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## Interventions for K-2 Students within the Special Education Classroom to Improve Self-Regulation before transitioning back into the General Education Classroom

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**Interventions for K-2 Students within the Special Education Classroom to Improve Self-Regulation before transitioning back into the General Education Classroom**

by

Amanda Schmidt

A Thesis

Submitted to the Graduate Faculty of

St. Cloud State University

in Partial Fulfillment of the Requirements

for the Degree of

Master of Science

in Special Education

August, 2019

Thesis Committee:  
Jennifer Christensen, Chairperson  
Bradley Kaffar

### **Abstract**

This study looks at three kindergarten and first-grade students that all qualify under the category of Emotional or Behavioral Disorders. These students spend the majority of their day in the special education resource room. They are all on an Individualized Education Plan (IEP), and at a federal setting III. These students have all displayed a difficult time with following directions, staying on task, and coping age-appropriately. This paper discusses their individual needs more in the participants' section in chapter two. The focus of this paper will be Chapter 4 in Conscious Discipline; Composure which is included in the second component, Safety. "Composure is self-regulation in action. It is the prerequisite skill adults need before disciplining children" (Bailey, 2015). The main focus in this chapter that will be implemented is creating a safe space for students and teaching breathing techniques to reduce and manage stress, which then leads to the coping skills. The focus will be tracking the number of verbal prompts from an adult the students need to appropriately cope with the situation that has them escalated or in the blue, yellow or red zone. This study is a single subject with multiple baselines. The findings were positive, however with only 3 participants there was no test of inferential statistics to test if there was a statistically significant difference.

### **Acknowledgements**

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Finally, I would like to thank my family for their support. To my Mom and Dad, thank you for always believing in me and encouraging me to do the best I can. Thank you for instilling in me that you have to work hard to play hard. To Aaron, my husband, thank you for the continuous love and support throughout this journey. Your positive words and encouragement kept me going on this journey. Without your support, this would have not been possible, as many times I wanted to give up, but you were always there believing in me and lifting me up and telling me to keep going. Olivia, as I started this journey, we just found out I was pregnant and Mommy and Daddy were so excited. Now, you are almost 5 months and your snuggles and smile remind me every day that I am doing this for you and our family. I love you baby girl.

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## Chapter 1: Introduction

Have you ever heard “They are out of control, they are constantly disrupting the learning in the classroom?” This is something I often hear as a special education teacher. I have been a special education teacher in the same elementary for 7 years. I graduated in May of 2011 with my undergrad in Special Education from St. Cloud State University. I subbed in the fall of 2011 in a couple of different districts and then my career began in February 2012. I applied for a long-term sub position as a special education teacher and was offered the job. I worked that year and learned more than I could have ever imagined. I was lucky enough to be offered this job full time and gladly accepted it. I work with students in kindergarten through 5<sup>th</sup> grade. The students come to my classroom for direct services in math, reading, writing, and social skills as well as a room for a break to calm down or complete work from their general education classroom. The students I work with have varying disabilities. These disabilities include Developmentally Delayed (DD), Specific Learning Disabilities (SLD), Emotional Behavior Disorder (EBD), Autism Spectrum Disorder (ASD), Other Health Disabilities (OHD) and Developmentally Cognitive Delayed (DCD). One major thing I have noticed in my profession is the students’ lack of ability to self-regulate and cope appropriately. What does self-regulation mean? Self-regulation can be defined in various ways. In the most basic sense, it involves controlling one’s behavior, emotions, and thought in the pursuit of long-term goals. More specifically, emotional self-regulation refers to the ability to manage disruptive emotions and impulses. In other words, to think before acting (Cucnic, 2018). As a special education teacher, a lot of students I see on a daily basis have a hard time with self-regulation for various reasons. Some have experienced trauma, and others may have a medical diagnosis such as ADHD or anxiety and others have simply not been given the

strategies to help them regulate. Some students qualify for Occupational Therapy and may have sensory disorders that require sensory breaks to help them regulate their body to learn. These sensory breaks are individualized around what the students' sensory needs. These may include tactile activities which are the part of the brain that processes touch from the body. Another is the vestibular system which contributes to balance and orientation in space. The next is proprioception which is the sense of muscle movements. The last is the interoception which refers to sensations related to the physiological/physical condition of the body. These sensory breaks are done usually one to two times a day depending on the students' needs. After these breaks, some students' ability to self-regulate increase but it isn't always a "fix." Throughout every student's day, there are different triggers that create emotions for students. Students react differently to their triggers, and some are able to cope and move on with their learning and the task at hand. Others react in very large ways with verbal or physical aggression. There are different interventions and services that we have tried as a department. One of those things is daily social skills. In our school we typically provide service students for social skills development that have a harder time identifying and/or dealing with their feelings, interacting with peers appropriately, following directions and/or staying on task. The students who receive social skills are usually identified and qualify for special education services. However, some general education students go through the behavior referral team and are put into a social skills group as a tier 3 intervention. There are a lot of different social skill curriculums and each targets a different area of social and emotional needs. The ones that are used consistently within our special education department are zones of regulation, Superflex (social thinking), Second Step, impulse control, and empathy. The team is always looking for ways to better meet students'

emotional and social needs and that is when we decided to do the book study on *Conscious Discipline*. This is a book that I had read through a book study at school, and I am interested in using components from this book within social skills to see if this increasing coping skills within my students. In my introduction, I am going to give you an overview of the basics in *Conscious Discipline* and then I will lead into what parts of the book I plan to focus on for my study.

*Conscious Discipline* is a book about building resilient classrooms written by Dr. Becky A. Bailey and was originally published in 2001. In the book there is an introduction and three different sections which focus on the three core components; Safety, Connection, Problem Solving. Conscious Discipline is based on a Brain State Model where we focus our attention on internal states and then behavior. *Conscious Discipline* looks at a self-regulation program that can assist in the area of social-emotional learning within the classroom and school. The first core component is Safety through Composure and Assertiveness. This section focuses on creating safe classrooms and schools, it is the survival state in the brain model and is the foundation upon which all else is built. It starts with the skill of composure and power of perception. This reminds us that we have a choice of how to see events and have composure throughout different situations. It also shows children that obnoxious, manipulative or aggressive behaviors have no impact on us. Within the core component of safety is also the skill of assertiveness and power of attention. Assertiveness is when we teach respect, set boundaries and show others how we want to be treated. When we have a vision of what we want the children to do, it sets our brains up to encourage children throughout the day even when it is hard.

The second core component is Connection through Encouragement, Choices, and Empathy. It is important to create and maintain classrooms with compassion where children care

not only about themselves but care about and understand others. If we make healthy connections, this will encourage children to thrive, and problem solve. If there are unhealthy connections, it can cause students to react defensively to feel safe. Encouragement can go a long way with children. The more they feel we are on their side, the more they want to do to be better. If we discourage children, bribe them or manipulate them, we are doing this to ourselves as well. The author describes the skill of choice and power of free will as no matter how much we encourage others or ourselves; we still have the free will to accept or reject the guidance being offered. This discusses all the choices we have in life, and in a lot of aspects in life, we are not forced to do things, they are simply choice, such as going to work, eating vegetables, and brushing our teeth. It is the same with children, and if we look at their behavior as they are choosing to comply with us, we encourage them. In section two, the author looks at the Skill of Empathy, Power of Acceptance. We need to show children and guide them to take personal responsibility for their actions by helping them cope and manage their emotions instead of acting them out. It is important for children to have an understanding of others' feelings, and the basics of empathy.

The last core component that is covered in *Conscious Discipline* is Problem-Solving with Positive Intent and Consequences. Children will try many ways to get things to go the way they want, and it is important that we as adults accept that wisely and focus on solutions instead of getting into power struggles. "Without self-control (safety) and willingness (connection), we become stuck in the problem (who did what to whom first, who is to blame, and what is unfair.)" (Bailey, 2015).

With the Skills of Positive Intent, Power of Love we allow aggressive acts transform into life skills. We need to stay calm when a behavior arises and make sure kids know that their core

is good, and their behaviors need correction. If we address behaviors negatively, it often sends the message of “you are bad.” The last thing that is covered is the Skills of Consequences, Power of Intention. If we are more mindful of the message we send our students, we can guide them to take responsibility for their actions through the possibilities of consequences that may come from their choices. This helps children learn from their mistakes instead of repeating them. Every choice made, has some kind of consequence tied to it. Some children recognize that and others do not and choose to blame or rationalize their choice.

### **Focus of the Paper**

In my thesis, I will be looking at kindergarten and first-grade students that all qualify under the category of Emotional or Behavioral Disorders. These students spend the majority of their day in the special education resource room. They are all on an Individualized Education Plan (IEP), and at a federal setting III. These students have all displayed a difficult time with following directions, staying on task, and coping age-appropriately. I will discuss their individual needs more in the participants' section in chapter two. The focus of my paper will be Chapter 4 in *Conscious Discipline*; Composure which is included in the second component, Safety.

“Composure is self-regulation in action. It is the prerequisite skill adults need before disciplining children” (Bailey, 2015). The main focus in this chapter that will be implemented is creating a safe space for students and teaching breathing techniques to reduce and manage stress, which then leads to the coping skills. The focus will be tracking the number of verbal prompts from an adult the students need to appropriately cope with the situation that has them escalated or in the blue, yellow or red zone. All the students are familiar with the zones of regulation, which will also be mentioned in the paper. The zones of regulation consist of four zones; blue, green, yellow

and red. These will be described below in the definitions. Adults may use verbal reminders such as “I see you are in the yellow zone, take a deep breath.” and that will count as one verbal prompt.

### **Definition of Terms**

**Emotional disturbance.** The Individuals with Disabilities Education Act (IDEA), defines emotional disturbance as follows:

“...a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree that adversely affects a child’s educational performance:

- (A) An inability to learn that cannot be explained by intellectual, sensory, or health factors.
- (B) An inability to build or maintain satisfactory interpersonal relationships with peers and teachers.
- (C) Inappropriate types of behavior or feelings under normal circumstances.
- (D) A general pervasive mood of unhappiness or depression.
- (E) A tendency to develop physical symptoms or fears associated with personal or school problems.”

Some of the characteristics have been seen in those with emotional or behavior disorder:

- Hyperactivity (short attention span, impulsivity)
- Aggression or self-injurious behavior (acting out, fighting)
- Withdrawal (not interacting socially with others, excessive fear or anxiety)
- Immaturity (inappropriate crying, temper tantrum, poor coping skills)

- Learning difficulties (academically performing below grade level) (Council for Children with Behavior Disorders, 2018; Council for Exceptional Children, 2018).

Some of the children diagnosed with Emotional or Behavior Disorders have a medically diagnosed disorder as well. The most common that I have seen is conduct disorder, anxiety disorder, and ADHD. Other students may have been through or are going through trauma and this shows in the form of behavior (Council for Exceptional Children, 2018).

**Autism spectrum disorder (ASD).** Autism spectrum disorder is a condition related to brain development that impacts how a person perceives and socializes with others, causing problems in social interaction and communication. The disorder also includes limited and repetitive patterns of behavior. The term "spectrum" in autism spectrum disorder refers to the wide range of symptoms and severity. Some children show signs of Autism in early infancy such as lack of eye contact or lack of response to their name. Some may develop normally in the first few months but then may become withdrawn, aggressive or lose language skills that were already acquired. Most signs are seen by age 2 (Mayo Clinic, 2018).

**Developmentally delayed.** Developmental delay is defined as a condition which represents a significant delay in the process of development. It does not refer to a condition in which the child is slightly or momentarily lagging in development. The presence of developmental delay is an indication that the process of development is significantly affected, and that without special intervention it is likely that the child's ability to attain normal developmental milestones and educational performance at school would be jeopardized. Normal development falls within a range and children whose maturation falls outside this range could be provided with special education supports. More precisely these children have skills deficits

including specific delays in language, perception, meta-cognition, and social, emotional and/or motor development (Government of New Foundland and Labrador, 2018).

**Federal setting III.** Teacher or speech therapist delivers special education services primarily within a special class. (Separate classroom more than 60% of the school day for a student.) (Minnesota Department of Education, 2018).

**Coping skills (strategies).** Ways we learn to deal with various stressors. Each person copes with stress differently. Over time, we all construct coping strategies that are “right” for us as thinking and feeling individuals. The specific coping strategies that will be tracked are walking away, counting to ten, asking for a break and breathing techniques (i.e., balloon, drain, and pretzel). The balloon, drain, and pretzel are a part of the S.T.A.R. program to reduce and manage stress and will be discussed in the methods section (Bailey, 2015).

**Individualized education plan (IEP).** A written legal document or plan individualized to meet a student's needs that qualify for special education services. An IEP is under the IDEA law which is the federal law that guarantees all children with disabilities access a free and appropriate public education (Understood Team, 2014-2019).



## **Chapter 2: Method**

### **Research Question**

One Research question will guide this study: What is the impact of using Conscious Discipline to address self-regulation in students, especially coping skills?

### **Purpose of the Study**

The primary purpose of this study is examining if Conscious Discipline increases students' ability to independently cope and use coping skills that are taught within the resource room. I will look at if their non-coping behaviors decrease and their coping skills increase. The non-coping behavior and coping skills desired will be described individually in the participant section. Participants will receive daily social skills within the resource room to address their social/emotional needs. The participants will be introduced to new breathing techniques and a safe spot within the resource room. The breathing techniques and the safe spot will be discussed further in the chapter. Students' coping is currently tracked on a daily point sheet, and the team will now observe a 20-minute time of the day where coping has been hard for the participants. The number of verbal prompts given by an adult will be tracked.

### **Setting**

The study will be conducted at an elementary school in Central Minnesota. The school has approximately 400 students, from kindergarten to 5<sup>th</sup> grade and the district serves approximately 5,800 students. The classroom that the participants are in is a resource room (special education classroom). Throughout the day there are a total of 12 students that access this resource room. They go between the resource room and their general education classroom. Some of the students receive all of their academics in the resource room, others just some of their

academics are taught in the resource room. Some students are a federal setting I (out of their General Education classroom less than 21% of the school day), some are a setting II (out of their General Education classroom between 21% and 60% of the school day) and others are a setting III (out of the General Education classroom more than 60% of the school day). All students that access this room receive daily social skills within the resource room. They are in groups of 2-4 and the curriculum that is taught is targeted towards their needs and IEP goals. Each student has their individual calming kit that includes a blanket, sound-resistant headphones, therapuddy, fidgets including a fidget cube, brain teaser cube, finger-fidget with marble and an I Spy book.

### **Participants**

All participants qualify for special education services have an Individualized Education Plan (IEP).

Participant 1: 5-year-old male, kindergartner; Kyle. Kyle came to kindergarten without an IEP. The student was in his General Education Classroom kindergarten classroom and was brought to the behavior team in September. Kyle has a great sense of humor and loves to help. He is a very curious student. In the classroom he was showing behaviors that were interrupting the learning of others. The student was often wandering around the room. If things were not going the way Kyle wanted, he would show a hard time coping. These non-coping strategies looked like crying, aggression, laying on the floor kicking and running from staff. This was happening 3-5 times a day. The student was tested and qualified for special education services under the category of Developmentally Delay. The team considered Emotionally Behavior Disorder as his scores were clinically significant on a behavior scale for hyperactivity, aggression, depression, attention problems, and atypical behaviors. However, the team decided

that since Kyle is younger for a kindergartner, they would like to give him a chance to mature. The team moved him into a setting III resource room to address and support his needs. Currently Kyle has a harder time when given a direction to practice an emerging skill, however Kyle has improved in following directions with fewer prompts. At this time he continues to show a lot of anger and is not able to connect it to basic emotions. Kyle will use verbal aggression towards staff such as "I hate you, I am not going to fill your bucket." This student is in the resource room for the majority of the day. He is with his general education peers for 50 minutes for specialists (phy-ed, media, music). He receives all academic services in the resource room and has para support within the resource room to assure on-task behavior and safety. Throughout his day he receives direct instruction but also has a variety of rotations with academics at his level. This includes hands-on activities, worksheets, and technology. Kyle seems to have the hardest time from 12:05 to 12:25 with his coping strategies. During this time, Kyle is working on phonics. The team is looking for an increase in him taking deep breaths or breathing techniques taught within social skills and review of the cue card including these breathing techniques.

Participant 2: 6-year-old male, 1<sup>st</sup> grade; Mario. Mario started at the elementary school in kindergarten. He qualified for special education services under the category of Autism Spectrum Disorder (ASD) with needs in the area of reading, writing, math, social skills and sensory. The student has been diagnosed with ADHD. The student is able to identify basic emotions. He has been in this more restrictive setting in the resource room since kindergarten. He has made nice gains with his peer interactions and is able to participate in his general education classroom more often. He is with his peers from 7:50-8:45. He then goes to the resource room from 8:45-10:25 for sensory, snack, writing, reading and math. He then joins his peers for recess and eats lunch in

a smaller setting as he has a hard time handling the noise level in the cafeteria. After lunch, he has 20 minutes of rest time and then moves back into his classroom for 15 minutes of math. He then goes back to the resource room for social skills 11:45-12:05. After 12:05, he is with his peers until the end of the school day. He participates in math, content (social studies, health, science) and specialists (media, music, phy-ed). Mario's hardest time throughout the day with coping is from 9:05-9:25 during writing. When he is having a hard time with coping, he will often spin or run around, yell at adults, roll on the floor and refuse tasks.

Participant 3: 7-year-old male, 1<sup>st</sup> grade; Eric. Eric started at this elementary school in March of his kindergarten year. At this time, he had qualified for special education services under Developmentally Delayed (DD). In May of his kindergarten year, Eric was re-evaluated as he would be turning 7 in August and under federal law can no longer qualify under the DD category. When reevaluated, Eric qualified under Emotional Behavior Disorder. He was in the General Education Classroom with para support in kindergarten. Eric is a happy student who loves to please and help others. Eric is very polite. He is very bright in both reading and math. Eric is creative and loves hands-on activities. In the general education classroom, Eric exhibited behaviors such as extreme defiance, yelling and screaming at adults/peers, and running from staff. When things did not go the way Eric wanted, he would exhibit these behaviors. His last month of kindergarten went well, and these behaviors decreased dramatically. Eric started first grade and began exhibiting concerning behaviors again. These behaviors included behaviors from kindergarten but also began showing physical aggression towards students and staff. He was very quick to react to situations and was very unpredictable. He began showing lower and lower tolerance of being in his General Education Classroom and reached a point of only being

with his class in specialists, lunch, and recess. This more restrictive setting of being in the resource room more often did show more positive behaviors, so the team met and decided that being in the resource room where there are fewer distractions and students would best meet his needs. The participant moved to the current resource room on October 22. Eric is now at a federal setting 3. The participant was diagnosed with ADHD and started medication at the beginning of October; this seemed to calm and decrease the intensity of behaviors. The student receives the majority of his direct instruction in the resource room. He has a variety of rotations of academic tasks that are at grade level that include hands-on activities, worksheets, and technology. The student is with his general education peers for 30 minutes in the morning for math, 20 minutes in the afternoon for math and 50 minutes for specials (phy-ed, media, music). He does have support from a paraprofessional when he is with his peers. Eric seems to have a hard time using appropriate coping skills during math which is from 8:45 to 9:05. His lack of coping is demonstrated as crying, aggression towards school property, running from staff, and negative self-talk.

## **Method**

All of the participants will be introduced to different breathing techniques as well as a coping pattern that is taken from *Conscious Discipline*. The students will be introduced to this within their social skills instruction daily from 11:45-12:05. The students have been working on identifying their emotions and how to handle them, as well as “playing school” such as following directions, how to get a teacher's attention appropriately, and making and maintaining friendships.

The students will be shown and taught composure that leads to coping appropriately with their emotions. They will be taught through and practicing calming self-talk with a basic "I'm safe. Keep breathing. I can handle this." By saying "I am safe," it sends a message to our brain to turn off the stress alarm system. When we say "Keep Breathing," and pause to take three deep breaths, we assist our bodies in relaxing and short-circuit our habitual reactions. By saying "I can handle this," we affirm we are capable (Bailey, 2015). These will all be modeled with the students and they will practice individually and as a group. It will be discussed with them that they will use this when they are triggered by a social or academic situation and have an uncomfortable feeling. To help them with this calming self-talk, they will be taught S.T.A.R. that comes from This stands for Smile, Take a deep breath And Relax. The teacher will use this as a reminder to students for calming and coping, be a S.T.A.R. The four composure techniques of *Conscious Discipline* are S.T.A.R. Drain, Balloon, and Pretzel (Bailey, 2015). There are videos and books to assist and show children these techniques. Below are the three breathing techniques. These will be modeled and practiced as well as made into posters for a reminder to children.

**Drain.** Extend both arms out in front of your body parallel to the floor. Have the fists closed palms facing down. Inhale squeezing and tightening your fists, arms and face. Pretend your arms are faucets on a sink. The closed fists are acting as drains. To open the drain, exhale and relax your fingers by opening them and making a swishing noise (ssshhh). The noise represents water flowing out of a faucet. Close the drain by tightening the fists. Tighten them so that your arms, neck, and face are constricted. Then, open the drain and release with the sound again (Bailey, 2015).

**Balloon.** Students will be shown how you blow up a balloon before using this technique. Students put their hands on top of their head and inhale to fill their balloon. As they inhale their hands raise in the air as if they are blowing up their lungs like balloons. When their "balloon" is full, have them purse their lips and allow the air to escape (Bailey, 2015).

**Pretzel.** Sit or stand crossing your left ankle over the right ankle. Extend your arms in front of you with your thumbs pointing down, and cross your left wrist over the right wrist. Interlace your fingers and draw your hands toward your chest. Close your eyes and breathe. Press your tongue flat against the roof of your mouth when inhaling, and release it when exhaling. The pretzel shifts the electrical energy from the survival centers of the brain to the reasoning centers. Pressing your tongue against your mouth like this stimulates the limbic system to work with the frontal lobes. Dr. Dennison (1989) discovered that this posture releases emotional stress and can help with learning disabilities (Bailey, 2015).

*Conscious Discipline* also incorporates having a school family, giving the children a feeling of safety while at school. The next thing that will be introduced to the students is the Safe Place. They will be taught:

- When to go
- What to do when you go there
- How long to stay
- Who can help you

The safe place is not for or related to a time out in anyway. It is a learning center where children are guided through the five steps to self-regulation and coping. The five steps are (Bailey, 2011):

**I am.**

**Step 1: I Am Upset:** When a child is triggered, that is a signal for him to go to the Safe Place. The child can go on their own, with the help of the teacher or a suggestion from a friend.

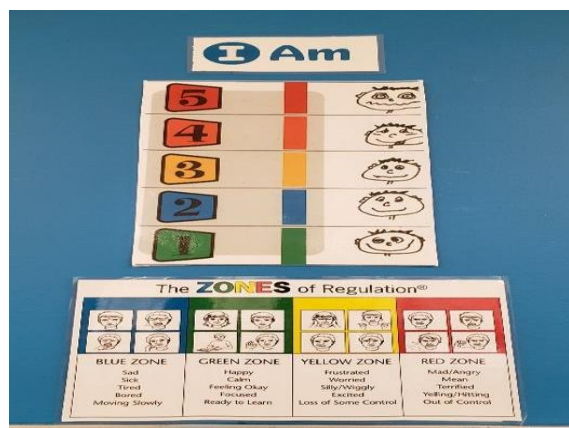


Figure 1. Overview of zones/I am.

**I Calm.**

**Step 2: I Calm:** The child picks one of the four core calming strategies: S.T.A.R., Drain, Balloon or Pretzel to help themselves calm down. The teacher will post visual images of these strategies in the Safe Place and will teach/practice these with the students.



Figure 2. I calm.



## I Feel.

**Step 3: I Feel:** The child identifies their current feeling by pointing to a poster that comes from.



Figure 3. I feel.

## I Choose.

**Step 4: I Choose.** The child chooses an activity from a predetermined set of choices. These are choices that are gathered from students' input about what would help them calm down and turn their thinking brains back on. They may include things such as drawing/writing supplies, books, fidgets, etc. As the participants already have their individual calming kits in the resource room, they will be able to choose something from their individual kit.

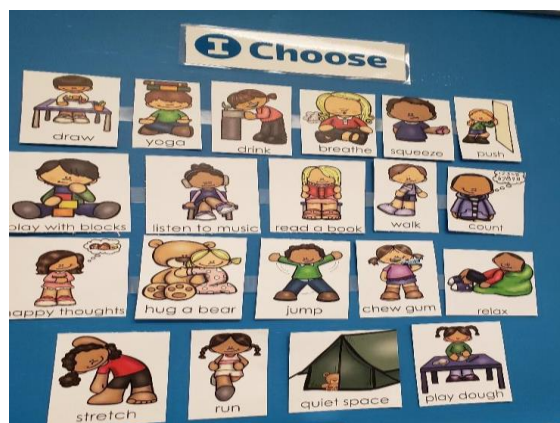


Figure 4. I choose.

## I Solve.

**Step 5: I Solve:** Children can accomplish this step independently, but will often require the teacher's assistance. Older children are able to write down the problem and future solutions to discuss with the teacher. Younger children need more individual coaching through the process and appropriate ways to resolve their conflict.



Figure 5. I solve.

The teacher will introduce the Safe Place by reading the book *Shubert is a S.T.A.R.* Throughout Conscious Discipline there are helpful products for creating the Safe Place including videos and examples. The Schubert books are a great way for students to make a connection. There are also feeling buddies to help students connect themselves. These are shown below.



Figure 6. Feeling buddies.

The board that walks students through their feeling and choices is shown below:



Figure 7. Interactive I feel/choose.



Figure 8. Goal board.

All participants will receive this instruction in the whole group. However, the intervention will be that they are shown a cue card with these five steps on the card before the time where they have a hard time coping. An adult will remind them of the steps on the cue card and then it will be tracked on if they use these steps when feeling a strong emotion such as anger or frustration. The non-coping strategies of crying, aggression towards school property, self, peers or staff, and yelling will be tracked. The cue card will be visual to the participants during this time.

### Measure

This will be a single subject research design with multiple baselines across participants. The number of verbal prompts needed for on-task and coping behavior will be tracked by staff. Each student will be tracked during a 20-minute time that they are currently showing difficulty with coping within their school day. The baseline will start for participant 1 for three data points until there is a trend for 3 consistent days. The baseline will then start for participant 2 and

continue for 6 data points and then for participant 3 it will be nine data points. When the treatment is started for participant 1, the baseline will continue for participant 2 and once the treatment is started for participant 2, the baseline continues for participant 3. The tracking will be done on their daily point sheet during the time sampling and then be transferred to a graph.

The intention of this method is to see if the implementation of *Conscious Discipline* in the resource room helps students increase their ability to cope. If this is shown to increase coping skills, it may be introduced to staff with hope of implementation in the general education classroom.

### Chapter 3: Review of Literature

Throughout this chapter, I will go into detail on the articles in the table above and review literature relating to a variety of social skills instruction, observations and behavior interventions within large and small groups. The literature included is over the past eight years.

Table 1

#### *Review of Literature*

Authors	Study Design	Participants	Procedure	Findings
Thomas & Ostrosky (2011)	Quantitative	2 headstart teachers and 1 student teacher	Implementing Conscious Discipline into the Early Childhood Headstart classroom. This was focused on the teaching team and their interactions	The concerns of the 10 week study were not resolved by the conclusion of the research. The research showed that is an ongoing issue of teachers having a hard time meeting social-emotional needs with academic demands.
Izuka, Barrett, Gillies, Cook, & Miller (2014)	Quantitative	57 6 <sup>th</sup> and 7 <sup>th</sup> grade students in a low socioeconomic school	FRIENDS program was used and children were taught social and emotional skills. The teachers received training to teach the skills and resilience program for themselves.	There was an initial increase in anxiety, however the anxiety decreased after the post-test. The intervention was well accepted by participants.
Eratay (2013)	Quantitative	32 participants total. All participants had a moderate level of an intellectual disability and were 15-39 years old.	Leisure time activities program (LTAP). It was geared for those with and without intellectual disabilities. There were 30 total activities school and class-wide.	Data revealed significant differences in improving self-control, coping with aggression and cognitive skills of social skills scale. The study suggests that leisure time activities program was partially effective on individuals with intellectual disabilities in terms of developing social skills and reducing emotional and behavioral problems.
Cassidy, Marwick, Deeney, & McLean (2018)	Quantitative	Two groups of children ages 9-12 years old.	The Effectiveness of Community Philosophical Inquiry (CoPI) was used and an inclusive pedagogical approach	Students were able to engage in collaborative, philosophical dialogue with their peers without being anymore disruptive than their peers. The study lead to assertion that the structure of CoPI supported children's engaged participation and self-regulation.
Day & Connor (2017)	Quantitative	282 3 <sup>rd</sup> graders from 34 classrooms	Remembering Rules and Regulation Picture Task (RRRPO) to examine association between self-regulation and academic achievement in math and reading	RRRP captured three constructs: working memory, attentional flexibility and inhibitory control. It was significantly and positively associated with other measures of self-regulation as well as math and reading.
McDaniel, Bruhn, & Troughton (2016)	Quantitative	5 students from 2 self-contained classrooms. Grades 2-3	Stop and Think curriculum implemented for social skills. Ten core social skills areas were looked at. Negative social behavior (NSB) was used to evaluate	The intervention showed behaviors improved. Teachers rated interventions socially acceptable and effective on improving social behaviors.

Caldarella, Page, & Gunter (2012)	Quantitative	17 early childhood educators (10 certified teachers, 7 paraprofessionals)	Evaluate early childhood educators perceptions on Conscious Discipline	Evaluated as socially valid, however some did report it harder to implement with larger class sizes.
Weeden, Wills, Kottwitz, & Kamps (2016)	Quantitative	6 students in a self-contained classroom with diagnosis of EBD ( 5 boys, 1 girl) ages 6-9 years old	Class-wide function related intervention teams- Positive Behavior Strategy (PBS). Intervention took place 1 to 3 days a week for 20 minutes. Goals were set, attending skills were taught and points were awarded for appropriate behavior.	Improved on task behavior. Teacher reprimands decreased and behaviors were improved.
Wollersheim Shervey, Sandilos, DiPema, & Lei (2017)	Quantitative	45 teachers (14 1 <sup>st</sup> grade and 31 2 <sup>nd</sup> grade). Teachers were employed in 7 different elementary schools in mid-Atlantic region	Determine social validity of the Social Skills Improvement System. Class-wide intervention program (SSIS-CIP). Teachers were given a questionnaire to assess instructional strategies, components, and materials specific to the SSIS- CIP. The curriculum was taught over a 12-week period	Teachers perceived SSIS-CIP as socially valid and a feasible intervention for primary grades, however teachers' ratings regarding <i>ease of implementation and relevance and sequence</i> demonstrated difference across grade levels in the second year of implementation.
Kucuker & Tekinarlan (2015)	Quantitative	272 students (4 <sup>th</sup> and 5 <sup>th</sup> graders) 140 of the students had special educational needs (SEN) and 132 were non-special education students (non-SEN). This study took place in an inclusive elementary in Turkey.	SEN students and non-SEN students were given the Social Skills and Problem Behavior Skills of the Social Skills rating system-teacher form (SSRS-TF), the Children's Loneliness Scale (CLS) and the Piers-Harris Self-Concept Scale (PHCSCS)	The findings showed the self-concepts, social skills, problem behaviors, and loneliness levels of SEN students were significantly different than those of the non-SEN students. It was found that the self-concept and social skills were significant
Murry	Quantitative	3 ninth grade students who qualify for services under the category of EBD in a large rural highschool.	VSM is an antecedent-based intervention that involves students observing themselves modeling the accurate performance of a target behavior at a more advanced level than they currently do and then reproducing the behavior in identified situations or settings. Students create e-books and teachers, parents and paraeducators fill out questionnaires.	Teachers and paraeducators reported immediate change in students' attitude, attempts at interactions with peers and adults, and application of social skill use to complete assignments. Parents response to the questionnaire suggested they perceived their children benefited from the use of assistive technology.
Griffin Jr., Caldarella, Sabey, & Heath (2017)	Quantitative	Elementary in Utah with students in grades 1 <sup>st</sup> -6 <sup>th</sup> . Two playgrounds- grades 1-3 and grades 4-6	Buddy bench so students weren't left without a friend to play at recess. If you did not have anyone to play with, you would sit at the buddy bench and if someone asks you to play, you join them,	Three-fourths of students agreed that the buddy bench helped them make friends. Reports were that it was not always used appropriately.

## Conscious Discipline Studies

Thomas and Ostroasky (2011) investigated implementing the curriculum into a Midwestern headstart classroom. This study was a follow-up study to focus on the teaching team and children as they interact with each other, families and administrators as well as

implementing *Conscious Discipline* into the classroom. The headstart classroom is a federally funded program serving low-income children birth to 5 years old.

The participants include two headstart teachers, 16 children from low-income families, site director, and the service manager. Data sources for the study were observation, informal conversations, interviews and document analysis. Thomas, Dawn conducted these interviews. Dawn observed the classroom over a period of 10 weeks and spent approximately 30 hours watching and listening to the interactions within the classroom. Throughout that time Dawn got to observe a family interaction with the teacher as they were concerned about behaviors not being addressed appropriately within the classroom. Kari and Jo, the two teachers, explained to Dawn that it is hard for parents to understand the implementation of *Conscious Discipline* and the reasoning for their approaches. During observations, Dawn also got to see a new student that had some behaviors join the classroom. The whole dynamic of the classroom changed, but it observed that the teachers handled it well and the other kids eventually got used to the change.

In conversations and interviews with the teachers, site director, and manager, there were some common opinions about the curriculum, but differing ones as well. Everyone was enthusiastic about the implementation and potential of the approach using Conscious Discipline. Kari and Jo expressed that it does not seem to cover what they need in the classroom. They stated that there are quite a few behaviors and have asked the site director to observe the child; however, the director had only observed once. This was frustrating for the teachers, but then in conversation with the manager, she stated that the site director had already reached out to a university for support and suggestions for the children with higher behaviors. This is great, however it was not communicated to the teachers, and this is one of the problems that was

observed. Communication was not great between the site director, manager and the teachers. Kari and Jo said they wondered if they should bring in more traditional means of behavior management in addition to *Conscious Discipline* such as stars for good behavior. However, program administrators do not want to mix approaches and strategies and want *Conscious Discipline* to be implemented fully. The teachers also expressed that sometimes they see *Conscious Discipline* as a book that gives you suggestions, but in the classroom you need more than that. They both explained that so many of these kids have so much going on in their life that they feel they are teaching social-emotional skills all day as it is priority. However, they are expected to teach the children literacy and math skills on top of that.

Dawn (the researcher) at the end found herself more involved within the study than expected. She had planned to go in and observe and have conversations with the teachers, but now she seems to be in the middle between the teachers and administrators. In the end, there were a couple of problems identified within the study. The immediate problem was administrative lack of response and communication with the teachers. Conversations were being held between the coordinator and site director, but things were not always relayed to the teachers. This was a problem as it was concerns that the teachers had brought up and hoping for guidance from the administration, but it seemed that supervising staff were unresponsive to this. Another issue was the teachers understanding of the best use or social-emotional strategies within the classroom. From the Conscious Discipline training, it was portrayed to the teachers that it is best to keep consistency and use the recommended strategies and techniques versus bring in other approaches. The concern of the teachers was that if they only use Conscious discipline, what are the parent's opinions and will this help with the challenging behaviors in the



classroom? The coordinator commented on this and admitted that Conscious Discipline "only went so far" in providing foundation. Teachers needed to use it in a way that worked for their classroom and for Kari and Jo it seemed that Conscious Discipline might work alongside with other behavioral approaches.

"A program's implementation of a social-emotional philosophy plays out differently in every classroom. *Conscious Discipline* is unique in that it targets the adults first, encouraging them to sustain healthy and open relationships and interactions with each other; in that environment, children learn and mature emotionally and socially." (p. 8). I think this quote wraps up Conscious Discipline nicely as it isn't your typical curriculum. In this case study, the teachers tried their best to keep the line of communication open, but it was hard as this was not reciprocated from the administrators. "This case study can be a starting point for highlighting some issues around addressing social-emotional skills and development" (p. 8). The conclusion of the research did not resolve the issues that were identified in the 10-week study.

Caldarella, Page, and Gunter (2012) conducted a study on Conscious Discipline and the social validity of the program. The purpose of the study was to evaluate early childhood educators' perceptions of the social validity of *Conscious Discipline*. The study included 17 early childhood educators, 10 of which were certified teachers and 7 were paraeducators. This was conducted in a public preschool program in the Intermountain West of the United States. The preschool was designed to serve students with special needs. The students range from 3-5 ½ years old and 64% are male. All the teachers received training and were implementing *Conscious Discipline* in their classrooms. The measure used was a survey to evaluate the social validity of school-to-home notes. The survey had 12 items using a 5-point scale—1-strongly disagree to 5

strongly agreeing. Two additional open-ended questions were asked for comments regarding the strengths and weaknesses of the program. There was 100% participation in the survey.

Descriptive statistics were used to examine the responses. Percentages and frequencies were calculated to determine the degree of agreement with each survey item. Pearson correlation coefficients were also calculated to determine whether both educators' years of teaching experience and years of experience using *Conscious Discipline* were related to their social validity ratings of the program. Social validity examines three aspects of a program (1) the goals, (2) the procedures, and (3) the effects. All of the participants agreed that the goal of teaching social and emotional learning in preschool is important. Almost all participants agreed that *Conscious Discipline* procedures were acceptable to them. There were positive responses to questions that regarded time requirements, ease of implementation, and daily use of the program. Most participants also agreed that the program had a positive effect on their students and themselves. When asked, 88% of the participants think that the program should be used next year. However, results did suggest that not all students liked participating in the program's activities. The results did show that the social validity ratings were positively correlated with both years of teaching experience ( $r = .55, p = .02$ ) and years of experience using *Conscious Discipline* ( $r = .57, p = .02$ ). Participants with more years of teaching experience and those with more experience using the program seemed to rate it more positively with less experience. Most of the responses to the open-ended questions from the participants led to that the program was viewed as socially valid. Many of the participants indicated that the program helped them personally in the ability to regulate and control their emotions. Some participants noted that

*Conscious Discipline* takes a lot of practice and that it is difficult to implement the program while managing large class sizes.

The limitations of this study included that the study was conducted with a relatively small sample with similar demographics and they all worked in one preschool. Another limitation was that the social validity ratings were not taken from parents, students or administrators. In future studies, it is recommended that larger and more diverse samples of educators should be used within the study. It is also recommended that surveys be completed by not only the educators. Another thing was that the treatment fidelity of the program regarding the participants' consistent use of the program was not assessed, and student outcomes were not measured.

In conclusion, the program was viewed as socially valid and the outcomes are viewed as socially significant.

### **Program/Curriculum Studies**

Iizuka, Barrett, Gillies, Cook, and Miller (2014) conducted a study evaluating a school-based psychological program for students ages 11-12 years who attended a multicultural school from a low socioeconomic status area. The reason these individuals conducted this study is there are many interventions for promoting mental health children; however, the number of children at risk remains high. They believe this is because the interventions are not reaching specific groups at risk such as low socioeconomic status and ethnic minority groups. The literature suggests that “when it comes to young immigrants they are at risk for experiencing mental health problems, as they are confronted with a multitude of situational and emotional difficulties, in part, due to limited access to high quality mental health-oriented services” (p. 125). The FRIENDS program was initially developed as a group treatment for children with anxiety disorders and then later

turned into a school-based universal prevention program. Several studies have been done to evaluate if the FRIENDS program has any impact. The results showed that there were improvements in self-concept, social skills, and coping skills. Although this has shown positive results the statistics worldwide still show something is missing. Currently, the prevalence of children suffering from serious emotional problems ranges from 3% to 26%. The actual prevalence is believed to be even higher, with many children and adolescents remaining unidentified and untreated. This data suggests that these effective programs may not be available to all groups of children. Only one-third of children who could benefit from receiving prevention-orientated mental health services actually receive them. The purpose of the study is to evaluate the impact of FRIENDS on minority children who live in a low socioeconomic community. The FRIENDS program is a 10-session manual-based intervention program grounded in the principles of Cognitive-Behavioral Therapy (CBT) for children ages 7-12 years old. The World Health Organization acknowledges the program as an evidence-based program that is effective at all levels of intervention from treatment to prevention for anxiety in children.

The participants that were recruited included all 7<sup>th</sup>-grade students who attended a multicultural school in Brisbane, Australia. This school was chosen because of the demographic characteristics of the students as they were from an area that is associated with high levels of socioeconomic disadvantage and a high percentage of students were non-English speaking background (NESB). According to the school data, there were 725 students from over 30 nationalities and 75% were NESB. Therefore, this school was considered as an appropriate site for piloting an adaptation of the FRIENDS for Life program for a multicultural group. The reason that 7<sup>th</sup> graders were chosen was that they were soon transitioning to high school and the

program may assist them with the possible challenges of going to a new school. The researchers chose and adapted version of FRIENDS and replaced reading and writing activities with more creative activities such as drawing. Pre and post data were successfully collected on 45 out of 63 potential students. All the parents of the children approved this study. The response rate was 71.4% of ages 11-12 years old with 27 girls and 18 boys.

The researchers used a self-reported version of the Strengths and Difficulties Questionnaire (SDQ) to identify all of the participants in a group. The two groups were "at risk" and "not at risk." The scores were used to evaluate the impact of the program on promoting student's emotional health. The questionnaire is for children from the ages of 3 years old to 16 years old and has 25 behavioral screening questions. The SDQ is a 3-point scale ranging from "not true" to "certainly true" and has acceptable reliability and validity. It has also been shown to be as accurate as the Child Behavior Checklist (CBCL) at detecting conduct and emotional problems, as well as recognizing inattentive and hyperactive behaviors.

For the procedure, all grade 7 teachers and teacher aides (6) from three classes took a daylong, certified training class of the FRIENDS program to understand and familiarize themselves with the program. One week before the implementation, the researchers went to the school to administer the SDQ. Teachers were present, and questions were read aloud, and then the children rated the items in their packet. Accredited FRIENDS trainers were there for the first two sessions and checked fidelity of the implementation and provided feedback on performance. One week after the completion of the program, teachers administered the SDQ with their students.

The SDQ for Australian adolescents suggests that a score above 14 for boys and above 12 for girls indicate that the individual is "at risk." The Kolmogorov-Smirnov (K-S) test of normality with Lilliefors significance correction was employed to determine whether the data deviated from the normal distribution. The K-S indicated that all variables were normally distributed. An analysis of variance and post hoc tests were done to determine the significant differences. The overall acceptability of the program was assessed using the Wilcoxon signed-rank test for one sample,  $p < .05$ . The scores tested given by all participants against a reference value of 2.5. If the average for a given question was greater than that, then the program was positively evaluated. The initial screening identified 25 students (56%) in the "not at risk" group and 20 (44%) in the "at risk" group. The scores obtained before and after show a significant effect of the group, however, the effect of time was not significant. The interaction between group and time was statistically significant. This tells us that the two groups responded differently to the intervention. The post hoc tests showed that the SDQ total scores at the post-test were significantly lower than in the pre-test for the "at risk" group. For the "not at risk" group, there was not any evidence of changes between the pre- and post-tests. Using one-tailed tests, a significant difference was found in conduct scores but no differences in hyperactivity, emotional and peer problem. The researchers also looked at if the program was sex-specific in the "at risk" group. In that, they found that there was no significant difference between pre-test and post-test for boys. There were significant differences found for girls.

Overall, the students rated this program highly, and the majority felt that the FRIENDS program was useful. All averages were significantly greater than 2.5, showing that the program was good for the individuals. The main goal of the study was to examine the outcomes of

students from a multicultural school in a low socioeconomic status area using the adapted version of the FRIENDS program. The results showed that the group that initially identified "at risk" had a significant decrease in the SDQ total score, showing that the adapted version was successful. Before this study, there was qualitative support for the FRIENDS program in improving mental health, but no statistical support. The results did show that the "at risk" group improved as a whole, but this was also mainly driven by girls' responses as there were very few boys that identified in the "at risk" group. This shows that girls may be more receptive to this program as shown in previous studies as well. It is recommended that future studies take place to integrate activities that not only look at students with a multicultural background but also considers gender. It should be considered to look at activities that may engage boys.

The results of this study are encouraging; however, there are some limitations. The first is that the results are based only off of children's responses. The questions were read aloud to them, but there is no way to measure the readability of the SDQ. In future studies, it may be encouraged to incorporate parent and/or teacher ratings on a child's social-emotional and academic functioning. During the sessions, attendance was not taken. Therefore, it cannot be sure of which students participated in which session. During the implementation of the program, the school's attendance was 93%, so they are confident that most participants attended the sessions. It is suggested in future studies that attendance should be taken.

In conclusion, this study provides evidence that there is a need to adapt existing emotional health programs for specific minority groups at risk. This is more specifically for girls with higher total difficulties scores on the SDQ showed significant improvements by the end of the FRIENDS program.

McDaniel, Bruhn, and Troughton (2016) conducted a brief social skills intervention to reduce challenging classroom behavior. This study was conducted at a self-contained, alternative school for students with challenging behaviors. This was a K-12 school that provided instruction in all academic areas as well as had programming for therapeutic recreation and counseling. The school was a Positive Behavior Intervention school (PBIS) that provided daily progress reports for each student. The participants of this study were in two different classrooms. There were three in one classroom and two in the other. The classrooms both had 6-8 students, and each had a classroom teacher and a paraprofessional. In the first classroom, there was a veteran teacher with 12 years of teaching and a doctoral degree in special education. In the second classroom was a first-year teacher who had recently started her Master's in special education and held a dual teaching certification in early childhood special education and an early childhood general education. All participants were in grades 2-3 and were nominated by their teachers. They were chosen due to social problems with peers or adults for two or more academic years, social behavior problems that interfered with instruction and social behavior problems that were unresponsive to previous intervention through school-wide PBIS and counseling sessions.

The measure of negative social behavior (NSB) was used to evaluate the impact of social skills instruction and determine phase changes. The negative behaviors included arguing, teasing, failing to accept consequences, verbal aggression, interrupting, inappropriate turn-taking, not keeping hands and feet to self, leaving assigned area, and socially inappropriate comments or language. Participants were observed regularly during academic instruction when interacting with peers or adults. The observations happened for 30 minutes on average three times a week. If there were any instances of NSB, it was scored a yes. A behavior rating scale called Strengths



and Difficulties Questionnaire was used as a secondary measure for comparing behavioral ratings before and after the intervention. The teacher response form was used and it was scored on a 0-2 rating scale. 0 = not true, 1= somewhat true, and 2= certainly true.

The procedure for this study was implementing the *Stop and Think* curriculum. The teachers collaboratively selected 10 social skill lessons they wanted to teach. Within the curriculum, there is a 5-step process in each lesson. 1) stop and think, 2) identify good and bad choices, 3) identify steps to performing the good choice, 4) implement steps, and 5) reflect on the good choice you made. This universal language was used throughout the intervention to provide consistency. Teachers were given a 2 hr. training on the curriculum which included the five components (teach, model, role play, feedback, apply). The five components are used in every lesson.

Baseline was collected and the intervention began. The intervention ran for three consecutive academic weeks. Each classroom received social skills instruction on five complete lessons, with each lesson ranging from two to three 30- to 60-minute sessions for a total of 12 social skill lessons per class. The lessons that were taught were: listening, using nice talk, accepting consequences, ignoring others, and following directions. After the 12 sessions, there was data collected on day 3, 7, and 14 post-intervention.

A multiple baseline plus follow-up design was used to determine the impact of the *Stop and Think* curriculum on participants NSB. Both teachers filled out: in classroom 1, participant 1. Sid indicated that his total difficulties on the pre-SDQ were in the abnormal range. In his post-SDQ, the ratings indicated that he showed improvements in his total difficulties, peer problems and hyperactivity/inattention. His baseline of NSB was averaging 15.95%, and during the

intervention, it declined and averaged at 1.1%. Participant 2, Bill's baseline was an average of 21.76%, and upon intervention, there was an immediate change. At his follow-up observation he averaged 2.23%. His rating at the pre-SDQ was also in the SDQ. Improvements were made in peer problems and hyperactivity/inattention from the abnormal range to borderline ranges. Mitt (participant 3) in classroom 1 had an average of 18.20% at baseline. Throughout intervention he had a decreasing trend with an average of 8.42%, and at follow-up observations, he averaged 2.23% NSB. Mitt demonstrated the most improvements from pre- to post-SDQ ratings. He was rated in the abnormal range on total difficulties and all subscales except for emotional symptoms prior to intervention. After the intervention, Mitt scored in the normal range for total difficulties and all subscales. In classroom 2, participant 1, Sam was highly variable and ranged from 3.33% to 45% which was an average of 21.99%. Introduction of intervention resulted in an immediate change, and Sam's NSB dropped to 1.81% on average. His pre-SDQ scores indicated he was in the abnormal range and his post-test placed him in the normal range in all subscales. Participant 2, Hal had a baseline of 18.3%, and like the other participants he showed immediate improvement, and his average was 3.0%. All participants throughout this intervention showed improvement with decreasing NSB.

One limitation with this study was that since there were only two classrooms, a third demonstration of effect necessary for establishing a functional relationship was not possible. This was not possible for two reasons: one was that a third classroom was not available, and it was not possible to deliver one-to-one instruction as both teachers wanted to deliver instruction to the entire class. The second limitation was that since social skills were taught to the whole class, data should have also been taken on those without NSB to see if they showed improvement

as well. In future research, it is noted that it should be recorded the number of opportunities for demonstrating prosocial behavior. A third limitation was the lack of generalization data. All direct observation data was collected during instruction time, which limits the effect on social behavior during non-instructional times. The fourth limitation was that there was not any data collected on academic outcomes. The fifth limitation was that the study only included males in second and third grade. In future research, studies should include upper elementary, middle school and high school as well as female participants.

In conclusion, teachers were able to implement the brief intervention with fidelity within the context of their classroom and it reduced NSB. The findings were encouraging, but the limitations do need to be addressed or considered.

### **Activity/Observation Studies**

A study that looked at the effectiveness of Community of Philosophical Inquiry (CoPI) as an approach to support communication opportunities and collaborative dialogue for children with social, emotional and behavioral needs was conducted by Cassidy, Marwick, Deeney, and McLean (2018). The study takes place in Scotland. The study includes students who have Additional Support Needs (ASN) and are classified as Autism Spectrum Disorder (ASD) or Social, Emotional and Behavioral Needs (SEBN). Throughout the study, they used Philosophy with Children (PwC) which is an approach that aims to develop interpersonal understanding and perspective-taking through facilitated, structured dialogue. The problem being investigated is that there is a risk that children with ASN may be marginalized socially or disadvantaged academically; it is, therefore, essential that all children are provided with opportunities to learn and develop as far as possible in an inclusive environment. In previous studies, it has shown that

PwC has been positive on student engagement with learning, active listening, and evidence of more care and respect in student-to-student interactions. The study has three research questions:

- 1) Can children with autism and/or emotional- behavioral needs engage with CoPI?
- 2) Does CoPI affect self-regulation for children with autism and/or emotional-behavioral needs within CoPI sessions?
- 3) Does behavior in CoPI transfer to social or academic situations for children with autism and/or emotional-behavioral needs?

The study involves children from two classes in two different primary schools—school A and school B. The teachers at these two schools had a postgraduate qualification in PwC that qualifies them to facilitate the group time. The teachers ran CoPI sessions with the whole class for an hour each week as a part of their normal routine for 10 weeks. The study included 17 children with ASN from the two mainstream classes.

Participants read a short stimulus text and ask questions arising from the reading. The CoPI facilitator records the questions and then chooses the question to be considered by the participants. The group sits in a circle facing each other, and when participants feel they want to contribute, their input is heard. There isn't a set order as to who participates or when. The participants must either agree or disagree with what the previous contributor said. The point is not to reach a consensus or conclusion; the point is to create philosophical dialogue between the kids. Inclusion is also very important, so this exercise aims to do this along with using everyday language where every participant can understand.

Quantitative and qualitative approaches were used to gather data on the teachers' perceptions of the children's behavior during the sessions. An observation schedule was created

for the teachers to use and contained four categories to describe key elements of the children's behavior with the CoPI experience. The four categories were:

- 1) Engaged Participation—including listening, attentive behavior, 'on topic' interruptions (but not distractions);
- 2) Verbal contributions; following the structure;
- 3) Tries to distract others;
- 4) Patience while waiting to speak.

They were scored on a three-point scale; 1= not at all; 2 = sometimes; 3 = most of the time.

Scores were taken throughout 10 sessions, and all children attended at least 7 of the 10 sessions.

Looking at Engaged participation the children in the SEBN-group B and ASD groups had average scores between 2 and 2.9, which shows that these children were engaged at least 'sometimes.' The highest and lowest average scores were amongst children in the SEBN-group A. In the verbal contribution area most children contributed in nearly all of the sessions, with only three children contributing in half or fewer of the sessions. Looking at the ASD groups, their scores ranged from 'not at all' to 'sometimes' as well as 'all the time' in the category of distracting others. The scores of group B-SEBN were on the higher end, and the majority of scores for group A-SEBN indicated that there were not distracting behaviors. In the area of patience, SEBN-group A showed patience in all sessions. For most children in SEBN-group B and ASD groups averaged scores in the 'sometimes' range. In summary of the results, the SEBN-group B and the ASD groups showed high levels of engagement, verbal contribution and relevance of contribution throughout the sessions. In the area of distraction and patience, the

SEBN-group A showed high levels of patience and no distraction behaviors. The SEBN-group B showed the highest average scores for distraction.

In the area of qualitative results, teachers reported that the children's social interactions, both within and outside the CoPI sessions were influenced by their experience. The teachers reported that overall the children listened better as the CoPI sessions progressed. The children's seemed to like the structure and used it in places outside the classroom context. The children reported that they found the sessions fun, with the 'thinking' being what they found enjoyable. The head teacher said that CoPI might be a useful way to support children with a range of learning difficulties and she saw that using CoPI with children with ASN highlighted the need for a dramatic change in how children, perhaps all children, are assessed.

In conclusion, the results showed that the children who participated in the study were able to engage in collaborative, philosophical dialogue without being any more disruptive than their classmates. Philosophy with children, self-regulation and engaged participation for children with emotional-behavioral and social communication needs.

Eratay (2013) conducted a study to evaluate the effectiveness of leisure time activities program in individuals with intellectual disabilities in terms of developing social skills and reducing behavioral problems. In Turkey, there have been some single-case studies which have evaluated different types of leisure time activities on individuals with intellectual disabilities. However, studies examining the effects of a program could not be found. This study completed by Eratay was a multi-subject quasi-experimental design with pre-test and post-test and a matched control group. There were 32 individuals aged 15 to 39 with a moderate level of intellectual disability participated. They were all from the Western Black Sea Region in Turkey.

Test and control groups were made equivalent based on age, gender, and type of disability. Both the test and control group had one individual with Down Syndrome. All participants were capable of following instruction, fulfilling self-care skills, and none had previously received social skills training.

The LTAP intervention that was used was determined based on existing programs aiming at individuals with and without disabilities. This was designed to be in a school and class environment, therefore activities were restricted to indoor. Thirty activities that can be performed by individuals with intellectual disabilities were assigned to 24 students in the first year and 21 the second year. This was run during a "Teaching Work and Vocational Skills to Individuals with Disabilities" course in the Special Education Department of a state-run University. Special Education candidate teachers were classified in 30 groups according to 30 different activities. The 30 selected activities were reduced to 19 activities due to limitations of application conditions, environment, and cost. Activities were offered for a 2-hour period, 3 days a week. Individuals in the test group attended LTAP on Wednesdays, Thursdays, and Fridays. Direct teaching was the method used and this is a teacher-oriented model according to behavioral approach principles, and it requires systematic use of a regular program and tools which is directed by the teacher to ensure mastery of skills and superior level of involvement. A list of reinforcement such as favorite food and small gifts was prepared, and food and activity awards were given to participants. The control group attended only the activities at their school and did not participate in the LTAP.

A team of specialists reached an agreement of 90% that the activities were suitable in content validity. Between the pre-LTAP test and post-LTAP test and there was a significant

difference in favor of the final test, but no difference between the post-test and follow up observation. At baseline, the test and control groups were found to be equal in terms of demographics and each subscale of the SASS(Social Skills Assessment Scale), CBCL (Children and Young Individuals Behaviour Checklist) and TRF (Teachers report form Turkish translation). In the test group, there was a significant difference between the SASS pre and post-test in the self-control, coping with aggression and cognitive skills. There were no differences in basic social skills, basic speech, advanced speech, establishing relationships, working in groups, emotional skills, accepting consequences or giving instructions. In the control group, all subscales were similar. In the test group there was a significant difference in thinking problems between the pre and post -test on the CBCL. There were no differences between anxiety-depression subscale, social introversion-depression, somatic complaints, rule-defying behaviors, aggressive behaviors, or social problems. All subscales were similar in the control group. In the test group there was a significant difference in the attention problems of the TRF between the pre and post-test. There were no differences in the anxiety/depression, social ntroversion/depression, somatic complaints, aggressive behavior, social problems or thinking problems. In the control group, all subscales were similar. The video recordings showed all participants participating and participants reported they enjoyed the activities and would do them again. Families of children who participated were pleased with the activities and some are doing the activities at home.

In discussion it was pointed out that individuals without disabilities were not included in the study; therefore, social interaction was not developed. This could be looked at as a limitation or a suggestion for future studies. The LTAP intervention was limited to half-term; a longer duration may exhibit more significant results which can be looked at in future studies. Also,



repeated validity and reliability processes could not be performed due to the low number of participants for the scales. The last thing that was discussed was that the Youth Self-Report scale was not applied; therefore, it was not possible to access the opinions of the participants in the current study.

In conclusion, the LTAP intervention led to an improvement in social skills and behavioral problems. In future studies, outdoor activities, sports, and drama may be included to prepare a wide variety program. A wider variety of activities and a program that runs longer may benefit those with intellectual disabilities.

Day and McDonald (2016) conducted a study on using Remembering Rules and Regulation Picture Task (RRRP). The goal of this study was to develop scoring systems for the RRRP and then to examine the associations between RRRP and independent measures of self-regulation and academic achievement in reading and math. The RRRP was designed to be a direct measure of self-regulation skills, including how children managed the coordination of working memory, attentional flexibility, and inhibitory control. The questions guiding the study are:

- 1) How should the RRRP be scored?
- 2) What is the association among the RRRP and other measures of self-regulation?
- 3) To what extent does the fall RRRP predict spring academic skills, specifically math, reading, and vocabulary in third-grade classrooms? Furthermore, does fall RRRP predict gains in academic skills from fall to spring?

“We hypothesize that the Fall RRRP would be significantly associated with gains in academic skills, which would suggest adequate predictive reliability and would align with other studies showing this association.”

The participants were all third graders in one public school district in Florida. There was a total of 34 third-grade classrooms that participated. The participants were a part of a larger cluster-randomized control field trial that was designed to help teachers learn how to individualize their literacy instruction. Within this larger study, a smaller group of students were randomly selected to receive an extended battery of test, which included the RRRP. The students were chosen based on their comprehension scores and divided between high, average and low. Within each of these groups, approximately three students were randomly selected to receive the extended battery of tests; approximately 11 students from each class received the tests. There was a total of 282 students and 45% of the students qualified for free and reduced lunch. The majority were Caucasian with 57% female and 43% male.

Participants were presented with a picture of a park and asked to place different colored Legos on objects in the picture and in a certain order. Next, they were instructed to switch blue Legos for red blocks and vice versa. Students were given instructions and the examiner documented every detail. The tasks got harder as the test went on. Throughout the examination, the child’s working memory, attentional flexibility, and inhibitory control were all tested. The other measures that were used to test self-regulation and executive functioning were the SWAN rating scale and the Comprehensive Test of Phonological Processing. The SWAN looks at both strengths and weaknesses of attentional problems and looks at the distribution when used in the general population. In the CTOPP it looks as if students are able to repeat digits back to the

examiner. The academic measure used was the Woodcock-Johnson test of Achievement (WJ-III) This looked at several areas of reading and math. The WJ-III and RRRP were given to students in the fall and spring.

Performance on the RRRP was significantly correlated with academic measures in both reading and math, working memory, and teachers' ratings of children's attention and hyperactivity skills from the SWAN. The RRRP was done in two different parts, each including five questions. Third-grade scores on the RRRP in third grade were fairly stable by running ANCOVA. Scores on the RRRP did not change much over time. Using the SWAN attention scale and memory for digits did show that it was significantly related to performance on the fall RRRP. Inhibitory control was significantly related to the participant's ability to wait for "go." The participant's ability to wait for "go" was not significant in any of the academic tests. In math fluency, fall RRRP scores did not predict spring outcomes; however, the applied problems in math were significantly predicted. The fall RRRP predicted growth in achievement in both reading and math in the spring.

In conclusion, the RRRP can be a valid measure of self-regulation that looks at attentional flexibility, working memory, and inhibitory control. The RRRP also predicts academic outcomes from fall to spring. The study demonstrated that different aspects of self-regulatory skills may be associated with certain skills. There were limitations within the RRRP and the study. The first was that the RRRP appears to measure the anticipated construction of self-regulation and predicted academic outcomes; however, the RRRP may be too easy for some children. The RRRP should be administered to a larger and more diverse group instead of just

one grade level in the same school district. Throughout this study and many others, it reinforces the fact that self-regulation skills play a role in academic achievement.

Weeden, Wills, Kottwitz, and Kamps (2016) conducted a study using the CW-FIT program (class-wide functional intervention team). The purpose of the study was to implement CW-FIT in a self-contained classroom with EBD students and see the test effects of students' on-task behavior as well as teacher praise and reprimand behaviors. CW-FIT is a classroom management system based on teaching classroom rules/skills as well as including reinforcements for appropriate behavior and minimizing attention to inappropriate behaviors. This intervention uses a combination of group contingency and self-management. Previous studies have shown improvement of behaviors in 86 general education classrooms using CW-FIT. It was found to improve on-task behaviors and reduce disruptive behaviors within the general education classroom. Although CW-FIT has been implemented with hundreds of children, no studies have looked at the intervention within a special education room that includes children with EBD. Therefore, this study was conducted.

The participants were in a class of six and ranged from 6-9 years old. There were five boys, and one girl and all had the diagnosis of EBD. Five of the six students completed all academic work in the special education classroom, and one would join his general education classroom during specific times.

Group on-task data were collected using a 30-second time sample during 20-minute observations. A plus was recorded for each team of students if they were engaging in on-task behavior and if any one member was off-task a minus would be recorded. A fidelity checklist was used in conjunction with the group on-task during 12 of 16 sessions.

During the baseline, there was a variety of activities that were conducted by the teacher in a small group or one-on-one instruction. The classroom management was done by mainly reprimands or time-outs and it appeared to be inconsistent. After baseline, CW-FIT was implemented. It is designed to teach students appropriate classroom behavior within groups in the form of a game. Teachers were trained on the game and were given chances to practice praise if a point was not awarded. The students were then introduced and taught three skills, (1) getting the teacher's attention, (2) following instructions, and (3) ignoring inappropriate behavior. Before each game, the students and teacher selected a reasonable point goal for all teams. Rewards such as stickers, pencils or a small toy were used and all students worked for the same reward each day. The teacher would then begin the lessons and set a timer for 2 to 3 minutes throughout the lesson and points were rewarded at the beep depending on the desired behaviors. The teachers would give behavior-specific praise and inappropriate behaviors were not given consequences other than not earning points. The points were never taken away for inappropriate behaviors.

During the baseline, the mean percentage of on-task behaviors was 54% and upon implementation, the percentage increased to 87%. The teacher's behaviors also improved with implementation. Praise during baseline averaged 3.6 and increased to 40.1 during CW-FIT. Reprimands decreased from an average of 9 during baseline to 3.9 during CW-FIT.

Overall, student on-task behaviors improved and teacher attention to appropriate behaviors also increased and reprimands decreased. The teacher reported that she was very satisfied with CW-FIT and also implemented it throughout the day instead of just the one period of the day. The feedback was also positive from the students. The findings in the study also supported the use of token systems in points and rewards. In conclusion, CW-FIT was found to

be effective and easy to implement as a group intervention for students with EBD in an elementary special education classroom.

Although this intervention was shown to be effective, there were some limitations. One was that the students were in grades 1<sup>st</sup>-3<sup>rd</sup> and to test the validity of CW-FIT a larger group of students from more groups would be needed. Another was the length of withdrawals, considering it was only one session.

Wollersheim Shervey, Sandilos, DiPerna, and Lei (2017) conducted a study to examine the social validity of a Universal Social Emotional Learning (SEL) program, the Social Skills Improvement System Classwide Intervention Program for teachers in first and second grade (SSIS-CIP). This has shown to improve social skills, but no research has been published on the social validity of the program. This study included 45 first grade teachers and 31-second grade teachers that had implemented SSIS-CIP. The teachers worked in seven different elementary schools in the Atlantic region of the United States. Within the study, 84.4% of the teachers were female, 95.6% were Caucasian, and 68.9% held a Master's degree.

At the end of each year, teachers were asked to rate their experience with implementing the SSIS-CIP. The questionnaire looked at teacher's perceptions of the appropriateness and usefulness of activities and materials, as well as clarity, feasibility, and effectiveness of the intervention. Data from a previous study was collected of the SSIS-CIP. After looking at data, first and second-grade teachers were recruited to participate. The teachers were trained in the implementation of SSIS-CIP and then taught the curriculum over a 12-week period. The SSIS-CIP has 10 units and it focuses on classroom behaviors. The lessons usually take about 20-25 minutes, and the teachers use six instructional strategies (describe, model role-play, do, practice,

monitor progress and generalize) to help students learn the targeted skill. Each lesson also includes a video demonstrating the skill.

The data were collected using a two-way mixed factorial analysis of variance (ANOVA) with repeated measures. The grade level was entered as the between-subjects variable and social validity rating by implementation year was entered as the within-subjects variable. It was indicated that there were no significant associations between the six social validity domains and the teachers' education level, race, and the school in which they taught. The results showed that the descriptive statistics for social validity fell in the acceptable to excellent range. In the teacher's ratings of the ease of implementation there was a grade-level main effect. This main effect was qualified by statistically significant interaction between grade level and implementation year. The first-grade teacher's ratings decreased from the first to second year of implementation. The second-grade teacher's ratings increased from the first to second year of implementation. In the area of relevance and sequence, there was an interaction between grade level and implementation year. It showed a decrease with the ratings of first-grade teachers between the years of implementations and the second-grade teachers ratings showed an increase. No main effects were found for booklets, student behavior, role play or videos.

Overall, the social validity ranged from acceptable to very good and the program was viewed positively. There are potential implications that may come from this study as SSIS-CIP is generally perceived by teachers as being useful, effective, and well organized for students in first and second grade. A limitation and recommendation for future studies are to include larger and more diverse samples of teachers and students to look at social validity across grade levels. It is also recommending the critical components of social validity that are associated with

implementation fidelity in SEL programs as this will help with program planning and evaluation. The last limitation that was noted was that future studies should identify strategies for increasing social validity and maximizing teacher buy-in for SEL programs.

Kucuker and Tekinarslan (2015) conducted a study to find whether self-concepts, social skills, problem behaviors, and loneliness levels of students with SEN (Special Education Needs) in inclusive elementary classrooms differ from non-SEN (students without special education needs). It is generally accepted that students with special education needs being taught in the least restrictive environment (LRE) is the most effective way to help these students. This is supported by the Department of Special Education. The problem seems to lie in the interpretation of what exactly LRE is and how it is implemented into practice. Although it is generally accepted, there have been conflicting studies showing how positive the outcomes are regarding inclusive education. This study also aimed to identify the roles of self-concept, social skills and problem behaviors in predicting the loneliness of SEN students.

The study group included 272 students (4<sup>th</sup> and 5<sup>th</sup> graders) that attended inclusive elementary schools in Turkey. Out of the 272 students, 140 were SEN and 132 were non-SEN students. The Social Skills and the Problem Behaviors Scales of the Social Skills Rating System-Teacher form (SSRS-TRF), the Children's Loneliness Scale (CLS), and the Piers-Harris Children's Self-Concept Scale (PHCSCS) were used as data collection tools.

It was found that the SEN students had lower self-concepts, fewer social skills, more problem behaviors and higher levels of loneliness compared to the non-SEN students. Many factors are contributing to these results. SEN students who have difficulties academically or socially can have a negative effect on their self-concept. They may get frustrated or



overwhelmed trying to meet academic demands within the inclusive setting. They may also develop negative self-concept when they perceive themselves as having a lower performance academically when compared to their peers.

Despite these findings, certain limitations may negatively impact the results of this particular study of inclusive classrooms. Inappropriate educational environments, insufficient support services, and teachers' lack of knowledge and skills regarding the implementation of effective inclusion practices are all factors that may negatively impact the scores on the scales that were filled out.

Murry (2018) conducted a study that looked specifically at three EBD students and used video self-modeling (VSM) to improve skills or behaviors where the student is the video model performing the skill at a higher level than his or her typical display. The goal was to show how effective and easy VSMs are to use as well as using them to improve social skills.

Students that are diagnosed with EBD tend to have deficits with interpersonal skills such as active listening, effective communication, and recognizing/understanding others' point of view. Research has shown that if individuals lack these skills, it may be hard for them to form and/or maintain healthy relationships.

For this study, the three students used an e-book application to create interactive, personalized self-modeling videos. They created a storyboard sequence and identified a method for monitoring and then reported his or her progress to their general education teacher at weekly meetings. They watched the e-book between three and five times a day before performance attempts.

The social validity was assessed using an open-ended questionnaire created by a behavior consultant. The participant's opinions regarding the significance of their intervention goals, the acceptability of the procedures, and their evaluation of the importance of the results were collected from the consultant. Teachers and paraeducators were also given a questionnaire consisting of six questions including four open-ended questions. The classroom teachers and paraeducators reported an immediate change in the student's attitude, attempts at interactions with peers and adults, and application of social skill use to complete assignments. Parent response to the questionnaire suggested they perceived their children benefitted from the use of assistive technology. The students also indicated a positive reaction to having control over making their VSM e-book and using it.

There were no limitations specifically noted in this article, but a larger sample size coupled with the possibility of more areas studied may be beneficial to the hypothesis.

Griffin, Caldarella, Sabey, and Heath (2017) conducted a study looking at the effectiveness of the use of a buddy bench during recess on students behavior in elementary. A buddy bench is often used in positive behavior schools and is used as a positive approach in which all students can have friends. This intervention may benefit all students, but its primary focus is on students with or at risk for EBD. However, in this particular study the intervention targets students who may be exhibiting internalizing behaviors by creating an environment where students are more likely to interact and befriend peers. Internalizing behaviors include depression, anxiety, obsessive-compulsive disorders, social withdrawal, and somatic symptoms. The buddy bench is used for if a student is feeling lonely at recess or does not have someone to play with, they go and sit on the bench. All students have been instructed that if they see

someone on the buddy bench, they should befriend them and invite the student on the bench to play.

This study takes place at an urban Title 1 elementary in central Utah. There were 388 students in grades 1<sup>st</sup> through 6<sup>th</sup>. A total of 21 teachers were involved in this study. The principal investigator was a graduate student in school psychology and supervised by a university faculty member. All involved were trained in all aspects of this intervention. Four undergraduate university students served as data observers. These students were all studying psychology, education or a related field. Two playgrounds were observed at the school during recess. The materials needed for this intervention were two buddy benches and posted rules in each classroom of how to use the buddy bench.

Three measures were collected throughout the study: treatment fidelity data, the number of students engaged in solitary behavior and the social validity surveys. The study was conducted over 10 weeks using a multiple baseline across participants design, with a withdrawal phase added on one playground to confirm the controlling effects of the intervention. The intervention of the buddy bench first started at the playground for 1<sup>st</sup>-3<sup>rd</sup> graders. Data was collected for 16 days at this playground before training began for 4<sup>th</sup>-6<sup>th</sup> grade teachers, then the intervention began at the playground for 4<sup>th</sup>-6<sup>th</sup> graders. Data was collected at that playground for 10 days. The withdrawal phase only took place at the playground for 1<sup>st</sup>-3<sup>rd</sup> graders. During this phase, the bench was removed, and after six days there was a visible trend, and the intervention returned. Descriptive statistics were used to analyze treatment fidelity. Social validity data was analyzed using descriptive statistics and qualitative coding (written comments).

The treatment validity results confirmed that the bench was present 100% of the intervention. All teachers reported that they instructed their class on how to use the buddy bench. Observers saw rules posted in all classrooms. The school principal reported that she announced the buddy bench rules and reminded students to use the buddy bench on 80% of the intervention days, but neglected to the other 20%. For students 1<sup>st</sup>-3<sup>rd</sup> grade, 130 invitations were extended throughout the intervention phase, 58% of those invitations were accepted. Students in 4<sup>th</sup>-6<sup>th</sup> grade extended 75 invitations throughout the intervention phase. During baseline, the daily average of solitary students was 4.84 for 1<sup>st</sup>-3<sup>rd</sup> grade and 3.47 on the 4<sup>th</sup>-6<sup>th</sup> grade playground. The daily average decreased to 3.64 for 1<sup>st</sup>-3<sup>rd</sup> grade and 2.76 on the 4<sup>th</sup>-6<sup>th</sup> grade playground. When the buddy bench was removed from the 1<sup>st</sup>-3<sup>rd</sup> grade playground, data gradually went closer to baseline with an average of 4.13 solitary students which was a 13% increase from the intervention phase. The effect size from intervention to withdrawal was not found to be significant, but data displayed a moderate upward trend. When the buddy bench returned there was an immediate decrease to 3.74 solitary students. The results from the social validity survey showed 73.26% of the students agreed that the bench helped students make more friends, 60.88% want the bench there again next year and 68.80% thought it was a good idea for the playground. The teacher survey showed that 66.67% agreed with the statement that peer interaction increased, 60% agreed that the students were consistently befriended at the bench. 57.15% agreed that fewer students spend recess alone and 53.33% want the bench there the following year. However, only 13.34% agreed that the bench helped improve student behavior on the playground.

In conclusion, the study showed success in the areas of rule-following behavior and reinforcement by giving students a place to gather when feeling lonely. There were some limitations with this study. One that was noted was that the study took place at a title 1 school where there was a large percentage of minority students and in future studies, it is recommended that more diversity is looked at and more than one school is considered. Another limitation was that self-reports of the teachers and principal were collected and future studies may benefit from collecting direct observations and monitoring the students use of the buddy bench. The results suggest that approximately one student per playground was no longer engaged in solitary behavior; however, it was not made clear if this was the same or different students. Lastly, the intervention began later in the school year and the withdrawal and return to intervention was only able to occur on one playground. While the results are encouraging, it is suggested to start earlier in the year for future studies.

### **Summary**

Throughout the review of literature, it was interesting to read about all of the programs/ curriculums out there as well as ‘ perspectives on curriculums. It was especially neat to read about things such as the buddy bench being implemented as this is something that we have at the school I teach at. Overall, I enjoyed the review of literature as I am passionate about social skills and exploring how we can make each student thrive and succeed in school. I am hoping that in the near future that there will be more studies out on Conscious Discipline as this is a program I hope to continue using within my classroom and hopefully expand into the general education classroom.

## Chapter 4: Results

In this chapter I will go over the results of the implementation of the Conscious Discipline cue cards within the resource room setting. The purpose of my study was to increase self-regulation, especially coping skills. Three of four participants agreed to the study. This is 75% participation. The participants each received daily social skills using the conscious discipline curriculum. They were taught how to use a safe spot when feeling an uncomfortable emotion and use positive coping strategies. Each student had a cue card to guide them during a 20-minute session that was typically a harder time for them. A staff member went over the card with them right before this time. If the student demonstrated a non-coping strategy including yelling, crying or showing aggression towards staff, peers or school property the staff would verbally prompt them to a safer choice. If the behavior continued, it would be tracked as a non-coping skill. The results varied amongst participants, but all participants did show an increase in their coping skills. Between the three participants their average baseline was 4.89 of displaying non-coping behaviors. At the end of the intervention, their non-coping behavior average was 1.26. The design used was a single-subject design with multiple baselines. The line graphs contain baseline information as well as the participants post-intervention data. Each participant also has a table showing the non-coping behaviors during their baseline and post-intervention. The data was collected consistently between a special education teacher and a special education paraprofessional. The baseline data was collected for three days for participant 1, 6 days for participant 2, and 9 days for participant 3. The intervention was then completed from. This was

an 8-week intervention, with the participants being off for one week for spring break. Post-intervention data was collected for nine days for each participant.

### **Participant 1**

Kyle, who is a kindergartner, responded well to the intervention. During the intervention, Kyle was there for 90% of the intervention. He was absent a total of 5 days, with three of them being consecutive. His baseline was collected for three days and his average number of non-coping behaviors was 6.33. At the end of the intervention the average amount of non-coping behaviors was 1. Kyle's non-coping strategies looked like crying, aggression, laying on the floor while crying and yelling and running from staff. His data was collected during a 20-minute session where he is working on phonics with a paraprofessional. Phonics is a very frustrating area for him, and staff wanted to see an increase in his compliance and taking deep breaths when frustrated instead of crying, yelling and laying on the floor. The time when data is collected is right after social skills where conscious discipline was discussed. Below you will see a line graph presenting his baseline and post-intervention data as well as a table breaking down his specific non-coping strategies tracked. According to Kyle's Individualized education plan, his goal is to improve his social emotional skills from a level of wandering away from the group, waiting quietly for more than 3 seconds, and arguing with adults to a level of staying with the group, waiting quietly during small group lesson, and following adult directions. Before the intervention, Kyle was able to follow adult directions 70% or more of the time on 7 out of 17 weeks according to his daily behavior sheet noted in his first semester progress report. After the intervention, Kyle was able to follow adult directions 70% or more of the time on 11 out of 18

weeks. This shows that his direction following was higher and improved from the first to second semester. This was based off of following the direction within one verbal prompt. Before the intervention, his first trimester progress report stated that Kyle stayed in his assigned spot 80% of the time or more on 8/17 weeks. Throughout the second trimester, he stayed in his assigned spot 80% or more of the time on 14/18 weeks. This was measured by Kyle's daily behavior chart and needing one or less verbal prompt to remain in his assigned spot. Kyle was able to keep a quiet voice in the first semester and refrain from making noises or blurting 80% of the time or more on 13/17 weeks. In the second semester, his June progress report showed that he was able to keep a quiet voice 80% or more of the time on 11 out of 18 weeks. It was noted that there was an increase in his blurting from the first semester to the second semester. However, the blurting was more participation and answering questions being asked by his teacher. In the fall the blurting was more random noises and yelling at the staff and peers. The staff will continue to work on him raising his hand instead of blurting. Kyle is now able to spend more time with his general education peers in the classroom with the support of a special education paraprofessional. His classroom teacher has interest in implementing the conscious discipline within her whole classroom.



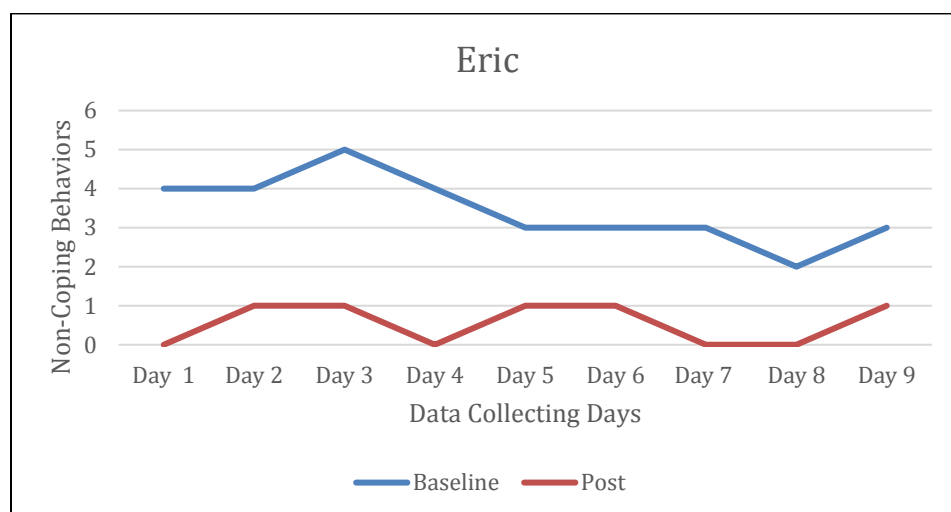
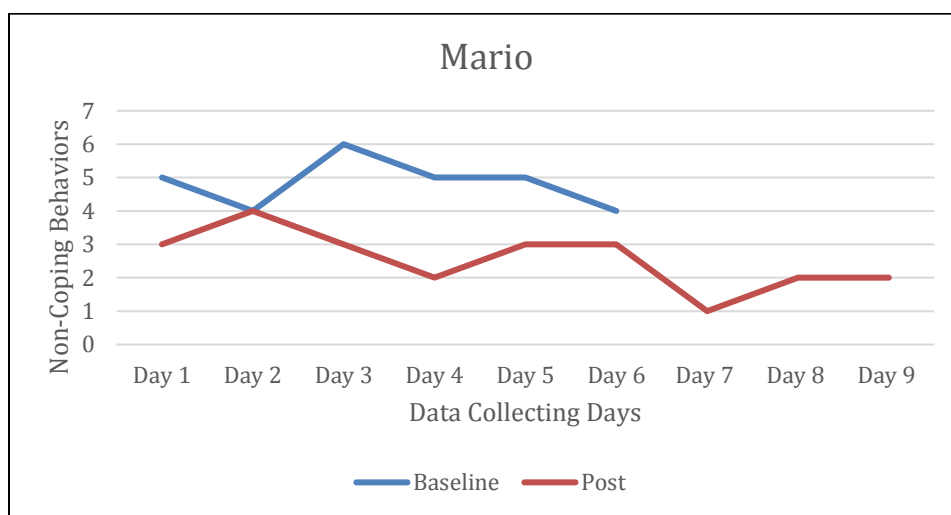
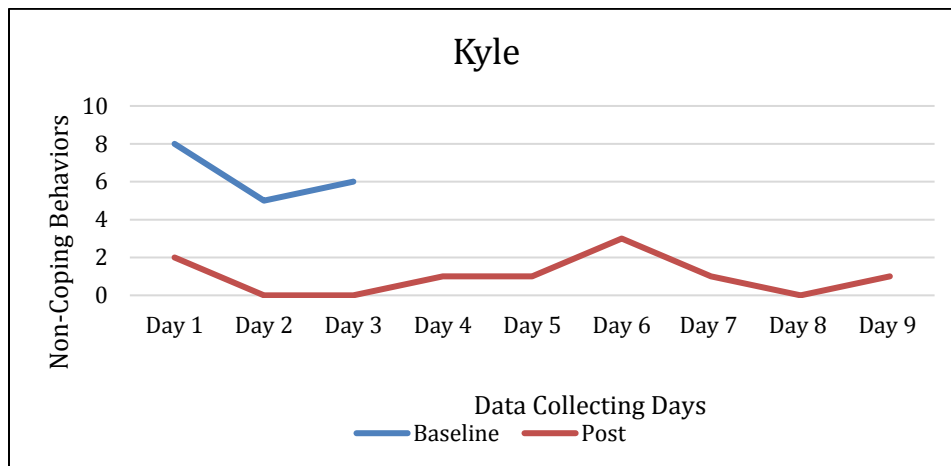


Figure 9. Baseline/post graph.

Table 2

*Participant Baseline Behaviors*

## Participant 1

<b>Behavior</b>	<b>Day 1 (Amount)</b>	<b>Day 2 (Amount)</b>	<b>Day 3 (Amount)</b>
Crying	3	1	2
Yelling	3	3	2
Laying on floor	2	1	2

## Participant 2

<b>Behavior</b>	<b>Day 1</b>	<b>Day 2</b>	<b>Day 3</b>	<b>Day 4</b>	<b>Day 5</b>	<b>Day 6</b>
Head down	3	2	1	1	2	3
Yelling	1	0	2	2	2	0
Wandering	1	2	3	2	1	1

## Participant 3

<b>Behavior</b>	<b>Day 1</b>	<b>Day 2</b>	<b>Day 3</b>	<b>Day 4</b>	<b>Day 5</b>	<b>Day 6</b>	<b>Day 7</b>	<b>Day 8</b>	<b>Day 9</b>
Aggression	2	1	1	0	1	0	2	1	1
Yelling	1	1	2	3	1	1	1	1	1
Negative self-talk	0	1	1	0	0	1	0	0	0
Refusal	1	1	1	1	1	1	0	0	1

Table 3

*Participant Post-intervention Behaviors*

## Participant 1

Behavior	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8	Day 9
Crying	2	0	0	1	0	2	1	0	0
Yelling	1	0	0	0	1	1	0	0	1
Laying on floor	0	0	0	0	0	0	0	0	0

## Participant 2

Behavior	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8	Day 9
Head down	2	2	2	1	1	2	1	1	1
Yelling	0	0	1	1	1	1	0	1	0
Wandering	1	2	0	0	1	0	0	0	1

## Participant 3

Behavior	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8	Day 9
Aggression	0	0	0	0	0	1	0	0	0
Yelling	0	0	1	0	0	0	0	0	1
Negative self-talk	0	0	0	0	0	0	0	0	0
Refusal	0	1	0	0	1	0	0	0	1

As you may be able to see, all behaviors decreased, especially laying on the floor when feeling frustrated. During the baseline, he laid on the floor five times within three days of data

collecting. In the post-intervention he did not lay on the floor at all. Kyle continues to show a need for support in the area of coping as crying is a behavior that is still prevalent. Staff will continue to work on a replacement behavior for this. To calm using his cue card, Kyle would often choose to do the balloon breath as well as drawing a picture to calm down. Kyle decreased the average amount of times he would cry within 20 minutes from averaging 1.67 times during the baseline to .67 times in post-intervention. He decreased his yelling from 2.67 times a day to .45 times. His coping of laying on the floor decreased from 1.67 for a daily average to 0 times.

## **Participant 2**

Mario, who is a first grader did not show as much improvement with his coping skills as the other two participants. However, there was still a decrease overall in his non-coping skills. Mario was there for 90% of the intervention. He was absent for five days, with two of those being a suspension due to extreme physical aggression towards staff. At baseline, he averaged showing 4.83 non-coping behaviors and after the intervention he averaged 2.22 non-coping behaviors in the 20-minute period of data collection. At this time, Mario was in a small group with three other students receiving writing instruction. Writing is a frustrating subject for Mario and he would often put his head down, refuse the task and yell at staff. The staff was looking for an increase in participation and compliance. Staff reported that if they could see Mario's emotions building, they would have him bring an empty envelope to the office as an errand. This would often help him get unstuck. A few weeks into the intervention, Mario experienced a family tragedy. His grandfather whom he lived with passed away. This was very hard for Mario as he was very close to his grandfather. He was the one that was there to get him off the school

bus every day. Staff saw an increase in Mario's behaviors including a lot more refusal with directions and walking away from staff. He spent a lot of time in the resource room for a few weeks as he was unable to handle the stimulation in the general education classroom. Staff were very supportive and there to process through Mario's emotions surrounded around his Grandfather's passing.

Mario's goal on his Individualized education plan was to improve his compliance from a level of following 70% of directions given by an adult prompt to following directions 80% of the time. Mario was able to follow adult directions as well as acknowledge the direction with repeating the direction back to the adult 80% of the time on 15/18 weeks. The three weeks that he did not meet this goal was the weeks following his grandfather's death. When in the classroom and feeling overwhelmed, Mario asked to go to the classroom 80% of the time or more on 13/18 weeks as tracked by his daily behavior chart. In the first semester, when he was feeling overwhelmed, he would spin in the classroom and hide often. He has not been able to increase his time in the general education classroom. The amount of stimulation in the classroom is too overwhelming at this point for Mario. He is spending more time in the resource room for breaks. However, when he is needing a break, he is often able to calm himself down in the safe space with his calming kit; where previously he needed adult support to go through the calming process. After the intervention was complete and data was collected, Mario started medication for ADHD and the staff saw an immediate effect in a positive way. He showed more compliance and less arguing with adults. Staff reported that he is now able to choose and verbalize what may help him calm in a calm, soft voice. Before medication, staff reported that before medication, his

voice would often get very high and loud when frustrated. Below is a line graph displaying Mario's baseline information and post-intervention data. Below the line graph is a table of his specific non-coping behaviors.

As data were taken during the baseline and post-intervention, Mario still goes to putting his head down to cope. Staff reported that the amount of time his head was down did decrease over time. His yelling at staff and wandering dramatically increased. In the baseline, Mario put his head down on average two times within the 20 minutes of data collecting. In post-intervention, he put his head down on average 1.4 times. Mario yelled on average 1.2 times during baseline and .56 times during the post-intervention. Mario wandered on average 1.7 times a day during the baseline within 20 minutes. This decreased to .56 for the post-intervention. In place of non-coping behaviors, Mario would often choose a puzzle, squish ball and the pretzel to calm.

### **Participant 3**

Eric, a first grader, had a great response to the intervention and is now in the general education classroom the majority of his day. He was at school for 94% of the intervention, with being absent 3 days. Previously before the intervention, he showed extreme defiance, yelling at staff and peers, running from staff and verbal and physical aggression towards staff, peers and school property. Eric was on medication for ADHD at the time of the intervention. Staff reported that there was some positive impact from this but Eric still needed to improve his ability to cope. His baseline average for non-coping behaviors was 3.44. His post-intervention was .56 non-coping behaviors. The line graph below shows his baseline and post-intervention data. There is

also a table that breaks down the specific non-coping behaviors. The 20-minute session of data being collected was at a time where he was working on math independently. Eric is very bright in math so he was given grade level material to work on but also work that would challenge him. If things were too easy he would often refuse them and say they were boring. During this time he would often refuse, rip paper, kick chairs, wander around the room, boss other students around and make noises such as grunting or comments of “I’m dumb” to gain adult attention. He was very dependent on adults and would say “I don’t know how to do this.” before he would even attempt the task. He would often demand help verses asking. Staff wanted to see a decrease in these behaviors. Eric’s team met for his annual IEP two days before the intervention ended. On Eric’s Individualized plan it stated that he was using more “May I” or “Can I” statements instead of demanding for help. He was doing this on 4/5 opportunities as marked on his daily behavior chart. Eric was following directions 85% or more of the time on 17/18 weeks according to his daily behavior chart for the second semester of first grade. Eric was able to raise his hand and wait patiently 80% or more of the time on 16/18 weeks as tracked by his daily behavior chart. Staff reported that when Eric’s behaviors were extreme or escalated greatly, he ended up being sick in the next two days. This may or may not be a direct correlation.

Eric had great results from the intervention. Before the intervention, Eric would often do negative-self talk and at times it would be to gain adult attention. This decreased from averaging .33 times in a 20-minute period in the baseline data to 0 in the post-intervention data. His aggression decreased dramatically from averaging 1 aggressive incident in 20 minutes to .11 times. Aggression included physical aggression towards staff, peers or school property such

as hitting or kicking. His yelling decreased from averaging 1.34 times in a 20-minute period to .23 times. The yelling in the baseline included yelling at both peers and staff. In the post-intervention, Eric did not yell at staff once. The two noted times were both at peers. Eric's refusal of a task given decreased from .78 times during baseline to .33 in post-intervention. In place of his non-coping behaviors, Eric would often choose to read a book, draw a picture or the drain breath to calm down.

Overall, the participants had positive results and did show an improvement with their coping strategies during the 20-minute period of data tracking. The staff seemed pleased with these results and reported that they did notice a decrease of behavior throughout the day as well. The team plans on continuing to use Conscious Discipline within the resource room setting.



## Chapter 5: Conclusions, Summary, and Recommendations

The teaching of students with disabilities has evolved over the years. Students with disabilities are participating more within the general education setting with the support of adults or accommodations. Throughout my study, I learned a lot about different approaches throughout the world within my literature review. There are a lot of social skills curriculums out there that support the increase of self-regulation. However, I feel that it really depends on how it is implemented within the classroom is the biggest part. The staff need to be on board and use consistent language for the students to gain in their social skills, this is my opinion. This is what I loved about Conscious Discipline. It is geared for both the staff and students. I hope that in the near future that there are more studies on Conscious Discipline, as there is currently not a lot of studies based on this curriculum, just perspectives. The question that guided my research was:

1. *What is the impact of using Conscious Discipline to address self-regulation in students, especially coping skills?*

Throughout this study, the participants received daily instruction in social skills as a small group for 20 minutes. During this time they learned about the zones of regulation as well as material from Conscious Discipline. Each participant had a cue card made for them that went over the steps of Conscious Discipline.

1. I am... participant names the zone they are feeling in.
  - a. Blue- sick, sad, tired, etc.
  - b. Green- ready to learn, happy, calm, etc.
  - c. Yellow- frustrated, worried, silly, etc.
  - d. Red- mad/angry, terrified, mean, etc.

2. I calm.... Participant calms by choosing and using a breathing strategy (S.T.A.R., balloon, drain, pretzel)
3. I feel... participant names what emotion/feeling they are feeling
4. I choose...participant chooses an activity to calm and get them back to feeling in the green zone.

The cue card was reviewed with the participant individually before the 20-minute time slot of where they were having a hard time coping. If the participant started showing signs of anger/frustration, staff would verbally remind them of their card. If the student showed non-coping after the staff prompt such as yelling, refusal, aggression etc., it would be marked as a non-coping skill.

The results of this show all participants decreased their non-coping behavior and increased their self-regulation by using positive coping skills in place of their previous non-coping behaviors. As there were only three participants, there is not enough power to find if there is a statistically significant difference after the method.

### **Limitations**

There were several limitations within this study. The first limitation was that the study was conducted in one setting. The setting was a resource room in one school. Another school was asked to participate but rejected the study as they did not want to throw the students off routine and the teacher in that setting was only a second-year teacher. As it was only in setting, it could only be observed from one approach as it was one teacher and para that either taught the social skills group or reviewed the cue cards with the student. That leads to the second limitation.

The second limitation is that two of the participants (Eric and Kyle) had the paraprofessional within the resource room review the cue card with them. The other participant (Mario) had the teacher review the cue card with him. As the approaches were similar between the teacher and paraprofessional, they were not the same person reviewing the cue cards amongst the participants.

The third limitation in this study was that the resource room teacher had a family emergency and was not working for six instructional days. There was a substitute in the resource room who was familiar with the students, routine, and expectations. However, this is a limitation as it was not consistent instruction.

The third limitation is that there was a small amount of participants. There were only three participants and they were similar in age. Also, one of the students experienced the loss of a loved one, which may or may not have skewed his results.

The fourth limitation would be that this is the first time that the staff in the study have used Conscious Discipline. Staff had participated in a book study and were eager to implement this within the resource room. However, there were glitches and learning along the way as it was the first time implementing the program.

The fifth and final limitation is that there were not a lot of research or other studies on Conscious Discipline. This made it hard to find articles for the literature review.

### **Recommendations for Future**

As noted in the limitations, there would be several recommendations to those that choose to conduct a study similar to this study in the future. The first recommendation would be to include more than one setting. Having only one setting made it hard to know if the results were

because of the staff implementing the Conscious Discipline or if it was curriculum itself. It would be interesting to see results amongst settings, whether it was between resource rooms or comparing the use of Conscious Discipline within a resource room to a general education classroom.

Another recommendation would be to have more participants across age groups. This curriculum is geared more towards younger children. It would be recommended to have children aging from 3 years old to 7 years old.

The next recommendation would be to have a consistent teacher/paraprofessional implementing Conscious Discipline. Everyone has a different approach and it would show more consistency amongst participants if they had the same adult guiding them. In this particular study, it was hard because there was the resource room teacher and paraprofessional as well as a substitute teacher.

The last recommendation would be to conduct a study in a setting that has previously used *Conscious Discipline* or comparing a setting that has used it for several years to a setting that is just starting to use the program.

## **Conclusion**

This study overall showed a positive impact on the participants self-regulation, especially their coping skills. Each participant decreased non-coping strategies and increased their coping strategies. Staff voluntarily reported that they saw a positive impact from this intervention and all three participants have shown more success within their days. A couple participants have used replacement behaviors such as the breathing strategies taught or self-talk. Each participant is able to identify what zone they are in appropriately. They are continuing to improve the ability to

independently choose a calming strategy when they are feeling a strong emotion. The staff have discussed continuing using Conscious Discipline within the resource room with the hope of expanding it into the general education classrooms. Special Education staff plan to slowly introduce it to the rest of the staff at the elementary school.

## References

- Bailey, B. (2011, 2015). *Conscious discipline building resilient classrooms*. Oviedo, FL: Loving Guidance, Inc.
- Caladarella, P., Page, N. W., & Gunter, L. (2012). Early childhood educators' perceptions of conscious discipline. *Education, 132*(3), 589-599.
- Cassidy, C., Marwick, H., Deeney, L., & McLean, G. (2018). Philosophy with children, self-regulation and engaged participation for children with emotional-behavioural and social communication needs. *Emotional and Behavioural Difficulties, 23*(1), 81-96.  
www.consciousdiscipline.com
- Council for Children with Behavior Disorders. (2018). *Educational and behavior disorder*. Retrieved from <https://www.gadoe.org/Curriculum-Instruction-and-Assessment/Special-Education-Services/Pages/Emotional-and-Behavioral-Disorder.aspx>
- Council for Exceptional Children. (2018). *Behavior disorders: Definitions, characteristics & related information*. Retrieved from <http://www.ccbd.net/ccbd/about/ebddefinition>
- Cucnic, A. (2018, November 25). *How to practice self-regulation*. Retrieved from [www.verywellmind.com](http://www.verywellmind.com)
- Day, S. L., & McDonald, C. C. (2016). Examining the relations between self-regulation and achievement in third-grade students. *Sage Journals, 42*(2), 97-109.
- Eratay, E. (2013). Effectiveness of leisure time activities program on social skills and behavioral problems in individuals with intellectual disabilities. *Academic Journals, 8*(16), 1437-1448.

- Government of New Foundland and Labrador. (2018, February 28). *Education and early childhood Development*. Retrieved from <https://www.ed.gov.nl.ca/edu/k12/studentsupportservices/developmental.html>
- Griffin Jr, A., Caldarella, P., Sabey, C., & Heath, M. (2017). The effects of a buddy bench on elementary students' solitary behavior during recess. *International Electronic Journal of Elementary Education*, 10(1), 27-36.
- Individuals with Disabilities Education Act (IDEA). (2018). *Emotional disturbance*. Retrieved from <http://community.cec.sped.org/ccbd/about/ebddefinition>
- Iizuka, C., Barrett, P. M., Gillies, R., Cook, C., & Miller, D. (2014). The FRIENDS emotional health program for minority groups at risk. *Journal of School Health*, 84(2), 124-132.
- Kucucker, S., & Tekinarslan, I. C. (2015). Comparison of the self-concepts, social skills, problem behaviors, and loneliness levels of students with special needs in inclusive classrooms. *Educational Sciences: Theory & Practice*, 15(6), 1559-1573.
- Mayo Clinic. (2018, January 6). *Autism spectrum disorder overview*. Retrieved from <https://www.mayoclinic.org/diseases-conditions/autism-spectrum-disorder/symptoms-causes/syc-20352928>
- McDaniel, S. C., Bruhn, A. L., & Troughton, L. (2016). A Brief social skills intervention to reduce challenging classroom behavior. *Journal of Behavioral Education*, 26, 56-74.
- Minnesota Department of Education. (2018). *Acronyms in special education*. Retrieved from <https://education.mn.gov/MDE/dse/sped/049966>
- Murry, F. (2018). Using assistive technology to generate social skills use for students with emotional behavior disorders. *Hamel Institute on Disabilities*, 37(4), 235-244.

- Thomas, D. V., & Ostrosky, M. M. (2011). Implementing a new social-emotional philosophy: The struggle in one head start classroom. Retrieved from <http://ecrp.uiuc.edu/v13n1/thomas.html>
- Understood Team. (2014-2019). *Learning about IEPs*. Retrieved from <https://www.understood.org/en/school-learning/special-services/ieps/what-is-an-iep>
- Weeden, M., Wills, H. P., Kottwitz, E., & Kamps, D. (2016). The effects of a class-wide behavior intervention for students with emotional and behavioral disorders. *Behavioral Disorders, 42*(1), 285-293.
- Wollersheim Shervey, S., Sandilos, L. E., DiPerna, J. C., & Lei, P.-W. (2017, April 17). Social validity of the social skills improvement system-classwide intervention program (SSIS-CIP) in the primary grades. *School Psychology Quarterly*. Advance Online Publication. <http://dx.doi.org/10.1037/spq0000203>



## Appendix A: Administrator Consent Form

To whom it may concern:

I understand that Amanda Schmidt is completing her Master's thesis study, and this letter is to provide my written permission and support of her project.

It is my understanding that Amanda will be looking at using conscious discipline, social thinking and co-regulation within the resource room to improve students' self regulation before transitioning back into their mainstream classroom full time.

I feel this is a worthwhile focus, and the resultant information gained can be an asset to our students here at Parkside receiving special education services.

If you need any further information from me, please do not hesitate to contact me.

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*Michelle Robinson*

Principal

Parkside Elementary School

207 3rd Street NE

Buffalo, MN 55313

763-682-8519

[mrobinso@bhmschools.org](mailto:mrobinso@bhmschools.org)

## **Appendix B: Approved Implied Consent Form**

### **Interventions within the Special Education Classroom to improve student self-regulation before transitioning back into their elementary general education classroom**

#### **Parental/Guardian Consent Form**

My name is Amanda Schmidt and I am a graduate student at St. Cloud State University as well as a special education teacher at Parkside. This form is being sent to ask your permission to allow your child to participate in a study being conducted for my Master's Degree at St. Cloud State University. Two consent forms—one for you, the parents/guardians, and the other for your child—are included with this memo. Both of these forms must be signed and returned prior to the start of the study. If your child is unable to read the student consent form, please take a few moments to read it to him/her and explain it as needed.

Your child is invited to participate in a research study about using Conscious Discipline within the special education classroom to assist them in their ability to self-regulate and improve their coping skills before transitioning successfully back into the general education classroom.

#### Background Information and Purpose:

I have been a special education teacher for 7 years and continue to love and have passion about helping students succeed both academically and behaviorally at school. My intent of this study is to use the information and results of this study to present and inform others of interventions that may be of help to students both in the special education classroom as well as the general education classroom. Conscious Discipline is based on a Brain State model that has three core components of safety, connection and problem solving. Conscious Discipline integrates social-emotional learning and focuses on creating safe classrooms and schools. Your child will participate in daily social skills to learn the strategies within Conscious Discipline to help them build their coping skills and self-regulation. Those skills that are taught in social skills include 5 steps and those will be posted within the resource room as well as on cue cards. Your student will be walked through the cue card before a time that is usually hard for them to cope. Data will be tracked on if they follow the steps to calm down and cope.

#### Benefits of the research:

Data will be collected through observations as well as daily point sheets. The benefits of this research is that if the intervention shows an improvement in coping skills, it may be brought to staff for trainings and implemented in other classrooms. The research will be public at the St. Cloud State website in the repository, but again your students name will not be included.

#### Risks and discomforts:

There are no foreseeable risks for participants within this study.

Data collected will remain confidential. Yours or your child's name will not be used within the study. The only information that will be included is your child's age, disability, demographics and daily point sheet. This study will remain on permanent file at St. Cloud State University and may be used in presentations to staff and will be in the Repository on the St. Cloud State website. The results of this study will only be used to help train others in the interventions that are used within the study.

Participating in this study is completely voluntary. You and/or your child can withdraw at any time without any penalty. The decision whether or not to participate will not affect your or your child's

Interventions within the Special Education Classroom to improve student self-regulation before transitioning back into their elementary general education classroom

#### Parental/Guardian Consent Form

My name is Amanda Schmidt and I am a graduate student at St. Cloud State University as well as a special education teacher at Parkside. This form is being sent to ask your permission to allow your child to participate in a study being conducted for my Master's Degree at St. Cloud State University. Two consent forms---one for you, the parents/guardians, and the other for your child- are included with this memo. Both of these forms must be signed and returned prior to the start of the study. If your child is unable to read the student consent form, please take a few moments to read it to him/her and explain it as needed.

Your child is invited to participate in a research study about using Conscious Discipline within the special education classroom to assist them in their ability to self-regulate and improve their coping skills before transitioning successfully back into the general education classroom.

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I have been a special education teacher for 7 years and continue to love and have passion about helping students succeed both academically and behaviorally at school. My intent of this study is to use the information and results of this study to present and inform others of interventions that may be of help to students both in the special education classroom as well as the general education classroom. Conscious Discipline is based on a Brain State model that has three core components of safety, connection and problem solving. Conscious Discipline integrates social-emotional learning and focuses on creating safe classrooms and schools. Your child will participate in daily social skills to learn the strategies within Conscious Discipline to help them build their coping skills and self-regulation. Those skills that are taught in social skills include 5 steps and those will be posted within

the resource room as well as on cue cards. Your student will be walked through the cue card before a time that is usually hard for them to cope. Data will be tracked on if they follow the steps to calm down and cope.

#### Benefits of the research:

Data will be collected through observations as well as daily point sheets. The benefits of this research is that if the intervention shows an improvement in coping skills, it may be brought to staff for trainings and implemented in other classrooms. The research will be public at the St. Cloud State website in the repository, but again your students name will not be included.

#### Risks and discomforts:

There are no foreseeable risks for participants within this study.

Data collected will remain confidential. Yours or your child's name will not be used within the study. The only information that will be included is your child's age, disability, demographics and daily point sheet. This study will remain on permanent file at St. Cloud State University and may be used in presentations to staff and will be in the Repository on the St. Cloud State website. The results of this study will only be used to help train others in the interventions that are used within the study. Participating in this study is completely voluntary. You and/or your child can withdraw at any time without any penalty. The decision whether or not to participate will not affect your or your child's current or future relations with St. Cloud State University, or the researcher.

If you or your child have questions about this research study, please contact me at 763-682-8515 or [ajschmidt@bhmschools.org](mailto:ajschmidt@bhmschools.org). You may also contact Dr. Christensen at [jchristensen@stcloudstate.edu](mailto:jchristensen@stcloudstate.edu). Results of the study can be requested from the researcher or at the St. Cloud State repository.

Your signature indicates that you and your child have read the information provided here and have decided to participate. You or your child may withdraw from the study at any time without penalty after signing this form.

- I grant permission for my student to participate in the study conducted by Amanda Schmidt.
- I understand that different strategies/interventions may be used within the study to assist my student with self-regulation.
- I understand that my student's daily point sheet will be used to track data as well as observations.
- I recognize that the results of the study may be presented to other staff to assist in strategies that may be helpful within not only the special education classroom, but the general education classroom to students.
- I realize that this information will be presented to staff and students and St. Cloud State for learning purposes and training only.
- I understand that confidentiality will be maintained and my child's name will not be used in any manner while conducting the study or presenting the results.
- I further understand that my child or myself can withdraw from this study at any time without any harm in regards towards their academic progress.

\_\_\_\_\_  
Student Name (Printed)

\_\_\_\_\_  
Parent(s')/Guardian(s') Name (Printed)

\_\_\_\_\_  
Parent(s')/Guardian(s') Signature

\_\_\_\_\_  
Date

**St. Cloud State University**  
**Institutional Review Board**  
**Approval date:** 2-11-19  
**Expiration date:** 2-10-20

### Appendix C: Fidelity Checklists

Score	1	2	3	4
Adult previews card with student				x
Adult positively prompts student			x	
Safe Space available				x
Calming tools available in safe space			x	
Visual Steps in safe space				x

1. Not in place    2. Partially in place    3. Mostly in place    4. Fully in place

Staff comments: This fidelity checklist took place 3 weeks after the intervention began. Calming tools were available but not the specific tool the student chose to calm which was therapuddy. The last time the student had used the therapuddy he threw it at staff and it was not placed back in his calming bag. This was quickly resolved.

\*This checklist was completed by a paraprofessional who works in the resource room and is familiar with Conscious Discipline and the expectations.

Score	1	2	3	4
Adult previews card with student				x
Adult positively prompts student				x
Safe Space available			x	
Calming tools available in safe space				x
Visual Steps in safe space			x	

1. Not in place      2. Partially in place      3. Mostly in place      4. Fully in place

Staff Comments: This fidelity checklist was completed in the last week of the intervention. There are 2 safe spaces in the resource room and both were being used, so there was a modified safe space created for the student, therefore all the visuals were not in place.

\*This checklist was completed by a paraprofessional who works in the resource room and is familiar with Conscious Discipline and the expectations.

## IRB Approval Letter



### Institutional Review Board (IRB)

720 4th Avenue South AS 210, St. Cloud, MN 56301-4498

**Name:** Amanda Schmidt  
**Email:** baam0503@stcloudstate.edu

### IRB PROTOCOL DETERMINATION: Expedited Review-2

**Project Title:** Interventiona for K-2 students within the special education classroom to improve self-regulation before transitioning back into their general education classroom

**Advisor** Jennifer Christensen

The Institutional Review Board has reviewed your protocol to conduct research involving human subjects. Your project has been: **APPROVED**

Please note the following important information concerning IRB projects:

- The principal investigator assumes the responsibilities for the protection of participants in this project. Any adverse events must be reported to the IRB as soon as possible (ex. research related injuries, harmful outcomes, significant withdrawal of subject population, etc.).

- For expedited or full board review, the principal investigator must submit a Continuing Review/Final Report form in advance of the expiration date indicated on this letter to report conclusion of the research or request an extension.

-Exempt review only requires the submission of a Continuing Review/Final Report form in advance of the expiration date indicated in this letter if an extension of time is needed.

- Approved consent forms display the official IRB stamp which documents approval and expiration dates. If a renewal is requested and approved, new consent forms will be officially stamped and reflect the new approval and expiration dates.

- The principal investigator must seek approval for any changes to the study (ex. research design, consent process, survey/interview instruments, funding source, etc.). The IRB reserves the right to review the research at any time.

If we can be of further assistance, feel free to contact the IRB at 320-308-4932 or email [ResearchNow@stcloudstate.edu](mailto:ResearchNow@stcloudstate.edu) and please reference the SCSU IRB number when corresponding.

**IRB Chair:**

Dr. Benjamin Witts  
 Associate Professor- Applied Behavior Analysis  
 Department of Community Psychology, Counseling, and Family Therapy

**IRB Institutional Official:**

Dr. Latha Ramakrishnan  
 Interim Associate Provost for Research  
 Dean of Graduate Studies

#### OFFICE USE ONLY

SCSU IRB# 1865 - 2389	Type: Expedited Review-2	Today's Date: 2/15/2019
1st Year Approval Date: 2/11/2019	2nd Year Approval Date:	3rd Year Approval Date:
1st Year Expiration Date: 2/10/2020	2nd Year Expiration Date:	3rd Year Expiration Date: