

Teacher-Child Interaction Training: A Pilot Study With Random Assignment

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Teacher-Child Interaction Training (TCIT), adapted from Parent-Child Interaction Therapy (PCIT), is a classroom-based program designed to provide teachers with behavior management skills that foster positive teacher-student relationships and to improve student behavior by creating a more constructive classroom environment. The purpose of this pilot study was to evaluate TCIT in more classrooms than previously reported in the literature, with older children than previously reported, using random assignment of classrooms to TCIT or to a no-TCIT control condition and conducting all but two sessions within the classroom to enhance feasibility. Participants included 11 kindergarten and first grade classroom teachers and their 118 students from three urban, public schools in Manhattan, with five classrooms randomly assigned to receive TCIT and six to the no-TCIT control condition. Observations

of teacher skill acquisition were conducted before, during, and after TCIT for all 11 teachers, and teacher reports of student behavior were obtained at these same time points. Teacher satisfaction with TCIT was assessed following training. Results suggested that after receiving TCIT, teachers increased rates of positive attention to students' appropriate behavior, decreased rates of negative attention to misbehavior, reported significantly less distress related to student disruptive behavior, and reported high satisfaction with the training program. Our study supports the growing evidence-base suggesting that TCIT is a promising approach for training teachers in positive behavior management strategies and for improving student disruptive behavior in the classroom.

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INDIVIDUALS WHOSE DISRUPTIVE BEHAVIORS first emerge in early childhood are at an increased risk of experiencing severe and chronic functional impairments and tend to have poorer adult outcomes (Copeland, Miller-Johnson, Keeler, Angold, & Costello, 2007; Fergusson, Horwood & Ridder, 2005). Without treatment, aggressive and defiant

behaviors identified in early childhood tend to persist and escalate over time (Carter, Briggs-Gowan, & Davis, 2004; Lavigne et al., 2001; Loeber, Burke, Lahey, Winters, & Zera, 2000). For many children, problem behaviors carry over into the classroom. Disruptive behavior in this setting can interfere with learning and forming healthy relationships with peers (Birch & Ladd, 1998; Mantzicopoulos, 2005).

Frequent misbehavior among students in the classroom is also associated with increased stress levels and burnout among teachers (Hastings & Bham, 2003) and an increased likelihood that teachers will have strained relationships with their students (Mantzicopoulos, 2005). Difficulty managing classroom behaviors and classroom management self-efficacy are among the factors most strongly associated with teacher burnout (Aloe, Shisler, Norris, Nickerson, & Rinker, 2014; Ozdemir, 2007), which heightens the risk of teachers leaving their jobs (Skaalvik & Skaalvik, 2011). The significant subset of those teachers who experience burnout but remain in their positions tend to engage in negative practices that interfere with effective education (Hughes, Cavell, & Wilson, 2001), including reactive, punitive strategies, such as reprimands, verbal and physical redirections, and removal of students from the classroom (Skiba & Rausch, 2006; Sprague & Horner, 2006). Teacher perception of being inadequately prepared to deal with behavior problems may further heighten their risk for burnout (Browers & Tomic, 2000; Hastings & Bham, 2003; Martin, Linfoot, & Stephenson, 1999). Given the effect of disruptive behaviors on children, teachers, and the school setting as a whole, there is a compelling need for prevention and early intervention.

A variety of treatment interventions have been developed to reduce disruptive behavior in the classroom, including those more broadly implemented and those targeting high-risk students. For example, School-Wide Positive Behavior Support is a prevention program targeting the overall social climate through positive social expectations and consistent consequences for problem behavior (Lewis, Sugai, & Colvin, 1998). This program has been shown to reduce problem behavior and discipline referrals and improve social behavior, though most of the studies have used single-case designs (Horner, Sagai, & Anderson, 2010). Another prevention program is the Good Behavior Game (Barrish, Saunders, & Wolf, 1969), which involves teachers dividing their classes into teams and setting rules for behavior. If students break a rule, their team receives a strike. The team with the least strikes at the end of the period/day earns a privilege. Good Behavior Game has been shown to be effective in reducing disruptive behavior during

the game (Van Lier, Muthén, van der Sar, & Crijnen, 2004; Eddy, Reid, Stoolmiller & Fetrow, 2003). The Check In–Check Out program is a targeted intervention for at-risk students. Behavioral goals are developed on an individual basis and students check in with a designated adult about their progress throughout the day. Several studies have found Check In–Check Out to be effective in reducing overall level of student disruptive behavior (Fairbanks, Sugai, Guardino, & Lathrop, 2007; Hawken & Horner, 2003; March & Horner, 2002). One of the most widely researched and utilized interventions in schools is classroom contingency management, which involves use of clear behavioral expectations and reinforcement schedules to manage the behavior of individual students, a subset of students, or the entire class (Maggin, Johnson, Chafouleas, Ruberto, & Berggren, 2012; Simonsen, Fairbanks, Briesch, Myers, & Sugai, 2008; Stage & Quiroz, 1997). Each of these school-based programs relies on empirically grounded, behavior principles.

Home-based interventions have also been developed to target disruptive behavior. For example, parent training has been shown to be an effective treatment for young children with disruptive behavior disorders (Eyberg, Nelson, & Boggs, 2008). Providing parent training at an early age can significantly reduce the risks associated with disruptive behavior disorders, and these gains can be long-lasting (Boggs et al., 2004; Hood & Eyberg, 2003). For some children, the benefits of early parent training also generalize to the school setting (McNeil, Eyberg, Eisenstadt, Newcomb & Funderburk, 1991). Unfortunately, the majority of children with mental health problems do not receive treatment (Kataoka, Zhang, & Wells, 2002), with parent-reported barriers including structural concerns (e.g., cost of services), misperceptions of psychopathology, and negative feelings or stigma toward mental health services (Owens et al., 2002). Among parents who do seek services, a variety of circumstances have been found to interfere with treatment follow-through, such as family dysfunction and socioeconomic disadvantage (Fernandez & Eyberg, 2009; Kazdin, Mazurick, & Bass, 1993). To circumvent these barriers to access, clinicians have begun to adapt existing, effective parent training programs targeting clinically significant disruptive behavior to target disruptive behavior more generally in the classroom setting. Given that such programs have a strong evidence base, adapting parent training programs for use in schools could be highly beneficial.

One school intervention adapted from a parenting intervention is The Incredible Years (Webster-Stratton & Reid, 2003). The Dinosaur Curriculum

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