conducted by a parent compared to play therapy conducted with a professional indicated that the mean effect size of parent-conducted play therapy (filial therapy) was significantly greater ($p < .01$) than the mean effect size of play therapy treatment provided by a mental health professional. Although both methods yielded strong results, play therapy conducted by parents was found to be more effective than play therapy conducted by mental health professionals. When interpreting these results it is important to note that the outcome measures used in the various studies reviewed were largely completed by the parents themselves, which makes it difficult to tell whether

changes occurred in the children or in the perception of the parents. Landreth and Bratton (2006) further analyzed these data to determine the treatment effect for studies that followed the Landreth 10-session model. The authors included studies following the 10-session model and conducted by students whom either Landreth or Bratton had directly supervised. Results of the analysis indicated a large treatment effect ($ES=1.25$) for the 10-session model. These results demonstrate that filial therapy is an effective modality for treating children.

Some specific studies have detailed the effectiveness of CPRT with a variety of populations. Bratton and Landreth (1995) conducted a study to determine the effectiveness of filial therapy with single parents. Using a pretest-posttest design, the 43 participants were randomly selected for the control group and for the experimental group. Parents who participated in the study described their young children (ages 3 to 7 years) as having behavior problems. Parents in the experimental group demonstrated a statistically significant increase in empathetic interactions with their children when compared to the no-treatment control group. Parents in the experimental group also exhibited a statistically significant increase in their demonstration of empathetic behavior with their children as compared to parents in the control group. Parents in the experimental group also made statistically significant increases in parental acceptance, as well as decreases in stress related to parenting. Results further indicated a statistically significant decrease in children's behavioral problems.

Landreth and Lobaugh (1998) researched the impact of training incarcerated fathers using Landreth's 10-week filial model. The participants of this study were fathers incarcerated in a medium-security federal prison. Participants were randomly

assigned to the experimental group ($n=16$) or to a no- treatment control group ($n=16$). Fathers conducted weekly play sessions in the prison during the children's scheduled weekly visit with their fathers. Results determined that the filial-trained fathers significantly increased their acceptance of their children and reported significant decreases in their children's behavior problems. Participants in the experimental group also reported significant decreases in their own stress levels due to parenting. Children in the experimental group showed a significant increase in self-esteem.

Lee and Landreth (2003) researched the impact of Landreth's 10 -week model of filial therapy on immigrant Korean parents living in the United States. Thirty- six participants volunteered for the study and were randomly placed in the experimental or control group. Results of this study included a statistically significant improvement of the experimental group parents' perceived ability to accept their children and to communicate that acceptance to their children. Experimental group parents also demonstrated a statistically significant increase in their ability to empathize with their children. Experimental group parents also showed an increase in their ability to allow the child to lead and to be involved in their children's play. Parental stress was statistically significantly decreased as reported by the experimental group parents as well.

Favorable effects produced by parents as therapeutic agents as a result of training and close supervision by mental health professionals support the use of filial therapy as a worthwhile intervention for children who exhibit problematic behaviors. Because filial therapy has been shown to be effective with a wide range of populations,

the creators of filial therapy recognized potential applications of their model to the teacher-child relationship.

Filial therapy training with teachers. Andronico and Guernsey (1969) originally recommended training teachers as therapeutic agents for a variety of reasons. First, due to the high areas of need and the limited resources available in the mental health field, and particularly in schools, Andronico and Guernsey (1969) believed that training teachers as therapeutic agents would increase the number of children who were able to receive mental health services. Also, they surmised that training teachers in CCPT skills may be helpful in preventing the development of children's behavior problems by improving teachers' abilities to respond to children in ways that improve the child's self-esteem and help the teacher see a given situation from the child's point of view. Andonico and Guernsey further suggested that teachers trained using the filial therapy model may apply the principles used during individual play sessions to situations and events outside the play sessions with all of their students, increasing the overall mental health of their students. An additional potential benefit to training teachers using the filial therapy model is that it empowers teachers much like it empowers parents to become more motivated to be helped and to be helpful in their relationships with students with problematic behaviors by increasing the teacher's ability to cooperate with and communicate with the school psychologist or school counselor regarding those issues (Andronico & Guernsey, 1969).

Guernsey and Flumen (1970) supported training teachers as psychotherapeutic agents, stating that because

Therapists are essentially strangers to children, they must spend weeks or even months developing an emotional importance to the child whereas the teacher, by

contrast, is the child's symbiont. By virtue of his role position, the teacher has inherent importance to the child. (p. 107).

Guerney and Flumen (1970) explained that due to the importance of the relationship between child and teacher, the teacher's responses and interactions impact the child. The relationship between the teacher and child can be described as symbiotic in that the child's perception of how authority figures behave and how adults view the child serves as a model for the child's own future behavior and helps mold the child's self-image. Conversely, the child plays an important role in determining the daily "moment-to-moment comfort-discomfort, anxiety-contentment, happiness-unhappiness status of the teacher" (Guerney & Flumen, 1970, p.108). Traditionally, children who are in need of mental health services are removed from the classroom for treatment and then sent back to the classroom, with little opportunity for communication between teacher and therapist. This format can be problematic in that teachers may have difficulty understanding that some of the child's classroom behaviors may show therapeutic progress but may be unintentionally discouraged by the teacher due to the teacher's lack of awareness (for example, a withdrawn child becoming more able to be assertive). When the teacher is trained as a therapeutic agent, the teacher's ability to understand therapeutically desired changes will improve (Guerney & Flumen, 1970).

An extensive body of research has studied the effects of filial therapy with specific populations, but few research studies have been conducted focusing on the efficacy of adapting filial therapy for use with teachers. Guerney and Flumen (1970) conducted a study ($n=9$ in the experimental group and $n=6$ in the control group) in which teachers were trained using filial therapy procedures to be therapeutic agents for children designated by the teachers as withdrawn (did not initiate contact with other

children, had a lack of interest in the classroom situation, and had an unfulfilling approach to school). After training, teachers each selected one specific child with whom to conduct play sessions. Teachers held a total of fourteen 45 minute play sessions with the child over the course of 17 weeks. A coding system was created to provide an objective method of evaluating the children's behavior (Guerney & Flumen, 1970). The researchers coded four types of assertive behavior, including initiating talk in class, raising hand in attempt to initiate talk, initiating talk with another student, and initiating talk privately with the teacher. Children in the control and experimental groups were observed by trained raters for a 65- minute time period each week. Raters observed the children at the same scheduled class time during the same activity each week in order to maximize intraclass consistency. The researchers graphed the results of the observations of each control and experimental group. All 9 experimental children showed a consistent pattern of rising assertiveness over the course of the study, whereas none of the control group children showed such a pattern. Children in the experimental group also showed an increase in their assertiveness with peers, indicating that some generalization had taken place.

Brown (2000) compared undergraduate students majoring in early childhood education who had been trained in filial therapy using Landreth's 10-session model with teacher trainees who had instruction in parent training and alternatives to corporal punishment. The 18 experimental group participants were trained following Landreth's ten session filial model. The experimental group met once weekly for 90 minutes for instruction and supervision and held a total of seven individual play sessions with a child. The 20 comparison group participants had 7 weeks of instruction in parent

training and 3 weeks of instruction in alternatives to corporal punishment. Participants were administered pre- and -post assessments measuring parenting attitudes, play therapy attitudes, knowledge and skills, and empathy in adult- child interactions. Results of the study indicated that the experimental group teacher trainees had a statistically significant increase in levels of their ability to communicate empathy and acceptance of the child, child self-direction, appropriate involvement with a child, and play therapy knowledge and skills. The comparison group's scores decreased in their ability to communicate acceptance to the child, which was undesirable. These results indicated that filial therapy training helped teacher trainees increase their ability to communicate acceptance, which is a critical component in the ability to establish a meaningful relationship. These results also indicated that Landreth's 10- session filial model is effective in training teacher trainees CCPT skills.

Kinder Therapy

Kinder therapy is a process conceived by White et al. (1997, 1999,); Post et al. (2004); and Hess et al. (2005) based on the model of filial therapy created by Bernard and Louise Guerney (1964) and incorporating concepts from Adlerian theory including goals of behavior, encouragement, and logical consequences. According to White et al. (1997)

The essence of Kinder Therapy is to create an opportunity for the teacher and child to make a meaningful connection on an emotional level that will change their relationship, the child's behavior and the teacher's behavior outside the play room. (p.37).

White et al. (1997) presented a case study in which a kindergarten -aged, non- English-speaking Hispanic girl was struggling with issues of control and anxiety. The school counselor held several play therapy sessions with the child and teacher consultations

and determined that the child's behavior in the classroom was problematic and frustrating for the teacher. The school counselor briefly instructed the teacher on basic play therapy techniques, including tracking, avoiding asking questions, physically showing interest in the child, using the language of encouragement, and enjoying the session. After participating in one play session together in which the teacher communicated her acceptance of the child and her interest in the child's private world, the child's perception of the teacher was impacted. The teacher reported that her perception of the child had changed as well as a result of experiencing the child in a different way. This change in perceptions led to the child's increased ability to function in the classroom without tantrums or crying spells and an increase in the teacher's personal and professional satisfaction. Four months after the intervention, the child continued to function in the classroom without further intervention from the school counselor.

White, et al. (1999) conducted a pilot study in which 6 kindergarten teachers were trained using the kinder therapy approach. The aim of the kinder therapy training was to offer teachers some specific skills and strategies that could be used in the classroom beyond the special play time. After the training, teachers held six weekly play sessions with an individual child of the teacher's choosing. Play sessions were observed by the school counselor, and after each session, the counselor and teacher met for consultation. Classroom observations were conducted before training and after training to determine whether a change in teacher responses occurred. Results of the observations indicated that teachers changed their ways of interacting with children including using more encouraging statements and utilizing logical consequences,

whereas ineffective verbal responses decreased. Teachers' views of their students' levels of encouragement increased in three cases, stayed constant in two cases, and decreased in one case. White et al. (1999) explained that the decrease in encouragement could be due to the teacher's increased awareness and understanding of the child, therefore realizing that the child was struggling more than the teacher had thought before conducting play sessions. Teachers reported observing an increase in appropriate social skill behaviors in the students with whom they held play sessions and a decrease in students' inappropriate social skills. Results on a separate measure indicated a decrease in hyperactive, depressive, aggressive, and attention related behaviors and an increase in appropriate social skills and adaptive behavior. Although the results are encouraging, the study was limited by small numbers, lack of a control group or comparison group, and the fact that outcome measures were teacher reported rather than objectively observed and measured.

The kinder therapy model has also been used with kindergarten and first- grade students who were having difficulty adjusting to the school environment (Draper, White, O'Shaughnessy, Flynt, & Jones, 2001). Kindergarten teachers ($n=7$), kindergarten paraprofessionals ($n=4$), and first grade teachers ($n=3$) were trained in the kinder therapy approach. Teachers were asked to each choose one child from the classroom who seemed to be having difficulty and who was not already receiving special services. After training was completed, teachers held six weekly 30- minute play sessions with the child. School counselors observed each session via video camera and met with teachers immediately after the session to provide feedback and consultation to the teacher. Pretesting and posttesting were conducted. Results of the study indicated that

kinder therapy was effective in several ways. Specifically, children's problem behaviors decreased, adaptive behaviors increased, and early literacy skills improved based on teacher perceptions before and after the intervention. Teachers' positive behaviors such as the use of encouragement and effective verbal responses tended to increase, whereas less desirable teacher behaviors such as praise and ineffective verbal responses decreased. The results of this study could have been made stronger with the use of a control group.

Post et al. (2004) conducted a study by training teachers based on Landreth's 10-session model in basic CCPT skills to use in special play sessions with an individual child of the teacher's choosing. The participants included 9 teachers in the experimental group and 8 teachers in the no-treatment group. The child participants included 9 children in the experimental group and 9 in the no-treatment group. Instruments designed to assess children's behavior, assess teacher's use of CCPT skills, and assess the degree of demonstrated empathy the teacher provided were used to obtain data. This training was titled Child-Centered Kinder Training. These special sessions were designed to help teachers develop a warm relationship by demonstrating acceptance of the child, by giving the child permission to express all feelings, by reflecting feelings back to the child, by respecting the child's ability to solve problems, and by creating an environment with as few restrictions as possible (Post et al., 2004). No statistical significance was found between subjects' effects or within subjects' main effects. However, there were three statistically significant interactions: Internalizing Problems Behavioral Symptoms Index, and Adaptive Skills. The findings of this study indicate that children who participated in child-centered kinder training with the teachers

demonstrated less anxiety and depression. The teachers' perceptions revealed that they viewed the children as showing greater adaptability, leadership skills, and social skills because of the experience. Findings showed that teachers who participated in the training became more responsive, empathic, and understanding of the children (Post et al.).

Hess et al. (2005) did a follow-up study of child centered kinder training to gain information on its effectiveness. The follow-up was done 1 year after the original training occurred. Researchers observed teachers' 30-minute videotaped play sessions from the experimental group and the control group. These videotapes were rated using assessments designed to assess teachers' use of CCPT skills and to assess the degree of teachers' demonstrated empathy. Classroom observations were also conducted with these same measures. Two 45-minute focus groups were also conducted for the experimental group teachers. Results of the follow-up study indicated that teachers who participated in the kinder therapy training valued children's opinions and feelings more highly, gained a better understanding of children, and made more allowances for "children to act like children." The results further indicated that teachers believed children should have choices and be able to make decisions for themselves, and teachers reported that limit setting, in terms of giving choices, made discipline easier. Additionally, teachers reported changes in their beliefs about children; specifically that children could have more independence and more of a voice in the classroom.

Summary of Literature

The quality of the child-teacher relationship has been shown to impact the young child's ability to be successful academically, socially, and emotionally. Children who

experience high- quality relationships with teachers exhibit more sophisticated cognitive and social skills (Birch & Ladd, 1997; Hamre & Pianta, 2001; Howes et al., 1994).

Having a positive relationship with early teachers (including childcare and preschool teachers) has been shown to contribute to the child's ability to develop relationships with peers (Howes et al., 1994). Of further importance is the evidence that for those children who have insecure attachments due to family characteristics, a high-quality teacher-child relationship with childcare providers or preschool teachers may serve as a protective factor for their future ability to develop positive relationships with teachers (O'Connor & McCartney, 2006). Children who experienced poor- quality relationships with teachers reported liking school less, had a tendency to avoid school, and were less likely to be engaged in the classroom (Birch & Ladd, 1997, Pianta & Stuhlman, 2004).

Children's behavior can be impacted by the teacher-child relationship as well. Teachers who perceived a conflictual relationship with a student also perceived that student as having internalizing or externalizing behavior problems (Pianta & Stuhlman, 2004). Students who perceive a conflicted relationship with their teachers may feel limited in their ability to use pro- social behaviors with peers which can affect their ability to build and maintain positive peer relationships (Birch & Ladd, 1998). Conversely, children who experience emotional security with a first teacher (daycare provider or preschool teacher) are provided a positive orientation to relationships, which helps shape children's particular behaviors with peers (Howes et al., 1994). A growing body of research indicates that interventions that facilitate more positive teacher-child relationships between young children and their teachers may improve children's ability to adjust to and be successful in the school environment (Birch & Ladd, 1997; Birch &

Ladd, 1998; Burchinal, Peisner-Feinberg, Pianta, & Howes, 2002; Howes, Hamilton, & Matheson, 1994; Lynch & Cicchetti, 1997; Pianta & Stuhlman, 2004).

Child centered play therapy is based on a belief that children have the inner capacity to grow and develop in a positive, healthy direction and have the inner resources to cope with challenging experiences. The child's behavior is indicative of the child's belief about self (Landreth, 2002). It is through a caring relationship with a significant person who communicates to the child unconditional acceptance, genuineness, and prizing that the child can begin to accept him or herself. The play therapist works to communicate understanding of the child while the child communicates thoughts, feelings, and experiences through the child's natural means of expression, play (Landreth, 2002). Play therapy has been determined to be an efficacious method of mental health treatment for children (Bratton et al., 2005).

Filial therapy is the method of conducting play therapy by the child's trained and supervised parent. Filial therapy was originally developed by Bernard and Louise Guerney in the 1960s and has been further developed by Landreth. Landreth and Bratton (2006) formalized Landreth's model and titled it Child Parent Relationship Therapy (CPRT). Additionally, Bratton, Landreth, Kellam, and Blackard manualized the CPRT (2006) model. Landreth and Bratton's (2006) model is brief (10 weeks) and addresses the needs of children. Filial therapy has been shown to be an effective form of treatment for children suffering from emotional and behavioral issues as well. Although both have been shown to be effective, studies have shown filial therapy to be even more effective than play therapy conducted by a professional (Bratton et al., 2005). Dedicated professionals have recognized the potential applications of filial

therapy to the child-teacher relationship (White et al, 1997, 1999; Draper et al., 2001; Post et al., 2004; Hess et al., 2005) in response to the ever growing body of research indicating the importance of the child-teacher relationship.

Currently, a limited amount of research exists indicating whether or not teachers trained in play therapy skills are able to generalize these skills into use in the classroom and maintain the use of these skills over time. Also, there is a lack of studies indicating the impact on children's behavior of the teachers' being able to maintain the use of play therapy skills over time in the classroom environment. This study hopes to gain information regarding both of these areas.

Purpose of the Study

This study sought to determine whether or not preschool teachers and their teaching aides who have participated in a child- teacher relationship training program (referred to as CTRT), which is modeled after Landreth and Bratton's (2006) 10-session filial therapy model titled Child Parent Relationship Therapy (CPRT), will be able to utilize these newly acquired skills with all students in the classroom setting over time and if so, in what ways this will impact students. The Child Behavior Checklist (CBCL) Caregiver-Teacher Report Form (C-TRF) (Achenbach & Rescorla, 2000) was used to screen for internalizing and externalizing behavior problems and for midpoint, and post-, and follow- up testing to measure effects of teachers' and aides' use of relationship-building skills in the classroom setting on student behavior. The Child-teacher relationship Training Skills Checklist (CTR-SC) will be used at pre- mid- post, and follow- up points to determine teachers' abilities to exhibit the use of relationship-building skills in the general classroom environment with all students.

CHAPTER 2

METHODS AND PROCEDURES

In a coordinated study with Morrison (2006), this research examined the effects of Child-teacher relationship Training (CTRT) on teachers' relationship-building skills and their impact on children's behavior in the classroom. Using a repeated measures active control group design, this quasi-experimental study investigated whether teachers were able to use CTRT relationship-building skills in the classroom over time and whether student behavior was impacted. CTRT is based on Landreth and Bratton's (2006) Child Parent Relationship Training (CPRT) model, which is a time-limited filial therapy model based on the principles and procedures of child centered play therapy (CCPT). The CPRT protocol and manual (Bratton, Landreth, Kellam, & Blackard, 2006) were adapted slightly for use with teachers and aides in this project. Research questions, hypotheses, definition of terms, participant selection, instrumentation, procedures, and analysis of the data are included in this chapter. This study specifically intended to address teachers' and aides' ability to utilize relationship-building skills with students in the general classroom. The researcher also investigated the relationship between teachers' and aides' demonstration of relationship-building skills in the classroom and student behavior.

Hypotheses

1. Preschool teachers who participate in CTRT will demonstrate the use of relationship-building skills statistically significantly more frequently over four points of measure as compared to teachers who have not participated in child teacher relationship training.
2. Preschool teachers who participate in CTRT will statistically significantly increase their use of relationship-building skills during training and will maintain the use of those skills during follow-up.

3. Children in the experimental treatment group whose teacher aide dyad exhibited the use of relationship-building skills in the classroom will demonstrate a significant decrease in Externalizing Problems as measured by the C-TRF, when compared to the children in the active control group whose teacher aide dyad did not exhibit the use of relationship-building skills in the classroom.

4. Children in the experimental treatment group whose teacher aide dyad exhibited the use of relationship-building skills in the classroom will demonstrate a significant decrease in Internalizing Problems as measured by the C-TRF, when compared to the children in the active control group whose teacher aide dyad did not exhibit the use of relationship-building skills in the classroom.

5. Children in the experimental treatment group whose teacher aide dyad exhibited the use of relationship-building skills in the classroom will demonstrate a significant decrease in Total Problems as measured by the C-TRF, when compared to the children in the active control group whose teacher aide dyad did not exhibit the use of relationship-building skills in the classroom.

6. There will be a statistically significant positive relationship between the frequency of the teachers' and aides' demonstration of relationship-building skills and the improvement of students' Externalizing behavior problems.

7. There will be a statistically significant positive relationship between the frequency of the teachers' and aides' demonstration of relationship-building skills and the improvement of students' Internalizing behavior problems.

8. There will be a statistically significant positive relationship between the frequency of the teachers' and aides' demonstration of relationship-building skills and the improvement of students' Total behavior problems.

Definition of Terms

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

Child centered play therapy (CCPT): “a dynamic interpersonal relationship between a child (or person of any age) and a therapist trained in play therapy procedures who provides selected play materials and facilitates the development of a safe relationship for the child (or person of any age) to fully express and explore self (feelings, thoughts, experiences, and behaviors) through play, the child’s natural

medium of communication, for optimal growth and development” (Landreth, 2002, p.16). Filial therapy as well as CPRT (Landreth & Bratton, 2006) is modeled on the principles of child centered play therapy (Landreth, 2002).

Filial therapy: a treatment approach for children with social, emotional, and behavioral problems (Guerney, 1964) in which parents become the primary change agents as they learn to conduct child centered play sessions with their own children. Filial therapists use a competence-oriented, psychoeducational framework to teach parents to conduct specialized play sessions, supervise parents during these play sessions, and help them to eventually to integrate the play sessions and parenting skills in the home (VanFleet, 2000)

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

Child teacher relationship training (CTRT): the experimental group treatment, adapted from the CPRT structure and curriculum using the protocol and training materials included in the *Child Parent Relationship Therapy (CPRT) Treatment Manual* (Bratton et al., 2006). During the first phase of treatment, teachers and aides participated in the equivalent of 10 training/supervision sessions consistent with the principles and procedures of CPRT. Minor adaptations to *The Child Parent Relationship Therapy Treatment Manual* (Landreth & Bratton, 2006) were made

to reflect the experience of the teacher-child relationship as well as to adjust for the classroom setting, school schedule, and teacher in-service training. During CTRT Phase II, teachers and aides participated in 10 weeks of coaching/modeling (3 times a week for 30 minutes) to facilitate their ability to use CTRT skills in the classroom environment. Teachers and aides also participated in weekly 1-hour group training/supervision sessions.

Child teacher relationship training therapist (CTRTRT therapist): CTRTRT facilitators who have advanced training in play therapy and filial therapy who assisted in conducting the CTRT program and in coaching teachers and aides and modeling CTRT skills in the classroom.

Child of focus: The child chosen by the teacher or the aide with whom to conduct seven weekly 30-minute videotaped play sessions. This child was chosen by the teacher from the group of children who qualified for participation in the study based on scores in the Borderline or Clinical range on the C-TRF. The child of focus was chosen based on the teacher's or aide's perception that the child experienced emotional or behavioral difficulties.

Non-child-of-focus: a child who qualified based on scores in the Borderline or Clinical range on the C-TRF for the study but did not participate in individual special play times with the teacher or aide.

Head Start program: a federally funded early childhood program for children ages 3 to 5 years old who come from low-income families that are at or below the poverty line. The program is designed to provide health, education, social services, and parent-community involvement for children and their families.

Teachers: degreed and certified educators by the Texas Education Agency and hired by the Denton Independent School District to teach in a preschool program

Classroom aides: Educators hired by the Denton Independent School District to assist certified teachers in classroom instruction in a pre-school program.

Teaching partner: either the teacher or classroom aide in a Head Start classroom.

Teacher aide dyad: This phrase refers to both the classroom teacher and the classroom aide who coexist in the same classroom.

Externalizing behaviors: the outward expression of internal problems. These behaviors are characterized as disruptive and are often more noticed by parents and teachers.

Externalizing behaviors include attention problems and aggressive behaviors. For the purposes of this study, externalizing problems was operationally defined as the score on the Externalizing Problems Scale on The Child Behavior Checklist/ Caregiver Teacher Report Form (C-TRF) (Achenbach & Rescorla, 2000).

Internalizing behaviors: the inward expressions of internal difficulties. Children with internalizing problems regulate their own actions to an extreme and, therefore, are often not considered disruptive by parents and teachers. The subscales on the Child Behavior Checklist Teacher Report Form that make up Internalizing Behaviors include Emotionally Reactive, Anxious/ Depressed, Somatic Complaints, and Social Withdrawal. For the purposes of this study, Internalizing problems was operationally defined as the score on the Internalizing Problems

Scale on the Child Behavior Checklist/ Caregiver Teacher Report Form (C-TRF) (Achenbach & Rescorla, 2000).

Total behavior problems: the sum of scores on all the problem items on the Child Behavior Checklist /Caregiver Teacher Report. For the purposes of this study, Total Problems was operationally defined as the score on the Total Problems Scale on the Child Behavior Checklist /Caregiver Teacher Report Form. (C-TRF) (Achenbach & Rescorla, 2000).

Participant Selection

This research was conducted in coordination with a study conducted by Morrison (2006). Human Subjects Approval from the University of North Texas Internal Review Board was obtained in conjunction with Morrison's study. Morrison investigated the effects of CTRT on the behavior of disadvantaged preschool children identified with behavior problems, whereas this study investigated whether teachers were able to generalize relationship-building skills into the classroom environment, maintain the use of CTRT skills over time and the relationship between using CTRT relationship-building skills on children's behavior.

The Head Start Center in which this research was conducted is located in the southwestern United States. Approximately 286 students were enrolled in the school at the time the study was conducted. Of those 286 students, 17.8% were identified as African American, 49.3% were identified as Hispanic, 30.1% were identified as Caucasian, 0.7% were identified as Native American, and 2.1% were identified as Asian or Pacific Islander. Seventy- eight percent of the students enrolled in the school were described as economically disadvantaged, and 36.4% were reported to have limited

English proficiency and were enrolled in bilingual or English as a second language education (ESL). Twenty -eight percent of students were enrolled in some type of special education program. A separate play therapy program was also offered at this school to assist children demonstrating considerable behavior problems.

The principal, Head Start teachers, and Head Start classroom aides agreed to participate in the research project. A total of 12 teacher/classroom aide dyads participated in the study ($N=24$). Table 1 includes information regarding the years of teaching experience and the level of education achieved reported by each participating teacher. Table 2 provides demographic information describing the teacher participants. Information from Tables 1 and 2 was obtained from an information sheet completed by each teacher.

Table 1

Education and Certification for Teachers and Aides in the Experimental and Active Control Group.

	Experimental group $n = 12$		Active control group $n = 12$	
	Teachers	Aides	Teachers	Aides
Average years teaching in Head Start	5.8 years	9 years	4 years	6.1 years
Education				
High school diploma only	0	3	0	2
Pursuing bachelor's degree	0	2	0	3
Bachelor's degree	6	1	6	1
Teacher certification				
Early Childhood Education EC-4	4	0	3	0
Bilingual Generalist	2	0	2	0

Table 2

Demographic Information for Teachers and Classroom Aides in the Experimental and Active Control Group.

	Experimental group		Active control group	
	Teachers	Aides	Teachers	Aides
Gender				
Males	1	1	1	1
Females	5	5	5	5
Average Age	37.7 years	38 years	32 years	37 years
Ethnicity				
Hispanic	3	3	4	4
Black American	0	3	0	1
Caucasian	2	0	2	0

All children enrolled in the Head Start program whose parents provided consent ($N=159$) were eligible to participate in the study. Children were selected to participate based on their teachers' ratings on the Child Behavior Checklist Caregiver-Teacher Report Form (C-TRF) (Achenbach & Rescorla, 2000). Those children who scored by their teacher's report in the Borderline or Clinical range on at least one syndrome scale on the C-TRF were selected to participate in the study ($N=43$). No subjects were eliminated based on ethnicity or disability. However, children who were participating in play therapy were eliminated from the study regardless of scores on the C-TRF. This brought the total number of child participants to 32. Children were assigned to the treatment group or the active control group based on their teacher's assignment to the

treatment group or active control group. This resulted in 19 children being placed in the experimental group and 13 children being placed in the active control group.

Demographic information for children who participated in the study is described in Table 3.

Table 3

Demographics Information for Children in the Experimental and Active Control Group

	Experimental group <i>n</i> =19	Active control group <i>n</i> =13
Gender		
Male	9	9
Female	10	4
Age		
3.0-3.5 years	6	2
3.6-3.11 years	4	4
4.0-4.5 years	5	4
4.6-4.11 years	4	3
Ethnicity		
Hispanic	7	10
Black American	5	1
Caucasian	7	2

Note. The experimental group= 2 bilingual classrooms, active control group=3 bilingual classrooms this explains the uneven number of Hispanic children in the active control group.

Instrumentation

Two instruments were used to obtain data for the purposes of this study. The Child Behavior Checklist Caregiver Teacher Report Form (C-TRF) (Achenbach & Rescorla, 2000) was completed by the teachers at several points throughout the study. The C-TRF is designed to be completed by the teacher or caregiver of a child between

the age ranges of 1 1/2 to 5 years old. The C-TRF can be completed in approximately 15 minutes. The C-TRF includes 99 items to be responded to by circling 0 (*not true*), 1 (*somewhat or sometimes true*), or 2 (*very true or often true*). Open-ended items are provided to encourage teachers or caregivers to further describe the child, including what is best about that child (Achenbach & Rescorla, 2000).

The six syndrome scales on the C-TRF include Emotionally Reactive, Anxious/Depressed, Somatic Complaints, Withdrawn, Attention Problems, and Aggressive Behavior. Scores on the syndrome scales can be grouped into two broader categories: Internalizing and Externalizing. Scores on the Emotionally Reactive, Anxious/ Depressed, Somatic Complaints, and Withdrawn are comprised to indicate an Internalizing score, and scores from the Attention Problems and Aggressive Behavior syndrome scales are comprised to indicate an Externalizing score. An additional score called the Total Problems score can be calculated by summing the Internalizing and Externalizing scores plus the highest score on any additional problems entered by the respondent for the open-ended item 100 (Achenbach & Rescorla, 2000). The Internalizing, Externalizing, and Total Problems scores were utilized for this study. A reduction in scores indicates improvement in the targeted behavior (Achenbach & Rescorla, 2000).

The C-TRF was normed using a total sample of 588 boys and 604 girls (Achenbach & Rescorla, 2000). Researchers used children referred for clinical services and well-adjusted children attending preschool who were participating in a long-term national study. The mean score of the test-retest reliability across all scales is strong ($r = .81$). The test-retest reliability for each scale of the C-TRF is as follows:

Emotionally Reactive ($r = .72$), Anxious/Depressed ($r = .68$), Somatic Complaints ($r = .91$), Withdrawn ($r = .77$), Attention Problems ($r = .84$), Aggressive Behavior ($r = .89$), Internalizing Problems, ($r = .77$), Externalizing Problems ($r = .89$), and Total Problems ($r = .88$). The test-retest of the DSM-Oriented scales is as follows: Affective Problems ($r = .76$), Anxiety Problems ($r = .57$), Pervasive Developmental Problems ($r = .83$), Attention Deficit/Hyperactivity Problems ($r = .79$) and Oppositional Defiant Problems ($r = .87$).

The content validity (the degree to which an instrument measures what it is intended to measure) is supported by the fact that research has indicated that the items on the C-TRF discriminate significantly between children who were referred for mental health or special education services and demographically similar children who were not referred (Achenbach & Rescorla, 2000). Criterion- related validity of the problem scores on the C-TRF is supported based on the findings that using C-TRF scores as predictors of referral, classification accuracy was 71% both for the combination of Internalizing, Externalizing scales and for the syndrome scales (Achenbach & Rescorla, 2000).

The C-TRF is a useful instrument in assessing the effects of treatment because it can be administered appropriately at various time points. The C-TRF has been used in other similar filial therapy studies (Jones, Rhine, & Bratton, 2002; Smith & Landreth, 2004).

The second instrument utilized in this study is the Child-teacher relationship Training Skills Checklist (CTRT-SC). The CTRT-SC was created using the Play Therapy Skills Checklist originally developed by the Center for Play Therapy (Ray, 2004) as a guide. A draft of the CTRT-SC (see Appendix B) was initially formed and reviewed by a focus group consisting of four experts in the areas of counseling and play

therapy. Included in the focus group were three Licensed Professional Counselors, one Licensed Professional Counselor Intern, two Registered Play Therapist Supervisors, one Registered Play Therapist, three Nationally Certified Counselors, and two Certified School Counselors. This observation form was used to assess whether teachers and aides utilized relationship-building skills consistent with the CTRT program in the classroom environment.

The CTRT-SC was piloted by higher level doctoral students with advanced training and credentials in play therapy in four Head Start Classrooms. Revisions of the format of the CTRT-SC were made based on the raters' experiences in order to improve the usability of the form. The original focus group of experts was consulted regarding the updated version of the observation form. A final draft of the CTRT-SC was decided upon for use in the study.

The CTRT-SC is an observation form designed to identify whether responses teachers make to children in the classroom can be classified as those consistent with skills taught in CTRT, or responses that are not designated as relationship building responses. There are 10 categories of possible responses with 1 category being further broken down into three subcategories. The categories include Tracking, Reflecting Content, Reflecting Feelings, Esteem building/Encouragement, Returning Responsibility, Relational Responses, Choice Giving, A-C-T Method of Limit Setting (further broken down into Acknowledge the feeling, Communicate the limit, Target an alternative), Teacher Directed Response, and Other response.

These first five categories have been described and defined by Landreth (1991, 2002), Ray (2004), and Landreth and Bratton (2006). Tracking has been defined by

Ray (2004) as a verbal response to the child simply stating what is seen or observed. Reflecting content is paraphrasing the verbal interactions of the child. Reflecting feelings is described as the verbal response to emotions expressed by the child. Esteem building/Encouragement responses are those that work to help children experience themselves as capable. Esteem building/ Encouragement responses are differentiated from praise responses. Praise responses focus on an external product, whereas an Esteem building/Encouragement response focuses on the child's internal process. An example of praise would be "Good job!" An example of an Esteem building/Encouragement response is "You matched all the shapes!"

Returning Responsibility responses help children experience themselves as being able and empowered. For example, if a child asks, "What color should I paint this apple?" a response that returns responsibility would be "That is up to you." Relational responses are responses that focus on building the relationship between the teacher and the child. Relational responses include a reference to the child and the teacher. An example of this type of response may occur during play when a teacher sneezes and the child says, "Drink this tea so you'll feel better." The teacher would respond, "You want to take care of me." (Ray, 2004).

Choice Giving responses are those that facilitate the child's self-control, responsibility, and decision making (Landreth & Bratton, 2006). Choice Giving responses are used to empower children and as a method of discipline. 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 for snack or you can choose to put all

of the cookies back. Which do you choose?” or “When you choose to put the books back, you choose to get to read books after recess, when you choose not to put books back, you choose not to get to read after recess.” Choice Giving for empowerment and Choice Giving as a discipline method are not differentiated on the CTRT-SC.

The ACT Method for Limit setting has been described by Landreth & Bratton (2006) as a way for adults to set appropriate limits on children’s behavior while providing the child with a predictable, safe environment and a sense of security. The ACT method of limit setting is designed to provide an acceptable outlet for expressing a feeling or the original action while also giving the child an opportunity to exercise self-control. There are three parts to the ACT Method. The first part is acknowledgment of the child’s feeling or desire (Sue, I know you are angry with Billy). The second part is communication of the limit (But Billy is not for hitting). The third part is targeting an alternative (You can tell Billy that you don’t like it when he takes the crayons).

The final two categories reflect responses that were not considered CTRT skills but may occur in classrooms. Teacher Directed responses are those that are initiated and dictated by the teacher. Responses that are teacher directed include instructional responses (“That shape is a triangle,” “What comes next in the pattern?”), correcting student behavior (“Be quiet,” “It is time to clean up,” “Don’t touch that.”), explanations (“That’s Alice’s toy,” “That is the bee’s stinger,” “We’re going to the library after lunch.”), and questions (“Where does your coat go?” “Whose doll is this?” “What are you making?”). The Other response category includes any response that can’t be placed in any of the different categories. Some examples are praise statements such as “Super job!” or phrases such as “Oh my!” and “Goodness Sakes!”

In addition to the response categories, the form includes a designation of the teacher's ability to display an attitude of "being with" the children. This "be with" attitude is described by Landreth & Bratton (2006) as "the ability to put aside personal experiences and expectations and appreciate the personhood of the child, as well as the child's activities, experiences, feelings, and thoughts" (p. 81). The "be with" factor is considered a critical component of relationship building between adult and child. Observers circled a 1 if the teacher displays "be with" attitudes for less than half the observed time period and a 2 if the teacher displayed "be with" attitudes for more than half the observed time period. The form also included a section for the teacher to identify, using a Likert-type scale, the classroom climate during the observed time period. On the scale of 1 through 5, one or two is described as relatively calm in the classroom compared to the average; 3 is an average daily level of activity in the classroom; and 4 or 5 describes the classroom climate as more chaotic than average. This scale is helpful to determine whether the observer has observed during a typical period or whether extraneous factors exist. A section is included at the bottom of the CTRT-SC for observers to write any additional notes or important information that should be considered when they review the observation results.

In order to ensure the consistency of coding responses between raters, procedures to establish Inter-observer reliability were followed. The three doctoral students who piloted the form were also the raters who conducted the CTRT-SC observations for this study. To establish inter-observer reliability, raters viewed three videotaped segments of teacher-student classroom interaction and coded teachers' responses separately. Next, raters observed together in a live classroom (coding

separately) for a total of 30 minutes coding teachers' responses and then repeated this in a second classroom for 30 minutes. These procedures were followed three times over the course of the study. Inter-observer reliability was calculated using the interval agreement approach (Kennedy, 2005). Inter-observer reliability was computed to be 76% for the first calculation, 93% for the second calculation, and 88% for the third calculation. Eighty percent is considered to be an acceptable level of observer consistency, yet when using observational code with multiple behaviors that have complex definitions, researchers often accept slightly lower inter-observer agreement outcomes (Kennedy, 2005). Additionally, to adequately assess the consistency of measurement, it is recommended that inter-observer checks be completed at least 20% of the total observation times (Kennedy, 2005). For this study three checks were conducted for a total of four study observations resulting in 75% of the total observation times.

Procedures

A total of 12 teacher/classroom aide dyads participated in the study (N=24). Although it was planned for participants to be randomly placed in the experimental and active control groups, it came to the researcher's attention that 3 teachers were not able to take part in the training phase of the project due to the district's requirement that all new teachers attend a mandatory in-service on the same days as the initial CTRT training was scheduled. This situation created a forced assignment of these 3 teachers to the active control group, resulting in a quasi-experimental research design. The remaining teachers were randomly drawn to participate in the experimental and active control groups. There was a high number of Hispanic teachers and children in each of

the experimental and active control groups due to the fact that the school offered 5 bilingual classrooms. Two out of five_of the bilingual classrooms were necessarily placed in the active control group due to those teachers and aides' inability to attend the training. The remaining 3 bilingual classrooms and 6 nonbilingual classrooms were randomly assigned to the experimental or control group resulting in two bilingual classes in the experimental group and three bilingual classes in the active control group.

Development of CTRT

CTRT is based on child parent relationship therapy (CPRT), which was first introduced by Landreth (1991/2002) as a 10- session model of filial therapy. Landreth and Bratton(2006) further developed CPRT and Bratton, Landreth, Kellam, and Blackard (2006) manualized the treatment. For the purposes of this study, adjustments to the CPRT training format were made to account for the classroom setting, school schedule, and teacher in-service training schedule. Similarly, minor adaptations to the handouts from *The Child Parent Relationship Therapy Treatment Manual* (Bratton et al., 2006) were made to reflect the experience of the teacher-child relationship. To differentiate the teacher training model from the filial therapy model (CPRT), the term CTRT was employed.

Experimental Group

The experimental group treatment was divided into three phases. The first phase of treatment (titled CTRT Phase 1) included training the 12 members of the experimental group in the concepts and principles of child teacher relationship training (CTRT). The first part of this training occurred during an intensive 2 ½ day training session that took place prior to the beginning of the school year. Material equivalent to

sessions 1 through 4 of the typical CPRT structure was taught during this time.

Principles and skills that were addressed included reflective listening, recognizing and responding to children's feelings, therapeutic limit setting, and how to structure weekly play sessions with a child. Teachers and aides role played skills and practiced skills with preschool children who attended the university lab preschool. At the conclusion of the intensive 2 ½ day training, teachers and aides were divided into two training/supervision groups (6 in each group) and assigned a CTRT therapist to facilitate the training/supervision sessions. CTRT therapists were doctoral counseling students with advanced training in play therapy and filial therapy.

Teachers and aides selected a child of focus from their classroom and conducted weekly 30 minute video taped play sessions over the course of the following 7 weeks in order to practice the CPRT skills. Teachers and aides also met in their training/supervision groups each of these weeks. During weekly training/supervision sessions, the remaining material (sessions 5 through 10) of the adapted CPRT curriculum (Bratton et al., 2006) continued along with supervision of the teachers' and aides' videotaped play sessions with the child of focus.

This format provided a controlled setting for the experimental group members to practice CTRT skills and to receive feedback regarding the implementation of those skills from the CTRT therapist. Consistent with the CPRT model (Landreth & Bratton, 2006), teachers were instructed to refrain from using these skills outside the play sessions at this time in order to ensure successful learning and application of the skills in a more controlled environment.

CTRT Phase II

The second phase of treatment (titled CTRT Phase II) focused on facilitating the teacher aide dyads' abilities to generalize the use of CTRT skills in the classroom environment. As part of CTRT Phase II, teachers and aides were asked to designate 30 minutes of the daily "center" time (typically a 45- minute block of time in which children engage in unstructured play time in small groups in the classroom) as Child Teacher Relationship time (CTR time), three times a week. For each of those blocks of time the CTRT therapist modeled using CTRT skills with small groups of children in the classroom with the teachers and the aides. Coaching and modeling during CTR time was structured in such a way that for the first 15 minutes of CTR time, 1 teaching partner and the CTRT therapist focused on practicing the skills with a small group of children while the other teaching partner focused on classroom management. During the second 15 minutes, the teaching partners changed roles.

During the first few weeks of the second phase of treatment, modeling of the CTRT skills was done more heavily by the CTRT therapist. As teachers and aides became more comfortable and proficient using the CTRT skills in the classroom, the intensity of modeling decreased and teachers and aides used skills more independently. To ensure that each child in the class received some individual relationship time with one of the teaching partners each week, teachers and aides were encouraged to keep a checklist of the students who had been the focus of each CTR time. Weekly one hour training/supervision sessions continued over the course of CTRT Phase II (10 weeks). New skills introduced in this phase were encouragement responses and self esteem building responses. Training and supervision sessions also continued in order to

discuss challenges and successes of implementing the CTRT skills in the classroom with small groups of children as opposed to being in the special play room with one child.

CTRT Phase III

CTRT Phase III refers to the 10- week follow- up period after the completion of the CTRT program. Between CTRT Phase II and CTRT Phase III (10 weeks), teachers and aides did not participate in any further training or supervision. Teachers and aides had no contact with the CTRT therapists. At the end of this 10- week period, teachers were asked to assess students' behavior using the C-TRF, and teachers' and aides' demonstration of CTRT skills in the classroom was measured. Table 4 clarifies each of the phases.

Table 4

*Child Teacher Relationship Training
(CTRT) Phases*

Phase	Description
CTRT Phase I	Intensive 2 1/2 day training Teachers and aides conduct 7 weekly play sessions 1 hour weekly training and supervision sessions (10 weeks)
CTRT Phase II	Coaching and modeling in classroom 1 hour weekly training and supervision sessions (10 weeks)
CTRT Phase III	No further coaching and modeling No further training and supervision Follow-up Classroom Observation (10 weeks following the conclusion of CTRT Phase II)

Trainer Qualifications

All training, supervision, and coaching was provided by advanced doctoral counseling students who had extensive training and supervision experience in play therapy and CPRT (also referred to as CTRT therapists throughout the test). The three doctoral students providing training and supervision had five advanced doctoral level courses and supervision in play therapy. The primary researcher was a Licensed Professional Counselor Intern, Nationally Certified Counselor, and Certified School Counselor. The second doctoral student was a Licensed Professional Counselor,

Registered Play Therapist, Nationally Certified Counselor, and a Certified School Counselor. The third doctoral student was fluent in Spanish and also had extensive training and supervision in play therapy and CPRT. Having a Spanish-speaking facilitator was important for supervising the bilingual teachers during one-on-one play sessions and generalizing skills into the classroom because children in the bilingual classes at this Head Start program primarily spoke Spanish.

Curriculum utilized during training was the *Child Parent Relationship Therapy (CPRT) Treatment Manual* (Bratton et al., 2006), adapted slightly for use with teachers in a classroom setting. The primary investigator, working in conjunction with Morrison (2006), had access to a prepublication copy by the lead author for the purposes of this study. Teacher participants were videotaped during practice sessions with children as well as during all one-on-one play sessions with the child of focus to ensure adherence to treatment protocol as well as to provide supervision to participants. This research was conducted in coordination with Morrison's study and the experimental group treatment procedures are detailed in Morrison's study as well.

Active Control Group Treatment

Teachers participating in the active control group ($n = 12$) received training in Conscious Discipline® classroom management program and social emotional curriculum (Becky Bailey, Loving Guidance Inc., Orlando, FL, www.beckybailey.com). The Conscious Discipline® program was conducted by the school's educational specialist who has been deemed a qualified instructor for the Conscious Discipline® curriculum. The educational specialist had a master's degree in Early Childhood Education and provides all teacher training and support for this Head Start center.

Teachers met for a 1- day training session prior to the start of the school year.

Throughout the remainder of the school year, teachers received training and support in implementing Conscious Discipline® in their classrooms on various occasions. Typical Conscious Discipline® training includes viewing Conscious Discipline® DVDs, readings from *Conscious Discipline: 7 Basic Skills for Brain Smart Classroom Management* (Bailey, 2000), and discussions. The description of the active control group training regarding Conscious Discipline® is also detailed in Morrison (2006) as this research was conducted in conjunction with Morrison's study (2006).

Data Collection

As part of a coordinated effort with Morrison's (2006) study, IRB approval was obtained and subjects were recruited prior to the beginning of the school year during student registration. Spanish consent forms and Spanish- speaking research assistants were provided as necessary to ensure that a wide variety of potential subjects were able to be recruited. Home visits were made on an as- needed basis to obtain informed consent for child subjects (see Appendix A). The first data collection point occurred at the start of the school year. Teachers completed the C-TRF at the start of the school year on each child in the class who had parental consent to participate in the study as a pretest measure. Children who scored in the Borderline or Clinical range in at least one syndrome scale were selected to participate in the study. Subsequent data were collected using the C-TRF at the conclusion of CTRT Phase 1 (midpoint), at the conclusion of CTRT Phase II (posttest) and 10 weeks following the completion of the CTRT program (follow- up test). There was a total of four data collection points using the C-TRF measure. To ensure the integrity of this data collection, teachers were

provided a substitute teacher in each classroom so that they could complete the measures in a room free of distraction. The researcher or trained research assistants monitored data collection to maintain consistency and were available to answer questions regarding the C-TRF as needed.

The second measure used to obtain data was the Child Teacher Relationship Skills Checklist (CTR-SC) observation form. The researcher and trained research assistants observed each teacher for 15 minutes and each classroom aide for 15 minutes during the teacher's designated center time. Teachers and aides were observed a total of four times throughout the study. Observations coincided with the previously detailed data collection schedule. It is important to note that it was impossible to schedule the first observation prior to the beginning of the intervention. The CTRT program began prior to the beginning of the school year during teacher preservice. Observations could not be conducted until the beginning of the school year when teachers and aides were with their students.

The final observation, conducted 10 weeks after the completion of the CTRT program, was performed at random (meaning not scheduled ahead of time with the teacher or aide) during center time. Teachers and aides were notified that at some point during a 2- week period an observer would come to the classroom during center time. This was done in order to control for the possibility of teachers changing their plans or interactions with the students because they were expecting the observer to be present.

Data Analysis

Data analysis was chosen to fully explore the study's presented hypotheses. In order to compare the experimental group's ability to demonstrate the use of relationship-building skills with the active control group's ability to demonstrate the use of relationship-building skills in the general classroom, the data were analyzed using a one-way between groups analysis of covariance (Hypothesis 1). To address whether the experimental group was able to learn relationship-building skills and maintain the use of those skills in the classroom over time, analysis of variance was conducted (Hypothesis 2).

Data gathered to compare children in the experimental group's Externalizing behavior scores with children in the active control group's scores were analyzed using analysis of covariance (Hypothesis 3). Analysis of covariance was also utilized to compare children's internalizing problems scores in the experimental group with children's Internalizing problems scores in the control group (Hypothesis 4). Similarly, analysis of covariance was used to compare children in the experimental group's Total Problems scores with children in the active control group's total problems scores (Hypothesis 5).

To address whether a relationship exists between the frequency of teachers' and aides' use of relationship-building skills in the classroom and the decrease of children's externalizing problems scores, a correlation coefficient was calculated (Hypothesis 6). Correlation coefficients were also calculated to determine whether a relationship exists between the frequency of teachers' and aides' use of relationship-building skills in the classroom and the decrease of children's internalizing problems scores (Hypothesis 7).

Finally, a correlation coefficient was calculated to determine whether a relationship exists between the frequency of teachers' and aides' use of relationship-building skills in the classroom and a decrease in children's total problems scores (Hypothesis 8).

Due to the fact that small sample sizes often lead to results that do not reach the conventional level of statistical significance (p value of less than 0.05) (Kramer & Rosenthal, 1999), eta squared effect sizes using Cohen's (1988) interpretations were also computed in order to measure practical significance. According to Cohen, .01 is considered a small effect, .06 is considered a medium effect, and .14 is considered a large effect.

CHAPTER 3

RESULTS AND DISCUSSION

This chapter details the results, discussion, and limitations of this study. Implications for practice and research are presented as well. The results of the analyses are described in the same order as the presented hypotheses.

Results

Hypothesis 1: Preschool teachers and aides who participate in CTRT will demonstrate the use of relationship-building skills statistically significantly more frequently as compared to teachers who have not participated in CTRT.

Statistical analyses specified were chosen to analyze data based on several factors. First, although randomization of the sample was intended, it was not possible due to the fact that 3 of the participants were required to participate in a district wide in-service training at the same time child teacher relationship training (CTRT) was scheduled. Due to the lack of randomization, there was a noticeable difference in pretest scores on the CTRT-SC between the experimental ($M=6.33$, $SD=5.07$) and the active control group ($M=2.83$, $SD=2.48$). A one- way analysis of variance (ANOVA) to compare the groups on pretest CTRT-SC scores yielded a statistically significant difference $F(1,22)=4.61$, $p=.04$, eta squared=.17. Because of the pretest differences, an analysis of covariance was employed to control for these differences. To address Hypothesis 1, a one- way between groups ANCOVA was conducted to compare the effectiveness of CTRT on teachers' and aides' demonstration of relationship-building skills in the classroom environment with those who did not participate in CTRT. To fully investigate Hypothesis 1, ANCOVA was conducted twice. For the first analysis, the

independent variable was the intervention; the dependent variable was the posttest CTRT-SC scores (Observation 3); and the covariate was the pretest CTRT-SC scores (Observation 1). Preliminary checks were conducted to ensure that there was no violation of the assumptions of normality, linearity, homogeneity of regression slopes, and reliable measurement of the covariate. The assumption of homogeneity of variance was violated, so results of the analyses should be interpreted with caution.

After adjusting for preintervention scores, there was a statistically significant difference between the experimental and active control group's demonstration of the use of relationship-building skills, $F(1, 21)=44.44, p < .01$, partial eta squared =.68. According to Cohen (1988), this effect size is considered large. At Observation 3, the experimental group demonstrated statistically significantly more CTRT skills than the active control group. Tables 5 and 6 display these results.

Table 5
Pretest (Obs 1), Posttest (Obs 3), and Follow Up Test (Obs 4) Mean Scores and Standard Deviations as a Function of CTRT

Source	Pretest		Posttest		Follow-up	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
CTRT	6.33	5.07	74.5	29.97	48.83	33.19
No CTRT	2.83	2.48	6.5	5.6	1.25	1.71

Table 6
Analysis of Covariance of Posttest Observation Scores (Obs 3) as a Function of CTRT with Pretest Scores (Obs 1) as Covariate

Source	<i>df</i>	<i>SS</i>	<i>MS</i>	<i>F</i>	<i>p</i>	η^2
Covariate (Obs 1)	1	187.07	187.07	0.39	0.54	0.02
CTRT (group)	1	21240	21240	44.44	$p < .01$	0.68
Error	21	10036	477.95			
Total	24	77334				

For the second analysis, a one- way between- groups ANCOVA was conducted. The independent variable was the CTRT intervention; the dependent variable was the follow- up CTRT-SC scores (Observation 4); and the covariate was the pretest CTRT-SC scores (Observation 1). Preliminary checks were again conducted to ensure that there was no violation of the assumptions of normality, linearity, homogeneity of regression slopes, and reliable measurement of the covariate. The assumption of homogeneity of variance was violated, so results of the analysis should be interpreted with caution.

After adjusting for preintervention scores, there was a statistically significant difference between the experimental and active control group’s demonstration of the use of relationship-building skills, $F(1, 21)=16.55$, $p < .01$, partial eta squared =.44. Practical significance of the treatment was large as demonstrated by an effect size of .44. (Cohen,1988). At Observation 4, the experimental group demonstrated statistically significantly more CTRT skills than the active control group. Table 7 displays these results.

Table 7
*Analysis of Covariance Follow- Up Scores (Obs 4) as a
 Function of CTRT, With Pretest Observation Scores (Obs1) as
 Covariate*

Source	<i>df</i>	<i>SS</i>	<i>MS</i>	<i>F</i>	<i>p</i>	η^2
Covariate (Obs 1)	1	694.23	694.23	1.27	0.27	0.06
CTRTR (group)	1	9024.1	9024.1	16.55	p<.01	0.44
Error	21	11454	545.41			
Total	24	40783				

ANCOVA was not conducted with the intervention as the independent variable, midpoint CTRT-SC scores (Observation 2) as the dependent variable, and pretest CTRT-SC scores (Observation 1) as the covariate because teachers and aides in the experimental group were specifically asked not to utilize relationship-building skills in the general classroom during CTRT Phase 1 (between CTRT-SC Observation 1 and CTRT Observation 2), as consistent with the CPRT model (Landreth & Bratton, 2006). It was important to lessen the number of covariates in order to reduce the chances of committing a Type 1 error, especially under circumstances in which there is small sample size (Stevens, 1996). On the basis of these results, Hypothesis 1 was retained. Results indicated that teachers and aides who participated in CTRT demonstrated the use of relationship-building skills more frequently as compared to teachers and aides who did not participate in CTRT.

Hypothesis 2: Preschool teachers and aides who participate in CTRT will statistically significantly increase their use of relationship-building skills during training and will maintain the use of those skills during follow- up.

A one -way repeated measures ANOVA was conducted to address Hypothesis 2. It was determined that this analysis was appropriate because the focus of the hypothesis was on one group rather than on comparing the experimental group with the control group. The one- way repeated measures ANOVA was conducted to compare the experimental group’s scores on the CTRT-SC at Time 1 (the beginning of the intervention), Time 2 (at the midpoint of the intervention), Time 3 (after the completion of the intervention), and Time 4 (10 weeks following the completion of the intervention). The means and standard deviations are presented in Table 8.

Table 8
Mean Scores on the ChildTeacher Relationship Training Skills Checklist (CTRT-SC) for the Experimental Group

Experimental Group <i>n</i> =12		
	<i>M</i>	<i>SD</i>
Observation 1	6.33	5.07
Observation 2	11.08	9.34
Observation 3	74.5	29.97
Observation 4	48.83	33.19

There was a significant effect for time (Wilks’s Lambda=.13, $F(3,9)=19.81$, $p<.01$, multivariate partial eta squared=.87). The effect size of .87 is large (Cohen, 1988). Based on the results of this analysis, Hypothesis 2 was retained. These results indicate that teachers and aides who participated in the CTRT program increased their use of relationship-building skills in the classroom and maintained the use of those skills during follow- up at a statistically significant level.

Hypothesis 3: Children in the experimental group whose teacher aide dyad exhibited the use of relationship-building skills in the classroom will demonstrate a significant decrease in Externalizing Problems as measured by the C-TRF, when compared to the children whose teacher aide dyad did not exhibit the use of relationship-building skills in the classroom.

Because the CTRT program was divided into several phases, students' behavior was measured at four different time periods. It was prudent to determine how the different phases may have impacted behavior. Teachers and aides were specifically asked not to utilize the relationship-building skills they were learning during CTRT Phase 1 (the time period between Time 1 and Time 2) in the classroom as consistent with the principles of the CPRT model. Therefore, in order to reduce the number of covariates to decrease the chances of committing a Type 1 error, especially with a small sample size, it was necessary to carefully select the covariates used (Stevens, 1996). It was determined that running two analyses was appropriate and would yield the most accurate information. Preliminary checks were conducted to ensure that there was no violation of the assumptions of normality, linearity, homogeneity of variances, homogeneity of regression slopes, and reliable measurement of the covariate for both analyses.

First, a one- way ANCOVA, where the intervention was the independent variable, Externalizing Problems posttest scores on the C-TRF (Time 3) was the dependent variable and pretest Externalizing Problems scores on the C-TRF (Time 1) was the covariate, yielded a statistically significant difference between the experimental and active control groups' scores between Time 1 and Time 3, $F(1, 29)=4.76, p=.037$,

partial eta squared=.14. The practical significance of the effects of CTRT treatment from pre- to posttesting was large (partial eta squared =.14). Tables 9 and 10 display these results.

Table 9
Pre and Posttest (T1 and T3) Externalizing Behavior Scores as a Function of CTRT

Source	Pretest		Posttest	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
CTRT	62.58	10.62	53.21	9.68
No CTRT	55.15	8.62	52.76	6.88

Table 10
Analysis of Covariance of Posttest Externalizing Behaviors(T3) as a Function of CTRT, With Pretest Externalizing Behaviors(T1) as Covariate

Source	<i>df</i>	<i>SS</i>	<i>MS</i>	<i>F</i>	<i>p</i>	η^2
Covariate	1	1370.3	1370.3	44.9	p<.01	0.61
CTRT (group)	1	145.26	145.26	4.76	0.04	0.14
Error	29	885.12	30.52			
Total	32	92251				

A second ANCOVA was conducted in which the intervention was the independent variable, the follow- up Externalizing Problems scores on the C-TRF (Time 4) was the dependent variable, with pretest Externalizing Problems scores on the C-TRF (Time 1) as the covariate. No statistically significant difference was found between the groups on the follow- up C-TRF scores (Time 4). Table 11 displays these results.

Table 11
Analysis of Covariance of Follow Up Externalizing Behaviors (T4) as a Function of CTRT, With Pretest Externalizing Behaviors (T1) as Covariate

Source	<i>df</i>	<i>SS</i>	<i>MS</i>	<i>F</i>	<i>p</i>	η^2
Covariate	1	1588.9	1588.9	31.47	p<.01	0.52
CTRT	1	53.7	53.7	1.06	0.31	0.04
Error	29	1464	50.48			
Total	31	3107.2				

Hypothesis 3 was retained based on the results of the analysis that indicated that children in the CTRT group demonstrated a significant decrease in Externalizing Problems between Time 1 and Time 3, when compared to the children’s scores in the active control group.

Hypothesis 4: Children in the experimental group whose teacher aide dyad exhibited the use of relationship-building skills in the classroom will demonstrate a significant decrease in Internalizing Problems as measured by the C-TRF, when compared to the children whose teacher aide dyad did not exhibit the use of relationship-building skills in the classroom.

Hypothesis 4 was addressed using the same rationale and procedures for investigating Hypothesis 3. Two analyses were conducted where the intervention was the independent variable, the posttest Internalizing Problems C-TRF scores, and follow up Internalizing Problems C-TRF scores (Time 3 and Time 4) were the dependent variables, while pretest Internalizing Problems C-TRF scores (Time 1) were the

covariates. Table 12 displays the means and standard deviations for the different sets of ANCOVA that were conducted.

Table 12
Pretest, Posttest, and Follow Up Test Internalizing Mean Scores and Standard Deviations as a Function of CTRT

Source	Pretest		Posttest		Follow Up	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
CTRTR	58.79	9.86	51.63	7.58	51.74	8.33
No CTRTR	57.92	6.18	54.38	9.39	55.92	12.53

No statistically significance differences were found between the experimental and active control groups' scores on Internalizing Problems at posttesting (Time 3) $F(1, 29)=1.27$, $p=.27$, partial eta squared=.04, or at follow- up testing (Time 4) $F(1, 29)=1.70$, $p=.20$, partial eta squared=.06. The practical significance of the effects of the treatment was moderate as demonstrated by an effect size of .06 (Cohen, 1988). Tables 13 and 14 display these results.

Table 13
Analysis of Covariance of Posttest Internalizing Behavior Scores(T3) as a Function of CTRT with Pretest Internalizing Behavior Scores (T1) as Covariate

Source	<i>df</i>	<i>SS</i>	<i>MS</i>	<i>F</i>	<i>p</i>	η^2
Covariate (T1)	1	386.59	386.59	6.57	0.02	0.19
CTRTR (group)	1	74.73	74.73	1.27	0.27	0.04
Error	29	1706.9	58.86			
Total	32	91194				

Table 14
Analysis of Covariance of Follow Up Internalizing Behavior Scores (T4) as a Function of CTRT with Pretest Internalizing Behavior Scores (T1) as Covariate

Source	<i>df</i>	<i>SS</i>	<i>MS</i>	<i>F</i>	<i>p</i>	η^2
Covariate	1	406.9	406.9	4.33	0.05	0.13
CTRT	1	159.95	159.95	1.7	0.2	0.06
Error	29	2725.7	93.99			
Total	32	94646				

Therefore, Hypothesis 4 was rejected. Based on these analyses, students in the CTRT group did not demonstrate a statistically significant decrease in Internalizing Problems when compared to the active control group.

Hypothesis 5: Children in the experimental group whose teacher aide dyad exhibited the use of relationship-building skills in the classroom will demonstrate a significant decrease in Total Problems as measured by the C-TRF, when compared to the children whose teacher aide dyad did not exhibit the use of relationship-building skills in the classroom.

Similar to Hypotheses 3 and 4, two ANCOVAs were conducted in which the intervention was the independent variable, the posttest Total Problems C-TRF scores and follow up Total Problems C-TRF scores (Time 3 and Time 4) were the dependent variables, and pretest Total Problems C-TRF scores (Time 1) were covariates. Table 15 displays the means and standard deviations for the different sets of analysis of covariance.

Table 15
Pretest, Posttest, and Follow Up Test Total Problems Mean Scores and Standard Deviations as a Function of CTRT

Source	Pretest		Posttest		Follow Up	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
CTRTR	61.89	7.94	52.47	9.34	53.74	7.95
No CTRTR	57.69	5.38	54.84	4.67	53.85	10.35

No statistically significant differences were found between the experimental and active control groups' scores on Total Problems at post testing (Time 3) $F(1, 29)=3.08, p=.09$, partial eta squared=.10, or at follow up testing (Time 4) $F(1, 29)=.67, p=.42$, partial eta squared=.02. The effect size from pre to posttesting was moderate (.10) (Cohen, 1988).

Tables 16 and 17 display these results.

Table 16
Analysis of Covariance of Posttest Total Problems Scores (T3) as a Function of CTRTR with Pretest Total Problems Scores (T1) as Covariate

Source	<i>df</i>	<i>SS</i>	<i>MS</i>	<i>F</i>	<i>p</i>	η^2
Covariate (T1)	1	419.19	419.19	8.61	0.01	0.23
CTRTR (group)	1	150.05	150.04	3.08	0.09	0.1
Error	29	1411.2	48.66			
Total	32	93252				

Table 17
Analysis of Covariance of Follow Up Total Problems Scores (T4) as a Function of CTRT with Pretest Total Problems Scores (T1) as Covariate

Source	<i>df</i>	<i>SS</i>	<i>MS</i>	<i>F</i>	<i>p</i>	η^2
Covariate (T1)	1	483.74	483.74	7.23	0.01	0.2
CTRT (group)	1	44.53	44.53	0.67	0.42	0.02
Error	29	1939.6	66.88			
Total	32	94981				

Therefore, Hypothesis 5 was rejected. Based on these analyses, students in the CTRT group did not demonstrate a statistically significant decrease in Total Problems when compared to the active control group.

Hypothesis 6: There will be a positive relationship between the frequency of the teachers' and aides' demonstration of relationship-building skills in the classroom and the improvement of students' externalizing behavior problems.

The relationship between teacher aide dyads' demonstration of relationship-building skills in the classroom (as measured by the CTRT-SC) and students' exhibition of Externalizing Problems (as measured by the C-TRF) at Observation 2, 3, and 4 was investigated using Pearson product-moment correlation coefficient. There was a statistically significant relationship between the two variables ($r=.41$, $N=32$, $p<.05$), with the teacher aide dyads' high use (Observation 3) of relationship-building skills being associated with a decrease in students' exhibition of Externalizing Problems (Time 3 C-TRF scores). The r^2 effect size was calculated at .16, which is large according to Cohen's (1988) guidelines (.01=small, .06= moderate, .14=large). Therefore,

Hypothesis 6 was retained, indicating a statistically significant relationship between teachers' and aides' higher use of relationship-building skills and a decrease in students' externalizing behaviors at posttesting (Time 3).

Hypothesis 7: There will be a positive relationship between the frequency of the teachers' and aides' demonstration of relationship-building skills in the classroom and the improvement of students' internalizing behavior problems.

The relationship between teacher aide dyads' demonstration of relationship-building skills in the classroom (as measured by the CTRT-SC) and students' exhibition of Internalizing Problems (as measured by the C-TRF) at Observation 2, 3, and 4 was investigated using Pearson product-moment correlation coefficient. No statistically significant relationship between the two variables was demonstrated. Therefore, Hypothesis 7 was rejected, indicating no statistically significant relationship between teachers' and aides' higher use of relationship-building skills and a decrease in students' Internalizing behaviors.

Hypothesis 8: There will be a positive relationship between the frequency of the teachers' and aides' demonstration of relationship-building skills in the classroom and the improvement of students' total behavior problems.

The relationship between teacher aide dyads' demonstration of relationship-building skills in the classroom (as measured by the CTRT-SC) and students' exhibition of Total Problems (as measured by the C-TRF) at Observations 2, 3, and 4 was investigated using Pearson product-moment correlation coefficient. No statistically significant relationship between the two variables was demonstrated. Therefore, Hypothesis 8 was rejected, indicating no statistically significant relationship between

teachers' and aides' higher use of relationship-building skills and a decrease in students' Total behaviors.

Discussion

This research was conducted to assess the impact that CTRT has on teachers' and aides' use of relationship-building skills in the classroom, maintenance of the use of those relationship-building skills, and the impact that the use of those skills has on children's internalizing, externalizing and total behavior problems. Statistical analyses revealed that teachers and aides in the treatment group learned and used CTRT relationship-building skills more frequently than teachers and aides in the active control group. Furthermore, teachers and aides in the treatment group maintained the use of CTRT relationship-building skills 10 weeks following the completion of participation in CTRT. These results suggest that CTRT is an effective means for teaching relationship-building skills to teachers and aides and that CTRT facilitates teachers' and aides' abilities to generalize the use of relationship-building skills to the general classroom environment. An increasing amount of literature supports that positive teacher-child relationships contribute to students' abilities to be academically, and interpersonally successful (Birch & Ladd, 1997; 1998; Burchinalet al., 2002; Howes et al., 1994; Lynch & Cicchetti, 1997; Pianta & Stuhlman, 2004). The findings from this study show that the CTRT program may be one effective intervention for enhancing student-teacher relationships.

The literature also supports the belief that teacher-child relationships can have an impact on students' behavior. Research has indicated that children with conflictual teacher-child relationships early on were less likely to demonstrate pro- social behaviors

in later grades (Birch & Ladd, 1998). Conversely, students who experienced emotional security with an early teacher were able to benefit from a positive orientation to relationships, which is believed to help shape positive social behaviors (Howes et al., 1994).

This study sought to determine whether teachers' and aides' demonstration of CTRT relationship-building skills in the classroom impacted students' behavior. Results indicated that students in the treatment group made statistically significant improvement in Externalizing problems between pretest (Time 1) and posttest (Time 3) as compared to students who were in the active control group. CTRT was shown to have a noteworthy impact on practical significance demonstrated through a large effect size of .14 (Cohen, 1988).

Also, the Pearson product-moment correlation coefficient was conducted to determine whether there was a relationship between teacher aide dyads' frequency of use of relationship-building skills and a decrease in students' behavior problems. A statistically significant relationship was found between teachers' most frequent use of CTRT relationship-building skills (Observation 3) and a significant decrease in students' externalizing behavior (Time 3). These findings are valuable because externalizing behaviors such as aggression and hyperactivity are typically problematic for teachers in terms of classroom management, discipline, and instruction (Birch & Ladd, 1998). Externalizing behavior problems are often less tolerated by teachers and are often the major reason for referrals for counseling services (Keiley, Bates, Dodge, & Pettit, 2000). Furthermore, externalizing behavior problems are believed to contribute to

disharmonious interactions and relationships with teachers and peers and may limit children's abilities to form close relationships in the classroom (Birch & Ladd, 1998).

Results of these analyses demonstrate that when teachers and aides used relationship-building skills with children who exhibit externalizing behavior problems, that these problems decreased. These findings were consistent with results from a meta-analytic study of 93 controlled play therapy studies (Bratton et al., 2005), which found that play therapy had a large treatment effect on children's externalizing behavior problems ($ES=0.78$) when compared to no treatment.

Internalizing

Children in the experimental group did not make statistically significant improvements in Internalizing Problems when compared to the active control group. However, CTRT was shown to have practical significance as demonstrated through a medium effect size (.06) between Time 1 and Time 4. Children described as having internalizing behavior problems exhibit such behaviors as being highly anxious, being withdrawn from others, and having considerable somatic complaints. Behavioral changes in children with internalizing problems may be more difficult for teachers to notice because children who experience these difficulties express them internally rather than outwardly (Keiley et al., 2000). In addition, for these children, improvement may be exhibited by becoming more assertive, external, and forthright with emotions, needs, and desires, which teachers may misunderstand and view as undesirable as compared to the previous behaviors the child exhibited (Guerney & Flumen, 1970).

Research and Clinical Observations

Students who were selected to participate in the study qualified based on the teacher's pretest C-TRF scores of 60 or higher on Internalizing, Externalizing, Total Problems, or by a score of 65 or higher on a subscale of these categories. These 43 students were placed in the experimental or control group based on their teacher's placement in the experimental or control group, resulting in $n=23$ for the experimental group and $n=20$ for the active control group. Following the initiation of the study, children were referred to the school's play therapy program for certain emotional or behavioral concerns. Over the course of the study period, 11 children received play therapy services based on their individual needs. Of these 11, 4 were in the experimental group and 7 were in the control group. Ethically, it was important for the children to receive play therapy services, yet participating in play therapy in conjunction with the treatment would have been a confounding factor for the results. Therefore, 11 children who received play therapy over the course of the research project were removed from the study, resulting in an experimental group of $n=19$ and the active control group of $n=13$.

Once the experimental and active control groups were established, the researcher noticed that 16 of the children who qualified for the study in the experimental group qualified based on their Internalizing, Externalizing, or Total Problems scores and 3 qualified based on a single score on one of the subscales. Conversely, only 6 of the 13 children in the active control group qualified for the study based on their Internalizing, Externalizing, and Total Problems scores, and 7 qualified based on a single score on one of the subscales. This indicates that children in the experimental group were rated

as exhibiting more behavior problems than children assigned to the active control group. This is evident in the differences in the experimental group's and control group's means of the students' starting scores for both Externalizing and Total Problems (Internalizing problems scores were similar). When looking at the means, it is clear that children in the experimental group started out in the Borderline clinical range for both Externalizing and Total Problems scores (> or = to 60), whereas the children in the control group started out in the normal range for both Externalizing and Total Problems scores (< or = to 59). Table 18 displays the beginning means and standard deviations for the experimental and active control groups' scores on Externalizing Problems and Total Problems pretest scores and follow-up test scores. Table 18 differs from Table 9 in that Table 9 displays the means and standard deviations for both groups' Externalizing Problems pretest scores (Time 1) and posttest scores (Time 3).

Table 18
Pretest and Follow up Test Scores for Externalizing Problems and Total Problems: Means and Standard Deviations

Source	Pretest		Follow -up test	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
CTRT (Externalizing)	62.58	10.62	53.42	8.77
Control (Externalizing)	55.15	8.62	50.76	11.79
CTRT (Total Problems)	61.89	7.94	53.74	7.95
Control (Total Problems)	57.69	5.37	53.85	10.35

At the follow-up measurement (10 weeks after the completion of the intervention), students' average scores in the experimental group decreased to within the normal

range for both Externalizing and Total Problems. Students' scores in the active control group decreased as well but not by the same magnitude as the experimental group's scores. Figure 1 depicts the change in mean scores for externalizing problems from pretest (Time 1) to follow-up testing (Time 4) for both the experimental and active control group. Figure 2 depicts the change in mean scores for total problems from pretest (Time 1) to follow-up testing (Time 4). Although the changes were not statistically significant, they are noteworthy.

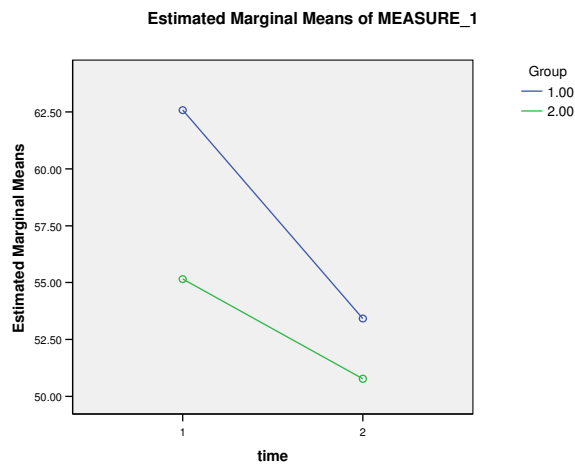


Figure 1. Change in the experimental group's and active control group's externalizing behavior scores from pretest to follow-up test.

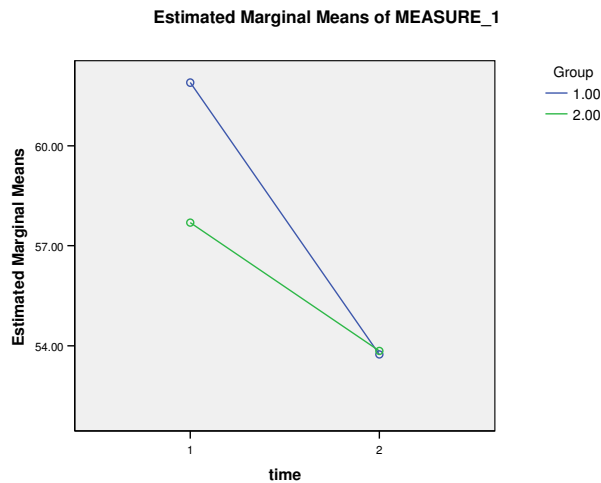


Figure 2. Change in the experimental group’s and active control group’s total problems scores from pretest to follow- up test.

Although there may be several reasons for the decrease in the active control group’s scores over the four points of measure, there are some possibilities to take into account. CTRT began at the start of the school year and ended in March. Children in both groups who participated in the study were very young (3 and 4 years old), and for many this was their first school experience. Children respond to new environments differently and may have responded internally, externally or in a combination of these at the beginning of the school year. As time progressed, it is possible that students adjusted in developmentally appropriate ways to the classroom environment resulting in the teacher’s perception of improved behavior. Therefore, it is reasonable to attribute some change in scores for both groups to normal maturation. However, change due to maturation only may be more likely to be associated with the change in the active control group due to the fact that the mean scores of the behaviors the children

exhibited fell in the normal range at pretest whereas the mean scores of the behaviors of the children in the experimental group were in the Borderline clinical range at pretest.

Another difference occurred between teachers' and aides' responses in the experimental group in comparison to teachers' and aides' responses in the active control group during Observation 4 (refer to Table 5). Teachers and aides in the experimental group demonstrated an increase in relationship building responses during Observation 4 compared to Observation 1, whereas teachers and aides in the active control group demonstrated a decrease in relationship building responses at Observation 4 compared to Observation 1. These results are consistent with the researcher's experience in observing teachers and aides in both groups during this time period at the end of the school year. Teachers and aides in the active control group decreased their overall responses (including relationship building, teacher directed, or other responses) to children. The researcher noticed that during center time (daily, unstructured, children's free play time) during Observation 4, many of the teachers and aides in the active control group spent time focusing on completing paperwork, and end of the year requirements and rarely interacted with students. This differs from the experimental group in that during Observation 4, many of the teachers and aides spent the center time actively engaged with students and responding to students using relationship-building skills in addition to teacher directed responses and other responses rather than completing paperwork. The active control group's overall responses to students decreased over the course of the study whereas the experimental group's overall responses to students increased over the course of the study.

Behavior Change as Described by the Participants

Following the completion of the CTRT program, teachers in both the experimental and active control groups were asked to include written information at follow-up testing on whether or not they believed behavioral changes had occurred in the children in their classrooms who qualified to participate in the study since the beginning of the research study. Teachers in both groups described children's behavior (either positively or negatively). However, teachers who participated in CTRT remarked on behavioral changes for 10 of the 19 students, whereas none of the active control group teachers specified ways in which children's behavior changed over the course of the study. Teachers who participated in CTRT described a variety of changes in their students. The following are comments that teachers made regarding behaviors that could be considered Externalizing behaviors for different students:

"His outbursts have become less frequent."

"He has greatly improved in his ability to manage frustration. He is no longer as aggressive as he was when he gets frustrated."

"He's made a lot of improvement in his ability to control his own behavior."

The following are comments teachers made regarding different students that could be described as a change in Internalizing problems:

"She has completely turned around. She is independent and willing to try new things."

"She participates more and is very happy when given responsibilities."

"He verbalizes more readily now than he used to."

The following are comments that teachers made regarding different students that reflect an overall change:

“I’ve noticed an increase in his self confidence. He’s very independent now.”

“He is finally excited about learning now! He is making progress academically.”

“She does much better at school now.”

“She has a bright affect and smiles more now.”

Although both groups were asked to describe any specific changes in behavior, only the CTRT group responded by describing behavioral changes. Teachers in the active control group reported no changes in student behavior either positively or negatively. It is notable that more than half of the CTRT teachers recognized and reported behavioral changes in their students, and all of the reported changes were positive.

Child Teacher Relationship Training Evaluations

At the completion of the CTRT program participants were asked to complete an evaluation in order to assist the researcher in better understanding the participants’ perceptions of their CTRT experience. Participants were asked to individually respond to six different items. The six items on the evaluation and participants’ responses follow.

The thing I liked best about CTRT was.... Participants responded to this question in many ways, indicating that various parts of the training were important to different participants. Based on the answers given, the majority of the participants stated that their favorite part was learning new ways to respond to children and having the opportunity to take part in individual play sessions with a specific child. One participant

stated that an important part was “learning to stop and listen to what children are trying to say.”

What I liked least about CTRT.... Participants overwhelmingly responded that what they liked least about CTRT was the length of the program. Many reported that it was difficult to juggle school responsibilities and committing to weekly meetings over the course of the majority of the school year.

Was going through CTRT worthwhile? Yes or No. Briefly explain your answer. Although most of the respondents stated that the length of the CTRT program was difficult, all respondents reported that going through the training was worthwhile. Of particular importance is the fact that several participants reported the training was worthwhile in regard to the children but many noticed a change in their own perspectives as well. One respondent stated, “I am more patient, taking into consideration the way I see things and the children’s view too.” Another commented, “I have learned to let the children make their own choices,” and a third stated, “It made me stop and reevaluate some of my ideas about classroom relationships.” These comments are indicative of a change in some of the participants’ perspectives regarding teacher and student roles in the classroom. When teachers begin to view their roles with their students with less power and control, a foundation for more positive teacher-child relationships can be built (Dollard, 1996)

Has CTRT impacted your relationship with your students? If so, in what way? Every participant expressed that the relationships with their students had improved as a result of participating in CTRT. Participants reported that as a result of CTRT they knew how to communicate better with their students, knew more helpful ways to respond to

their students, were better able to acknowledge their students' feelings, were better able to bond with their students, felt as though they had gotten to know their students better, and understood their students better. According to 1 teacher, the training was especially helpful in showing teachers how to build relationships with their students. Teaching skills that help teachers build positive relationships with their students is a vital part of the CTRT program. Many studies exist that indicate that positive, high-quality student-teacher relationships impact students' social, emotional, behavioral, and academic success. CTRT may be one way to effectively address this issue.

If you believe CTRT had a positive impact on your students, please tell how.

Participants reported that as a result of CTR time in the classroom, students became more self-confident and more willing to try new things. It is interesting to note that several teachers and aides remarked that using the CTRT relationship-building skills seemed to be especially effective with students who were more shy and quiet. One respondent wrote, "My timid and shy students have demonstrated an increase in their self-confidence, self esteem, as well as a change in their play time interactions with others." Another respondent stated, "One of my students began talking more and becoming more expressive because of CTR time." And a third wrote that CTR time mostly impacted one child who was a shy loner. These responses are worth mentioning given that statistical analyses indicated that teachers' and aides' use of relationship-building skills did not result in a statistically significant decrease in Internalizing behavior problems as measured by the C-TRF when compared to the active control group. However, in practice, participants specified that using these skills during CTR time positively impacted students who were more withdrawn in nature.

Please write anything else that you want your trainers to know about this experience. This item was the final item on the evaluation and served to give participants the chance to respond freely regarding their participation in CTRT. Respondents took this opportunity to reiterate information presented previously. However, 1 respondent made a strong statement indicating that “this training was invaluable. I believe all teachers should have access to this information.” And another respondent wrote that as a result of participating in CTRT, “I have increased my knowledge and awareness in several areas. Therefore, I truly think that I have become a more competent teacher.”

Limitations of the Study

There are several limitations to the study. First, randomization of the groups was not possible because 3 of the teachers were required to participate in district wide in-service training that was scheduled at the same time that the 21/2 day intensive CTRT was scheduled. Therefore, those 3 teachers had to be placed in the active control group. This contributed to differences in the groups. The researcher attempted to adjust for the differences between the groups by using analysis of covariance (ANCOVA) to obtain meaningful statistical data.

Another limitation to the study was the small sample size which leads to lack of statistical power (Armstrong & Henson, 2005). Due to the ethical responsibility to provide play therapy services to students in need, 11 children who would have been included in the sample size were removed from the sample because they were receiving play therapy services at the time the intervention was conducted. The decision was made to remove those students from the study because it would be

difficult to attribute any change in behavior to the intervention or to play therapy or to the active control experience. A disproportionately high number of those children were pulled from the active control group (7), resulting in a sample size of $n=19$ for the experimental group and $n=13$ in the active control group. Because of the small sample size, the study relied heavily on effect sizes to evaluate the impact of the intervention. Also, because of the small sample size, results cannot be generalized to the general public.

Because of the timing of the intervention, teachers were required to complete the C-TRF on the students in their classes early in the school year. Although several of the students were returning to the teachers' classes from the previous year, teachers may not have had time to get to know students well enough at that point in the school year to accurately assess and rate students' behavior. Additionally, because teachers completed the C-TRF, it is difficult to tell whether the child's behaviors changed or whether the teacher's perception of the behavior changed. Although it can be argued that if the teacher's perceptions changed in a positive way, the intervention would be considered successful. Teachers and aides who were aware of the purpose of the study may have rated students more favorably as a result of participating and hoping for positive results, especially for the child of focus.

An additional limitation to the study is that the CTRT-SC is brief (a total of 15 minutes) and may not be enough time to accurately measure the teacher's verbal interactions with the children. Also, researchers who coded the observations were aware of the teacher aide dyad's placement in either the experimental or control group, which may have biased the results. Results may also be limited by the fact that

teachers and aides may have changed their ways of typically responding to students based on the presence of the observer in the classroom. The researcher attempted to control for this for the follow-up observation (Observation 4) by not scheduling observations with teachers ahead of time and instead explaining to teachers that observations would be conducted at some point during a 2-week period. Follow-up observations were conducted during the normally scheduled center time to maintain consistency with pre- mid- and post- observations.

This study involved training both English-speaking and Spanish-speaking teachers; therefore, language proficiency may have presented a limitation. This situation was attended to by the use of both English- and Spanish-speaking CTRT trainers to provide instruction to teachers and aides in their first language. In one CTRT bilingual classroom the teacher's aide who was fluent in Spanish was more comfortable using the CTRT relationship-building skills in English. However, Spanish was the primary language spoken by the children in the classroom. Thus, the aide more frequently responded using CTRT skills in English. The children may not have fully understood the aide's responses and therefore may not have benefited as fully from the CTRT responses as they would have if the responses had been consistently made in Spanish.

This study may also be limited by the teachers' and aides' abilities to learn and genuinely utilize these skills in the classroom. Some participants integrated and incorporated the use of the CTRT skills into the classroom environment more readily than others. Also, teachers and aides face a number of challenges at the end of the school year including an increase in required paperwork and extraneous tasks relating

to completing the school year. This can contribute to teachers and aides being preoccupied during data collection at this time in the year. This was evidenced by the active control group's lack of overall responses to the students at the ending observation point.

During the coaching and modeling phase of the study, CTRT trainers were in each experimental group classroom three times per week for 30 minutes (a total of 90 minutes per week) assisting teachers and aides in generalizing the skills into the classroom environment. It is possible that the children could have benefited from the CTRT trainer's involvement in the classroom as much as from the teacher's and aide's use of the CTRT skills.

A further limitation to the study was that the researcher did not control for the amount or intensity of Conscious Discipline training that the active control group received. The amount of training the group received was typical of the training program and was provided by the Educational Specialist at the school.

Research Implications

A number of studies have indicated that the quality of student-teacher relationships impacts children's ability to be successful academically, socially, and emotionally. In particular, children who experience high- quality, positive student-teacher relationships demonstrate more advanced cognitive and social skills (Birch & Ladd, 1997; Hamre & Pianta, 2001; Howes et al.,1994) and are better able to develop relationships with peers (Howes et al., 1994). An increasing number of studies indicate that interventions that facilitate positive student-teacher relationships may improve children's ability to adjust to and be successful in the school environment.

This study concluded that, as a result of participation in CTRT, teachers and aides learned relationship-building skills, demonstrated those skills, and were able to maintain the use of relationship-building skills over time. Furthermore, the frequent use of using CTRT relationship-building skills was related to the decrease of students' externalizing behavior problems. The CTRT intervention has been shown to be a viable intervention program for teaching educators specific relationship-building skills to assist them in developing positive, high- quality relationships with their students.

A particular benefit of the CTRT program is that it is manualized and all training occurred during teacher in- service days and during the regular school day. This makes the CTRT program a feasible model for school counselors trained in play therapy to replicate. Furthermore, the coaching and modeling aspect of the CTRT program would be a valuable use of the school counselor's time because this aspect of CTRT is a key component to assisting teachers and aides in generalizing relationship-building skills to the classroom environment.

Recommendations for Further Research

Based upon the results of this study, the following recommendations are offered:

1. Conduct a replication study using a larger sample size. A larger sample size would increase the power of the statistical measures.
2. Conduct a follow -up study to determine whether educators are able to maintain the use of skills over greater lengths of time and whether improvements in student behavior are maintained.
3. Utilize an assessment instrument that measures the teacher-child relationship

to determine the impact of CTRT on specific teacher-child relationships.

4. Utilize an assessment tool that measures variables from the children's perspective rather than relying only on teacher report.

5. Utilize additional sources of objective measurement of children's behavior such as direct observations of children by a trained professional to decrease the effects of rater bias.

6. Conduct a replication study with older children to determine the effects of CTRT on different age children and their teachers.

Conclusion Summary

Preschool teachers' and aides' ability to learn, generalize, and maintain the use of CTRT relationship-building skills in the general classroom and the effect on students' Externalizing, Internalizing and Total Behavior Problems was investigated. Teachers and aides in the experimental group (n=12) demonstrated the use of relationship-building skills more frequently as compared to teachers and aides in the active control group (n=12). Teachers and aides in the experimental group increased their use of relationship-building skills in the classroom and maintained the use of those skills during follow-up. Children in the experimental group (n=19) demonstrated a significant decrease in Externalizing Problems between measurements one and three when compared to the children in the active control group (n=13). Students in the experimental group did not demonstrate a statistically significant decrease in Internalizing Problems or in Total Problems when compared to the active control group. There was a statistically significant relationship between teachers' and aides' higher use of relationship-building skills and a decrease in students' externalizing behaviors but no statistically significant relationship between teachers' and aides' higher use of relationship-building skills and a decrease in students' Internalizing or Total Behaviors problems.

APPENDIX A
PARENT AND TEACHER CONSENT FORMS

RESEARCH CONSENT FORM FOR TEACHERS

Subject Name: _____ Date: _____

Title of the study: Investigating the Effectiveness of Training and Supervising Teachers in Culturally Responsive Play-Based Skills with At-Risk Primary School Aged Minority Children

Principal Investigator: Dr. Sue Bratton, Assistant Professor, Counseling Program, Director, Center for Play Therapy;

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 chose 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 and 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 available 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 Child-Teacher-Relationship Training (CTRT) on children's behavior at your school. Child development literature emphasizes the vital importance of the teacher-child relationship for young children's academic success. In addition, the purpose of the CTRT training is to help teachers respond more appropriately to young children's behavior and create a more positive classroom environment for learning. This study involves teachers participating in training and supervision for a period of 23 weeks.

Description of the study including the procedures to be used:

If you choose to participate, you will be placed in either the CTRT treatment group or the control group that receives no training during cycle one. Teachers who receive no training during cycle one will receive CTRT training in cycle two. CTRT is a model that trains teachers in skills of empathy, encouragement, limit setting and choice giving. These skills are designed to help teachers effectively manage children's behavior and maintain classroom discipline in order to maximize learning. Teachers selected for the CTRT treatment group will participate in training and supervision on a weekly basis for a total of 23 weeks. Educational activities and schedules will not be impacted as a result of this study. Participating teachers will be asked to complete the Child Behavior Checklist (Caregiver-Teacher version- C-TRF) three times this school year, at the beginning, middle and end of the training, to evaluate the effects of teacher training on student behavior. The C-TRF will take approximately 20 minutes to complete. In addition teachers will be video taped during one-on-one play-based interactions with a

child, as well as directly observed during classroom interactions in order to provide supervision of skills. The researcher is also interested in interaction between teacher and child, specifically the teacher's ability to communicate empathy and acceptance as well as execute the skills taught. Therefore, videotapes will be utilized to examine the effects of CTRT on the teacher-child relationship. Training and supervision will be provided by counseling professionals with advanced training in play therapy and the CTRT model. The Principal Investigator and Research Project Coordinators will insure that all information will be kept confidential.

Child-Teacher-Relationship-Training (CTRRT)

CTRRT is a developmentally appropriate teacher training model that uses play based intervention skills to train teachers in skills of empathy, encouragement, limit setting and choice giving. These skills are designed to help teachers effectively manage children's behavior and maintain classroom discipline in order to maximize learning. This training focuses on the development of a positive teacher-child relationship based on the philosophy that children who feel more connected to their teacher are more successful in school. This training also utilizes developmentally appropriate culturally responsive play-based activities and skills to help teachers more effectively communicate with and manage behavior of young children.

Teachers will be trained and closely supervised by counseling professionals who have advanced training in play therapy and the CTRRT model. CTRRT training consists of 2 ½ days of intensive training in the skills followed by 22 weeks of 1 hour per week training and supervision of the skills.

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 that are associated with foreseeable risks:

There are no foreseeable risks involved with this study other than those associated with normal daily activities.

Benefits to the subjects or others:

The teacher-child relationship is significant to the development of young children. Due to this significant relationship, teachers have the potential to make a considerable difference in a child's development. Therefore, training teachers to respond to children in a more encouraging and developmentally appropriate way can benefit aspects of your students' development, including cognitive, behavioral, social and emotional.

Research suggests that children who feel more connected to their teacher have more positive attitudes towards school and demonstrate higher levels of academic achievement.

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

Confidentiality of research records:

The information you provide when you answer the questionnaire will be kept confidential, and will not be disclosed in any publication or discussion of this material. All data including assessments and video tapes will be assigned a code number and kept in a locked filing cabinet in order to preserve confidentiality. Only the principle investigator and research assistants will review the video tapes for coding teacher-child interactions. For research purposes, only the Principle Investigator and 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 only exceptions to confidentiality are if the parent or legal guardian requests release of information on C-TRF results.

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 or sbourns@unt.edu if you have 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 Principle 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 or 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. Sue Bratton at telephone number 940-565-3864.

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.

Signature of Subject

Date

Signature of Witness

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

RESEARCH CONSENT FORM

Subject Name: _____ **Date:** _____

Title of the study: Investigating the Effectiveness of Culturally-Responsive Play Therapy and Related Play-Based Preventative Services with At-Risk Primary School Aged Minority Children and Their Families.

Principal Investigator: Sue Bratton, Ph.D., LPC-S, RPT-S

Licensed Professional Counselor-Supervisor
Registered Play Therapist-Supervisor
Director, Center for Play Therapy
Associate Professor, University of North Texas
940-565-3864

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 and 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 available to all interested parents and teachers.

Purpose of the study and how long it will last:

This project is designed to examine the effects of play-based school counseling, also called play therapy, and play-based mentoring in helping minority children attending elementary schools in Denton, Texas who are at-risk for not achieving school success. Providing school counseling services for minority children at the earliest possible age is critical in order to address problems early and help them achieve the most school success.

The study involves 45 minute counseling sessions for your child, one time per week for approximately 10 weeks. You and your child's teacher will also be asked to complete two questionnaires at the beginning and at the end of your child's counseling. Each questionnaire will take approximately 20 minutes to complete.

Description of the study including the procedures to be used:

If your child qualifies and you decide you want your child to participate, your child will be assigned to receive one of the following school counseling services: play therapy, mentoring, or group counseling. The counselors and mentors who provide these

services are specially-trained to work with children and are closely supervised by Dr. Sue Bratton, project coordinator, to insure the highest quality services.

Play therapy:

In play therapy, also called counseling with children through play and toys, a counselor who has advanced training in play therapy will take your child to the playroom at school, equipped with a variety of developmentally appropriate toys and materials such as arts/craft supplies, clay, games, toy people and animals, cars and trucks, dolls, puppets, dress-up/pretend clothes, a play kitchen area, and sand/water.

Using play and toys in counseling to help children who are having problems at school is based on the fact that children more easily communicate through play, while adults generally communicate through words. Elementary-age children think at a very concrete level, thus it is easier for them to use the toy figures and other materials to show the counselor what they are thinking and feeling. Trying to explain how you are feeling and why you feel that way can be hard even for an adult—especially when you are upset! This is especially true for children who are struggling to learn a second language.

Play-based mentoring:

In the mentoring program, a junior or senior college student or teacher with special training in counseling and therapeutic play procedures to help children will work with your child 45 minutes each week. Mentors provide a special toy kit with a variety of toys and games to help children express how they are feeling and what they are thinking.

Group counseling:

In the skill-based counseling groups, also called school guidance groups, the counselor will provide children with a variety of activities from a school-approved curriculum, including: 1) reading stories and asking children questions about the stories or asking them to draw about them, 2) showing children pictures of different emotions such as anger and happiness and asking them to identify the emotion, and 3) asking them to practice social skills such as how to solve disagreements with other children and how to make socially acceptable choices.

Description of procedures/elements that may result in discomfort of inconvenience:

There is no personal risk or discomfort directly involved with this study other than the normal expression of anger, sadness, or frustration associated with expressing emotions through play. You and/or your child may choose to withdraw at any time without penalty or prejudice.

Description of the procedures/elements that are associated with foreseeable risks:

There are no foreseeable risks involved with this study other than those associated with normal daily activities.

Benefits to subjects:

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. Many children have difficulties adjusting to the demands of school, particularly children who are struggling to learn a second language and adapt to a new culture. Often, these children's problems aren't addressed until they are old enough to communicate their problems in words. Play-based counseling services offered through this research project are designed to help elementary-age children at an early age--- before problems become more serious, 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. Counselors will also be available to parents to discuss how your child is doing, help you with parenting concerns, or share ideas about how you can better help your child be successful.

Confidentiality of research records:

The questionnaires that you and your child's teacher complete before and after the study are kept confidential. They are not identified by your name or your child's name; a special code number is used instead of your child's name. The questionnaires provide important information about your child's behaviors and provide information about the effectiveness of the counseling services that your child received. However, no information about your child or you will be shared with your child's teacher, school officials, or anyone else. 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.

Dr. Sue Bratton, Principal Investigator, will record all results and give you feedback if you are interested. At the end of the study, all forms will be destroyed.

The researcher is also interested in children's type of play, toys used, and the use of language (Spanish or English) during the counseling sessions. For this reason the researcher will videotape individual play sessions. Videotapes will not identify a child by name, rather a special number will be used to code tapes and only the researcher will know to whom the tape belongs. The tapes will be kept in a locked cabinet in the researcher's office. Only the researcher and her employed associate will review the tapes for coding play and language patterns. In addition, sessions are videotaped for supervision purposes and watched by Dr. Sue Bratton, researcher/principal investigator, to insure that your child is receiving the highest quality of counseling services. At the completion of the study, all tapes will be destroyed unless parent consent is received to use the tapes for training and educational purposes.

Review for protection of participants:

This research study has been reviewed and approved by the UNT Committee for the Protection of Human Subjects (940) 565-3940.

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 and I do not have to take part in this study, and that my refusal to participate or my decision to withdraw will involve no penalty or loss of rights or benefits or legal recourse to which I am entitled. I also understand that the investigator 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. Sue Bratton, (940) 565-3864.

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.

Signature of Parent or Guardian Date

Signature of Witness Date

For the Investigator or Designee:

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 Date

FORMA DE CONSENTIMIENTO PARA LA INVESTIGACION

Nombre de la Persona: _____ **Fecha:** _____

Título del Estudio: Investigando la Efectividad de la Terapia de Juego que sea Culturalmente Sensible y los Servicios Preventivos Relacionados utilizando la Terapia de Juego para Niños Minorías y sus Familias en las Escuelas Primarias.

Investigadora Principal: Sue Bratton, Ph.D., LPC-S, RPT-S

Consejera-Supervisora con Licenciatura Profesional
Registrada Terapeuta-Supervisora de Juego
Directora del Centro de Terapia del Juego
Profesora Asociada de la Universidad del Norte de Texas
940-565-3864

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

Su participación es totalmente voluntaria y usted y/o su niño(a) pueden decidir salir del programa en cualquier momento durante el estudio investigativo sin preocuparse por cualquier tipo de pena o multa. Su firma indica que usted cumple con todos los requisitos para participar y que ha decidido tomar parte en el estudio, además que a usted se le ha explicado que al final recibirá una copia firmada de esta forma de consentimiento. La decisión que usted tome, de participar o no, no afectará en lo absoluto la permanencia de su niño(a) en la escuela. A la conclusión del estudio, un resumen de los resultados estará a la disposición de todos los padres y maestros interesados.

El propósito del estudio y por cuánto tiempo durará:

Este proyecto está designado para examinar los efectos de la consejería escolar basada en el juego, también llamada terapia de juego. Este proyecto también está basada en el juego con el maestro o mentor para ayudar a los niños menorías que se asisten a las escuelas primarias de Denton, Texas y que se incluyen en un grupo de alto riesgo de no alcanzar el éxito en sus estudios escolares. Es muy importante ofrecer los servicios de consejería a los niños minorías a la edad mas joven posible para confrontar problemas al principio y para apoyarles en sus estudios.

Este estudio entraña 45 minutos de consejería para su niño(a), una vez por semana por aproximadamente 10 semanas. Al comienzo y al fin de la participación de su hijo(a) en las sesiones de consejería, usted y el (la) maestro(a) de su niño(a) se completarán dos cuestionarios. Cada cuestionario tomará aproximadamente 20 minutos para completarlo.

Descripción del estudio incluyendo los procedimientos usados:

Si su niño califica y usted quisiera que su niño(a) participe, su niño(a) recibirá uno de los siguientes servicios de consejería escolar: terapia de juego, maestro o mentor, o consejería de grupo. Los consejeros y los mentores que ofrecen estos servicios están especialmente entrenados para trabajar con niños y estarán supervisados directamente por la Dra. Bratton, la coordinadora del proyecto, para asegurar la máxima calidad de los servicios.

Terapia de juego:

En la terapia de juego, también llamada consejería con niños a través de los juegos y los juguetes, un consejero que tiene entrenamiento avanzado en juegos de terapia llevará a su niño(a) un cuarto de jugar en la escuela, que está proveído con una variedad de juguetes debidamente desarrollados y creados para este propósito, también ofrecen materiales como artes plásticas, objetos para construir, plastilina, juegos, muñecos y animales, carros y camiones, peluches, títeres, ropa para disfrazarse o fingir ser alguien, un área de cocina, arena y agua.

Usando los juguetes y los juegos en las terapias de consejería para ayudar a los niños que están teniendo problemas en la escuela, se basa en la realidad de que los niños se comunican más fácilmente a través del juego, mientras que los adultos generalmente se comunican a través de las palabras. Los niños de la edad primaria piensan en un nivel muy concreto, de manera que es más fácil para ellos usar figuras de juguetes y otros materiales para mostrarle al consejero lo que ellos piensan o se sienten. Explicar como se siente y porque se siente de esa manera puede ser muy difícil para niños igual como para un adulto--¡especialmente cuando está trastornado! Es sobretodo cierto para los niños que se encuentran problemas de aprendizaje de un idioma segundo o asistirse a una escuela nueva.

El mentor o maestro del aprendizaje del juego:

En este programa de asesoría, un estudiante de los últimos años de la universidad o un maestro con entrenamiento especial en consejería y juegos terapéuticos, juega con varios procedimientos para ayudar a los niños mientras interactúan con ellos por 45 minutos cada semana. Los maestros ofrecen un juguete especial o varios, con diferentes tipos de juegos y juguetes para ayudar a que los niños expresen como se sienten y que piensan.

Consejería de grupo:

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

Descripción de los procedimientos/elementos que poderse resultar en molestia o inconveniencia:

No hay riesgos personales o molestias directamente relacionadas con este estudio más que las formas normales de expresión como la de estar bravo, la tristeza, o la frustración asociada con las expresiones de emociones producidas a través del juego. Usted y/o su niño o niña pueden elegir si quieren salir del programa en cualquier momento sin tener ninguna multa o pena.

Descripción de los procedimientos/elementos que están asociados con riesgos previsibles:

No existen riesgos que pueden prevenirse envueltos con este estudio más que los que están asociados con las actividades normales de la vida.

Beneficios para los sujetos:

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

Privacidad de los datos del estudio:

Los cuestionarios que usted y como el (la) maestro(a) de su niño(a) completen antes y después del estudio estarán guardados confidencialmente. Ellos no estarán identificados con su nombre o con el nombre del niño; un número de código especial se usan en vez del nombre del niño(a). Los cuestionarios ofrecen información muy importante acerca del comportamiento de su niño(a) y ofrecen también información acerca de los sucesos de los servicios de consejería que su niño(a) recibió. Sin embargo, ninguna información acerca de su niño(a) o usted mismo será compartida con los maestros de su niño(a), los directivos de la escuela, o cualquier otra persona. Las únicas excepciones a la privacidad son si 1) el niño (a) declara ser abusado, abandonado o explotado 2) el niño(a) está en una situación peligrosa por si mismo o

por otra persona, 3) un orden judicial ordena la exposición de esta información, o 4) los padres o guardianes legales solicitan que la información sea publicada.

La Dra. Sue Bratton, Investigadora Principal, guardará y firmará todos los resultados y le puede dar cualquier información si usted está interesado. Al final del estudio, todas las formas serán destruidas.

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

Revisión para la protección de los participantes:

Este estudio investigativo ha sido revisado y aprobado por el Comité para la Protección de los Derechos Humanos de la UNT (940) 565-3940.

Los derechos de los participantes de la investigación:

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

Yo entiendo que mi niño(a) y yo no tenemos que tomar parte de este estudio, y que mi negación a participar o mi decisión de salirme no conllevará ninguna pena o pérdida de los derechos o los beneficios o los recursos legales a los cuales tengo derechos.

También entiendo que la investigadora puede decidir interrumpir la participación de mi niño(a) en cualquier momento.

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

Yo entiendo mis derechos como participante o parte del estudio investigativo, y yo voluntariamente estoy dando mi consentimiento para participar en el estudio. Yo entiendo a lo que se refiere este estudio y como y porque se están haciendolo. Se me ha explicado que yo recibiré una copia firmada de esta forma de consentimiento.

—

Firma del Padre o Madre o Guardian

Fecha

Firma del Testigo

Fecha

Para la Investigadora o el (la) Designado(a):

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

Firma de la Investigadora Principal

Fecha

RESEARCH CONSENT FORM-CLASSROOM CONSENT

Subject Name: _____ Date: _____

Title of the study: Investigating the Effectiveness of Training and Supervising Teachers in Culturally Responsive Play-Based Skills with At-Risk Primary School Aged Minority Children

Principal Investigator: Dr. Sue Bratton, Assistant Professor, Counseling Program, Director, Center for Play Therapy

Before agreeing to participate in this research study, it is important that you read and understand the following explanation of the proposed procedures. This form describes the procedures and any potential 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 chose 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 and 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 available 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 Child-Teacher-Relationship Training (CTRT) on children's behavior at your child's school. Child development literature emphasizes the vital importance of the teacher-child relationship for young children's academic success. This study involves training and supervision of your child's teacher once a week for 23 weeks. The purpose of the CTRT Training is to help your child's teacher to respond more appropriately to young children's behavior and create a more positive classroom environment for learning.

Description of the study including the procedures to be used:

Your child's teacher is participating in a research study to evaluate the effectiveness of Child-Teacher Relationship Training (CTRT) compared to a control group of teachers who will not receive CTRT training. Your child's teacher will receive CTRT training either in the first or second cycle of teacher training. CTRT is a model that trains teachers in skills of empathy, encouragement, limit setting and choice giving. These skills are designed to help teachers effectively manage children's behavior and maintain classroom discipline in order to maximize learning. Teachers at your child's school will be participating in training and supervision on a weekly basis. Your child's daily educational activities or schedule will not change as a result of this study.

Teachers and parents will be asked to complete the Child Behavior Checklist parent version (CBCL) and teacher version (C-TRF) three times this school year, at the beginning, middle and end of the training, to evaluate the effects of teacher training on student behavior. Both the parent and teacher questionnaire take approximately 20 minutes to complete. The Principal Investigator and Research Project Coordinators will insure that all information on your child will be kept confidential. During the first cycle of training your child's teacher will be assigned to either receive CTRT training or assigned to the control group, which will receive no specialized training. All teachers assigned to the control group during cycle one will receive CTRT training during cycle two.

Child-Teacher-Relationship-Training (CTRRT)

CTRRT is a developmentally appropriate teacher training model that uses play based intervention skills to train teachers in skills of empathy, encouragement, limit setting and choice giving. These skills are designed to help teachers effectively manage children's behavior and maintain classroom discipline in order to maximize learning. This training focuses on the development of a positive teacher-child relationship based on the philosophy that children who feel more connected to their teacher are more successful in school. This training also utilizes developmentally appropriate culturally responsive play-based activities and skills to help teachers more effectively communicate with and manage behavior of young children.

Teachers will be trained and closely supervised by counseling professionals who have advanced training in play therapy and the CTRRT model. CTRRT training consists of 2 ½ days of intensive training in the skills followed by 22 weeks of 1 hour per week training and supervision of the skills.

Description of procedures/elements that may result in discomfort or inconvenience:

There is no personal risk or discomfort directly involved with this study. You and/or your child may choose to withdraw at any time without penalty or prejudice.

Description of the procedures/elements that are associated with foreseeable risks:

There are no foreseeable risks involved with this study other than those associated with normal daily activities

Benefits to the subjects or others:

The teacher-child relationship is significant to the development of young children. Due to this significant relationship, teachers have the potential to make a considerable difference in a child's development. Therefore, training teachers to respond to children in a more encouraging and developmentally appropriate way can benefit aspects of your child's development, including cognitive, behavioral, social and emotional. Research suggests that children who feel more connected to their teacher have more

positive attitudes towards school and demonstrate higher levels of academic achievement.

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 will be assigned a code number and kept in a locked filing cabinet in order to preserve confidentiality. For research purposes, only the Principle 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. No school officials will have access to the participants' data at any time.

The only exceptions to confidentiality are if a) a child disclosed abuse, neglect or exploitation, b) the child is a danger to oneself or to someone else, c) a court orders disclosure of information, or d) 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 (940) 565-3940.

Research Subjects' Rights:

I have read or have had read to me all of the above.

The Principle 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 of my child 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 or 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. Sue Bratton at telephone number 940-565-3864.

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.

Signature of Parent or Guardian

Date

Signature of Witness

Date

For the Investigator or Designee:

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 Principal Investigator or Research Project Coordinators

Date

RESEARCH CONSENT FORM

Nombre del

Cliente: _____

Fecha: _____

Título de la Investigación: Investigando la efectividad de Entrenamiento y Supervisión de profesores respondiendo usando habilidades basadas en juego con niños de colegio de primaria, quienes están en riesgo y son parte de una minoría.

Investigador Principal: Dra. Sue Bratton, Profesora Asistente, Programa de Consejería, Directora del Centro para Terapia de Juego.

Antes de que decida participar en este estudio, es importante que usted lea y entienda la siguiente explicación de los procedimientos propuestos. Este formulario describe los procedimientos y cualquier potencial beneficio, riesgos y malestares como consecuencia participar en el estudio. Es importante que usted entienda que no hay garantías o aseguramientos que se puedan hacer referentes a los resultados de este estudio.

Su participación es voluntaria y usted o su niño pueden elegir retirarse a cualquier tiempo durante el estudio sin penalidad cualquiera. Su firma indica que usted obtiene todos los requisitos para participar, que ha decidido participar y que le han dicho que usted recibirá una copia de este formulario de consentimiento. Su decisión de participar o no participar no afectara la situación de su niño(a) en el colegio. En la conclusión del estudio, todos los padres y profesores interesados podrán obtener un resumen de los resultados.

Propósito del Estudio y cuanto durara:

El propósito de este estudio es para examinar los efectos del Entrenamiento ayudando la Relación entre Niños y Profesoras (ERNP) y el comportamiento de su niño(a) en el colegio. Literatura del desarrollo del niño acentúa la importancia de la relación entre el niño(a) y su profesora para el éxito académico de su niño. Este estudio requiere entrenamiento y supervisión de la profesora de su niño una vez por 23 semanas. El propósito del entrenamiento de ERNP es para ayudar a la profesora de su niño que responda más apropiadamente al comportamiento de los niños pequeños y crear un ambiente positivo y adecuado para el aprendizaje en el salón de clase.

Descripción del estudio incluyendo los procedimientos usados:

La profesora de su niño esta participando en un estudio evaluando la afectividad del Entrenamiento ayudando la Relación entre Niños y Profesoras (ERNP) comparadas a un grupo de control con profesoras que no reciben el ERNP entrenamiento. El ERNP es un modelo que entrena profesoras con habilidades de empatía, estímulo, ajuste de límites y el dar escogidos. Estas habilidades son diseñadas para ayudar las profesoras manejar el comportamiento de los niños efectivamente y que mantengan disciplina en la clase para que maximicen el aprendizaje. Profesoras en el colegio de su niño(a) van a participar semanalmente en el entrenamiento y supervisión. Las actividades educativas diarias y horario no cambiarán como resultado de este estudio.

Profesoras y padres serán pedidos completar un formulario llamado Lista de Comportamiento del Niño versión para padres (CBCL) y versión para profesoras (C-TRF) tres veces durante el año escolar, al principio, mitad y al fin del entrenamiento para evaluar los efectos del entrenamiento de los profesores en el comportamiento de los estudiantes. Junto el formulario de los padres y profesoras se toman como 20 minutos para completar. La investigadora principal y la coordinadora del estudio tomara toda la información sobre su niño(a) y la mantendrá completamente confidencial. Durante el primer ciclo de entrenamiento la profesora de su niño será escogida para recibir el entrenamiento de ERNP o será escogida para el grupo de control cual no recibirá entrenamiento especializado. Todas las profesoras escogidas para el grupo de control durante el primer ciclo recibirán entrenamiento de ERNP durante el segundo ciclo.

Entrenamiento de la Relación entre Niños-Profesoras (ERNP)

ERNP es un modelo de desarrollo basado en juego apropiado para el entrenamiento de profesoras que usa intervenciones como la habilidad de empatía, estímulo, ajuste de límites y el dar escogidos. Estas habilidades son diseñadas para ayudar profesoras que manejen el comportamiento de los niños efectivamente y que mantengan disciplina en la clase para que maximicen el aprendizaje. Este entrenamiento le pone enfoque al desarrollo de una relación de profesora y estudiante basado en la filosofía que los niños que se sienten más conectados a sus profesoras cuando tienen éxito en el colegio. Este entrenamiento también utiliza actividades basadas en el juego que son culturalmente responsivas y apropiadas para el desarrollo y habilidades que ayudan a las profesoras comunicarse con más eficacia con el manejo de el comportamiento de niños pequeños.

Profesoras serán entrenadas y supervisadas por consejeros profesionales que tienen entrenamiento avanzado de terapia de juego y el modelo de ERNP. El entrenamiento de ERNP consiste de 2 días y medio de entrenamiento intensivo de habilidades seguido por 22 semanas de 1 hora de entrenamiento y supervisión por semana.

Descripción de los procedimientos/elementos que pueden resultar en molestia o inconveniencia:

No hay riesgo personal o molestia directamente tributado a este estudio. Usted y /o su niño(a) pueden elegir a terminar su participación sin sanción o perjuicio.

Descripción de los procedimientos/elementos que pueden ser asociados como previsible riesgos:

No hay riesgos previsible implicados con este estudio con excepción de esos asociados con actividades normales diarias.

Beneficios para los participantes y otros:

La relación entre el profesor y el niño(a) es significativa para el desarrollo de niños jóvenes. Debido a esta importante relación, el profesores tiene potencialmente una considerable oportunidad para afectar el desarrollo de el niño(a). Por lo tanto, entrenando profesores para que respondan a los niños con una manera mas animadora y apropiada para el desarrollo del niño puede beneficiar aspectos del desarrollo de su niño incluyendo maneras cognitivas, comportamiento, socialización, y emocionales. Los niños que se sienten más conectados a sus profesoras tienen mejor actitud hacia el colegio y demuestran un nivel más alto de ambición y éxito académico.

Confidencialidad de las notas del estudio:

La información que usted nos ha proporcionado cuando usted contesta al cuestionario será mantenida confidencial, y no divulgada en cualquier publicación o discusión de este material. Todos los datos incluyendo evaluaciones serán asignados un número de código y mantenidos en un gabinete con candado para preservar confidencialidad. Para los propósitos de la investigación, solamente el investigador principal y el coordinador del proyecto tendrán acceso a la lista de nombres de los participantes y números de código. Al final del estudio la lista de nombres será destruida. A ningún momento funcionarios del colegio tendrán acceso a los datos de los participantes.

Las únicas excepciones a la confidencialidad son si a) un niño divulgó abuso, negligencia o la explotación, b) el niño son es un peligro a si mismo o a otra, persona c) una corte judicial ordena acceso a la información, o d) el padre o cuidandero legal peticona soltar la información.

Review for protection of participants:

Este estudio investigativo ha sido revisado y aprobado por el Comité para la Protección de los Derechos Humanos de la UNT (940) 565-3940.

Los derechos de los participantes de la investigación:

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

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

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

Yo entiendo mis derechos como participante o parte del estudio investigativo, y yo voluntariamente estoy dando mi consentimiento para participar en el estudio. Yo entiendo a lo que se refiere este estudio y como y porque se están haciéndolo. Se me ha explicado que yo recibiré una copia firmada de esta forma de consentimiento.

Firma del Padre o Madre o Guardián

Fecha

Firma del Testigo

Fecha

Para la Investigadora o el (la) Designado(a):

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

Firma de la Investigadora Principal

Fecha

APPENDIX B

CHILD TEACHER RELATIONSHIP TRAINING SKILLS -CHECKLIST (CTRRT-SC)

MANUAL

CHILD TEACHER RELATIONSHIP TRAINING (CTRRT-SC) OBSERVATION FORM

MANUAL FOR UTILIZING THE CHILD-TEACHER RELATIONSHIP TRAINING
SKILLS CHECKLIST (CTRRT-SC) Observation Form

Description

The Child-teacher relationship Training Skills Checklist (CTRRT-SC) is an observation form designed to be used in conjunction with the Child-teacher relationship Training program which was adapted from the Child Parent Relationship Therapy (Landreth & Bratton, 2006) filial therapy model. The observation form was created using the Play Therapy Skills Checklist originally developed by Center for Play Therapy (Ray, 2004). A focus group including Licensed Professional Counselors, Registered Play Therapists, and Nationally Certified Counselors as well as doctoral students with advanced training in play therapy collaborated to produce the Child-teacher relationship Training Skills Checklist.

The CTRRT-SC is an observation form designed to identify whether responses teachers make to children in the classroom can be classified as those consistent with skills taught in CTRT, or responses that are not designated as relationship building responses. There are 10 categories of possible responses with one category being further broken down into three subcategories. The categories include Tracking, Reflecting Content, Reflecting Feelings, Esteem building/Encouragement, Returning Responsibility, Relational Responses, Choice Giving, A-C-T Method of Limit Setting (further broken down into Acknowledge the feeling, Communicate the limit, Target an alternative), Teacher Directed Response, and Other response.

These first 5 categories have been described and defined by Landreth (1991, 2002), Ray (2004), and Landreth & Bratton (2006). Tracking is defined by Ray (2004) as a verbal response to the child simply stating what is seen or observed. Reflecting content is paraphrasing the verbal interactions of the child. Reflecting feelings is described as the verbal response to emotions expressed by the child. Esteem building/Encouragement responses are those that work to help children experience themselves as capable. Esteem building/ Encouragement responses are differentiated from praise responses. Praise responses focus on an external product whereas an Esteem building/Encouragement response focuses on the child's internal process. An example of praise would be "Good job!". An example of an Esteem building/Encouragement response is "You matched all the shapes!"

Returning Responsibility responses help children experience themselves as being able and empowered. For example, if a child asks "What color should I paint this apple?" a response that returns responsibility would be "That is up to you." Relational responses are responses that focus on building the relationship between the teacher and the child. Relational responses include a reference to the child and the teacher. An example of this type of response may occur during play when a teacher sneezes and the child says "Drink this tea so you'll feel better." The teacher would respond "You want to take care of me." (Ray, 2004).

Choice Giving responses are those that facilitate the child's self control, responsibility, and decision making (Landreth & Bratton, 2006). Choice Giving responses are used to empower children and as a method of discipline (Landreth & Bratton, 2006). 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 for snack or you can choose to put all of the cookies back. Which do you choose?” or, “When you choose to put the books back, you choose to get to read books after recess, when you choose not to put books back, you choose not to get to read after recess.” Choice Giving for empowerment and Choice Giving as a discipline method are not differentiated on the CTRT-SC.

The ACT method for limit setting is described by Landreth & Bratton (2006) as a way for adults to set appropriate limits on children’s behavior while providing the child with a predictable, safe environment and a sense of security. The ACT method of limit setting is designed to provide an acceptable outlet for expressing a feeling or the original action, while also giving the child an opportunity to exercise self control. There are three parts to the ACT method. The first part is acknowledgment of the child’s feeling or desire (Sue, I know you are angry with Billy,). The second part is communication of the limit (But Billy is not for hitting). The third part is targeting an alternative (You can tell Billy that you don’t like it when he takes the crayons.

The final two categories reflect responses that were not considered CTRT skills but may occur in classrooms. Teacher Directed responses are those that are initiated and dictated by the teacher. Responses that are teacher directed include instructional responses (“That shape is a triangle,” “What comes next in the pattern?”), correcting student behavior (“Be quiet”, “It is time to clean up.”, “Don’t touch that,”), explanations (“That’s Alice’s toy,” “That is the bee’s stinger,” “We’re going to the library after lunch,”), and questions (“Where does your coat go?”, “Whose doll is this?” “What are you

making?”). The Other response category includes any response that can't be placed in any of the different categories. Some examples are praise statements such as “Super job!”, or phrases such as “Oh my!” and “Goodness Sakes!”

Credentials for Using the CTRT-SC

In order to use the CTRT-SC appropriately, observers should have training and experience in child centered play therapy (CCPT).

Materials

Copy of CTRT-SC
Writing utensil
Visible clock or stopwatch

Directions for using CTRT-SC

The observer completes the necessary information at the top of the form including teacher's name, observer's name, date of the observation, beginning time and ending time of the observation period. Once this information has been completed, the observation can begin. The observer attends to the responses the teacher makes to children during the first five minute segment classifying and marking each response in the appropriate category. The observer continues this for the next five minute segments resulting in a total observation time of fifteen minutes. The observer marks each verbal response the teacher makes to individual children, small groups of children, or to the entire class. Verbal responses the teacher makes to other adults are not recorded. It may be necessary for the observer to move around the room to be able to hear the teacher's responses throughout the observation period.

Once the observation time has been completed, the observer circles the appropriate “be with” score based on the observer's estimation of the teacher's use of

be with attitudes described previously. Immediately after the completion of the observation, the observer asks the teacher to determine the classroom climate for the observation period. The classroom climate is designated using a Likert scale in which a score of 1 or 2 is below average activity level for the children, 3 is an average activity level for the children, and a 4 or 5 is an above average activity level for the children. This information helps the observer understand whether the observation period was typical or not. Finally, the observer may make any notes in the space indicated to record anything significant to notice when interpreting the observation results.

Scoring

To score the observation, sum the responses for each five minute segment for each category and write the number in the space marked "Total".

Child-Teacher Relationship-Building Skills- Center Time Observation Form

__Teacher __Aide:

Classroom Climate 1 2

3 4 5

Name _____ Observer _____

Date _____ Begin Time _____ End _____

RESPONSE	5 Minutes	5 Minutes	5 Minutes	Total
Tracking/Reflect Non-verbal Play				
Reflect Content				
Respond to feelings, wants, wishes				
Esteem building/ Encouragement				
Returning Responsibility (Show me what you want you me to do)				
Relational Responses (You wanted me to see...)				
Choice Giving (You can choose the dolls or the puppets. Which do you choose?)				
A-C-T Limit Setting				
Acknowledge Feeling				
Communicate Limit				
Target Alternative				
Teacher Directed Response				
Other Response				

Time _____

To be completed after the 15 minute observation

Ability to “Be With” Child

(Including being on child’s level, attention and interest, facial expression and tone matching child)

Circle 1(< 50%) 2(>50%)

Additional Observer Notes:

Helker, Bratton, Ray, Morrison, 2006

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