

PROVIDING PARENT EDUCATION ON SCHOOL-BASED, SOCIAL-EMOTIONAL
LEARNING PROGRAMS TO INCREASE PARENTS' SELF-EFFICACY
FOR MANAGING AVERSIVE BEHAVIORS

By

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Abstract

There is limited evidence on the imperative role that caregivers play in social-emotional learning development for effective social-emotional learning program implementation despite their crucial influence on childhood development. This doctoral project explored the effects of parent education for two school-based, social-emotional learning program techniques on caregivers' self-efficacy in managing aversive behaviors. This doctoral project discusses aversive behaviors, social-emotional learning, the Zones of Regulation and Friendly social-emotional learning programs, caregiver education, and caregiver self-efficacy. This project highlights the importance of including caregivers in effective school-based social-emotional learning programs by exploring caregivers' self-efficacy when provided education on school-based social-emotional learning techniques.

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Dedication

This doctoral capstone project is dedicated to my partner and loved ones for their never-ending patience, love, and support throughout my graduate journey and all my endeavors.

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Introduction

What differentiates typical behavior from problem (also known as challenging or aversive) behavior? Aversive behaviors are considered “socially unacceptable” behaviors, yet they are evident in all children as they develop across their lifespan. Typically, aversive behaviors are not of particular concern, and there is an assumption that children will grow out of childish behaviors. To a certain degree, every child displays defiance, tantrums, refusals, speaking out, disruption, or even destruction of their environment in their daily lives. However, these behaviors are concerning when they disrupt the child’s ability to engage in day-to-day life meaningfully.

Watling (2020) discusses that aversive behaviors can be disruptive or destructive to the individual, their environment, or those around them. Behaviors can be the result of a diagnosis, such as conduct disorders and attention deficit hyperactivity disorder. Additionally, behaviors may result from an antecedent event that facilitated the behavior. For example, the novel coronavirus (COVID-19) pandemic caused a sudden and significant global shift, resulting in swift changes to daily life that required constant adaptation to new regulations and norms. According to the World Health Organization (n.d.), COVID-19 is caused by the SARS-CoV-2 virus. It is an infectious disease; however, many recover without requiring medical treatment as it generally results in mild to moderate respiratory illness. Nevertheless, research shows that this sudden onset and change has affected the presence and severity of behavior problems in children (Sun et al., 2021). Furthermore, studies also show that the COVID-19 pandemic has increased behavior problems in children or has worsened pre-existing behavior problems (Sun et al., 2021).

There are a variety of tools and interventions that can address problem behaviors. Social-emotional learning (SEL) is one intervention that teachers and clinicians utilize to help mitigate

aversive behaviors. Studies have shown that SEL programs are viable interventions for addressing the social and emotional needs of children (Arbesman et al., 2023). Furthermore, implementation of SEL programs within school-based settings has shown to have positive impacts on aversive behavior management in the classroom, lower levels of aggression, conduct behaviors, disruptive behaviors, peer problems, and increased social and emotional skills in children (Crean & Johnson, 2013; Cook et al., 2018; Low et al., 2015; Bidau & Trifan, 2022).

Although SEL interventions have been shown to be beneficial in addressing aversive behaviors, much of the evidence on SEL program implementation is studied only through the lens of school-based implementations. Furthermore, while SEL program implementation is studied across various disciplines, there needs to be more research on SEL programs and their outcomes. To strengthen skills, practicing and utilizing that skill in multiple contexts and settings is essential. Thus, this is equally true for the growth of SEL skills, such as in the home, to facilitate the transfer of learning. Nevertheless, research on SEL programs provides little emphasis on the caregiver's role in successfully implementing SEL programs to decrease aversive behaviors in children.

While caregivers play a significant role in children's SEL and general development, caregivers are often overlooked in the equation of successful SEL program implementation in schools. Nevertheless, this project argues that provided education on SEL learning strategies based on school-implemented programs, caregivers' understanding, self-efficacy, and confidence to address aversive behaviors in the home will improve because they will have concrete strategies and increased knowledge on how to support their child's SEL development. Caregiver education is a critical component of an occupational therapist's role. Thus, occupational

therapists (OTs) are valuable personnel for bridging the gap between the school and home for SEL development through school-based programs.

Significance to Occupational Therapy

The purpose of this project is to increase self-efficacy and confidence in caregivers' perceptions of their skills to address aversive behaviors using the same SEL techniques that their children are learning at school. Haymovitz et al. (2018) state that aversive behaviors can negatively impact children's participation in meaningful occupations (such as in school or social engagement); however, SEL techniques may be viable in developing several positive outcomes. Such outcomes include skill and value development, social relationships, and improved academic performance. Thus, it is within the occupational therapy (OT) scope of practice to address these concerns to promote meaningful participation in the occupations of education and social participation while also assisting in developing life skills for children.

Additionally, caregiver education, SEL, and addressing aversive behaviors are within the OT scope of practice. Whether or not these behaviors result from an underlying diagnosis or environmental factors, aversive behaviors can negatively impact a child's ability to engage in age-appropriate occupations, such as education, play, and socialization, in various contexts. According to the Occupational Therapy Practice Framework (OTPF), OT focuses on "achieving health, well-being, and participation in life through engagement in occupation" (American Occupational Therapy Association, 2020). As behavior can inhibit a child's ability to engage in daily life meaningfully, it is within the OT scope of practice that OTs address problem behaviors that negatively impact their roles and participation as students, children, daughters, sons, or friends. This can be achieved by working with families to provide education and fostering their skills in effective techniques for addressing aversive behaviors. Although not the primary intent

of this project, providing caregivers with this education could facilitate the carryover of skills addressed in the classroom to other contexts as well.

Statement of the Problem

Aversive behaviors occur because of underlying diagnoses or contextual factors, such as the sudden onset of a global pandemic (Watling, 2020; Sun et al., 2021). According to the Centers for Disease Control and Prevention (2023), there are several disorders that are often diagnosed in children, such as attention deficit hyperactivity disorder, anxiety, and depression. However, behavior problems are also found in this list. Based on Bitsko et al. (2022) mental health surveillance report, 8.9% of children and adolescents 3-17 years of age from the years 2016-2019 were diagnosed with behavioral problems. This indicated that approximately more than 5 million children and adolescents across the United States are diagnosed with behavioral problems. Furthermore, 7.0% of the participants that were surveyed during that time were experiencing behavior-related issues, indicating that more than 4 million children and adolescents are currently experiencing notable behavioral-related issues.

Additionally, upon review of the research, there needs to be more literature discussing the importance of family engagement in SEL. Much of the evidence available explores the implementation of SEL programs in school settings. According to a research report by Schwartz et al. (2022) on the implementation of school-based SEL in the year 2021-2022, 76% of school principals and 53% of teachers across the nation state that their schools utilized SEL programs or curricula. Moreover, according to Speidel et al. (2023), as a national standard, all 50 states adopted pre-school SEL standards by the year 2020. That same year, 18 states implemented SEL standards for grade school students. Although there is limited evidence on school-based SEL programs, this shows that SEL is a widely used tool across the nation to address positive outcomes in childhood, such as academic success, SEL development, and positive behaviors.

In addition, developmental skills should be practiced and carried over to multiple contexts to solidify learning. Nevertheless, caregivers are often excluded from the discussion of effective SEL program implementation and the programs' effects on a child's SEL development. Speidel et al. (2023) note that there are few avenues for caregivers to participate in caregiver training on SEL. Children develop through interactions with various factors and environmental contexts, such as the physical and social environments. Excluding caregivers from children's SEL development, even when addressed during school, ignores their crucial role and perspective on the students' strong development of SEL skills.

As discussed in Fingerhut et al. (2013), caregivers are one source of constancy in a child's life, are essential in pediatric treatment, and ultimately know their child best. Caregivers and the home environment are significant sources of learning that shape childhood development and milestone achievement. Excluding caregivers from the equation of SEL interventions, even when provided in the school setting, limits the caregiver's active engagement in their child's SEL and development. Excluding caregivers from SEL implementation will also limit the eventual carryover of these skills to other settings (e.g., the home). This unveils a need to explore the role of the caregiver in SEL development. To explore this gap in literature and the notion that caregivers play a vital role in SEL development, this project's Population/Problem Intervention Outcome (PIO) question is as follows:

Given social-emotional regulation education, do parents' self-efficacy and perceptions of confidence to address problem behaviors improve?

Proposed Solution

To answer this PIO question, the project's proposed solution will focus on the need to increase caregiver involvement in SEL program implementation through caregiver education on

SEL techniques taught through two programs: The Zones of Regulation (ZOR) and Friendly (Kuypers, 2011; Friendly, n.d.). By providing caregiver education on SEL and SEL techniques taught through these two programs, caregivers' understanding, self-efficacy, and confidence to incorporate these SEL techniques into their family's day-to-day routine may increase.

Literature Review

This section will begin by discussing two related definitions of this topic. Additionally, a review of the literature will be synthesized. Based on the available literature, there needs to be more evidence of SEL program implementation. However, the literature has presented positive outcomes for teachers, schools, caregivers, and students. Additionally, more research is needed on the importance of caregiver inclusion in SEL development during SEL program implementation. Due to the vital role caregivers play in SEL development, as caregivers are a significant source of learning for children across the lifespan, more high-quality research is warranted to explore the relationship between caregivers and SEL.

Definitions

When exploring SEL programs, two terms are often discussed in literature: social-emotional learning and self-regulation. This section will begin by defining the two terms. These terms are interrelated and are often discussed in conjunction when exploring literature on SEL programs. Furthermore, there is no standard definition for SEL strategies due to the wide range of available SEL programs. SEL strategies are provided within the specific SEL program, and approaches may vary (McClelland et al., 2017). However, the strategies aim to enhance and support SEL ultimately.

Social-Emotional Learning

McClelland et al. (2017) describe SEL as encompassing three skills children develop. These skills include social, emotional, and behavioral. In addition to these three SEL skills, there are three interrelated components. These components are emotional processing, social and interpersonal skills, and cognitive regulation. These components define skills related to a child's ability to recognize and name emotions, the ability to positively interact with others, and

executive functioning (e.g., cognitive flexibility and inhibitory control). Additionally, there are typically five areas of competence addressed in SEL: self-awareness, self-management, social awareness, relationship skills, and responsible decision-making (Steed et al., 2022).

Self-Regulation

As discussed by Mason et al. (2023), self-regulation encompasses emotional regulation, impulse control, the ability to adapt our behaviors to specific contexts and situations, and the ability to engage appropriately with others. Its definition is pertinent to SEL development. Additionally, positive self-regulation may be associated with positive outcomes during childhood, such as academic achievement.

Aversive Behaviors and the COVID-19 Pandemic

Aversive behaviors can result as a response to antecedent events. One notable event that affected the norms of children, students, and education is the COVID-19 pandemic. Colizzi et al. (2020) explored the impact of the pandemic on individuals diagnosed with autism spectrum disorder (ASD). This qualitative study included 529 respondents in a parent survey. This survey lacks strong reliability and validity as it is not a standardized measurement and was developed via a focus group for this study. In children with ASD, they found that 35.5% of caregivers perceived an increase in the intensity of symptoms due to the onset of COVID-19, while 51.3% of caregivers felt as if it was equally intense compared to pre-COVID.

Similarly, Sun et al. (2022) explored the implications of the COVID-19 pandemic on the relationship between children's aversive behaviors, parent distress, and pre-pandemic SEL skills. Their findings highlighted a relationship between a child's pre-pandemic peer social skills and aversive behaviors. Peer social skills as a predictor for acting out ($p < 0.01$) and anxious withdrawals ($P < 0.001$) indicate that those with high peer social skills exhibited fewer aversive

behaviors because of the pandemic. Additionally, parent distress was found to be a predictor of aversive behaviors, such as acting out, fearfulness, and anxious withdrawal ($p < 0.001$).

These two studies emphasize the impact of external factors or antecedent events, the social skills of the child, and caregivers' impact that contribute to the presence of aversive behaviors. Awareness of these factors may be an essential component in understanding the needs and barriers of the child, the parent, and the teacher to address aversive behaviors through SEL intervention successfully.

The limitations surround the demographics of these studies, which could limit their findings' generalizability to the general population of caregivers, children, and students. Colizzi et al. conducted their study in Northern Italy, where lifestyle, parenting, and healthcare practices and understanding vary from that of the United States. Additionally, caregiver participants for the study done by Sun et al. consisted of a "mother-figure" majority, which can also skew the information provided on the parent surveys that were used to collect data.

SEL Programs, the Classroom, and Aversive Behaviors

SEL program implementation within the school is one strategy that academic institutions often employ to address aversive behaviors in the classroom. There is a variety of SEL programs to choose from. However, limited information on effective SEL program implementation is available, and no gold standard has been identified. Furthermore, studies do not detail specific SEL strategies that were taught or utilized. Instead, SEL intervention is discussed under the umbrella of the specific program being explored or as a general intervention strategy.

Effective SEL program implementation also leads to various positive outcomes for academic faculty, educators, student outcomes, self-regulation skills, peer relationships, and the school and classroom environment (Haymovitz et al., 2018; Morris et al., 2013; Duncan et al.,

2017). Duncan et al. (2017) sought to explore the effects of a SEL program, Positive Action, on social-emotional and character development. This study's findings show a general benefit of school-wide SEL implementation in fostering SEL skill development and addressing aversive behaviors for third to eighth grade children. This study can contribute to the literature's overall finding that effective SEL program implementation may lead to positive student and school-climate outcomes.

Morris et al. (2013) explored the hypothesis that poor classroom management and management of aversive behaviors of preschool-aged children in low-income settings contribute to decreased instructional time in school. This study's findings highlight that when provided SEL intervention, a positive emotional classroom climate is fostered as educators are better equipped to address aversive behaviors in the classroom. This study further highlights the importance of providing effective SEL education to achieve positive outcomes in the school-based setting. However, this study does not explore the caregiver's role in SEL development, which other areas of literature have highlighted as a critical component.

Moreover, SEL interventions may be an effective solution for addressing aversive behaviors. Bidau & Trifan (2022) explored the effects of the Educational Program on the training and development of social and emotional skills, or DeCo-S.E., on emotional and behavioral modeling in preschool and kindergarten children. Their pretest/posttest study included 146 participants of male and female children, with a mean age of 5.87 years. To measure the effects of this SEL program on behavior, Bidau & Trifan (2022) utilized the Preschool and Kindergarten Behavior Scale for Teachers (PKBS-2) questionnaire. The experimental group consisted of educators who utilized DeCo-S.E. strategies. Those in the control group consisted of educators who utilized conventional educational strategies. Results indicate a statistically significant

difference between the experimental and control groups across all behavioral sub-scales on the PKBS-2 questionnaire. Total score results for sub-scale A, which measured social cooperation, interaction, and independence, indicate a statistically significant difference in the experimental group ($p=0.000$) compared to the control group ($p=0.509$). Total score results for sub-scale B, which measured factors of self-centered/explosive, attention problems/overactive, antisocial/aggressive, social withdrawal, and anxiety/somatic problems, also highlight a statistically significant difference between the experimental group ($p=0.000$) and control group ($p=0.835$). These results indicate that using SEL strategies are effective tools in mitigating behavior problems in young children.

Crean & Johnson (2013) explored the impact of the Promoting Alternative Thinking Strategies (PATHS) curriculum on aggressive behaviors. Their cluster-randomized trial studied the impact of PATHS on 779 third-grade children from 14 schools over a 3-year period (until fifth grade). To study the impact of PATHS on aggressive behaviors in this population, teachers and students completed measures to assess aggression. Teachers completed the Teacher Report on Students (TRS) and the Teacher-Child Rating Scales (TCRS). Students completed the self-report questionnaire, Child Report (CR). A confidence interval of 90% was utilized to analyze data. Results of teacher-related outcomes indicate a decrease in problems with conduct ($p=0.023$), aggression ($p=0.122$), and acting out ($p=0.147$). There were no statistically significant results of child self-reported outcomes on self-reported aggression. However, student responses indicate a statistically significant difference in beliefs surrounding aggression ($p=0.126$), aggressive social problem-solving ($p=0.040$), hostile attributions ($p=0.031$), and aggressive interpersonal negotiation strategies ($p=0.033$). These findings highlight that SEL programs, such as

the PATHS program, may positively affect elementary students' aggression, especially when used across several years.

Cook et al. (2018) explored the effects of participation in the Second Step SEL program on academic success and classroom behaviors. Participants included kindergarten to second grade students in 6 school districts (both rural and urban) across Washington and Arizona. Cook et al. utilized a randomized controlled design to study 61 elementary schools in these districts. Participants in this study were generally of White/Caucasian descent, female, located in Washington, held a bachelor's degree as the highest level received, and were predominantly first-grade teachers. Behavior was measured through the Behavioral Observation of Students in Schools (BOSS), and academic performance was measured using the Curriculum-Based Measurement (CBM). Results for academic performance were not statistically significant; however, there was a statistically significant difference in disruptive behavior between fall and spring ($p < 0.001$). Although the results of this study are inconclusive regarding academic performance, these findings highlight a need for further high-level research to determine the effectiveness of SEL program implementation on academic outcomes. Furthermore, the findings of this study do, however, indicate that SEL program implementation is a valuable tool in addressing disruptive behaviors in the school setting.

Limitations of these studies also involve the literature's generalizability to a broader population. Many of these studies are limited by its lack of diversity in its participants and target population. Morris et al. and Duncan et al. explored the effects of SEL in low-income communities, while Bidau and Trifan studied preschool and kindergarten-aged children in urban areas. Cook et al. studied elementary students in the west, while Crean and Johnson studied elementary students in the northeastern and midwestern regions of the United States.

Additionally, these studies are often conducted in urban areas, which limits the generalizability to rural educators, students, and caregivers who have unique perspectives and environmental influences on daily life due to their built environment. These limitations could skew results, as the limited diversity in participant demographics can influence perceptions of SEL, behavior, and classroom management. For example, SEL programs can be implemented across a student's lifespan, from preschool to high school. However, many of these studies were conducted with educators, students, and caregivers of preschool to middle school-aged children, which excludes the perspectives of educators and caregivers of older adolescents.

SEL and the Role of the Caregiver in SEL Development

Another factor briefly touched on in the literature is the key role caregivers play in SEL development. Multiple studies have argued that effective teacher education and training on SEL program implementation is insufficient in ensuring SEL program success and promoting positive outcomes (Wang et al., 2021; Reaves et al., 2022; McClelland et al., 2023; Haymovitz et al., 2018). In addition to their concept mapping findings on the need for proper teacher education on SEL techniques, Haymovitz et al. (2018) also highlighted the need for involving caregivers in SEL strategies to retain and sustain school-wide implementation. This point further exemplifies the need to foster cohesion in understanding amongst faculty and educators and between the school and caregivers. Caregivers play a crucial role in a child's development. It is the incorporation of effective and consistent education to foster a cohesive understanding between teachers, school leadership, and caregivers that SEL program implementation may be most influential.

The literature is full of perspectives on SEL from various disciplines; however, SEL is often studied in the context of schools. Few studies have discussed the importance of the

carryover of skills to multiple contexts. This carryover has been shown to not only promote positive outcomes for the children but for the overall program implementation as well.

McClelland et al. (2023) explored the influence of SEL interventions through their literature review. Regarding SEL intervention success, the researchers found that children need to practice these SEL skills in multiple contexts. Including the family in SEL skill development is one way to facilitate this carryover.

Additionally, McClelland et al. highlight the highly variable findings of SEL program implementation in general, noting inconsistent findings of little to moderate effectiveness. This signifies a gap in SEL program research that warrants the generation of further higher-quality research on this subject. Although this article contributes to the advocacy for the role of the caregiver in SEL, McClelland et al. conducted a literature review, which is a weaker article level. This limits the strength of this article's findings.

Reaves et al. (2022) explored the impact of family engagement on education, social-emotional and behavioral functioning, and family perspectives within Latinx families of preschool-aged children in their quantitative longitudinal study. Although not focused on the effects of SEL program implementation, findings from this study support the importance of increasing the active engagement of caregivers in school-based outcomes. This study utilized both the Child Behavior Checklist Parent-Report Form and the Family Involvement Questionnaire-Short Form to collect data. Their findings suggest increased caregiver involvement and communication between teachers and caregivers lead to more positive outcomes, such as decreased mother-reported aversive behaviors ($p < 0.05$). Generalizability is limited due to this study's focus on Latinx families in low-income, urban areas. However, it

contributes to the present body of knowledge supporting the need for increased communication between schools and caregivers.

The purpose of the Wang et al. (2021) study was to explore the relationship between maternal-supportive parenting and classroom emotional support on the development of aversive behaviors and positive social skill development. The findings of this study include supportive parenting is associated with decreased instances of aversive behaviors ($p < 0.05$) and an increase in social skill development ($p < 0.01$). This study did not find that school-based emotional support contributes to mediating aversive behaviors in young children ($p > 0.05$). Conversely, emotional support provided by educators did support the development of social skills. This demonstrates an inconsistency in findings within the available literature. However, these findings may not be generalizable to the public due to a few demographic factors of the study. First, this study was conducted in China. Parenting, education, and childhood development practices may differ from that of the United States, which could skew this study's perspective. Additionally, the caregiver perspective focused solely on maternal caregivers. Caregivers consist of both mother- and father-figures, and by excluding the perspective of fathers from the study, Wang et al. potentially provide a narrower viewpoint that may not apply to the general population of caregivers and SEL learning.

SEL Training and Education

A review of the available literature highlighted that although a variety of programs are available, the fit of the program to the facility depends on the school, the classroom, and teachers' needs (Steed et al., 2022). Furthermore, effective implementation requires training and support for school staff (Haymovitz et al., 2018). Additionally, training and support are not only

beneficial to meet the needs of and increase the understanding of SEL for educators but are needed to meet the needs of caregivers as well (Speidel et al., 2023).

Steed et al. (2022) explored the perceptions of early childhood educators on their academic institution's implemented SEL approach. Findings included general positive perceptions of the effectiveness of SEL strategies, primarily when implemented in the classroom, compared to a school-wide approach ($p < 0.000$). Barriers to effective implementation were also discussed, as educators discussed that a lack of a support system inhibits the effective incorporation of SEL practices. Furthermore, educators have stated hope for SEL programs to include more proactive approaches to understand and regulate students' emotions and engage in problem-solving. This is a component that OTs can provide to educators, academic institutions, parents, and students through proper education and training on SEL strategies. OTs have the unique training and understanding of how behaviors can affect meaningful daily functioning and role fulfillment and can put into context the importance of appropriate SEL skill development.

Haymovitz et al. (2018) explored the SEL program, Social Harmony's, influence on the perceptions and experiences of students, caregivers, and educators. The researchers utilized concept mapping to generate an understanding of participant perspectives. Like Steed et al. (2022), Haymovitz et al. (2018) found that effective implementation consisted of proper training and education of SEL program components to foster a cohesive understanding between faculty and staff. Additionally, effective implementation resulted in positive classroom and school-wide climate, peer relationships, and students' self-perceptions and perceptions of others.

A pilot study conducted by Speidel et al. (2023) explored the effects of SEL training on caregivers' and educators' acceptability, knowledge, and use of SEL strategies, as well as its effects on this population's mental health. To explore these questions, Spiedel et al. recruited 24

caregivers and 26 educators of children aged 3-8 in Canada to participate in this pretest-posttest experimental design. The project included a 2 month follow-up following the posttest. Most participants considered themselves to belong to minority populations, received a university-level diploma, were employed full-time, were of a higher income status, and were married.

The findings of the Spiedel et al. (2023) study indicate that educational training is beneficial from both caregiver and educator perspectives. Regarding caregiver and educator's perspectives on satisfaction, suitability, and intent to use strategies learned in the training, 95% of caregivers responses were generally positive. They were satisfied with the trainings and were likely to use the strategies learned. 100% of educators in the post-surveys indicated high satisfaction with the training and were likely to use those strategies. Results also indicate that education showed a statistically significant impact on participant knowledge of the topic ($p < 0.001$). Additionally, there were statistically significant results between caregivers' use of the training strategies on their children's emotional regulation and awareness. Finally, results also indicate that higher use of training strategies resulted in lower depressive symptoms.

Speidel et al. (2023) also conducted a between-subject analysis to compare caregiver and educator knowledge. Results of this analysis showed educators generally started with higher baseline knowledge of SEL, which was maintained across the pretest/posttest experimental design and in the 2-month follow up. At pre-training, caregivers demonstrated a significant difference in baseline knowledge compared to educators ($p < 0.001$). Posttest ($p < 0.001$) and follow-up ($p = 0.008$) analysis after training indicated that educators continued to demonstrate higher levels of knowledge compared to caregivers. This finding demonstrates the need for tailored educational materials that fit the audience. Based on these results, caregivers' baseline

understandings of SEL and SEL strategies may differ from that of educators. Thus, educational content should meet the needs of the intended audience.

An advantage of the Speidel et al. (2023) study is its diverse sample, which increases its generalizability. However, there was not an equal distribution in participant demographics across the sample, which limits the findings strength. Furthermore, this pilot study was conducted in Canada. Perceptions of aversive behavior, SEL, and mental health vary across cultures and societies, which could have skewed participant responses. Similarly, the sample characteristics of Steed et al. (2022) lack diversity, as it consists of predominantly White, female participants. Furthermore, the study conducted by Haymovitz et al. (2018) consisted of a small sample size of 32 participants, which can negatively impact the study's validity.

Despite these limitations, these findings indicate the effectiveness of training and education for both educators and caregivers. Providing education may contribute to increased feelings of competence and understanding in SEL. Furthermore, providing SEL education to this population may also equip caregivers and educators with tools that can address their personal mental health and SEL needs. Thus, providing an opportunity for caregivers and educators to engage in SEL can allow these individuals to model these strategies to their children and students.

Statement of Purpose

Few studies have explored the relationship between caregivers, their role in SEL development, and effective school-based SEL program implementation. Thus, the purpose of this project was to increase caregiver self-efficacy and perceptions of confidence in addressing aversive behaviors by providing caregiver education on the ZOR and Friendlyzy programs. The following section discusses the project's objectives and hypothesis.

Objectives

This project's objectives were as follows:

1. To provide caregiver education on SEL techniques taught through the ZOR and Friendlyzy programs.
2. To increase caregiver understanding of these programs.
3. To increase parent confidence and self-efficacy to implement SEL techniques, as taught through the ZOR and Friendlyzy programs.

Hypothesis and Outcomes

This project hypothesized that by providing caregiver education on SEL techniques associated with the ZOR and Friendlyzy programs, caregivers' confidence and self-efficacy to address aversive behaviors at home would increase. Through caregiver education on the ZOR and Friendlyzy programs, the projected outcomes of this project include:

1. Increased parent engagement with the ZOR and Friendlyzy SEL programs.
2. Creation of educational and engagement opportunities for caregivers in their children's SEL development.
3. Facilitation of a common understanding, collaboration, and implementation of SEL techniques between teachers and caregivers.

Theoretical Frameworks

This doctoral capstone project is conducted through the lens of two theoretical frameworks: the cognitive behavioral frame of reference (FOR) and adult learning theory. Both theoretical frameworks are defined in this section. In addition, how these frameworks relate to the project's objectives is discussed.

Cognitive Behavioral Frame of Reference

The first framework that guides this project is the cognitive behavioral frame of reference (FOR). SEL is influenced by social, emotional, and behavioral factors, which align well with this FOR as it emphasizes that thoughts and emotions influence behaviors (O'Brien & Kuhaneck, 2020). As a tool to address various positive related outcomes, such as pro-social behaviors, SEL techniques can be a powerful tool for parents to incorporate throughout their daily family routines. These techniques can assist in building a child's self-awareness and independence in emotion identification and regulation.

From the caregiver perspective, this FOR supports the primary anticipated outcomes of this doctoral capstone project, which is discussed in the methodology section. To increase caregiver's understanding, self-efficacy, and confidence in SEL techniques, this project implemented informational sessions to strengthen these factors among caregivers of preschool and school-aged children. By providing foundational knowledge, introducing caregivers to specific SEL techniques, and providing real-world examples of use, caregivers' self-efficacy and confidence in strengthening their children's SEL development may increase.

Adult Learning Theory

The second theoretical framework that guides this capstone project is adult learning theory. This theory supports the caregiver education component of this project. Adult learning

theory stems from andragogy, which explores how adults learn (Mukhalalati & Taylor, 2019). To facilitate learning, this learning theory supports education practices by allowing educators to tailor and improve instruction and materials based on context and environment.

As the intended audience of this project is caregivers of preschool and school-aged children, content and materials should be written with appropriate language and literacy levels for the general target audience. Additionally, instructional materials should be delivered in appropriate and accessible ways. For example, PowerPoint presentations should include contrast for ease of readability, and the method of delivery of handouts must be considered. Another aspect to consider is whether or not the caregivers will have readily available access to digital material or would physical paper copies be more appropriate. Finally, there are various preferred learning styles (e.g., auditory, visual, kinesthetic, etc.), so educational materials should incorporate an appropriate method that meets the audience's demands, duration of session, and available space. These are only a few considerations that must be considered, and specific education delivery methods are discussed in the methodology section.

Methodology

The entire length of this doctoral capstone experience covered 14 weeks, starting in January 2024. However, the caregiver informational sessions were typically carried out twice a month, from January to March 2024. In this section, the methodology of this doctoral project is further discussed. A description of the agency, target population, sampling methods, materials, and evaluation plan are explored. Please see the appendix for examples of materials and evaluation methods used in this project.

Agency Description

Cornerstone Christian Academy and Tykes Preschool (CCA) is this project's target agency. According to the CCA website, CCA is a private Christian institution in Las Vegas, Nevada, founded in 2001 (Cornerstone Christian Academy, n.d.). The academy portion of the institution enrolls students from kindergarten to eighth grade. In 2003, CCA expanded to include the Tykes Preschool. The Tykes Preschool enrolls students from 18 months to age 4, with pre-school services for junior preschool and preschool students. Tuition for this institution ranges anywhere from \$550 up to \$12,910. This number excludes fees, extended care needs, and incidentals. Financial aid options are available for families interested in attending CCA and are found on the school's website.

This agency utilizes the Love and Logic philosophy in its teaching practices (Cornerstone Christian Academy, n.d.). According to the Love and Logic website, Love and Logic is a parenting and teaching practice centered on empowering children to make their own choices and understand its consequences (Love and Logic, n.d.). Although a student may fail due to their choices, teachers combine love, empathy, and respect to build positive decision-making skills in their students. In addition to Love and Logic, CCA implemented the ZOR and Friendzy

programs. These programs were initiated and introduced to the academy for use under the guidance of an occupational therapist, Dr. Christina Bustanoby. Thus, Dr. Bustanoby is this doctoral project's site mentor.

Anticipated Outcomes

To explore the effects of providing caregiver education on school-based SEL strategies on their confidence, self-efficacy, and understanding, this doctoral project has two anticipated outcomes. First, the caregiver informational sessions will increase caregivers' understanding of SEL skills and techniques as outlined through the ZOR and Friendly curriculums. Second, participation in the caregiver informational sessions will increase their self-efficacy and confidence to use those skills.

Target Population

To explore caregiver self-efficacy, understanding, and confidence in utilizing SEL techniques, this project's target population was caregivers of children enrolled at CCA. The content of the caregiver informational sessions is based on SEL strategies from CCA's chosen programs (ZOR and Friendly). Thus, caregivers of children outside of this agency were omitted. Family members outside of the biological parents of children were not excluded to accommodate the variety of caregivers involved in child-rearing for the CCA student. Furthermore, this project did not exclude caregivers based on age, gender, marital status, level of education, biological relationship to the child, child's age, child's grade level, or socioeconomic status. Additionally, there were no exclusions based on the length of the child's enrollment, academic standings, or behavioral status.

Caregiver Informational Sessions

To highlight the topic to be covered in these caregiver informational sessions, the title of the PowerPoint used in every session was “Social-Emotional Learning at CCA.” An appropriate space to hold these informational sessions was required. The space required accommodation of at least 10 participants per session, not including this project’s author, site mentor, and site principal. Additionally, the space required internet access, a projector, and access to a computer or Bluetooth connection from the site’s OT laptop to the projector. Furthermore, every informational session incorporated various educational methods and materials such as presentations, question-and-answer, open group discussions, and handouts to accommodate various learners. Both morning and afternoon sessions were available to increase caregiver attendance.

Scheduling

There was a total of 6 informational sessions that were scheduled across nine weeks. Initially, three dates were confirmed prior to the start of this capstone experience. However, due to scheduling conflicts across the 14-week experience, the six caregiver informational sessions were spread across four dates and various times. All informational sessions were held on-site at CCA on the following dates and times:

- Session 1: Thursday, January 25, 2024, at 8:30 am.
- Session 2: Thursday, January 25, 2024, at 4:30 pm.
- Session 3: Thursday, February 29, 2024, at 8:15 am.
- Session 4: Thursday, February 29, 2024, at 3:15 pm.
- Session 5: Tuesday, March 19, 2024, at 3:15 pm.
- Session 6: Thursday, March 21, 2024, at 3:15 pm.

Educational Materials

Each caregiver informational session presented the same educational content and utilized the same educational materials. Learning materials included a PowerPoint presentation and a packet containing the caregiver handouts, pre-survey, and post-survey. Details and contents of the caregiver informational session were finalized with the site mentor before the first two informational sessions.

Sessions 1 and 2 were provided an optional feedback survey to improve the caregiver informational sessions for the remaining sessions. Based on feedback from the site mentor, school principal, and caregivers who chose to provide optional feedback, an updated caregiver handout packet was provided for sessions 3 to 6. Additionally, every informational session was carried out with the same flow. The flow of each session included:

- 1) A brief introduction to the speaker (the author of this doctoral capstone project).
- 2) Administration of the pre-survey.
- 3) Present educational content on SEL, the ZOR and Friendly programs, and SEL tools that caregivers could easily incorporate within their daily routines with their children outside of the school setting.
- 4) Administration of the post-survey.
- 5) Conclusion and group question-and-answer/discussion.
- 6) Collection of completed pre-surveys and post-surveys.

Recruitment

Due to the structure of this capstone project, its target population, and its agency of interest, the sampling method that best fits the needs and means of this project was convenience sampling. Convenience sampling was conducted via flyers, text messages through CCA, postings

on CCA's schoolwide newsletter, and word-of-mouth. Attendance to any informational session was not required. Furthermore, the caregiver informational sessions were based on rolling attendance, and a signup or RSVP was not required. Thus, providing an incentive for attendance would not be feasible or cost effective.

Finalized flyers were provided to the capstone site mentor, who then forwarded the messages to the principal and school administrator to distribute to caregivers and teachers via CCA's chosen electronic announcement methods. The flyers and announcements provided information about the date of the session, the room where it was held, and three objectives that would be covered in the sessions. The flyers were made available for staff use and distribution as well. This author and site mentor partnered with the site principal to send further reminders and announcements to advertise the informational sessions. For example, as a final reminder, text message announcements were typically sent the day of the informational session.

Data Collection: Caregiver Questionnaire

This project utilized a pre-/post-survey to gain feedback and insight into whether caregivers' self-efficacy and perceptions of confidence regarding SEL and SEL strategies improved after participation in informational sessions. After a review of the available literature, this author did not identify a validated instrument to measure the variables above within this project's target population. The best instrumentation to meet the needs of this project was a pre-/post-survey that was adapted from the ZOR "Staff Implementation Survey." This instrument addresses the comfort, readiness, and climate strategies taught through the ZOR program for educators in the school-based setting (Kuypers & The Zones of Regulation Team, 2022). However, this instrument is specifically designed for the ZOR. Thus, this project's "Caregiver

Questionnaire” was adapted from the “Staff Implementation Survey” to include language for the Friendly program and this project’s variables of interest.

Both the pre-survey and post-survey were administered via paper format and interwoven into the informational session flow. Although highly encouraged, completion of the questionnaire was optional. To eliminate potential technical difficulties, access to technology, incomplete data collection, and ease of implementation, the questionnaires were administered via paper format. Each questionnaire consisted of 10 questions. Responses were detailed in a 5-point Likert scale format, from strongly disagree to strongly agree. A list of the items addressing perceptions of confidence on the topic of SEL and items addressing caregivers’ self-efficacy in using SEL strategies can be found in Table 1. Each caregiver had a packet with a survey ID that linked their pre-survey and post-survey while maintaining anonymity. All surveys were then collected at the end of the informational session.

Table 1

Caregiver Questionnaire: Confidence and Self-Efficacy Items

Confidence	Self-Efficacy
<ul style="list-style-type: none"> • I am confident in my knowledge of the terms: social-emotional learning (SEL) and SEL strategies. • At present, I understand how social-emotional learning can affect my child's/children's daily life. • I believe that social-emotional learning strategies provide my child/children with relatable skills and techniques that can be carried over to their adult lives. • I see the value in using social-emotional learning strategies to support my child's/children's development, success, and well-being. • I understand that these social-emotional learning strategies are flexible and can be adjusted to meet the specific needs of my child/children. • I feel supported in my efforts to learn about and use social-emotional learning strategies with my child/children. 	<ul style="list-style-type: none"> • I feel that social-emotional learning strategies can be easily included throughout our daily routines. • I feel confident in my ability to use social-emotional learning strategies with my child/children. • I see the value and importance of my part in my child's development of social-emotional learning. • I feel confident in my ability to demonstrate social-emotional learning strategies to my child/children to help them better manage their emotions and problem-solve.

Note: Responses of caregiver questionnaire were based on a 5-point Likert scale where 1 = strongly disagree, 2 = disagree, 3 = neutral, 4 = agree, and 5 = strongly agree.

Data Analysis

To analyze the data gathered from the “Caregiver Questionnaires,” responses will be logged and saved in Excel. Responses to both the pre-survey and post-survey will be linked to the individual’s survey ID to maintain the participant’s confidentiality. Finally, this author utilized the Wilcoxon rank sum test to test this project’s hypothesis.

Ethical Considerations

The University of Nevada, Las Vegas' Institutional Review Board granted this doctoral capstone project Institutional Review Board exemption status. Due to the nature of this project and its methodology, it assumes minimal to no risk to the caregivers who will participate in this project's informational sessions. Additionally, this project focused on providing caregiver education on SEL techniques, generating information through non-experimental methods, and gaining feedback via a pre/post-survey. No identifiable information or personal information was recorded during the informational sessions.

Results

In this section, the relevant sample characteristics and the results of the data analysis will be discussed. These findings discuss whether caregiver education on school-based SEL strategies impacts caregivers' self-efficacy in utilizing such strategies. There were two themes covered in this project's "Caregiver Questionnaire." A total of six questions were directed at understanding the caregivers' confidence related to the ZOR and Friendly programs and their strategies. The remaining four questions center on the caregivers' self-efficacy in utilizing these tools. All ten caregivers completed and returned a pre-survey and a post-survey. Finally, the descriptive statistics found in this section were analyzed using the data analysis function within Excel.

Sample Characteristics

This project successfully recruited ten caregivers to participate in this project. Excel was used to determine the frequencies of the sample. Table 2 shows this sample's characteristics. Although demographic data was not formally collected via a demographic survey, this information was collected via observation and discussion with the caregivers. Four caregivers attended the first morning session on Thursday, January 18, 2024. Five caregivers then attended the following afternoon session. Despite recruitment efforts, there were no participants for sessions 3-5. Finally, 1 participant was recruited for the final caregiver informational session on Thursday, March 21, 2024.

Most of the caregivers were female, with one participant being male. Regarding caregivers' time preferences, 60% of the participants attended afternoon sessions compared to morning sessions. Only 40% of the total participants across the 6 sessions offered attended morning sessions.

Table 2

Sample Characteristics

Characteristic	Number of Participants (%) (N=10)
Sex	
Female	9 (90%)
Male	1 (10%)
Session Attended	
Morning	4 (40%)
Afternoon	6 (60%)

Note. Counts and frequencies in this table were calculated based on this project's sample size (N=10).

Perceptions of Confidence with SEL and SEL Techniques

Several questions in this project's Caregiver Questionnaire targeted caregivers' perceptions of confidence on SEL-related topics and strategies (table 1). Descriptive statistics and the Wilcoxon rank sum test were utilized to analyze the average scores on confidence items. Table 3 provides details for the pre-survey and post-survey mean, SD, and the Wilcoxon rank sum test results for confidence items on the Caregiver Questionnaire. Results of the descriptive analysis on confidence items indicate that after participating in the caregiver informational session, the caregivers generally feel confident in their understanding of SEL and its strategies, its effects on their children's quality of life and development, and feel supported in their efforts to learn more about SEL (mean=4.93; SD=0.12). Before participation in the caregiver informational session, the mean score on confidence items was 4.33, with a SD of 0.64 in scores.

The Wilcoxon rank sum test was utilized to analyze the data collected using the Caregiver Questionnaire to test this project's hypothesis. To complete the Wilcoxon rank sum test, this sample's (N=10) critical value was found to be eight and a significance level of $\alpha=0.05$ was used. Results of this test indicate a statistically significant difference in caregivers' perceptions of confidence on SEL related topics and strategies when caregiver education on their child's/children's school-based SEL programs is provided.

Table 3
Summary of Results: Confidence Items

Item	Pre-Survey		Post-Survey		Wilcoxon Rank Sum Test Results		
	Mean (N=10)	SD (N=10)	Mean (N=10)	SD (N=10)	Wstat W(8)	Z-Score	P-value ($\alpha=0.05$)
Confidence	4.33	0.64	4.93	0.12	0.00	2.30	0.01

Note. This table displays the results of the Wilcoxon rank sum test for confidence items. The Wstat (W(8)) value was found with the critical value of 8. A critical value of 8 was found for this project's sample size (N=10). To complete the Wilcoxon test, a confidence level of $\alpha=0.05$ was used.

Self-Efficacy in using SEL Techniques

4 out of 10 questions on the Caregiver Questionnaire survey targeted the caregivers' self-efficacy in using SEL strategies (table 1). Again, to complete data analysis for this set of data, descriptive analysis, and the Wilcoxon rank sum test were utilized to analyze this project's data.

Table 4 provides details for the pre-survey and post-survey on mean and standard deviation (SD), as well as the Wilcoxon rank sum test results. Results of descriptive analysis indicate a mean score of 4.28 on self-efficacy items with a SD of 0.57 in scores, before the participation in the caregiver informational session. Once caregiver education was provided on the 2 SEL programs implemented in their children’s school, caregivers’ mean self-efficacy scores in using SEL strategies increased to 4.78 with a SD of 0.34 in scores.

Again, the Wilcoxon rank sum test was utilized to determine the statistical significance of the data collected. This project’s sample size (N=10) was used to determine the critical value 8. The Wilcoxon rank sum test revealed a Wstat of 0.00, a Z-score of 2.10, and a p-value of 0.02. This indicates a statistically significant difference in the participation in a caregiver educational session on school-based SEL programs on caregivers’ self-efficacy to use those programs’ SEL strategies.

Table 4

Summary of Results: Self-Efficacy Items

Item	Pre-Survey		Post-Survey		Wilcoxon Rank Sum Test Results		
	Mean (N=10)	SD (N=10)	Mean (N=10)	SD (N=10)	Wstat W(8)	Z-Score	P-value ($\alpha=0.05$)
Self-Efficacy	4.28	0.57	4.78	0.34	0.00	2.10	0.02

Note. This table displays the results of the Wilcoxon rank sum test for self-efficacy items. The Wstat (W(8)) value was found with the critical value of 8. A critical value of 8 was found for this project’s sample size (N=10). To complete the Wilcoxon test, a confidence level of $\alpha=0.05$ was used.

Discussion

OT practice is centered on meaningful occupational engagement in daily life. Meaningful occupational engagement is unique to the individual and takes the form of any activity or task that occupies the person's day. OTs intervene when a person can no longer meaningfully engage in those activities. Significant areas of occupation for children include education, play, and social participation. One factor that can inhibit meaningful occupational engagement in these areas is aversive behaviors. While children often display aversive behaviors throughout development, concerns are increased when these behaviors negatively impact their daily functioning.

Furthermore, caregivers play an imperative role in childhood development. The American Occupational Therapy Foundation outlines a 7-item list of research priorities in the field. The priority most applicable to this project is "family and caregiver supports, resiliency, and well-being" (American Occupational Therapy Foundation, n.d.). As a critical component of a child's care team, OTs work alongside the child's caregivers and other members of their environment to provide meaningful interventions to increase the child's ability to participate in occupations. However, there is limited evidence exploring caregiver involvement in SEL, especially in school-based SEL programs. This doctoral capstone project provides preliminary data on how caregivers of children build their SEL skills via two school-based SEL programs. Furthermore, this project's findings further strengthen findings on the importance of effective education and training for successful SEL implementation (Haymovitz et al., 2018; Steed et al., 2022; Speidel et al., 2023).

Results of quantitative data analysis offer preliminary data for the role of caregivers in their children's SEL through school-based SEL program implementation. There may be benefits in the provision of caregiver education on the topic of SEL, SEL programs, and related SEL

strategies for caregivers, school staff, and children. When provided with caregiver education on SEL and SEL strategies, caregivers' perceptions of confidence on the subject increased.

Additionally, after participation in the caregiver informational session, caregivers' self-efficacy in using SEL strategies with their children increased. By filling the gap in knowledge on their school's SEL programs through these informational sessions, parents remain informed on how their child's SEL skills are strengthened at school and how those skills can be practiced at home. These caregiver informational sessions thus further facilitated more proactive participation in school-based SEL programs.

While this project focused on the immediate impact of caregivers' participation in informational sessions regarding their child's SEL at school and how to use those SEL strategies at home, it also provided an opportunity to bridge the gap between the school and home. As discussed in previous literature, caregivers play an essential role in childhood development, especially in the success of school-based SEL (Haymovitz et al., 2018; McClelland et al., 2023). Nevertheless, caregivers have been widely excluded from this equation throughout research. In general, skill development is strengthened when practiced and modeled in various contexts; thus, this practice must be applied to SEL development to strengthen those skills in childhood. Regarding children's SEL skill development, this task would be difficult to achieve if caregivers are unaware or lack knowledge of how to implement their child's school-based SEL strategies in the home. When provided with caregiver education on the ZOR and Friendly strategies, parents were more empowered to use and more knowledgeable on these SEL programs and strategies. Thus, parents may be better equipped, more prepared, and more likely to use SEL strategies with their children outside of school.

Limitations

This project has several limitations, typically surrounding the generalizability of the results. The first is that this capstone experience is taking place within a private school setting that requires tuition for students to attend. The findings of this project may not represent the general population due to differences in demographics, such as financial ability to enroll their children at a private institution. In addition, CCA is a faith-based institution, further limiting sample diversity. The chosen target population and agency are convenient and can provide a unique perspective on SEL as a private, religion-based institution. However, the findings of this project may not be generalizable to caregivers of school-aged children participating in the ZOR and Friendly programs in other educational settings.

Furthermore, SEL programs can address the needs of high school students as well. Like most literature available, this project explored SEL in the context of preschool to middle school. This excludes an older range of students, which also limits generalizability. Finally, as this project is not generating research on this topic, the findings of this doctoral capstone are not generalizable to the overall public.

Additionally, as this capstone project completed convenience sampling for participant recruitment, there may be potential bias in caregivers who choose to attend the sessions. Although convenience sampling is simple, timely, and cost-effective, this type of sampling may lead to decreased diversity within the sample. Caregivers more involved or “pro-active” in their child’s academic and SEL development may be more inclined to attend the caregiver informational session. Moreover, as the doctoral capstone student had less face-to-face interaction with caregivers, direct advertisement of the informational sessions was minimal. Recruitment heavily relied on collaboration with the site’s principal and administrative staff to

push announcements and text messages and include the flyer in the school newsletter. In cases when advertisement requests were not sent with appropriate timing, recruitment for the sessions may have been affected. The study findings could be more substantial with a more robust sampling method.

Another potential limitation is the availability and SEL knowledge capacity of caregivers. Caregivers with more flexible schedules may be more inclined to participate in the caregiver informational session. Additionally, since the flyers and announcements did not provide in-depth detail regarding SEL, caregivers who have less exposure to SEL terminology and concepts may not be as inclined to choose to participate in the informational sessions without seeking more information on the project.

Finally, by creating this project's "Caregiver Questionnaire," this instrument directly addresses this project's intended variables of self-efficacy, confidence, and understanding regarding SEL and SEL techniques outlined within the ZOR and Friendly programs. Additionally, its language was written with an appropriate literacy for caregivers. However, this instrument's validity is weak compared to an instrument that has been assessed for validity and reliability. This project's "Caregiver Questionnaire" thus only has face validity.

Conclusion

This project aimed to address a gap in the available literature on SEL, SEL techniques, and the importance of family engagement in developing SEL. To address this gap, this capstone project aimed to increase caregiver self-efficacy and confidence in addressing challenging behaviors through caregiver education on the ZOR and Friendly SEL programs. By providing caregiver education on these SEL programs' techniques, parents were more empowered to use SEL strategies to address aversive behaviors. Additionally, these caregiver educational sessions provided an opportunity for caregivers' proactive engagement in their children's school-based SEL. Thus bridging the gap between the school and home in this area.

Recommendations

This doctoral capstone project offers preliminary data on the effects of caregiver education on their self-efficacy and perceptions of confidence to use SEL strategies to address aversive behaviors. However, this project does not explore the effect of SEL training on use in the home. Future projects and research should consider this outcome of interest to understand further how caregiver involvement affects SEL in school and home. Furthermore, more robust inclusion and exclusion criteria may strengthen project findings. For example, this project did not control for caregivers' levels of knowledge regarding SEL or their level of engagement in their children's academics. Controlling for these factors may produce more significant results in caregivers' levels of confidence and self-efficacy when provided education on SEL.

Implications for Research

This project sought to assess whether participation in caregiver education increased self-efficacy and confidence in SEL and associated strategies for use in children's daily lives outside of school. However, this project did not assess whether SEL strategies were implemented in

daily practice outside the school setting, such as in the home. This may be an implication for future doctoral capstone projects and research to explore the effects of home-based SEL strategy implementation further. Furthermore, this project did not include a follow-up survey after participation to assess parent reports of their perceptions of improvements in home behaviors. Addressing this aspect may lead to further data on the effects of SEL strategies for managing aversive behaviors in other contexts, the effects of increased caregiver participation on using school-based SEL strategies for use at home, and whether or not student success and behaviors have improved with increased caregiver engagement in school-based SEL program strategy implementation.

Implications for OT Practice.

Family involvement is imperative to the development of SEL in children; however, there is a lack of research that explores this relationship in SEL programs. Caregivers should be included in the equation, especially since learning is reinforced when skills are practiced and carried out in multiple contexts. OTs often use SEL strategies during interventions, which are highly adaptable to meet the needs of the user and learner. In addition, OTs are equipped with the knowledge and skill set to provide effective family education and recommendations to facilitate occupational engagement in their clients and families. As challenging behaviors can negatively impact a child's ability to engage in daily life meaningfully, it is within OT's scope of practice to provide caregiver education to help engage families in SEL. By empowering and educating caregivers on the techniques taught through the ZOR and Friendly, caregivers may feel more prepared to implement these techniques in their homes, ultimately contributing to the carryover of skills to multiple contexts.

Appendix A

Caregiver Education PowerPoint

Social-Emotional Learning at CCA

Caregiver Informational Session:
3/21/2024

Presentation by: Cerena Obra, OTD/S
In collaboration with: Dr. Christina Bustanoby, OTD, OTR/L, CSRS



Welcome!

About me: Cerena Obra, OTD/S

- Las Vegas local, Hawaii born
- 3rd year UNLV OTD student.
- Interested in the pediatric setting.
- I like discovering new places to eat, traveling, Disney, spending time with my loved ones, and being a homebody.



Before we begin...

Please complete the **pre-survey** at this time.

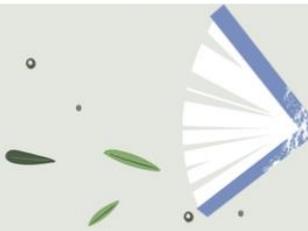


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01 —

What is SEL

What is social-emotional learning, its development, and techniques?

02 —

SEL at CCA

How CCA students are developing their social-emotional skills.

03 —

Friendzy & Zones of Regulation

What are the 5 Core Principles of Friendzy, what tools you can use, and how this program considers each student and what makes them unique.

04 —

Post-Survey

05 —

Q&A

What is Social-Emotional Learning (SEL)?

- SEL is the development of one's knowledge, attitudes, and social-emotional skills.
- SEL looks at building one's self-awareness, self-management skills, social awareness, relationship skills, and responsible decision making.
- Supports: positive outcomes for use in a child's daily life.

What is Social-Emotional Learning (SEL)?

Emotional Processes

How to manage emotions effectively and how to recognize emotions of yourself and others.

Social and Interpersonal Skills

How to interact with others appropriately, positively, and effectively.

Cognitive Regulation

This skill is important for focus, attention, listening to/following directions, and impulse control.

SEL at CCA

The Zones of Regulation

- Teaches learners how to identify feelings, energy, and levels of alertness.
- Teaches learners how to independently regulate oneself and promote positive well-being

Friendzy

- Focuses on and is taught through the lens of friendship, relationship, and community building.
- Ties in biblical principles to SEL development.



5 Core Components:

1) Self-Awareness

- **The ability to identify your emotions and understand how they affect behaviors.**
 - Involves skills to help learners recognize their emotions
- * • Biblical examples that relate to this core competency:
 - Genesis 1:27
 - Psalm 1:39



5 Core Components:

2) Self-Management

- **The ability to regulate your emotions.**
 - Coping and stress-management techniques.
- Biblical examples that relate to this core competency:
 - Proverbs
 - Genesis 4
 - James 1



5 Core Components:

3) Responsible Decision-Making

- **The ability to make positive choices and take responsibility for outcomes (both positive and negative).**
 - Self-reflection, understanding problems, and problem solving.
- Biblical examples that relate to this core competency:
 - Colossians 3:1-17



5 Core Components:

4) Social-Awareness

- **The ability to practice perspective-taking and extend empathy to others.**
 - Teaching honoring and respecting differences and what makes us unique.
- Biblical examples that relate to this core competency:
 - Philippians 2:14-30



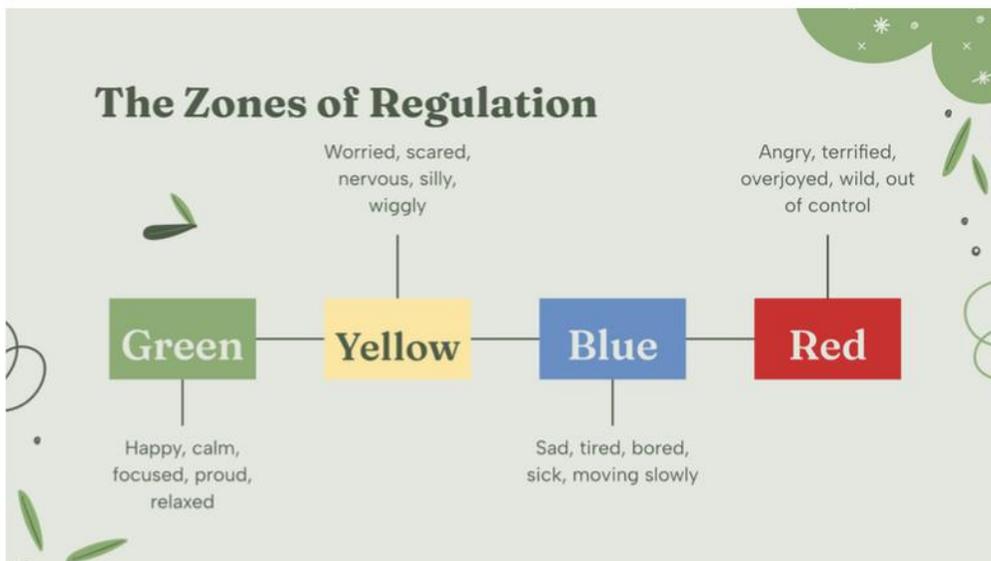
5 Core Components:

5) Relationship Skills

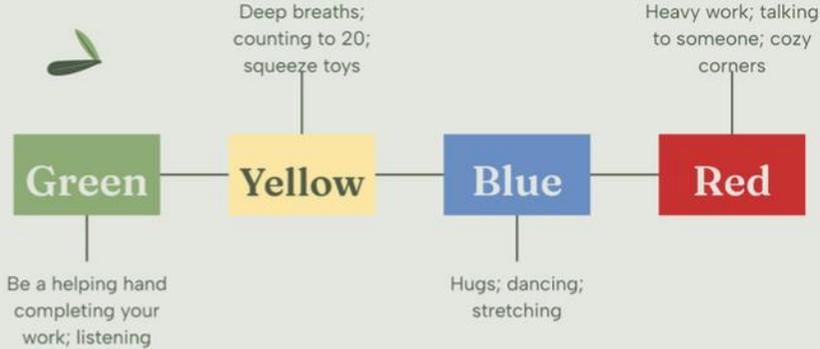
- **The ability to form and maintain positive relationships.**
 - How to be a good friend and how to have good friends.
- Biblical examples that relate to this core competency:
 - Romans 12



SEL Strategies



The Zones of Regulation Strategies



Example situations:

- Not paying attention in school; refusing to sit still at the dinner table.

Friendzy: Daily Check-In Tool

Example situations:

- Fidgeting before a doctor's visit; not excited for a favorite activity.

HOW AM I FRIENDZY FEELING?
BEFORE I BEGIN, I CHECK IN.

HAPPY PROUD INSPIRED PLEASANT JOYFUL OPTIMISTIC CHILL	COZY BALANCED LOVING CALM THOUGHTFUL MELLOW RELAXED	WORRIED FRUSTRATED STRESSED ANNOYED RESTLESS SHOCKED	NERVOUS SURPRISED EXCITED WYER GOOFY HILLY
LONELY SAD BORED TIRED DEPRESSED	SLEEPY DOWN HOPELESS SICK DISAPPOINTED	ANGRY DEVASTATED ENRAGED INTENSE MAD	EXTREME OUT OF CONTROL INCONSOLABLE HYSTERICAL

MANAGE MY EMOTIONS BEFORE THEY MANAGE ME!
FRIENDZY.CO

HOW AM I FRIENDZY FEELING?
DAILY CHECK-IN

HAPPY	CALM	SILLY	NERVOUS
SAD	TIRED	ANGRY	FRUSTRATED

FRIENDZY.CO

Friendzy: "We can Weather our Problems" Tool

WE CAN WEATHER OUR PROBLEMS!

1: Wonderful, problem-free, and happy as can be

2: 3: 4: 5: 6: 7: Terrible, horrible, no good, and very bad.

← HOW AM I DOING? →

• What's your weather? • How can you get back to a sunny day?

Adapted from www.giftsofcuriosity.com

Example situations:

- Upset after losing a game; pouting after a change in schedule.

Student Success

Why?

SEL strategies provide a variety of tools to help students achieve their goals, build meaningful relationships, and connect with others.

How?

- Zones of Regulation
 - Implemented and in use
- Friendly
 - In process
 - Students will receive curriculum book; teachers will undergo training for use.



Student Success cont.

Success requires practice.... at home and at school

- Repeated exposure and practice makes "perfect!"
 - Example situations
 - Doing homework can be frustrating for both students and parents...
 - Getting excited about upcoming plans.
- Just remember... social-emotional learning development is not a straight-path.
 - We as adults struggle too... and that's okay!

Post-survey

At this time, please complete the post-survey for this informational session

Thank you!

Do you have any questions?

Please feel free to contact me with any questions:

Cerena Obra, OTD/S

Email: obra@unlv.nevada.edu

*In collaboration with: Dr. Christina Bustanoby, OTDR/L,
CSRS*

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Appendix B

Caregiver Handouts Version 1

Caregiver Informational Session:

WHAT IS SOCIAL-EMOTIONAL LEARNING?



Definition: Social-emotional learning, also known as “SEL,” is an umbrella term to describe the development of someone’s knowledge, attitudes, and social-emotional skills.

Social-emotional learning supports a child’s ability to achieve positive outcomes (such as academic achievement, positive social skills, and emotion management).



SEL helps build our self-awareness, self-management skills, social awareness, relationship skills, and responsible decision-making.



There are **3 components** of SEL skills:

- 1) Emotional processes help us manage and recognize our emotions and the emotions of others.
- 2) Having positive social and interpersonal skills allows us to appropriately and positively interact with others.
- 3) Cognitive regulation is in charge of focus, attention, the ability to follow directions, and self-control.

Reference:
McClelland, M. M., Tominey, S. L., Schmitt, S. A., & Duncan, R. (2017). SEL interventions in early childhood. *The Future of Children*, 27(1), 33–47. <https://doi.org/10.1353/foc.2017.0002>

Steed, E. A., Shapland, D., & Leech, N. (2022). Early Childhood Teachers’ Perceptions of the Effectiveness of Their Elementary School’s Approach to Social Emotional Learning: A Mixed Methods Study. *Early Childhood Education Journal*, 50(7), 1121–1152. <https://doi.org/10.1007/s10643-021-01248-4>

Caregiver Informational Session:

THE ZONES OF REGULATION AND ITS STRATEGIES

Emotions for each Zone	Zone Colors	Strategies for each Zone
<p>Happy Calm Focused Proud Relaxed</p>		<p>Be a helping hand. Completing your work. Listening to directions.</p>
<p>Worried Scared Nervous Silly Wiggly</p>		<p>Deep breaths Counting to 20 Squeeze Toys/Fidget Toys</p>
<p>Sad Tired Bored Sick Moving Slowly</p>		<p>Hugs Dancing Stretching</p>
<p>Angry Terrified Overjoyed Wild Out of Control</p>		<p>Heavy work (for example: wall pushes; pushing a box of textbooks across the floor; crawling on all fours). Talking to someone Moving to a quieter spot</p>

Example Situation:

1. You are told that your child is not paying attention at school. You ask your child why, and she responds that she “was feeling tired.”
2. You realize your child was in the **blue zone**.
3. You then help your child problem-solve to encourage her to identify a strategy that is useful in moving her out of the blue zone.
4. Your child learns that she could use **stretching her arms** as a strategy to help her feel more energized during class.

From the Zones of Regulation curriculum.

Caregiver Informational Session:

FRIENDZY'S 5 CORE PRINCIPLES



CORE PRINCIPLE	DEFINITION	REFERENCES TO SCRIPTURE
Self-awareness	The ability to identify your emotions and understand how they affect behaviors.	Genesis 1:27 Psalm 1:39
Self-management	The ability to regulate your emotions.	Proverbs Genesis 4 James 1
Responsible Decision-making	The ability to make positive choices and take responsibility for outcomes (both positive and negative).	Colossians 3:1-17
Social-awareness	The ability to practice perspective-taking and extend empathy to others.	Philippians 2:14-30
Relationship Skills	The ability to form and maintain positive relationships.	Romans 12

From the Friendly curriculum.

Caregiver Informational Session:

FRIENDZY DAILY CHECK-IN TOOL

THIS TOOL IS VERY SIIMILAR TO THE ZONES OF REGULATION. THE ZONES OF REGULATION AND FRIENDZY PROGRAMS PAIR WELL TOGETHER.

HOW AM I FRIENDZY FEELING?

DAILY CHECK-IN



FRIENDZY.CO

HOW AM I FRIENDZY FEELING?

BEFORE I BEGIN, I CHECK IN.



MANAGE MY EMOTIONS BEFORE THEY MANAGE ME!

FRIENDZY.CO

Example Situation:

1. You check in with your child, who you notice is very nervous about their vaccination appointment at the doctor's office. You ask, "Check in with me. How are you feeling?" He responds, "I feel scared."
2. You then help him problem-solve to identify and use a coping strategy to calm his nerves. "I would like to use my stress ball squeeze toy."
3. With this conversation, your child is identifying and managing his emotions, using positive communication, and practicing problem-solving.

From the Friendly Curriculum.

Caregiver Informational Session:

FRIENDZY “WE CAN WEATHER OUR PROBLEMS” TOOL

THIS TOOL HELPS CHILDREN LEARN TO IDENTIFY HOW THEY FEEL, INCREASE THEIR SELF-AWARENESS, AND WORKS ON PROBLEM-SOLVING TOO.



Example Situation:

1. You and your family were looking forward to watching the Super Mario Bros. movie in theaters. But, you all can't go out after work because your car got a flat tire on the way home. You break the news to your child and she is now throwing a tantrum and pouting.
2. You ask, "...okay, how are you feeling on our weather scale right now?" After some reluctance, your daughter answers "6! I want to go watch a movie!"
3. You then try to help your daughter scale the problem to promote problem-solving and managing her emotions. You ask her, "What can we do to help calm down and bring you down to a 5?"
4. After some time, your daughter replies, "Sitting in my cozy corner to take time to breathe." After taking some time to herself, your daughter states that she is now at a 4. You suggest having a movie night at home and your daughter appears to brighten up.
5. Through this tool, your child can problem-solve and scale the size of the problem. It also promotes better self-awareness and communication.

Appendix C

Caregiver Handouts Version 2

Caregiver Informational Session:

WHAT IS SOCIAL-EMOTIONAL LEARNING?



Definition: Social-emotional learning, also known as “SEL,” is an umbrella term to describe the development of someone’s knowledge, attitudes, and social-emotional skills.

Social-emotional learning supports a child’s ability to achieve positive outcomes (such as academic achievement, positive social skills, and emotion management).



SEL helps build our self-awareness, self-management skills, social awareness, relationship skills, and responsible decision-making.



There are **3 components** of SEL skills:

- 1) Emotional processes help us manage and recognize our emotions and the emotions of others.
- 2) Having positive social and interpersonal skills allows us to appropriately and positively interact with others.
- 3) Cognitive regulation is in charge of focus, attention, the ability to follow directions, and self-control.

Reference:

McClelland, M. M., Tominey, S. L., Schmitt, S. A., & Duncan, R. (2017). SEL interventions in early childhood. *The Future of Children*, 27(1), 33–47. <https://doi.org/10.1353/foc.2017.0002>

Steed, E. A., Shapland, D., & Leech, N. (2022). Early Childhood Teachers' Perceptions of the Effectiveness of Their Elementary School's Approach to Social Emotional Learning: A Mixed Methods Study. *Early Childhood Education Journal*, 50(7), 1121–1132. <https://doi.org/10.1007/s10643-021-01248-4>

Caregiver Informational Session:

THE ZONES OF REGULATION AND ITS STRATEGIES

Emotions for each Zone	Zone Colors	Strategies for each Zone
<p>Happy Calm Focused Proud Relaxed</p>		<p>Be a helping hand. Completing your work. Listening to directions.</p>
<p>Worried Scared Nervous Silly Wiggly</p>		<p>Deep breaths Counting to 20 Squeeze Toys/Fidget Toys Movement breaks</p>
<p>Sad Tired Bored Sick Moving Slowly</p>		<p>Hugs Dancing Stretching Movement breaks</p>
<p>Angry Terrified Overjoyed Wild Out of Control</p>		<p>Heavy work (for example: wall pushes; pushing a box of textbooks across the floor; crawling on all fours). Talking to someone Moving to a quieter spot</p>

Example Situation:

1. You are told that your child is not paying attention at school. You ask your child why, and she responds that she “was feeling tired.”
2. You realize your child was in the **blue zone**.
3. You then help your child problem-solve to encourage her to identify a strategy that is useful in moving her out of the blue zone.
4. Your child learns that she could use **stretching her arms** as a strategy to help her feel more energized during class.

From the Zones of Regulation curriculum.

Caregiver Informational Session:

MOVEMENT BREAKS



Movement breaks are a great tool to help your child get the wiggles out or help them feel re-energized! Sitting still and/or working for long periods can be tiring for adults and kids alike. Movement breaks can help your child refocus their attention and bring them back to a place that is “ready to learn” and “good to go.”

Movement breaks can be fun and incorporated into games and daily activities! While fun, it is not an activity to do in place of what your child needs to do (like their homework). This is a tool to help provide a brain break, so remember to set the expectation that they still need to complete their daily tasks.



Examples of some movement break exercises:

Jumping jacks, arm circles, push-ups, knee highs, planing, yoga poses, stretches, and toe touches.

Example situation:

You notice your child is fidgeting and not paying attention while you are helping him with his homework. Your child might be signaling that he needs a brain break to feel more focused. You decide to play a quick game of “Simon Says” and incorporate simple exercises into the game. You remind him that after the game, he must finish his homework to have playtime after. Your child agrees and has fun during the movement break. After the movement break, you notice your child is more focused and less fidgety. He finished his homework and is now enjoying his much-deserved playtime.

Caregiver Informational Session:

FRIENDZY'S 5 CORE PRINCIPLES



CORE PRINCIPLE	DEFINITION	REFERENCES TO SCRIPTURE
Self-awareness	The ability to identify your emotions and understand how they affect behaviors.	Genesis 1:27 Psalm 1:39
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Social-awareness	The ability to practice perspective-taking and extend empathy to others.	Philippians 2:14-30
Relationship Skills	The ability to form and maintain positive relationships.	Romans 12

From the Friendly curriculum.

Caregiver Informational Session:

FRIENDZY DAILY CHECK-IN TOOL

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FRIENDZY.CO

HOW AM I FRIENDZY FEELING?

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FRIENDZY.CO

Example Situation:

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3. With this conversation, your child is identifying and managing his emotions, using positive communication, and practicing problem-solving.

From the Friendly Curriculum.

Caregiver Informational Session:

FRIENDZY “WE CAN WEATHER OUR PROBLEMS” TOOL

THIS TOOL HELPS CHILDREN LEARN TO IDENTIFY HOW THEY FEEL, INCREASE THEIR SELF-AWARENESS, AND WORKS ON PROBLEM-SOLVING TOO.



Example Situation:

1. You and your family were looking forward to watching the Super Mario Bros. movie in theaters. But, you all can't go out after work because your car got a flat tire on the way home. You break the news to your child and she is now throwing a tantrum and pouting.
2. You ask, "...okay, how are you feeling on our weather scale right now?" After some reluctance, your daughter answers "6! I want to go watch a movie!"
3. You then try to help your daughter scale the problem to promote problem-solving and managing her emotions. You ask her, "What can we do to help calm down and bring you down to a 5?"
4. After some time, your daughter replies, "Sitting in my cozy corner to take time to breathe." After taking some time to herself, your daughter states that she is now at a 4. You suggest having a movie night at home and your daughter appears to brighten up.
5. Through this tool, your child can problem-solve and scale the size of the problem. It also promotes better self-awareness and communication.

Caregiver Informational Session:

STUDENT SUCCESS



Success requires practice, both at school and at home!

Social-emotional learning is a life-long skill. As adults, we also struggle with self-regulation throughout daily life. We continue growing these skills well into adulthood. Promoting and growing these skills in childhood will strengthen those skills through life.



“What can I do?”

Remember to always check in with yourself too. We must model the behaviors that we would like our children to learn. It is hard to model the appropriate behavior when we are not in control of our emotions. Take a deep breath, and choose the SEL tool that works best for you *at that moment*.

Unfortunately, there is no one-size-fits-all, gold-standard solution to social-emotional learning. What works for one situation or on one day, may not for another. But, by creating the moments to discuss and help your child problem-solve through their emotions, they can build their confidence, self-awareness, and self-regulation outside of school as well.

Caregiver Informational Session:

STUDENT SUCCESS: HOW TO MODEL THE USE OF THESE SEL TOOLS



Example situation for modeling the appropriate behavior:

You are running late to a relative's retirement party. You have been trying to leave your house for 10 minutes at this point, but your child is throwing a tantrum because she can not bring her favorite toys to the venue. As she is crying she tells you, "I do not want to go! I'm staying home!"

You feel yourself losing control of your emotions. You remember that to model the right behavior, you must take a step back and allow yourself to manage your emotions too. You exclaim "I'm entering the red zone because you are not listening to me, and that makes me upset. I need to take a few deep breaths to calm my body." You take deep breaths in front of your child to model a tool that can help manage your emotions.

(You may not be in the green zone exactly, but the deep breaths helped break some of those emotions. This can help you feel better prepared to help your child problem-solve through their tough behaviors and emotions. By modeling the deep breaths in front of your child, you are showing them how you are using a tool to help you manage your emotions).

Appendix D

Caregiver Questionnaire: Pre-Survey

Survey #:

Pre-survey for Parent Education Session

*Directions: Please complete this survey **at the start** of the informational session. On a scale of 1-5, answer the following questions to the best of your ability, where 1 is strongly disagree and 5 is strongly agree.*

1. I am confident in my knowledge of the terms: social-emotional learning (SEL) and SEL strategies.

Strongly Disagree

Strongly Agree

1 2 3 4 5

2. At present, I understand how social-emotional learning can affect my child's/children's daily life.

Strongly Disagree

Strongly Agree

1 2 3 4 5

3. I believe that social-emotional learning strategies provide my child/children with relatable skills and techniques that can be carried over to their adult lives.

Strongly Disagree

Strongly Agree

1 2 3 4 5

4. I see the value in using social-emotional learning strategies to support my child's/children's development, success, and well-being.

Strongly Disagree

Strongly Agree

1 2 3 4 5

5. I feel that social-emotional learning strategies can be easily included throughout our daily routines.

Strongly Disagree

Strongly Agree

1 2 3 4 5

(Please continue to the next page).

Adapted from The Zones of Regulation's Staff Implementation Survey

1

Survey #:

6. I feel confident in my ability to use social-emotional learning strategies with my child/children.

Strongly Disagree

Strongly Agree

1 2 3 4 5

7. I see the value and importance of my part in my child's development of social-emotional learning.

Strongly Disagree

Strongly Agree

1 2 3 4 5

8. I feel confident in my ability to demonstrate social-emotional learning strategies to my child/children to help them better manage their emotions and problem-solve.

Strongly Disagree

Strongly Agree

1 2 3 4 5

9. I understand that these social-emotional learning strategies are flexible and can be adjusted to meet the specific needs of my child/children.

Strongly Disagree

Strongly Agree

1 2 3 4 5

10. I feel supported in my efforts to learn about and use social-emotional learning strategies with my child/children.

Strongly Disagree

Strongly Agree

1 2 3 4 5

Appendix E

Caregiver Questionnaire: Post-Survey

Survey #:

Post-survey for Parent Education Session

*Directions: Please complete this survey **at the end** of the informational session. On a scale of 1-5, answer the following questions to the best of your ability, where 1 is strongly disagree and 5 is strongly agree.*

1. I am confident in my knowledge of the terms: social-emotional learning (SEL) and SEL strategies.

Strongly Disagree

Strongly Agree

1 2 3 4 5

2. At present, I understand how social-emotional learning can affect my child's/children's daily life.

Strongly Disagree

Strongly Agree

1 2 3 4 5

3. I believe that social-emotional learning strategies provide my child/children with relatable skills and techniques that can be carried over to their adult lives.

Strongly Disagree

Strongly Agree

1 2 3 4 5

4. I see the value in using social-emotional learning strategies to support my child's/children's development, success, and well-being.

Strongly Disagree

Strongly Agree

1 2 3 4 5

5. I feel that social-emotional learning strategies can be easily included throughout our daily routines.

Strongly Disagree

Strongly Agree

1 2 3 4 5

(Please continue to the next page).

Adapted from The Zones of Regulation's Staff Implementation Survey

3

Survey #:

6. I feel confident in my ability to use social-emotional learning strategies with my child/children.

Strongly Disagree *Strongly Agree*
1 2 3 4 5

7. I see the value and importance of my part in my child's development of social-emotional learning.

Strongly Disagree *Strongly Agree*
1 2 3 4 5

8. I feel confident in my ability to demonstrate social-emotional learning strategies to my child/children to help them better manage their emotions and problem-solve.

Strongly Disagree *Strongly Agree*
1 2 3 4 5

9. I understand that these social-emotional learning strategies are flexible and can be adjusted to meet the specific needs of my child/children.

Strongly Disagree *Strongly Agree*
1 2 3 4 5

10. I feel supported in my efforts to learn about and use social-emotional learning strategies with my child/children.

Strongly Disagree *Strongly Agree*
1 2 3 4 5

Appendix F
Optional Survey

Optional Quality Improvement Survey

Directions: This survey is optional. Please answer the following questions. Your responses will be used to improve this informational session for future participants.

Thank you for your participation.

1. I feel that this informational session and learning material are useful and informative.

Strongly Disagree *Strongly Agree*
1 2 3 4 5

2. I had adequate time to learn about Friendly's techniques during this informational session.

Strongly Disagree *Strongly Agree*
1 2 3 4 5

3. This informational session promoted a safe space to learn about social-emotional learning.

Strongly Disagree *Strongly Agree*
1 2 3 4 5

4. I would recommend this informational session to fellow parents of children at Cornerstone Christian Academy and Tykes Preschool

Strongly Disagree *Strongly Agree*
1 2 3 4 5

5. Please provide any additional thoughts or comments to help improve these sessions for future participants.

Appendix G

Sample Informational Session Flyer



INTERESTED TO KNOW MORE ABOUT YOUR CHILD'S SOCIAL-EMOTIONAL LEARNING?

Please Join one of our info sessions to learn more about social-emotional development strategies at CCA!

Objectives

- Explore the Five Core Competencies in Social and Emotional Learning through the Friendly Curriculum
- Discuss the tools anchored by scripture that integrate multiple core competencies to support their growth.
- Understand that lessons are presented in various ways to help students achieve their goals, build meaningful relationships, and connect with their teachers.

When?

Thursday, January 18th, 2024

Morning session: 8:30am

Afternoon session: 4:30 pm

Where?

**Cornerstone Christian
Academy**

Room: 105 /JC Park



UNLV

Appendix H

Sample Informational Session Electronic Announcement

FRIENDZY PARENT MEETINGS

SAVE THESE DATES! Join us for the Friendly Curriculum Parent Meetings to discover our new Social Emotional Curriculum, Friendly!

When:

3/19 at 3:15pm Rm B5

3/21 at 3:15pm Rm B5

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Watling, R. (2020). Behavioral approaches. In J. C., O'Brian, & H. M., Kuhaneck (Eds.), *Case-Smith's Occupational therapy for children and adolescents* (8th ed., pp. 550-564). Elsevier, Inc.

World Health Organization. (n.d.). *Coronavirus disease (COVID-19)*.
https://www.who.int/health-topics/coronavirus#tab=tab_1

Curriculum Vitae

Cerena Obra
cerenaobra@gmail.com

Education

Occupational Therapy Doctorate **Expected May 2024**

University of Nevada, Las Vegas

Capstone Project (Spring 2024) - Providing Parent Education on School-Based, Social-Emotional Learning Programs to Increase Parents' Self-Efficacy for Managing Aversive Behaviors

CAT Presentation (Spring 2023) - Mindfulness Interventions to Reduce Stress in High-Risk Pregnancies

Bachelor of Science in Kinesiology **May 2019**

University of Nevada, Las Vegas

Leadership Experience

UNLV Student Occupational Therapy Association **January 2023 - December 2023**

Secretary Chair

- Record keeping of member attendance
- Scheduling and maintaining a calendar of events
- Documentation of meeting minutes for executive board and general meetings

Capstone Experience

School-Based **January – April 2024**

Cornerstone Christian Academy & Tykes Preschool (Las Vegas, NV)

- Provided school-based occupational therapy services.
- Provided in-service presentations on school-based SEL program.
- Completed capstone project.
- Participated in parent-teacher meetings and collaborated with teachers on clients' treatment plan and progress.

Fieldwork Experience

Level II Experiences:

Pediatric Outpatient **Summer 2023**

Motivated Kids Therapy (Las Vegas, NV)

- Provided an in-service presentation on the impact of aversive behaviors on the 6 dimensions of wellness, evidence-based interventions to address problem behaviors, and Nevada mental health/behavioral health resources, policy, and advocacy.
- Conducted thorough and measurable OT evaluations, collaborative goal-planning, and implementation of evidence-based interventions (e.g., play-based therapy, sensory processing techniques).
- Completed effective and timely documentation of services

Adult Inpatient Rehabilitation **Summer 2022**

Mountain View Hospital (Las Vegas, NV)

- Provided in-service presentation and created a caregiver resource binder for rehab department use
- Conducted thorough and measurable OT evaluations, collaborative goal-planning, and implementation of evidence-based interventions (e.g., play-based therapy, sensory processing techniques)
- Completed effective and timely documentation of services

Level I Experiences:

School-Based Pediatrics **Fall 2023**

Cornerstone Christian Academy & Tykes Preschool (Las Vegas, NV)

Pediatric Home Health/Community **Spring 2023**

Therapy Blocks, LLC (Las Vegas, NV)

Cornerstone Christian Academy & Tykes Preschool (Las Vegas, NV)

Pediatric Community **Fall 2022**

Cornerstone Christian Academy & Tykes Preschool (Las Vegas, NV)

Adult Acute **Spring 2022**

Spring Valley Hospital (Las Vegas, NV)

Adult Daycare **Fall 2021**

Nevada Senior Services (Las Vegas, NV)

Professional Memberships

American Occupational Therapy Association, Student Member **May 2021 - Present**

Pi Theta Epsilon: UNLV Chapter Theta Tau, Student Member **November 2023 - Present**

Scholarships

UNLV OTD Program Emergency Relief Scholarship, 2024

UNLV OTD Program Capstone Support, 2024

OTD General Fieldwork Assistance, 2023

OTD Capstone Education Support, 2023