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Girl Time: An Enrichment Program Fostering Social and Emotional Well-being among Kindergarten Girls

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Philadelphia College of Osteopathic Medicine

Department of Psychology

GIRL TIME: AN ENRICHMENT PROGRAM FOSTERING SOCIAL AND
EMOTIONAL WELL-BEING AMONG KINDERGARTEN GIRLS

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Submitted in Partial Fulfillment of the Requirements for the Degree of
Doctor of Psychology

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SCHOOL OF
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APPLIED PSYCHOLOGY™

DISSERTATION APPROVAL

This is to certify that the thesis presented to us by **Irene A. Opuka** on the 14th day of March, 2019, in partial fulfillment of the requirements for the degree of Doctor of Psychology, has been examined and is acceptable in both scholarship and literary quality.

COMMITTEE MEMBERS' SIGNATURES

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ABSTRACT

Early identification and intervention are essential in meeting the unique needs of all children and families (Bagdi & Vacca, 2005). In addition to studying the growth of separate emotions and their importance for mature development, researchers have discovered that early-childhood years are a key time for developing capacity to control and regulate emotions (Nuttall, Romero, & Kalesnik, 1999). Schools are designed to promote emotional well-being, and GIRL TIME could be viewed as part of a responsive and collaborative approach to a child-centered service continuum that includes promotion, prevention, and intervention. Effective social-emotional-behavioral interventions have been found to change the balance between risk and protective factors in favor of more adaptive short- and long-term outcomes (Bagdi & Vacca, 2005).

Keywords: preschool, at risk, social development, early childhood

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CHAPTER 1: INTRODUCTION

GIRL TIME is an enrichment program intended to facilitate the development of social competence. The main goal of this study was to examine whether the program would positively influence appropriate social behaviors among kindergarteners who were considered at risk for social development. These girls were reported to exhibit deficit skills in regulating their emotions and behaviors and/or in forming relationships with adults and making friends. Among several dimensions of early temperament assessed, one element of behavioral regulation, the inability to modulate impulsive behavior, emerged as a significant predictor of externalizing problems later in childhood (Caspi, Henry, McGee, Moffitt, & Silva, 1995).

GIRL TIME was intended to impact nine African American female students who were identified as at risk for social developments while in prekindergarten through Grade 4 (PK-4). These girls were observed and/or reported to have repeated behavioral difficulties, such as with waiting for their turn, sharing with peers, or following adult directions, during academic year 2017-2018. They had at least three weekly behavioral incidents that were discussed with administrators and/or recorded under incidents in DeansList, the schoolwide database. In addition, these girls were rated by their teachers using the Devereux Early Childhood Assessment (DECA) and earned scores of less than 41, suggesting “Need” for attachment, initiative, and/or self-control, and earned scores greater than 59 for behavioral concerns.

During GIRL TIME, these girls engaged in a range of social activities, from learning the basics of healthy food choices to making jewelry. These activities were

geared to introducing fun experiences while naturally initiating opportunities to help develop the students' social skills, problem-solving abilities, and relationship building. In order to gauge the outcomes of the GIRL TIME program, their teachers evaluated each student using the Behavior Assessment for Children-3rd Edition Behavioral and Emotional Screening System (BASC-3 BESS). The BASC-3 BESS was completed in October 2018 as a preassessment of the students' emotional, social, and behavioral status in school and at the end of 8 weeks as a postassessment. Additionally, the DECA was administered in Fall 2018 and Winter 2019 to monitor progress based on the strategies these girls were exposed to through their participation in the GIRL TIME program.

Statement of the Problem

Limited social development has been related to behavioral difficulties with following directions and getting along with peers impacting social interactions. Social skills are behaviors that appear to enhance peer acceptance, friendship, or other positive relational outcomes (Ladd, 1999). The purpose of this study was to explore an increase of appropriate social behaviors by participating during the intervention block in an enrichment program that promotes teamwork, problem solving, and self-expression. A critical milestone during the preschool years is children's ability to initiate and maintain positive social interactions. In other words, preschoolers must become socially competent, as this ability has an impact on children's overall development and long-term well-being (Veiga et al., 2017).

The girls who participated in the study were identified as struggling with taking turns, and therefore, they were observed to become easily upset during learning centers, for example, an activity that is typically student directed with the guidance of a teacher.

Recent research has found that learning centers have a positive influence on the development of language, social skills, and cognition of young children who participate in these environments. Learning centers require students to share and take turns with the learning materials (e.g., blocks, headsets, crayons). When selecting students to share or for a responsibility, a common reminder teachers use in the learning environment is “Everyone will get a chance.” Despite this reminder given multiple times a day, these particular students may push or hit their peers when their names are not called for leadership roles, such as holding the door, being the line leader, or being the “caboose.”

During structured and unstructured times, these students often were reported to exhibit difficulties with trying different ways to solve a problem or to be resistant to trying new activities. In those moments, these children often were observed to choose the same activity over and over or to have temper tantrums when shown different ways to engage in a familiar activity or introduced to a new activity. Theory-based practices suggest that learning centers are appropriate for children in the classroom and help enrich their world. Teachers have reported that when children choose to participate and try new activities, they become engaged in the activity and are excited about the possibilities that are offered.

During social interactions, these students involved in the study had been reported to demonstrate some difficulties with cooperating with others, playing well with others, or handling frustration in healthy ways. These difficulties were reported to lead to frequent rough play, use of unkind words or unsafe hands, or at times temper tantrums. The variation in play behavior (e.g., fantasy, role, exercise, or rough-and-tumble) has been related to children’s social competence. However, these different forms of play can

have different functions during the development of children's social competence (Veiga et al., 2017). During ages 2 to 5 years old, children typically become more skilled at interacting and at managing emotions, placing them in a better position to continue thriving in a social world (Denham et al., 2003).

Purpose of the Study

The goal of this study was to evaluate a school enrichment program for kindergarten girls. Teaching social skills communicates to children society's expectations for behavior (McArthur, 2002). While often the case, parents and educators should not assume that students will automatically act in an acceptable manner just because adults expect them to do so. This study helps to illustrate the social growth this opportunity can have on girls by teaching them how to connect with other students and also how to explore feelings/emotions beyond the academic setting. Empirical data support the idea that when students' positive behaviors are apparent in the class, they receive positive verbal messages from peers, teachers, and other staff members, often enhancing students' awareness and perception of their self-worth. Students need social skills to participate in the cooperative learning activities that are used in most classrooms (McArthur, 2002). This study helps demonstrate the positive outcome of teaching social skills.

Summary of the Methodology

Nine African American girls who were identified at risk for social-emotional development during PK-4 participated in GIRL TIME, an enrichment program conducted during the kindergarten intervention block. GIRL TIME was held during a consecutive 8-week period every Tuesday for 45 minutes starting October 2018. The girls participated in various social activities that allowed them to explore feelings/emotions while sparking

artistic abilities beyond the academic setting. Pre- and post-assessments were used to measure the girls' progress.

Hypothesis

Enrichment social activities have a positive influence on the social development of at-risk kindergarten girls.

Summary of GIRL TIME

GIRL TIME will demonstrate a positive influence on appropriate social behaviors among kindergarten girls who are considered at risk for social development. During PK-4, these girls were rated by their teachers as performing below their same-aged peers as evidenced by the social-emotional benchmark tool DECA, administered at least twice a year. Empirical findings have found a strong correlation between a child's DECA scores and kindergarten readiness. When teachers emphasize social skills in the classroom and create a climate of cooperation and respect for others, fewer discipline problems and less negative behavior result (McArthur, 2002). These girls engaged in activities geared toward teaching them to work well with others by sharing, waiting for their turns, expressing themselves in healthy ways, expanding their problem-solving skills, and building relationships. Teaching social skills communicates to students society's expectations for their behavior (McArthur, 2002).

CHAPTER 2: LITERATURE REVIEW

Introduction

Early-childhood intervention. Science of learning illustrates that the brain is adaptable and can be influenced by positive experiences; on the other hand, the brain is vulnerable and can be harmed by negative experiences. Often when educators hear the term *early childhood intervention*, they think of intentional strategies to address a child with a disability or one whose early life experiences are dominated by risk factors, such as adverse childhood experiences. While the presence of risk factors does not always mean a child will develop social-emotional difficulties, they can increase the chances of this happening.

GIRL TIME is viewed as a protective factor related to the idea that the participating girls have good experiences (e.g., making shea butter, making smoothies, designing jewelry) that naturally allow them to develop the tools to have positive social-emotional skills. Empirical literature supports the idea that the more protective factors in a child's life, the lower the chances of him or her developing difficulties. Protective factors have been linked to good outcomes for children and furthermore serve to protect children when they are exposed to risk.

Young children undergo sensitive developmental processes and experience many important changes throughout the preschool years (McGoey, Rispoli, Schneider, Clark, & Novak, 2013). Upon entering the preschool setting, the young child's world is changed from one that was entirely centered on the home and his or her primary caregiver to one that includes an unfamiliar, changing institution in which the child is often cared for by

multiple adults (McGoey et al., 2013). Most preschool children are able to adjust to this change in environment and behavioral expectations, while some exhibit persistent behavioral difficulties that have been reported to impede their learning and the learning of others. A successful transition to formal schooling represents an important developmental milestone; however, not all children are ready to enter kindergarten (Stacks, 2005).

Devereux Early Childhood Assessment (DECA).

DECA (LeBuffe & Naglieri, 1999) is one of the reliable and valid assessment instruments developed within the past 2 decades that provides important developmental and diagnostic information on social-emotional behaviors in young children (McCabe & Altamura, 2011). DECA is a frequently used assessment of social-emotional development and behavioral adjustment in early childhood.

Protective factors have been associated with academic success, prosocial outcomes, and self-efficacy, especially at the preschool level. Studies have used protective factors of Initiative, Attachment, and Self-Control, as measured by the Devereux Early Childhood Assessment Clinical Form (DECA-C), to determine them as predictive factors of academic success, as well as of prosocial outcomes. The DECA program is a primary prevention program that is implemented at the universal and/or target levels. The DECA-C is a standardized, norm-referenced behavior rating scale for children 2 to 5 years old.

The DECA-C evaluates the frequency of 27 positive behaviors related to three protective factors: Attachment, Self-Control, and Initiative. The DECA-C also includes a 10-item Behavioral Concerns Screener, which measures a variety of challenging

behaviors seen in preschool children. Attachment describes the relationship between a child and the important people in his or her life, such as caregivers, teachers, and peers.

Initiative is a child's ability to try new activities and do things for him or herself, such as asking questions, making and carrying out plans, exploring, and using creativity. Self-regulation is a child's ability to tell right from wrong and to behave in appropriate ways, such as thinking before speaking or acting, solving problems, or calming down.

Behavioral concerns suggest that a child may need to further develop skills in handling strong emotions, paying attention, or getting along with others. These students may have earned DECA scores of less than 41, suggesting "Need" for attachment, initiative, and self-control, and DECA scores greater than 59 suggest behavioral concerns. Reportedly, research studies have confirmed a strong correlation between a child's DECA scores and kindergarten readiness.

Measuring emotional competence is important in an early-childhood curriculum because emotional competence is directly related to social competence (McCabe & Altamura, 2011). Social competence, in turn, is predictive of many positive developmental outcomes, including academic success, interpersonal acumen, and healthy psychological adjustment (Odom, McConnell, & Brown, 2008). Social-emotional competence emerges through earlier developmental competencies, and therefore, assessment should be focused on all ages to ensure acquisition of important social-emotional milestones (McCabe & Altamura, 2011). Fewer measures are available to assess social-emotional behavior in young children, and the technical adequacy of the available instruments is typically not as strong as that of measures for older children (McCabe & Altamura, 2011). However, empirical literature has illustrated that social-

emotional behavior of a young child is highly situational specific, and unless assessment includes all the settings that influence a child's behavior, the scope and utility of the assessment results are more limited.

Protective factors in early childhood. Early childhood is usually considered the ages between 2 and 7 years, the most crucial stage for forming various social and emotional bonds. As reflected in Bronfenbrenner's theory, a child's development is shaped by the different systems of the child's environment and also by the reciprocal relationships among the systems. Each child is unique. He or she may respond to different environments in different ways, and every child develops at his or her own pace. Therefore, such factors as extracurricular activities have an impact on a child's social development. Extracurricular activities enhance a child's learning experience, as well as his or her overall development. According to the National Association for the Education of Young Children (NAEYC), child development advances when children are challenged and given opportunities to acquire and practice new skills. Extracurricular activities have been found to provide children additional opportunities to form friendships, thereby promoting bonding and meaningful relationships with peers, as well as problem solving and creativity.

According to the American Academy of Pediatrics (AAP), social-emotional development within the first few years of life sets a precedent and prepares children to be self-confident, trusting, empathic, intellectually inquisitive, competent in using language to communicate, and capable of relating well to others (Collaborative for Academic, Social, and Emotional Learning [CASEL], 2004). Healthy social and emotional development refers to a child's emerging ability to experience, manage, and express the

full range of positive and negative emotions; develop close, satisfying relationships with other children and adults; and actively explore their environment and learn (CASEL, 2004).

According to Poulou (2015), the rapid developmental changes occurring during early childhood place children at risk of emotional and/or behavioral difficulties. While some preschool children sooner or later overcome the transient developmental difficulties, these difficulties are predictive of future developmental maladjustment for a large number of children (Poulou, 2015). The behavioral difficulties are usually hypothesized as externalizing or internalizing behaviors.

Children often engage in problem behavior when they do not know what to do or how to do it (Corso, 2007). The expectations of the preschool classroom are likely to differ in a variety of ways from expectations experienced by children at home or in other settings (Corso, 2007). Children cannot be expected to understand the new routines or expectations of the preschool environment unless those expectations are taught and reinforced in ways that are meaningful to each child (Corso, 2007).

Research has documented a variety of child, family, and community factors that are associated with behavioral problems in children (Stacks, 2005). Additionally, such factors as prenatal exposure to drugs and alcohol, complications with childbirth, and genetic makeup clearly interact with the preschool child's environment and can contribute to the onset and persistence of externalizing behaviors (Stacks, 2005). Early-childhood professionals have reported an increase in problem behaviors, such as aggression, in the classroom setting; however, for many children these early behavioral patterns are not simply transient or indicative of normal developmental differences

(Stormont, Smith, & Lewis, 2007). According to Stacks (2005), specific behaviors, such as temper tantrums, clowning, hitting, and trouble paying attention, are associated with externalizing problems and are normal for typically developing preschool children. However, when these behaviors are severe and persist across situations, they can be predictive of more serious or clinical levels of behavioral problems.

Research has documented that not all children with early-appearing problems continue to have difficulties, but roughly half the children identified with problems by preschool age maintain such behavioral patterns into elementary school (Campbell, 1995). Although extensive research has found that the emergence of challenging behavioral patterns typically occurs within the early-childhood period, less research has been conducted on protective factors within early-childhood school-based settings (Stormont et al., 2007).

One approach to working with problem behavior that has efficacy with school-aged populations and is ideal for early-childhood settings is the use of a school-wide positive behavioral support (SWPBS) framework (Stormont et al., 2007). SW-PBS is a process for working with children with problem behaviors that recognizes the multiple influences on problem behavior and provides school-based supports for developing and demonstrating appropriate behavior (OSEP Technical Assistance Center, 2004).

Although the need for early support for problem behavior is clear, the systematic use of key features of SW-PBS in early-childhood programs has not been widespread (Stormont et al., 2007). Accordingly, the key features of SW-PBS are to specifically define appropriate behavior that is expected in school settings (i.e., behavioral expectations), teach children these behavioral expectations in all school settings (i.e.,

classroom and nonclassroom settings), support appropriate behavior through prompting and providing specific feedback in various ways when it occurs, and use data to further guide decisions regarding supportive interventions (OSEP Technical Assistance Center, 2004). In addition to implementing the key school-wide universal interventions, the SW-PBS process also includes more focused interventions (i.e., small-group/targeted supports) for students who require more support in terms of environmental modifications, social-skills instruction, and/or practice opportunities (OSEP Technical Assistance Center, 2004).

Although minimal data-based studies have been conducted to date on the effectiveness of SW-PBS systems in early-childhood settings, several studies have been conducted on using strategies to support appropriate behavior in children at risk for behavioral problems (Stormont et al., 2007). Research on behavioral supports in Head Start settings has found that young children who received a 12-week social-skills intervention increased their adaptive behavior and decreased their problem behavior (Serna, Nielsen, Lambros, & Forness, 2000). Other research has similarly found that early intervention that targeted social skills, promoted positive social interactions, and used effective behavioral supports, including prompts and praise, was associated with increased social competence in children (Tankersley, Kamps, Mancina, & Weidinger, 1996).

Definition of Social Skills

Social-emotional skills. Early-childhood mental-health literature defines social-emotional development as a child's ability to understand the feelings of others, control his or her own feelings and behaviors, get along with other children, and build

relationships with adults. In order for children to develop the necessary basic skills, such as cooperation, following directions, demonstrating self-control, and paying attention, they must have social-emotional skills. These girls participating in GIRL TIME engaged in activities geared toward teaching them how to work well with others by sharing, waiting for their turn, expressing themselves in healthy ways, expanding their problem-solving skills, and building relationships. Teaching social skills communicates to students society's expectations for behavior (McArthur, 2002). People can think of children's emotions as ways in which they react to situations while social development refers to ways they get along with peers and form relationships (Ashiabi, 2007).

According to Gresham (2016), social skills can be conceptualized as a specific class of behaviors that an individual exhibits in order to successfully complete a social task. Social tasks might include entering a peer group, having a conversation, making friends, or playing a game with peers. Social competence, in contrast, is an evaluative term based on judgements (given certain criteria) as to whether an individual has performed a social task adequately. Social skills represent the ability to perform those behaviors important in enabling a person to achieve social competence (Spence, 2003).

These skills include a range of verbal and nonverbal responses that influence the perception and response of other people during social interactions (Spence, 2003). Individuals must be able to adjust the quantity and quality of nonverbal responses, such as eye contact, facial expression, posture, social distance, and use of gesture, according to the demands of different social situations. Similarly, verbal qualities, such as tone and volume of voice and rate and clarity of speech, significantly influence the impression people make upon others and their reactions to us (Gresham, 2016). According to Spence

(2003), these microlevel aspects of social skills, also referred to as basic social skills, are highly important in determining the success of social interactions. Individuals need to be able to integrate these microlevel skills to perform macrolevel social skills (i.e., complex performance skills within appropriate strategies for dealing with specific social tasks). For example, success in starting a conversation involves many microlevel social skills in addition to more complex skills, such as identifying appropriate moments to initiate the conversation or selecting appropriate topics for conversation (Spence, 2003). Young people require the skill to be able to deal with numerous social tasks, such as requesting or offering help, asking to join in, taking turns, or waiting for one's turn.

Social skills are learned, socially acceptable behaviors that allow a person to positively interact with others (Gresham, Elliott, Vance, & Cook, 2011). Social skills have been documented as essential for success in both academic and peer-group settings. Important social skills for success at school, according to teacher reports, include listening to others, following classroom rules, complying with teacher directives, asking for help, cooperating with peers, showing kindness to others, and controlling temper in conflict situations (Gresham et al., 2011). Social skills are central to the assessment of social competence. According to Gresham et al. (2011), deficits in social competence are part of several diagnostic criteria. In the current definition of emotional disturbance specified in the federal law that mandates free and appropriate public education for students with disabilities, two of the five criteria indicate social-competence deficits as part of the disability: (a) an inability to build or maintain satisfactory interpersonal relationships with peers and teachers and (b) the expression of inappropriate behavior under normal circumstances.

Difficulties in interpersonal relationships are also part of many diagnostic criteria specified in the *Diagnostic and Statistical Manual of Mental Disorders* (4th ed., text rev.; *DSM-IV-R*; American Psychiatric Association, 2000). For example, the diagnostic criteria for attention deficit/ hyperactivity disorder, conduct disorder, and oppositional defiant disorder all specify that clinically significant impairment in social functioning must be clearly evident. Similarly, children diagnosed with autistic disorder must have severe and sustained gross impairment in reciprocal social interaction (American Psychiatric Association, 2000).

In the context of the social-behavior analysis framework, social skills are operationally defined as strengths, performance deficits, or acquisition deficits with or without competing problem behaviors. A social-skill strength can be defined as knowing how to perform specific social skills in a consistent and appropriate manner. According to Gresham (2016), social-skill strengths are important because they can be used as building blocks for the improvement of less well-developed social skills. According to Gresham et al. (2011), performance deficits can be conceptualized as the failure to perform a given social skill at acceptable levels even though an individual knows how to perform the social skill. These types of social-skill deficits can be thought of as “won’t do” problems, in that the child knows how to but does not want to perform a particular social skill. These types of social-skill deficits can best be thought of as motivational or performance issues rather than as learning or acquisition issues. In contrast, an acquisition deficit results from either the absence of knowledge about how to perform a given social skill or the difficulty in knowing which social skill is appropriate in specific situations. Acquisition deficits can be characterized as “can’t do” problems because the child cannot

perform a given social skill under the most optimal conditions of motivation (Gresham et al., 2011).

Children and social interactions. The development of social-emotional competence is an important milestone for preschool children, as children who are socially and emotionally competent in preschool are likely to enjoy success in academic and social areas in the future (Odom et al., 2008). Behavioral problems of childhood, however, typically emerge in the early years and are associated with deficits in social skills, emotional regulation, frustration tolerance, and social problem solving (Fantuzzo, Bulotsky, McDermott, Mosca, & Lutz, 2003).

Children who lack social-emotional competence in preschool are more likely than typical peers to experience transition problems into kindergarten, be unprepared academically, manifest a number of social and behavioral problems in grade school, and exhibit long-term problems academically and socially (Fantuzzo et al., 2003). Transition difficulties in the beginning of a child's school career set the stage for poor academic, social-emotional, and behavioral functioning later because the child may struggle to acquire skills needed for successful performance (McCabe & Altamura, 2011). Children who are interpersonally successful are more likely to be invited by peers to future play opportunities, whereas children who commit social errors are more likely to be rejected from current and future play situations (McCabe, 2006).

A lack of social-emotional competence in preschool may stem from the quality of the parent-child relationship (McCabe & Altamura, 2011). An insecure attachment formed between parent and child is characterized by mistrust, unreliable care, and lack of support. Consequently, the child may not feel that he or she can rely on the parent for

emotional support, a situation that affects subsequent psychological, social, and emotional development (McCabe & Altamura, 2011). These early life events can create a negative developmental trajectory by impacting future social opportunities (McCabe & Altamura, 2011). Children with poor social competence have fewer opportunities for interaction with peers because they lack social skills; have emotion regulation difficulties; and are often ignored, neglected, or rejected by their peers (McCabe & Altamura, 2011). Reduced socialization possibilities mean fewer opportunities to practice and hone social skills (McCabe & Altamura, 2011). Children need opportunities to engage in social interactions as a means to practice and perfect their social strategies (McCabe & Altamura, 2011). Preschool is an ideal time to remedy social-emotional delays, given the level of support available to children at this age, both at home and school, as well as sufficient time to practice and incorporate new skills into the behavioral repertoire (McCabe & Altamura, 2011). GIRL TIME provides kindergarteners the opportunity to practice their social strategies while engaging in various fun activities.

Social-emotional learning is the process through which children and adults acquire and effectively apply the knowledge, attitudes, and skills necessary to understand and manage emotions, set and achieve positive goals, feel and show empathy for others, establish and maintain positive relationships, and make responsible decisions (CASEL, 2016). These competencies are considered important, and the more developed they are, the more successful children are at school, at home, and in the community. They are the skills that allow children to calm themselves when angry, make friends, resolve conflicts respectfully, and make ethical and safe choices (CASEL, 2016; Weissberg, Durlak, Domitrovich, & Gullotta, 2015).

GIRL TIME provides a natural setting that allows for teaching these skills as the girls have the opportunity to learn and practice while engaging in various activities as a group. According to Durlak, Weissberg, Dymnicki, Taylor, and Schellinger (2011), students typically do not learn alone, but rather in collaboration with their teachers, in the company of their peers, and with the encouragement of their families. Additionally, emotions can facilitate or impede children's academic engagement, work ethic, commitment, and ultimate school success.

Many school-based social-emotional learning programs involve the delivery of classroom curricula designed to promote social-emotional competencies by teaching, modeling, and practicing social-emotional skills. In contrast, GIRL TIME provides an unsystematic instructional approach to integrating and applying social-emotional skills while participating in fun activities.

Effective mastery of social-emotional competencies is associated with greater well-being and better school performance whereas the failure to achieve competence in these areas can lead to a variety of personal, social, and academic difficulties (Durlak et al., 2011). Similar to the social-emotional learning approach, GIRL TIME helps reduce risk factors and fosters protective mechanisms for positive growth. Over time, this developmental progression leads to a shift from being predominantly controlled by external factors to acting increasingly in accord with internalized beliefs and values, caring and concern for others, making good decisions, and taking responsibility for one's choices and behaviors (Durlak et al., 2011).

Benefits of enhancing social interactions. The word *social* refers to how individuals learn about the world in which we live, and children learn by what they see

and experience (McArthur, 2002). Like any other skill, social skills can be taught. Most studies have used manualized intervention when addressing social skills. However, GIRL TIME uses an unmanualized approach to teaching social skills. GIRL TIME provides activities that facilitate a natural way for girls to learn and use appropriate social skills by default. GIRL TIME allows for social development to occur organically. Success in social interactions is determined by many factors relating to the individual, the response of others, and the social context (Spence, 2003).

According to KidsMatter Early Childhood (KMEC; 2012), developing social skills helps children to enjoy getting along with others and to manage life's ups and downs, skills that are important for children's lifelong mental health and well-being. Children learn social skills through their everyday interactions with others by watching and imitating and trying out new behaviors with others (KMEC, 2012). As adults use their own social skills in their daily interactions, children learn what effective social skills look like and how they help in getting along with others (KMEC, 2012). Children benefit from having many opportunities to develop and practice their social skills by interacting and playing with people of a variety of ages (KMEC, 2012).

When teachers emphasize social skills in the classroom and create a climate of cooperation and respect for others, fewer discipline problems and less negative behavior result (McArthur, 2002). Teaching social skills communicates society's expectations for behavior to students. Teachers cannot assume that students will automatically act in an acceptable manner just because adults expect them to do so (McArthur, 2002).

Researchers have acknowledged meaningful relationships between children's social behaviors and their long-term academic achievement. They have also found that

children who have positive interactions and relationships with their peers are more academically engaged and have higher levels of academic achievement.

Most researchers have concluded that positive peer interactions promote displays of competent forms of social behavior that, in turn, promote successful academic performance (Gresham, 2016). Studies have illustrated that problem behaviors, particularly externalizing behavioral patterns, interfere with or compete with the performance of both social and academic skills. These competing problem behaviors have been associated with decreases in academic performance. Empirical evidence illustrates that children with externalizing behaviors, such as aggression, noncompliance, and/or teacher defiance, often have moderate to severe academic-skill deficits that are reflected in below-average academic achievement.

Positive social skills have been found to help prevent externalizing behavior problems and later antisocial behaviors. According to Gresham (2016), in the conceptualization of social-skill deficits is the influence of competing problem behaviors on an individual's level of social skills. Competing problem behaviors effectively compete with, interfere with, or block the exhibition of a given social skill. Competing problem behaviors can be broadly classified as either externalizing behavioral patterns (e.g., noncompliance, aggression, or impulsive behaviors) or internalizing behavioral patterns (e.g., social withdrawal, anxiety, or depression). For example, a child with a history of noncompliant, oppositional, and impulsive behavior may never learn prosocial behavior alternatives, such as sharing, cooperation, and self-control, because of the absence of opportunities to learn these behaviors caused by the competing function of these externalizing behaviors. Similarly, a child with a history of social anxiety, social

withdrawal, and shyness may never learn appropriate social behaviors alternatives, such as sharing, because of avoidance of the peer group, thereby creating an absence of opportunities to learn peer-related social skills.

In the long run, teaching appropriate social skills has been recognized for reducing classroom discipline problems, promoting students' self-esteem, increasing the time available for instruction, and creating a positive learning environment (McArthur, 2002).

According to the National Association of School Psychologists (NASP; 2011), good social skills are critical to successful functioning in life. These skills enable people to know what to say, how to make good choices, and how to behave in diverse situations. The extent to which children and adolescents possess good social skills can influence their academic performance, behavior, social and family relationships, and involvement in extracurricular activities. Social skills are also linked to the quality of the school environment and school safety (NASP, 2011).

Consequences of students with good social skills include positive and safe school environments, child resiliency in the face of future crises or other stressful life events, students who seek appropriate and safe avenues for aggression and frustration, and children who take personal responsibility for promoting school safety (NASP, 2011).

According to NASP (2011), students with poor social skills have been shown to experience difficulties in interpersonal relationships with parents, teachers, and peers and to evoke highly negative responses from others that lead to high levels of peer rejection. Peer rejection has been linked to school violence; signs of depression, aggression, and

anxiety; demonstrations of poor academic performance as an indirect consequence; and a higher incidence of involvement in the criminal-justice system as adults.

According to NASP (2011), children may experience difficulty performing a skill as a result of the following: (a) Lack of knowledge (i.e., acquisition deficits). For example, the child does not know the skills or does not discriminate when a skill is appropriate. For instance, a child may grab a pencil from a peer in class when she needs one because she does not know how to appropriately ask to borrow it. (b) Consistently demonstrating inappropriate skills despite knowledge (i.e., performance deficits). For example, the child knows how to perform the skills but fails to do so consistently or at an acceptable level of competence. For instance, although the child understands that he should raise his hand to speak in class, and does so much of the time, he will sometimes blurt out a comment without raising his hand. (c) Performing a required task to a sufficient degree or level of strength (i.e., fluency deficits). For example, the child knows how to perform a skill and is motivated to perform, but demonstrates inadequate performance because of lack of practice or adequate feedback. For instance, a student has learned what to say and do when confronted with bullying behavior, but her responses are not yet strong enough to be successful. (d) Competing skill deficits or behaviors. For example, internal or external factors interfere with the child demonstrating a learned skill appropriately. For instance, depression, anxiety, hyperactivity, or negative motivation can interfere with demonstration of appropriate conflict resolution skills, even though the skills have been taught and learned.

Theoretical Framework

Use your social skills, and you will enjoy yourself. Much of the available evidence on behavioral interventions supports the use of teaching, modeling, and rehearsal activities as means for young children to practice, correct, and improve their social-emotional behavioral repertoire (McCabe & Altamura, 2011). Strategies to build these social-emotional competencies include describing and elaborating, modeling, rehearsing, role playing, providing prompts, and reinforcing the desired behavior in the natural setting as it occurs (Corso, 2007). Opportunities to frequently practice social skills, both in small- and large-group settings and in structured and free-play contexts, increase the likelihood that the skills are learned and practiced (McCabe & Altamura, 2011).

GIRL TIME helps create fun activities to teach appropriate social skills with the involvement of adults in a social context. These fun activities promote children's negotiation and problem-solving skills as they share, take turns, self-restrain, and work in a group. The activity focus and scaffolding allow these skills to emerge organically. The different social activities that GIRL TIME affords allow the kindergarteners to increase the possibility or potential for them to move from their actual levels of development toward a higher level. This possibility or potential in the development of cognition in children is what Vygotsky called the zone of proximal development (ZPD).

The ZPD articulates the relationship between instruction and development; however, it is not considered linear, that is, instruction pushes development. According to Vygotsky's view, learning and development interact so that the process of development makes possible a particular process of learning, and in turn,

the process of learning stimulates the process of development (Schwebel, 1979).

Instruction must be based on contingent social interaction, that is, on a sequence of turns by different people responding to each other, as in a conversation (Clarà, 2017).

Research has shown in successful learning processes that the adult's assistance is adapted to the child's ability, such that the adult typically offers a great amount of assistance at the start of the process, and this assistance gradually fades as the child becomes more competent (Clarà, 2017). This notion is often referred to as scaffolding. If a child can learn a skill something with the direct help of an adult and can demonstrate that learning in a second test situation, that child can also internalize it, master it, and use it independently (Schwebel, 1979).

De Vries (2005) illustrated the ZPD as the distance between the actual developmental level as determined by independent problem solving and the level of potential development as determined through problem solving under adult guidance or in collaboration with more capable peers. The adult or more capable peer presents unfamiliar content to the child in a setting the learner is comfortable with in order for the learner to move to a higher level of understanding; thus, the learner moves through the ZPD (de Vries, 2005).

Enrichment program as a teaching tool. The girls in the current study who participated in GIRL TIME were reported to often exhibit difficulties with trying different ways to solve a problem or to be resistant to trying new activities. In those moments, these children were observed to often choose the same activity over and over rather than a different or new task or to have temper tantrums when shown different ways

to engage in a familiar activity or introduced to a new activity. GIRL TIME provides an opportunity for those social skills to develop naturally.

When children are engaged in an activity they enjoy, they are less likely to engage in problem behavior (Corso, 2007). GIRLTIME provides instruction through the outlined social activities planned for the girls: Week 1 ballet (Ballet 101 session); Week 2 jewel design (Creative & Fly session); Week 3 making smoothies (Healthy Choices session); Week 4 making whipped shea butter (Love the Skin I'm In session); Week 5 coding techniques (Kid Code 101 session); Week 6 fitness challenge (Let's Get Physical session); Week 7 sewing (Sew Me – I session); Week 8 sewing (Sew Me – II session); Week 9 language (Spanish 101); and Week 10 celebration (We Can and We Did session). Children who are able to communicate their emotions appropriately, who can solve social problems, and who have positive social-interaction skills are less likely than those demonstrating difficulties to engage in problem behavior (Corso, 2007).

The ZPD is part of Vygotsky's sociocultural theory of learning, which explains how the development of conscious intellectual activity is the result of social and cultural influences (Wass & Golding, 2014). ZPD describes the actual level of achievement and the level that a child has the potential to achieve with support from adults. According to Wass and Golding (2014), before students are taught, they are able to complete some tasks, while others are beyond them. They can count, but not do algebra; they can write sentences, but not construct a coherent essay; they can evaluate factual claims based on observation, but not claims based on complex theory and reasons. If adults teach successfully, our students are able to complete more tasks than they could previously (Wass & Golding, 2014).

Literature illustrates that through teaching children develop knowledge, skills, behaviors, conceptions, and attitudes that expand the range of their abilities. On the other hand, Vygotsky's sociocultural theory considers the history of human development to be a complex interplay between the processes of natural, biologically determined development and the cultural development created by the interaction of a growing individual with other people (Bodrova & Leong, 2015). The result of these interactions proves more than the simple acquisition of the values, expectations, and competencies promoted by a specific culture. Rather, the entire system of naturally determined ("lower") mental functions, such as involuntary attention, rote memory, and sensory-motor thought, becomes restructured to produce what Vygotsky described as higher mental functions (Bodrova & Leong, 2015).

According to Bodrova and Leong (2015), Vygotsky defined higher mental functions as behaviors that are sign mediated, intentional, and internalized, and he described the development of these behaviors as a gradual process involving the transition from interindividual (*intermental*) or shared to individual (*intramental*). For young children, most of the higher mental functions still exist only in their interindividual form as they share these functions with adults or with other children (Bodrova & Leong, 2015).

Early childhood is the period during which the restructuring of lower mental functions goes through its initial stages as children for the first time in their lives use cultural tools to transform their cognitive processes, such as perception, attention, memory, and thinking (Vygotsky, 1978). Social-emotional capacities are similarly

transformed, allowing children to make a transition from being “slaves to the environment” to becoming “masters of their own behavior” (Bodrova & Leong, 2015).

In Vygotsky’s view, one of the accomplishments of preschool-aged children is overcoming their impulsive, reactive behaviors (i.e., their “knee-jerk” responses to the environment) and thus becoming capable of intentional behavior, an accomplishment critical for the development of higher mental functions (Bodrova & Leong, 2015). Early-childhood education has been identified as a stage of foundation for any child's future educational and social competence.

Creating learning opportunities. GIRL TIME not only teaches and exposes the kindergarteners to new experiences, but also supports them to perform ahead of their level of development. Participation in the various activities of GIRL TIME allow girls to exercise appropriate social skills organically. For instance, girls who demonstrate difficulties with interacting with other peers may respond constructively during the process of learning self-care by whipping shea butter with a partner as guided by the facilitator or adult.

ZPD signifies the process by which human beings can do far more with the support of others than they can do alone. Vygotsky recognized that people learn and develop through performing, through doing what is beyond oneself, through creative imitation in relational activity (Feldman, 2008). Interestingly, if adults give students tasks that they can already perform, they will not learn because they can already perform those tasks. Also, if adults we give them tasks that they cannot perform, they will not learn because these tasks are beyond their ability. Vygotsky resolved this paradox and extended the simple conception of teaching by drawing attention to the fact that with

assistance, individuals can complete tasks that they are not able to do on their own (Wass & Golding, 2014).

The ZPD is Vygotsky's term to describe the range of tasks that individuals can complete with assistance, but cannot complete on their own (Wass & Golding, 2014). Supporting children and youth to perform, to be both who they are and who they are not (i.e., who they are becoming,) is particularly significant considering the prevalence and impact of labeling (Feldman, 2008). One should note that the GIRL TIME participants in the current study were considered to be at risk for social-emotional development. Particularly, the girls were observed and/or reported to have repeated behavioral difficulties, such as with waiting for their turn, sharing with peers, or following adult directions during prekindergarten. Without intervention, these at-risk difficulties may eventually warrant identifications/labels. Formal labels, including such diagnostic categories as Attention Deficit Hyperactivity Disorder (ADHD) and Conduct Disorder, and informal labels, such as "troublemaker" or "shy one," often lead to understanding behavior as set in stone or incapable of being transformed (Feldman, 2008).

Population

Kindergarten age group. GIRL TIME supports the approach of being preventative rather than reactive. With the girls already identified as at risk, GIRL TIME can support best practices in intervention of intervening sooner than later. Therefore, the current study is designed to include rising kindergarteners and explores how learning and exposure promote social development.

The preschool years are a key developmental period during which skills essential for later academic and social success are acquired and honed in a variety of situations

(McCabe & Altamura, 2011). The terms *social competence* and *emotional competence* are often related because social interactions usually involve emotion, and children's abilities to be emotionally competent determine their success during their social interactions and relationships (Ashiabi, 2007). Thus, the development of social-emotional competence requires skills that promote emotional recognition and regulation, empathy for others, problem solving, and positive social interactions (Denham, 2006).

Preschool-aged children are also becoming increasingly better at emotional expression (McCabe & Altamura, 2011). By 4 years of age, children begin to understand that people display different emotions and that identical scenarios may cause different emotional reactions in different people (McCabe & Altamura, 2011). Their ability to identify emotional expressions, determine the causes of emotions, regulate emotions during social interaction, and take the perspective of others is illustrative of their emotional competence (Denham et al., 2003). Also, children who understand and are able to balance their positive and negative emotions and respond more prosocially to peers' emotions are seen as more likeable by their peers and rated higher in social competence (Denham et al., 2003).

Early learning opportunities have been found to be imperative. According to neuroscience, approximately 700 neural connections are formed every second during the first few years of life. Research studies have found that the interaction of genetics, environment, and experiences, especially the child's interaction with adults, dictates these neural connections. Furthermore, the subcortical circuitry is known to build the basis upon which all later learning and behavior hinge (Kolb & Whishaw, 2005). Early-childhood literature illustrates that the period between birth and 8 years of age is the

foundation of a child's future health, growth, development, and achievement at school and throughout life (Mustard, 2000). Experiences during these early years have been found to shape brain architecture and to have a direct impact on social, emotional, and learning skills (Shore, 1997). The developmental window during which some experience has a long-lasting influence on the brain is often referred to as a sensitive period (Kolb & Whishaw, 2005).

Recent research on the significance of the early years as the foundation for the life of an individual emphasizes that the first years of life are extremely important for the following reasons: (a) The environmental experiences during this period are significant in influencing one's life. The experiences of this period are known to either enhance or inhibit the realization of one's potential in life. (b) This period of growth and development is also the fastest in all aspects. (c) The development of the brain is most rapid in the early years. By the second year of life, the brain of the child is 70% that of an adult. By 6 years of age, it reaches 90% of its adult weight and size. In addition, by the end of 6 years, the brain of the child has developed maximum connections, more than an individual will require in a lifetime. All that is left is to make these connections permanent through providing early stimulation and quality care. (d) All the "critical windows of opportunity" are open during this period. These are the periods when children are able to learn and acquire certain knowledge, skills, and attitudes quickly and with minimal effort. Parents, other caregivers, and teachers need to make use of this period in order to maximize children's holistic development and, therefore, their potential in life. (e) This period is when the brain is most malleable and also highly impressionable. Environmental influences, especially care, nurture, and stimulation, have

the greatest impact on the brain at this time. (f) This period is when molding the character of children is easily done by teaching social norms, values, and habits, as well as regulation and control of emotions. (g) This period is vital for ensuring proper physiological growth and crucial for significant health and nutrition interventions to put the child on the right track for life (Mustard, 2000; Shore, 1997).

According to Mustard (2000), the experiences in early life influence the wiring and sculpting of the regions of the cortex that connect to one's sensing systems (e.g., vision, sound, touch, smell), by which one perceives the world. The neurons in the different sensing parts of the brain cortex that differentiate in response to the signals received in early life influence how well one recognizes the world and responds to the inputs from the sensing organs (Mustard, 2000). If development of the brain's sensing system does not occur during the optimum period, substantially improving the relevant wiring and sculpting for the sensing pathways is difficult later on (Mustard, 2000). This evolution has been found to be similar to the development of neural pathways to other parts of the brain that influence emotions, behavior, and language.

Empirical literature suggests that social development is a critical milestone during early childhood (i.e., ages 3 to 5 years), as children's abilities to initiate and maintain positive social interactions begin to develop during this time. Kindergarteners' social skills have been found to predict adult success. Young children who share easily, resolve problems on their own, and cooperate with their peers are less likely than those struggling peers to drop out of school, commit crimes, or need government assistance (Samuels, 2015).

According to Poulou (2015), the preschool period is the optimal time to identify and reduce early signs of problems, before developmental difficulties progress into permanent patterns. Studies suggest that children's preschool years represent a key component in building a comprehensive system of prevention and early intervention (Poulou, 2015).

Children with problem behaviors in kindergarten and first grade face multiple challenges in school, including peer rejection, negative interactions with teachers, and lack of support for developing appropriate behavioral patterns (Stormont et al., 2007). The early-childhood years need to be targeted for the prevention of chronic behavioral problems, as studies have shown that the younger the child is at the time of intervention, the greater the impact on the child's social adjustment (Stormont et al., 2007).

According to Poulou (2015), emotional and behavioral difficulties displayed by young children represent a growing concern for early-childhood professionals.

Behavioral problems are typically divided into two general categories: externalizing and internalizing (Poulou, 2015). Externalizing problems are outer directed and involve acting out, defiant, and noncompliant behaviors; internalizing problems are more inner directed and involve withdrawal, depression, and anxiety (Poulou, 2015; Stacks, 2005).

Research has illustrated that internalizing problems are less commonly identified in young children, possibly because of children's inability to easily communicate about their emotions, or adults' inability to notice emotional difficulties as worrying, or even difficulty in distinguishing developmentally normal emotions from prolonged distress that constitutes a disorder (Poulou, 2015).

Studies indicate that the early-childhood behaviors of arguing, disobedience, and not sharing turn into fighting, lying, and stealing in the primary-school years. These difficulties then turn into more serious and complex behaviors, such as interpersonal violence and committing crimes after puberty, that are difficult to overcome (Çelik et al., 2016). In particular, half of the children who display externalized problem behaviors, such as hitting and swearing, during preschool continue these behaviors during and after their school years (Campbell, 1995).

Studies have revealed that children with antisocial behaviors have problems with their peers in social interactions, have difficulty understanding social cues or behaviors of their peers, and frequently prefer aggressive problem-solving strategies in their relationships (Çelik et al., 2016). Preventing antisocial behaviors through effective early-intervention programs has become an important issue in recent years (Çelik et al., 2016).

Current Practice of Early-Childhood Intervention

Mental-health promotion as a preventative intervention. Mental health has been found to be a critical component of children's learning and overall well-being. Fostering social and emotional health in children as a part of healthy child development must therefore be a national priority (Foster et al., 2005). Schools have an important role to play in raising healthy children by fostering not only their cognitive development, but also their social and emotional development (Durlak et al., 2011).

According to McCabe and Altamura (2011), many deficits in social and emotional skills, similar to deficits in preacademic skills, can be identified early through screening and targeted for remediation. This idea differs from traditional approaches in which interventions are implemented only when children's social-emotional difficulties have

exacerbated beyond the ability of the teacher to manage (McCabe & Altamura, 2011). Using a prevention model, school psychologists work with classroom teachers and administration to develop universal screening procedures for multiple domains of development, including social-emotional development (McCabe & Altamura, 2011). The parents of children who are at risk for social-emotional difficulties should also be included in the intervention, which may include parenting-skills coaching, consultation on positive behavior supports (PBS), or instruction in a chosen curriculum so that they can practice the skills at home (McCabe & Altamura, 2011).

Universal social-emotional learning interventions promote asset development by enhancing five interrelated cognitive, affective, and behavioral competencies considered to be important for success in school and life: self-awareness (e.g., recognizing emotions, strengths and limitations, and values), self-management (e.g., regulating emotions and behaviors), social awareness (e.g., taking the perspective of and empathizing with others from diverse backgrounds and cultures), relationship skills (e.g., establishing and maintaining healthy relationships), and responsible decision making (e.g., making constructive choices across varied situations; Taylor, Oberle, Durlak, & Weissberg, 2017). Additionally, ample empirical evidence suggests that school-based social-emotional learning interventions have been effective in promoting targeted social-emotional competencies, resulting in both enhanced social and academic adjustment and reduced levels of conduct problems and emotional distress (Taylor et al., 2017).

Based on its examination of outcome studies, an Institute of Medicine (2009) report indicated that the promotion of competence, self-esteem, mastery, and social inclusion can serve as a foundation for both prevention and treatment of mental,

emotional, and behavioral disorders. Assessing implementation should be seen as a fundamental and necessary aspect of any future program evaluations, and efforts should be undertaken to evaluate the multiple ecological factors that can hinder or promote effective delivery of new programs (Durlak & Dupre, 2008).

Studies have illustrated associations between social-emotional learning skills in kindergarten and key outcomes for young adults years later in education, employment, criminal activity, substance use, and mental health (Jones, Greenberg, & Crowley, 2015). Early prosocial skills have been found to decrease the likelihood of living in or being on a waiting list for public housing, receiving public assistance, having any involvement with police before adulthood, and spending time in a detention facility.

Social-emotional competence is a critical factor to target with universal preventative interventions that are conducted in schools because the construct (a) associates with social, behavioral, and academic outcomes that are important for healthy development; (b) predicts important life outcomes in adulthood; (c) can be improved with feasible and cost-effective interventions; and (d) plays a critical role in the behavioral change process (Domitrovich, Durlak, Staley, & Weissberg, 2017).

The first 5 years of life have been established as a critical time for laying the foundation for healthy social-emotional development and mental health. Emerging neurodevelopmental research has acknowledged the impact of toxic stress and adversity on the young child, including greatly increased risks of social, cognitive, and behavioral problems. At the same time, early intervention has been shown to help reduce the impact of these adversities. According to Oppenheim et al. (2016), the child-serving system remains a patchwork of different services that is fragmented and disconnected. Excellent

programs are funded in early education, child care, pediatric care, and home visiting; however, until recently these efforts were poorly coordinated in many places and neglected to focus on the social, emotional, and behavioral health of young children and their families (Oppenheim et al., 2016).

According to Lee (2014), assessing the mental health of children of preschool age is difficult, as mental-health assessments historically emphasized a deficit-focused model that defined and identified some adverse risk factors that have been associated with children's negative developmental outcomes. Labeling a child negatively at such a young age can be damaging and stigmatizing, as the child is then viewed as being unusual and may be treated differently because of the stigma of mental illness (Lee, 2014). Owing to difficulties in diagnosing children at a young age and not wanting to label children negatively, many young children may not be identified at an early age (Lee, 2014).

Legislation related to early-childhood intervention. The universal, primary prevention focus means that all children in the school are monitored for social-emotional and behavioral success, part of the PBS framework. Within the classroom, PBS is used as a strategy to improve social competence among small groups of children who require this support (McCabe & Altamura, 2011). However, despite the empirical support for PBS at the elementary level, few studies have examined its efficacy in early childhood (McCabe & Altamura, 2011). Interestingly, studies have found that with a consultation period, more PBS features were subsequently used by teachers (McCabe & Altamura, 2011).

Federal mandates, such as No Child Left Behind (NCLB; 2002) and IDEA (2004) have shifted from suggesting that most children be successful to mandating that every child (with and without disabilities) be successful (Rodriguez, Loman, & Borgmeier,

2016). The successful development of academic skills is predicated on teachers being able to deliver effective instruction to all students. Students displaying disruptive, violent, and aggressive behaviors can negatively impact academic development for all students, not only the student of concern. Therefore, schools must implement systems and practices that promote a context for successful learning for all (Rodriguez et al., 2016).

Schools across the country are adopting Multi-Tiered Systems of Support (MTSS) for social behavior. MTSS incorporate a focus on preventing and remediating problems by providing a continuum of supports, which are typically conceptualized across three levels of increasing intensity. One of the most common approaches to MTSS for behavioral support in schools is School-wide Positive Behavior Intervention and Supports (SWPBIS). Within MTSS, universal prevention (Tier 1) is in place for all students in a school and is designed to promote the prosocial behavior and academic competence of all students. As increasing numbers of schools successfully implement Tier 1 prevention practices, schools are looking for and implementing evidence-based practices for students whose needs are not fully met by Tier 1 supports (Rodriguez et al., 2016). Those students who may require more intensive support are afforded Tier 2 supports. Students with the most complex concerns that may warrant individualized levels of support receive Tier 3 support. Given the time- and resource-intensive nature of individualized Tier 3 interventions, schools must implement Tier 2 interventions (Rodriguez et al., 2016).

Social-skills instructional groups have been identified as a common Tier 2 intervention. Some reported advantages of social-skills groups include flexibility of grouping and delivery format and potential to combine with additional strategies, such as differential reinforcement of other behaviors or self-monitoring. On the other hand, some

reported disadvantages of social-skills groups include inadequate demonstrations of skill generalization and maintenance, as well as missed instructional time. Tier 2 interventions should include the following supports: teaching, prompts, opportunities for practice, frequent opportunities for feedback, and fading procedures (i.e., scaffolding; Rodriguez et al., 2016).

GIRL TIME has a positive influence on increasing appropriate social behaviors among kindergarteners who are considered at risk for social development. In the current study, these girls were reported to have repeated behavioral difficulties and were considered to possibly benefit from more than just the universal levels of support. Early identification of at-risk students is a hallmark of MTSS. Therefore, for the purpose of this study, GIRL TIME may be viewed as a pseudo Tier 2 intervention.

On the other hand, regarding research supporting Tier 2 interventions, limited data have been reported for assessing the fidelity of Tier 2 interventions. Research studies have found an illustrated need for better ways to identify the best interventions to support students' behavioral needs at Tier 2. An essential need has been reported for data systems useful for evaluating student outcomes (in addition to office referral data), program evaluation, and implementation fidelity of Tier 2 (Rodriguez et al., 2016). Interestingly, office discipline referrals (typically administered in response to more severe behaviors and most often with limited frequency) may not be sensitive enough to effectively monitor progress and inform decision making for most students who would benefit from Tier 2 intervention (Rodriguez et al., 2016).

Research has documented that during the preschool years, children can learn the basics of emotional literacy, social interactions, and problem solving. By definition,

social-emotional learning involves the processes through which children and adults acquire and effectively apply the knowledge, attitudes, and skills necessary to understand and manage emotions, set and achieve positive goals, feel and show empathy for others, establish and maintain positive relationships, and make responsible decisions. Social-emotional learning has become a growing movement in school systems around the world (Humphrey, Lendrum, Wigelsworth, & Greenberg, 2016). The phrase *social-emotional learning* is thought to have first been coined in the United States during early meetings of what would become CASEL) in the early 1990s (CASEL, 2004). While attention to social-emotional aspects of education is perhaps nothing new, the contemporary model of social-emotional learning is known for its dual emphasis on the *taught* (e.g., explicit instruction) and the *caught* (e.g., socialization practices) in fostering social-emotional competence (Humphrey et al., 2016). GIRL TIME leans more towards the caught emphasis of a less structured and unsystematic approach to fostering the development of social competence.

According to Humphrey et al. (2016), the social-emotional learning movement in the United States has gained significant traction in the later years, including the updating of the Elementary and Secondary Education Act (previously known as ‘No Child Left Behind’) to include social-emotional competencies as part of Title IV (Successful, Safe and Healthy Students). Equivalent developments have been seen in many countries, including but by no means limited to Northern Ireland, Australia, Sweden, and Singapore in recent years (Humphrey et al., 2016). CASEL strives to advance social-emotional learning science, evidence-based practice, and policy.

Reportedly, the 2013 CASEL Guide provides information on selected programs (SElect) that vary in the approach they take to promoting students' social-emotional skills, but all have documented impact on students' behavioral and/or academic performance. Traditionally, most social-emotional learning programs have used explicit lessons to teach students social-emotional skills. This approach was the most common of the SElect programs included in the 2013 Guide. This Guide also identified several evidence-based social-emotional learning programs that provide teachers with academic content while simultaneously promoting social-emotional learning. Other programs emphasize using teacher instructional and classroom management practices to create classroom environments that foster social, emotional, and academic competence. Nonetheless, a social-emotional learning curriculum and instruction are not a required element of education in the United States (Humphrey et al., 2016). Recent literature reveals an increased focus on this aspect of social-emotional learning by locating it as a school readiness issue, arguing convincingly that skills of emotional expressiveness, regulation, and knowledge are not only key developmental tasks of early childhood, but also important for children's social relations and preacademic success in early-education settings (Humphrey et al., 2016).

Children's mental-health services are a mandated component of the Head Start program's performance standards and regulations (Lee, 2014). Since its inception in 1965, Head Start has served children from birth to age 5 years, providing a comprehensive preschool program for low-income children with cognitive, health, nutrition, social, and other services (Lee, 2014). One of the key foundations of the Head Start Child Development and Early Learning program is social-emotional development

that consists of elements of social relationships, self-concept and self-efficacy, self-regulation, and emotional and behavioral health (Lee, 2014). Head Start standards include working collaboratively with parents about mental-health concerns and efforts, providing services of mental-health professionals, and having regularly scheduled on-site mental-health consultation to help design and implement programs and promote mental wellness with education and training (Lee, 2014). Head Start is a forerunner in recognizing the importance of children's emotional and behavioral problems (Lee, 2014).

According to McGoey et al. (2013), consultation delivered in the early-childhood environment may develop the early-childhood educator's ability to use prevention and intervention techniques that reduce problem behaviors and increase positive behaviors in school. The call for the addition of consultation to early-childhood education was first mandated more than 30 years ago, yet still only a small number of states have provided private- or public-funding allocation to support behavioral or mental-health consultation (McGoey et al., 2013).

School psychologists and educators can employ a comprehensive approach to monitoring social-emotional development during early childhood using an assessment approach similar to Response to Intervention (RTI) benchmark assessments of academic-skill development (McCabe, 2006). To do so, one must first understand the social-emotional milestones and skills developed in the preschool years that predict later social competence (McCabe & Altamura, 2011).

Conclusion

The current study was designed to explore the significance of enrichment activities in promoting the social-emotional development of children. While the greater

emphasis before entering kindergarten is on the ability to count to 20 or more, recite the alphabet, and hold a pencil, children's reactions to others and situations and getting along with peers and forming relationships are equally crucial for kindergarten readiness. Given the importance of social-emotional skills to school performance, GIRL TIME helps enhance those skills considered important during early childhood through enrichment activities. Like any other skill, social skills can be taught, and most studies have used manualized intervention when addressing social skills. However GIRL TIME uses an unmanualized approach to teach social skills. GIRL TIME provides activities that facilitate a natural way for girls to learn and use appropriate social skills by default. GIRL TIME allows for social development to occur organically.

GIRL TIME is an enrichment program that is intended to facilitate the development of social competence as a pseudo Tier-2 behavioral intervention. This program has a positive influence in increasing appropriate social behaviors among kindergarteners who are considered at risk for social development. The girls in the current study were reported to have exhibited deficit skills in regulating their emotions and behaviors and/or in forming relationships with adults and making friends. Limited social development has been related to behavioral difficulties with following directions, and getting along with peers impacts social interactions. Social skills are behaviors that appear to enhance peer acceptance, friendship, or other positive relational outcomes. GIRL TIME helps increase appropriate social behaviors, as participation in this enrichment program was geared to naturally promoting teamwork, problem solving, and self-expression. A critical milestone during the preschool age is children's abilities to initiate and maintain positive social interactions. In other words, preschoolers must

become socially competent, as this milestone has an impact on children's overall development and long-term well-being.

CHAPTER 3: METHOD

Overview

The main goal of the study was to examine whether the GIRL TIME enrichment program would have a positive influence in increasing appropriate social behaviors among kindergarteners who were considered at risk for social development. During academic year 2017-2018, the girls who participated in the current study had been observed and/or reported to have experienced repeated behavioral difficulties evidenced by behavior entries in the schoolwide database; they also were rated below average when compared to their peers on the Devereux Early Childhood Assessment (DECA). Therefore, GIRL TIME would provide the opportunity to promote self-regulation, creativity, sisterhood, and problem-solving skills among the rising kindergarten girls who participated in the program. The GIRL TIME program is an enrichment program that occurred during the kindergarten enrichment block for a consecutive 8-week period, every Tuesday starting October 2018. During this time, the girls engaged in different social activities every week geared to help develop the students' social skills, problem-solving abilities, and relationship building. Pre- and post-assessments were conducted to measure the outcomes of the GIRL TIME program.

Procedure

GIRL TIME is an 8-week enrichment program for kindergarten girls at a public charter school in Washington DC. The program was created to promote self-regulation, creativity, sisterhood, and problem-solving skills among kindergarten girls. GIRL

TIME's main goal is geared specifically to impact girls who demonstrate a need for additional guidance in the areas of social skills and social-emotional and/or behavioral support.

The program was held during October, November, and December of 2018, during the second trimester of academic year 2018-2019. By this time, transitions into kindergarten, (e.g., the change of curriculum, increased instructional time, decreased nap time) hopefully had been established. The timing of the project was purposefully aligned with the middle of the new school year, when kindergarten foundational principles along with classroom academic and behavioral expectations already had been established.

Participants

Nine African American girls were identified at risk for social-emotional development during their PK-4 academic year 2017-2018, evidenced by the Devereux Early Childhood Assessment Clinical Form (DECA-C), which is administered two to three times a year, as well as by teacher referrals. The DECA program is a primary prevention program implemented at the universal and/or target levels. The DECA-C is a standardized, norm-referenced behavior-rating scale for children aged 2 to 5 years. The DECA-C evaluates the frequency of 27 positive behaviors related to three protective factors: attachment, self-control, and initiative. The DECA-C also includes a 10-item Behavioral Concerns Screener, which measures a variety of challenging behaviors seen in preschool children. *Attachment* describes the relationship between a child and the important people in his or her life, such as caregivers, teachers, and peers. *Initiative* is a child's ability to try new activities things and do things for him or herself, such as asking questions, making and carrying out plans, exploring, and using creativity. *Self-regulation*

is a child's ability to tell right from wrong and to behave in appropriate ways, such as thinking before speaking or acting, solving problems, or calming down. *Behavioral concerns* suggest that a child may need to further develop skills in handling strong emotions, paying attention, or getting along with others. These students may have earned scores of less than 41, suggesting “Need” for attachment, initiative, and self-control; scores greater than 59 suggest behavioral concerns.

Research studies have confirmed a strong correlation between a child’s DECA scores and kindergarten readiness. The students involved in the current study were considered at risk because of low protective factors and had been afforded universal strategies at the classroom level that were intended to benefit all children; however, these students had been observed and/or reported to have repeated behavioral difficulties, such as in waiting for their turn, sharing with peers, or following adult directions. Most behavioral difficulties were recorded under incidents into DeansList, a schoolwide database. These girls had at least three incidents weekly, which were discussed with administrators and/or recorded in the database, suggesting that the student’s problem could not be managed in the classroom and required an office referral.

The GIRL TIME Program

The program was held on campus in the multipurpose room of a public charter school in Washington DC during a consecutive 8-week period every Tuesday from 3:15 p.m. to 4:00 p.m. during the enrichment block. The following were the outlined social activities planned for the girls: Week 1 making smoothies (Healthy Choices session-I); Week 2 making smoothies (Healthy Choices session-II); Week 3 potting plants (Sisterhood session-I); Week 4 potting plants (Sisterhood session-II); Week 5 making

crowns (Character Building session); Week 6 jewelry design (Creative & Fly session); Week 7 tea party (Etiquette session); and Week 8 exploring the world (Bilingual Brown Girls session).

During the Healthy Choices sessions, the girls had the opportunity to observe and then to be junior chefs. The girls were exposed to a mini-lesson on the importance of healthy food choice. This lesson required their ability to sustain attention as they watched the facilitator model the steps in making a smoothie. Next, the girls worked together as a group to follow a recipe, and then each girl individually added the ingredients, requiring them to remember the sequence, take turns, and practice patience while respecting each other. Lastly, in showing confidence in their abilities, the girls created and sampled a fruit-and-vegetable smoothie.

During the Sisterhood sessions, the girls learned about plants and the plants need to grow. The first Sisterhood session required their listening skills, as well as a demonstration of their understanding of illustrations by comparing the picture of a healthy versus a dying plant. The facilitator also guided the girls through a hands-on exploratory session that required teamwork while decorating a pot in groups of three and then potting the plants, which the girls cared for together to practice responsibility.

During the Character Building session, the girls were empowered to embrace their unique beauty by using fun and pretty illustrations in *I Am Enough* by Grace Byers. The facilitator first read aloud to the girls, requiring them to maintain “listening ears” and “focusing eyes,” that is, paying attention and tracking along. Next, the girls read together as a group to reinforce the positive self-love illustrations, requiring them to make connections and then share their thoughts and feelings. The facilitator guided the girls

through a hands-on exploratory exercise, which required creativity as well as putting expression on paper through making princess crowns to celebrate who they were.

During the Creative & Fly session, the girls put on their imaginary designer hats by learning the process of design. They sketched an idea, requiring the girls to be creative as well as to organize their thoughts, and chose and assembled the materials, allowing them the opportunity to make decisions, share with others, and seek help from others or the facilitator when needed. With the final product, the girls created a label and chose packaging, further promoting their intellectual curiosity.

During the Etiquette session, the girls were taught good manners (i.e., as simple as saying “please” and “thank you”) that may not be so obvious to a kindergartener. In whole group, the girls learned good manners, and using their problem-solving skills, they discussed how to behave in various social situations. The girls had the opportunity to rehearse manners through engaging in a tea party. This fun role-playing activity forced the girls to interact appropriately with each other, as well as to show consideration for others while taking turns.

During the Bilingual Brown Girls session, the girls learned the basics of Spanish, such as greetings and common expressions. While this experience may have been new for most of the girls, they were required to show interest in learning new activities by listening and participating, as well as persistence with trying to say and use the new words taught, even if they did not get them right the first time. This experience afforded the girls the opportunity to use their words and actions by asking for help as well as practicing.

Outcome Assessments

Behavior Assessment for Children - 3rd Edition, Behavioral and Emotional Screening System (BASC-3 BESS). In order to gauge the outcomes of the GIRL TIME program, teachers evaluated each student using the BASC-3 BESS. The BASC-3 BESS was completed in October 2018 as a preassessment of the students' emotional, social, and behavioral status in school and at the end of the 8 weeks in December 2018 as a postassessment.

Devereux Early Childhood Assessment (DECA). Teachers (and families) should administer the DECA two to three times a year. As a standardized tool, pre- and postassessment comparisons can be used to measure statistically significant improvements. As previously described, the DECA was administered in Fall 2018 and Winter 2019 to monitor progress based on the skills the girls were exposed to and practiced organically through their participation in the GIRL TIME program.

CHAPTER 4: RESULTS

The purpose of this study was to examine the effects of enrichment activities in enhancing social skills among at-risk kindergarteners. This study attempted to answer the following question: Do enrichment social activities have a positive influence on the social development of at-risk kindergarten girls? As part of a program evaluation, archival data were used to examine student progress within protective factors of the Devereaux Early Childhood Assessment (DECA; attachment, self-control, initiative) as well as a pre- and postassessment model using the Behavior Assessment for Children – 3rd Edition,

Behavioral and Emotional Screening System (BASC-3 BESS). Both types of data were merged in this chapter for data analysis.

This study is unique in that it analyzes the short-term effects of an 8-week enrichment program conducted during the kindergarten intervention block. All data were collected by the project lead as part of a school culture initiative. Data were collected during the second trimester of the 2018-2019 school year (i.e., October 2018 - December 2019). A total of nine students participated in this study.

DECA

The DECA was administered in Fall 2018 and Winter 2019 to monitor progress based on the strategies these girls were exposed to through their participation in the GIRL TIME program. On the DECA, earned t scores of less than 41 suggest “Need,” of 41 to 59 suggest “Typical,” and of greater than 59 suggest “Strength” for attachment, initiative, and/or self-control; t scores greater than 59 suggest “Need” and below 59 suggest “Typical” for behavioral concerns (LeBuffe & Naglieri, 1999).

Table 1

Individual DECA Benchmark Scores for Attachment and Relationships (AR)

Participant	Fall 2018	Winter 2019	Change from Fall to Winter
1	53	53	0
2	59	62	+3
3	62	53	-9

4	59	51	-8
5	62	57	-5
6	43	55	+12
7	41	36	-5
8	59	59	0
9	57	57	0

Attachment describes the relationship between a child and the important people in his or her life, such as caregivers, teachers, and peers (LeBuffe & Naglieri, 1999). When comparing change in the Attachment and Relationships (AR) domain from Fall 2018 (i.e., before GIRL TIME) to Winter 2019 (i.e., after GIRL TIME), an increase in *t* scores was revealed in two of the participants, a decrease was revealed in four of the participants, and no change was revealed in three of the participants. Among those who showed a decrease, three of the four continued to fall within the typical range. Those who remained the same also continued to fall within the typical range. Overall, considering these girls were identified as at risk, mixed results showed strength (Participant 6) with forming strong, long-lasting relationships with significant adults while another showed significant need (Participant 7). Future studies may be able to further explore this variability, as well as different ways to increase change in those who maintained within the AR domain.

Table 2

Individual DECA Benchmark Scores for Initiative (IN)

Participant	Fall 2018	Winter 2019	Change from
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Fall to Winter

1	56	54	-2
2	65	70	+5
3	56	51	-5
4	48	48	0
5	56	65	+9
6	56	63	+7
7	58	63	+5
8	72	72	0
9	65	72	+7

Initiative is a child's ability to try new activities and do things for him or herself, such as asking questions, making and carrying out plans, exploring, and using creativity. Initiative grows quickly during the preschool and kindergarten years (LeBuffe & Naglieri, 1999). When comparing change in the Initiative (IN) domain from Fall 2018 (i.e., before GIRL TIME) to Winter 2019 (i.e., after GIRL TIME), an increase in *t* scores was revealed in five participants, a decrease was revealed in two of the participants, and no change was revealed in three of the participants. With both the increase and decrease, none of the participants were rated to fall in the needs area, as they either moved from the typical to strength range (i.e., three participants) or maintained within the typical range (i.e., three participants) or the strength range (i.e., three participants). Benchmark completed before the girls participated in the enrichment program revealed that six fell in the typical range and three fell in the strength range. However, after the girls participated in the enrichment program, the benchmark in Winter 2019 revealed that the participants rated within the strength range doubled to six, and those in the typical range (i.e., three

participants) reduced by half. Overall, results of the IN domain were consistent and suggest all the participants were perceived able to independently use their thoughts and actions to meet individual needs.

Table 3

Individual DECA Benchmark Scores for Self-Control (SR)

Participant	Fall 2018	Winter 2019	Change from Fall to Winter
1	46	45	-1
2	34	69	+35
3	55	35	-20
4	51	38	-13
5	51	69	+18
6	57	61	+4
7	44	45	+1
8	70	70	0
9	55	55	0

Self-control/self-regulation is a child's ability to tell right from wrong and behave in appropriate ways, such as thinking before speaking or acting, solving problems, calming down, cooperating with others, and following rules (LeBuffe & Naglieri, 1999). When comparing change in the Self-Control (SR) domain from Fall 2018 (i.e., before GIRL TIME) to Winter 2019 (i.e., after GIRL TIME), an increase in *t* scores was

revealed in four of the participants, a decrease was revealed in three participants, and no change was revealed in two participants. With the increase, all the participants ended in the strength range, while with the decrease all the participants fell within the need range. Those who did not show any change after GIRL TIME fell in either the typical or the strength range. Overall, considering these were girls identified as at risk, the results were mixed, as the difference in both directions seems significant and suggests that some participants showed strength with experiencing and appropriately expressing their feelings while others showed marked difficulties. Future studies may be able to further explore this variability, as well as better ways to help with increasing these targeted skills within the SR domain.

Table 4

Individual DECA Benchmark Scores for Behavioral Concerns (BC)

Participant	Fall 2018	Winter 2019	Change from Fall to Winter
1	57	53	-4
2	64	36	-28
3	50	59	+9
4	55	62	+7
5	59	52	-7
6	42	36	-6
7	60	60	0
8	29	29	0
9	40	45	+5

Behavioral concerns is when a child is demonstrating a need to further develop skills in handling strong emotions, paying attention, or getting along with others. Communicating behavioral strategies used in school with parents helps maintain consistency from school to home and better targets the behavioral concerns (LeBuffe & Naglieri, 1999). On the Behavioral Concerns (BC) domain, high *t* scores (i.e., higher than 59) indicate a weakness, and low *t* scores (i.e., below 59) indicate strength. When comparing change in the BC domain from Fall 2018 (i.e., before GIRL TIME) to Winter 2019 (i.e., after GIRL TIME), an increase in *t* scores was revealed in three of the participants, a decrease was revealed in four participants, and no change was revealed in two participants. Considering these girls were identified as at risk, a decrease in change is considered positive while an increase in change is considered negative. With the increase, two of the three participants remained within the typical range; however, one participant moved into the need area. Within the decrease, all four participants ended within the typical range. Overall, most of the students appeared to be able to pay attention and get along with peers. However, future studies may be able to further explore other variables that may be contributing to the ongoing difficulties (i.e., with Participants 4 and 7) and other ways to remediate.

BASC-3 BESS

The BASC-3 BESS is a brief screening measure that provides an overall score (i.e., the Behavioral and Emotional Risk Index [BERI]) and includes subindices that provide a more targeted view of behavioral and emotional functioning that requires intervention (Reynolds & Kamphaus, 2015). The BASC-3 BESS was completed by the

teachers in October 2018 as a preassessment of the students' emotional, social, and behavioral status in school and at the end of the 8 weeks as a postassessment.

Table 5

BASC-3 Behavioral and Emotional Screening System (BASC-3 BESS) - Individual Behavioral and Emotional Risk Index (BERI) t-scores

Participant	Pretest	Posttest	Change from Pretest to Posttest
1	68	61	-7
2	73	69	-4
3	60	58	-2
4	61	68	+7
5	63	69	+6
6	42	45	+3
7	67	62	-5
8	36	36	0
9	70	47	-23

Note. The BERI *t* score: Normal Risk is 0-60; Elevated Risk is 61-70; Extremely Elevated Risk is 71 and higher (Reynolds & Kamphaus, 2015).

When comparing from pre to post data, of the nine participants a decrease in *t* scores was revealed in five, an increase was revealed in two, and no change was revealed in one. Overall, before the enrichment program three participants showed a normal amount of risk, and after the enrichment program, the number increased to four. In addition, before the enrichment program, one participant in the sample showed extremely

elevated level of risk; however, none of the participants showed extremely elevated level of risk after the enrichment program. Results of the BASC-3 BESS data suggest some significant growth, as more girls showed a normal range of risk after GIRL TIME. However, future studies may help further investigate factors contributing to those who maintained elevated risk levels.

Table 6

Individual Facilitator Open-Ended Feedback

Facilitator	Overall, how do you think the activity went during your GIRL TIME session?	What do you think worked well? What should we keep as part of our program?	What kinds of improvements do you think we can make to the program? What do you think we should do differently?	Overall, what one word would you use to describe your Girl Time experience and/or session?
1	Things went well.	Going over the expectations and any call and response worked well with them. I think the decorating the pots went well	N/A	Fun
2	I feel as though the sessions were positive and productive. Participants were receptive to the session topics, engaged, and excited!	Using visual guides, step-by-step instructions, student modeling, and hands-on experiences.	Perhaps extending the program time to 1 hour instead of 45 minutes.	Energetic!
3	Well. This was the first session. The students responded well to the structure of the session and were attentive during the activity.	The flow. The session begins with reflection on current feelings/emotions. The activity was age and developmentally appropriate. All of the components work well.	A visual schedule and a visual of the group expectations.	FUN. The girls learned something new while enjoying themselves.

4	Given that the session for the afternoon was not able to be carried out as planned, the plan B went well!	What worked: Having a familiar, consistent facilitator, breaking the girls into groups for the activity was helpful. The format of a check in + group lesson/story + follow up activity works well	Possibly keeping facilitators more consistent to help manage expectations for the girls	Exciting!
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Input from the facilitators was gathered after the GIRL TIME sessions via an after-session brief survey. Overall, all the facilitators reported that the sessions went well. One facilitator described the participants as receptive, engaged, and excited. Other reports indicated that the participants seemed to respond well to the structure of the session initially, as well as when last-minute changes were made because of a delay in ordering materials, thus causing a change in planned activity. As far as what worked well and should be kept as part of the program, most of the facilitators reported that the components of the sessions, including review of expectations, reflection of current feelings, group lesson with visual guides, step-by-step instructions, modeling, and follow-up hands-on activities. Regarding improvements to the program, the following recommendations were made by facilitators: extending the program time to 60 minutes instead of 45 minutes, including a visual schedule of the group expectations, and possibly keeping facilitators more consistent in the delivery of sessions. Adjectives used to describe the GIRL TIME experience from the facilitators' perspectives included fun, energetic, and exciting.

Behavioral observations during GIRL TIME revealed the eagerness of the girls in appropriately engaging during the sessions. The girls identified their feelings at the beginning of each session. Initially, two of the participants shared that they were sad

because they had to leave their respective homeroom and they were missing blended learning on the computer. However, after Session 1 – Healthy Choices, those particular participants always rated themselves as excited or happy. Often the participants expressed the following emotions: “excited,” “loved,” and “happy.” When asked why they felt that way, the girls often shared that they were ready to learn fun activities or try new things or make different things. Additionally, the girls were observed and reported to have asked about upcoming GIRL TIME sessions during the week. In addition, the girls often were observed to come into the sessions filled with anticipation. Therefore, a brief mindfulness activity was added to the beginning of the first three sessions to help reset the girls, as well as to help them become acclimated to behavioral expectations. During the mindfulness activity, the girls were required to close their eyes and listen to short 3-minute pieces of inner-peace music. As the girls became familiar with the GIRL TIME sessions, they were observed to begin coming into the sessions more grounded and ready to review the feelings chart and then dive into sessions.

CHAPTER 5: DISCUSSION

This study evaluated a school enrichment program for kindergarten girls. Benchmark data revealed that in forming strong, long-lasting relationships with significant adults (Attachment domain), seven of the nine participants stayed within the same range, while one showed growth, and one became worse after engaging in the enrichment activities. In Fall 2018 (i.e., before GIRL TIME), eight participants were in the typical range, one was in the strength range, and none was in the need range. After GIRL TIME in Winter 2019, seven participants were in the typical range, one was in the strength range, and one was in the need range. While most of the girls fell within the

typical range, results did not suggest growth into the strength range after participating in the 8-week enrichment program.

In independently using thoughts and actions to meet individual needs (Initiative domain), of the nine participants, three showed improvement, while six stayed within the same range after engaging in the enrichment activities. In Fall 2018 (i.e., before GIRL TIME), six participants were in the typical range, and three were in the strength range; after GIRL TIME in Winter 2019, three participants were in the typical range, and six were in the strength range. While none of the girls became worse, results showed improvement from the typical range to the strength range. The number of participants within the strength range doubled after participating in the 8-week enrichment program.

In experiencing and appropriately expressing one's feelings (Self-Control domain), of the nine participants, three showed improvement, three stayed within the same range, and three became worse after engaging in the enrichment activities. In Fall 2018 (i.e., before GIRL TIME), seven participants were in the typical range, one was in the strength range, and one was in the need range; after GIRL TIME in Winter 2019, two participants were in the typical range, four were in the strength range, and three were in the need range. Three of the participants showed improvement and fell within the strength range while two worsened and fell within the need range after participating in the 8-week enrichment program. These results revealed mixed results, with change in both directions.

In handling strong emotions, paying attention, or getting along with others (Behavioral Concerns domain), of the nine participants, one showed improvement, seven stayed within the same range, and one became worse after engaging in the enrichment

activities. In Fall 2018 (i.e., before GIRL TIME), seven participants were in the typical range, and two were in the need range; this pattern of change remained consistent in Winter 2019 after GIRL TIME. While most of the students appeared to be able to pay attention and get along with others, one participant showed growth, and one showed a decrease in skills after participating in the 8-week enrichment program. These results revealed mixed results, with change in both directions.

Before GIRL TIME, one participant showed extremely elevated level of risk, three showed normal risk, and five showed elevated risk. After GIRL TIME, five participants showed elevated level of risk, four showed normal level of risk, and none showed extremely elevated level of risk. Regarding change, of the nine participants, two showed improved level of risk, while seven stayed within the same range. Overall, considering these students were identified as at risk, results revealed an increase in number of those within the normal risk level and none fell within the extremely elevated level of risk after participation in the enrichment program activities.

Implications of Results

The current study examined the impact of an enrichment program on increasing appropriate social behaviors among kindergarteners who were considered at risk for social development. This study extends existing literature examining early-childhood intervention in a number of important ways. First, the study focused on creating positive experiences as a protective factor to students considered at risk, a group of children exhibiting early-appearing behavioral difficulties that may be predictive of future developmental maladjustment. As mentioned earlier, the more protective factors in a child's life, the lower the chances of the child developing difficulties. Protective factors

have been linked to good outcomes for children and furthermore serve to protect children when they are exposed to risk.

Second, the study expands previous research assessing strategies to enhance appropriate social skills by intervening sooner than later. As indicated earlier, the first 6 years of life are important, as all the “critical windows of opportunity” are open during this period and children are able to learn and acquire certain knowledge, skills, and attitudes quickly with minimal effort (Mustard, 200; Shore, 1997).

This study hypothesized that enrichment program activities have a positive influence on the social development of at-risk kindergarten girls. Results confirmed an increase in number of those within the normal risk level and none no longer fell within the extremely elevated level of risk after participation in the enrichment program activities. Considering these were students identified as at risk for social development, these results suggest growth. These findings are consistent with several studies as indicated earlier that have been conducted on using strategies to support appropriate behavior in children at risk for behavioral problems (Stormont et al., 2007).

An increase was also evident within the benchmark completed after the girls participated in the enrichment program. Most growth was perceived with all the girls being able to independently use their thoughts and actions to meet individual needs (Initiative). Given this enhancement in behaviors, these findings are consistent with previous research that has documented that not all children with early-appearing problems continue to have difficulties (Campbell, 1995).

Contrary to the hypothesis, the program revealed mixed results, with some girls showing significant growth as well as significant concerns in some areas, specifically

with forming strong, long-lasting relationships with significant adults (Attachment and Relationships) and experiencing and appropriately expressing their feelings and paying attention (Behavior Concerns). These findings may be explained by other factors, and therefore further studies may be able to explore these variabilities.

Limitations of Study

As indicated earlier, the early-childhood years need to be targeted for the prevention of chronic behavioral problems, as studies have highlighted the finding that the younger the child is at the time of intervention, the greater the impact on the child's social adjustment (Stormont et al., 2007). The current study was conducted as a program evaluation of a new enrichment program tailored for at-risk participants. More research supports systematic approaches in enhancing social skills of children who are considered at risk for social delays. However, a review of literature identified a limited number of empirical studies on nonmanualized social-skills training for young children at risk for social development.

Behavioral observations during GIRL TIME revealed the eagerness of the girls by appropriately engaging during the sessions. The girls identified their feelings at the beginning of each session. Each week, several girls expressed the following emotions: "excited," "loved," "happy." When asked why they felt that way, the girls often shared their excitement about their participation in GIRL TIME. Additionally, the girls were observed and reported to have asked about upcoming GIRL TIME sessions during the week. Given the enthusiasm the girls showed about GIRL TIME, some of the early-childhood educators felt that taking away GIRL TIME would be an effective consequence for those participating girls who may have struggled during the week in

their homerooms. As indicated earlier, one of the reported disadvantages of social-skills groups include inadequate demonstrations of skill generalization and maintenance.

The facilitators' feedback revealed that the 45 minutes did not seem enough, as initially the group took longer than expected to learn expectations. In addition, the girls frequently were observed to come into the sessions in really excited, so a brief mindfulness activity was added to the beginning of each session to help reset the girls. Consequently, the amount of time left for the engagement activity seemed to lessen, and two of the sessions, Healthy Choices and Sisterhood, had to be broken into Parts I and II.

GIRL TIME was intended to begin in September 2018 after school resumed from summer break and was to run for at least for 10 weeks. However, after the School Culture grant was approved for the program, the funds were not released until October 2018. The delayed release of funds resulted in late planning, untimely ordering of materials, and inability to secure preferred guest facilitators. Also, time for a soft launch of GIRL TIME was minimal. Subsequently, the program ran for 8 weeks (i.e., week of October 22 through week of December 17, 2018) given the anticipated halt with upcoming winter break in December 2019.

Recommendations for Future Research

Early-childhood research on unsystematic approaches to teaching and practicing social skills is limited. However, more studies support the idea that when children do not learn prosocial behaviors naturally through highly supportive social environments, they need targeted social-skills instructions that may include explicit instruction of social skills in the form of a social curriculum. However, GIRL TIME allowed for incidental teaching of social skills through fun activities that facilitated the kindergarteners' social

interactions with each other, as well as with adults. The girls had the opportunity to practice skills and then generalize those skills through discussion and follow-up activities. As discussed earlier, extracurricular activities have been found to provide children with additional opportunities to form friendships, promote bonding and meaningful relationships with peers, solve problems, and use their creativity. More studies should be conducted on unsystematic approaches to teaching and practicing social skills within early-childhood school-based settings.

Interestingly, while the girls were in the sessions, minimal behavioral concerns were noted; however, during some weeks some of the girls were reported by their homeroom teachers to have struggled more with either following directions or having temper tantrums. Those difficulties were reported to the facilitators with the assumption that those undesired behaviors could have been tied to the sessions. Given the nature of the enrichment activities that allowed for incidental learning, future studies might explore how to carry over those social skills into other settings, including the classroom. If the girls were able to decorate a pot and then pot the plants in groups of three, activities that required following teacher directions and taking turns with materials, then the girls should have been able to do the same when required to work in the different small centers in the classroom with other peers. One of the reported disadvantages of social-skills groups is inadequate demonstrations of skill generalization and maintenance. Future research could further explore better ways of generalization of skills.

As discussed earlier, specific behaviors, such as temper tantrums, hitting, and trouble paying attention, are associated with externalizing problems and are normal for typically developing preschool children. However, when these behaviors are severe and

persistent across situations, they can be predictive of more serious or clinical levels of behavioral problems. While GIRL TIME appears to have the potential to be a good intervention, it is still in its infancy. Results of the program with forming strong, long-lasting relationships with significant adults and with experiencing and appropriately expressing feelings and paying attention were mixed. Future studies may be able to further examine reasons for mixed outcomes, as well as other variables that may be contributing to the ongoing difficulties and other ways to remediate these behavioral difficulties. A review of early-intervention research highlighted that early prosocial skills have been found to decrease the likelihood of living in or being on a waiting list for public housing, receiving public assistance, having any involvement with police before adulthood, and spending time in a detention facility.

Initially, GIRL TIME was intended to involve between 10 to 15 students. Two girls who were referred by their teachers at the end of PK4 did not return in academic year 2018-2019. Therefore, the program included nine students actively present and participating each week. Additionally, one of the participants who was referred by the kindergarten teacher at the beginning of academic year 2018-2019 was new to the school and had transferred from a public-school system. Her teachers reported that this participant frequently seemed to struggle with forming relationships and also with handling frustration in appropriate ways. The girls referred to GIRL TIME were identified as at risk for behavior difficulties, and a review of the results suggests that the smaller number of participants may have been conducive to the program's success, while additional participants may have lessened the amount of improvement.

Increasing the number of sessions and allotting more than the 45 minutes for entire session would permit for more learning time. Consideration may be made to offering 12 sessions and increasing the sessions to approximately 60 minutes to allow for 45 minutes for the actual activity and 10 to 15 minutes for transition and clean-up. Given that the group was identified as at risk, more time may be needed for teaching and learning expectations before the sessions get underway. In addition, having the same facilitator rotating each week may be beneficial in maintaining consistent behavioral expectations for the participants.

While these girls were reported to have repeated behavioral difficulties, such as with waiting for their turn, sharing with peers, or following adult directions, they were considered at risk based on social-emotional benchmarks (i.e., DECA). Conversely, some of these participants came from transient housing or did not receive any preschool readiness until enrolled in formal schooling. Schools have an important role to play in raising healthy children by fostering not only their cognitive development but also their social-emotional development (Durlak et al., 2011). A current equal need exists to prioritize cognitive development, as well as social-emotional development, when considering early- childhood intervention. Therefore, future research can also be conducted to further investigate if the reported behaviors are truly at-risk behaviors or if these difficulties could be identified in a different category given at-risk factors that are part of this population's ecosystem.

Conclusion

As discussed, this study extends existing literature examining early-childhood intervention in a number of important ways. Its main focus was to create positive

experiences as a protective factor to help lower the chances of the girls developing further difficulties. The idea of GIRL TIME was to create fun activities in a social context rather than an academic setting, thereby allowing for the social skills to develop organically as the students participated in different sessions. The program revealed mixed results, with evidence of some significant growth as well of significant concerns in some areas.

Significant improvement resulted in skills that required the girls to try new activities and independently use their thoughts and actions to meet individual needs. Areas of need included forming relationships, experiencing and appropriately expressing feelings, and paying attention and getting along with peers. However, while still in its infancy and with the considerations previously mentioned, GIRL TIME appears to have great potential as an effective intervention for significantly increasing appropriate social skills.

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