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An Integrative Service Project Summary Submitted to the University of Utah in partial fulfillment of the requirements of the Service-Learning Scholar's Program through the Lowell Bennion Community Service Center

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Table of Contents

Abstract .....	3
Review of Literature.....	4
Procedure.....	5
Results.....	5
Reflection.....	6
Appendix .....	9
References .....	19

**Abstract**

My Integrative Service Project (ISP) is to provide a service to a community center such as the Children's Center where I have volunteered in the past. The service project will be related to my Psychology Major with an emphasis on Child Development. For my project I created an informational module in the form of power points, which are used in courses to promote social and emotional development of infants and young children for the pre-school teachers in the community. The teaching handouts are for pre-school teachers wanting to continue their education in Social and Emotional Development for children. These handouts will inform the teachers of the different childhood disorders, intellectual developmental delays, and learning disabilities they may encounter in their classroom. The handout/ modules will provide information about different treatments including behavior modifications, and cognitive therapies through classroom strategies. The handout modules are strictly intended for background knowledge for the teachers; these resources are to help provide them with essential information so they will have positive interactions with the children. The handout modules would provide an overall general understanding of children with special needs.

### **Review of Literature**

Early identification of social and emotional problems in young children is critical for improving development outcomes. Once established the emotional and social problems remain stable and highly resistant to change (Sprague & Walker, 1995). When infants and young children are demonstrating behavior disorders they are at high risk for developing persistent psychiatric, academic and social impairments in adolescence and young adulthood. Particularly concerning, is the increase rate of serious crimes committed by children with a history of social and emotional disturbance (Yoshikawa, 1994). Prevention and early intervention activities supporting social and emotional competence are critical for improving outcomes for our youngest and most vulnerable children. Research suggests that positive care giving responses and a supportive social environment can substantially improve developmental outcome in young children (Shore, 1997).

It is vital to have interventions established for infants and young children that show signs of social and emotional behavioral problems. Unfortunately, it is extremely difficult for parents to get a diagnosis from a Psychologist or Psychiatrist for their child in a timely matter. The diagnosis of a young child with a behavioral problem can be very expensive and time consuming. Most parents do not have many resources to obtain proper help for their child. It is important for Pre-school teachers to be informed and able to recognize behavioral problems in young children. It would be particularly helpful for children and their families if teachers could provide classroom setting strategies for decreasing and preventing challenging behavior in young children. Regrettably, many early educators report feeling ill equipped to meet the needs of children with challenging behavior and were frustrated in their attempts to develop safe and nurturing classroom environments (Dodge, 2002). These teachers spend much of their time

## Curriculum Education for Children in Social and Emotional Development

addressing the behavioral problems in children, leaving little time to support the development and learning of the other children. It is evident the pre-school and middle school teachers need an effective training in their approach to addressing behavior problems in young children.

Information should be available to teachers about how to focus on promoting positive social and emotional development for each child. This information should also provide support for children's appropriate behavior and for preventing challenging behavior.

### **Procedure**

The Integrative Service Project (ISP) was conducted at the Children's Center in Salt Lake City, under the supervision of Alda Jones. The Children's Center provides comprehensive mental health care to enhance the emotional well being of infants, toddlers, preschoolers and their families. Each year over 1800 families come to The Children's Center seeking help for problems that feel insurmountable.

Due to the increasing amount of referrals for children exhibiting behavioral problems the Children's Center decided to develop an outreach program designed to inform pre-school teachers in Utah of classroom strategies to decrease and prevent challenging behavior. The continuing educational classes are offered to pre-schools teachers all year round. The project is designed to specialize in Promotion of the Social and Emotional Development of Infants and Young Children. The project is designed to cover: Nurturing and responsive relationships with caregivers and their children; also to promote positive relationships with families, children, and child caregivers. Second, the project will teach child caregivers to create a supportive learning environment for the children. High quality early childhood environments' will promote positive outcomes for all children. Third, the curriculum strategies and proactive approaches will teach social skills that will conclude a positive outcome. Fourth, the project will have individually

## Curriculum Education for Children in Social and Emotional Development

designed interventions for children that are still exhibiting aggressive and challenging behavior. These assessment based interventions will result in individualized behavior supports for teachers and the children in the classroom.

The project I have created will educate pre-school teachers about common childhood disorders. The information I have provided will allow the teacher to identify typical symptoms of a behavior disorder, and then use behavior modifications provided to help decrease the behavior. Whether or not the child has a formal diagnosis, the child caregiver's task is to respond to the child's behavior in the most supportive way possible.

### **Results**

The continuing education course handouts will accommodate over 40 pre-school teachers a year. The information provided allowed the teachers to identify children's specific disorders and offer suggestions for responding effectively to the children with these disorders. As the pre-school teachers learn more about the nature of each disorder, they will be on the lookout for symptoms, and this will allow the teacher to work together with primary caregivers and mental health professionals for the best benefit of the child.

Teachers have gained confidence and skills that will contribute to the child's improved emotional health and social development. Equipping the child's caregivers with knowledge about classroom strategies to decrease and prevent behavioral problems in the classroom has lowered the amount of referrals to The Children's Center.

### Reflection

As I reflect back on the last four years at the University of Utah, it's hard for me to believe how much I have accomplished. When I first was accepted at the University of Utah, I had a pretty narrow mindset; it was to get a degree in Business and finish as fast as possible; at the time I thought that would guarantee me a job after college. During my first semester at the University, I was invited to the "Legacy of Lowell" banquet by a former Service-Learning Scholar. It was the most inspirational educational conferences I have ever attended. The former Service-Learning Scholars spoke about their experiences in the program and how their day to day lives have been impacted by their increase knowledge of community engagement. They also spoke about how the Bennion Center has encouraged their lifelong service and civic participation in community. There was one gentleman who stated, "That no matter what profession you choose; doctor, lawyer or pharmacist, you will have an involvement with the community, so why not get involved with service to help change *your* community for the better." The stories and the experiences the Scholar's spoke about truly opened my eyes; I realized that giving service and learning from each experience was my calling. The very next day I handed in my application for the Service-Learning Scholar Program. After that, my goal in college was to expand my horizon and get involved with different non-profit programs that would have a direct benefit on the community.

The scholar's program has allowed me to discover my inner passion to help others without wanting anything in return. The program has opened my eyes to diversity, compassion, civic engagement and most important; teamwork. I will take with me this programs knowledge of my surroundings, and the ability to make a positive impact on another person's life with selfless efforts. I have found a new appreciation for life and I am very thankful for the

## Curriculum Education for Children in Social and Emotional Development

opportunities the Scholar program has giving me, as well for the lifelong friends that have been created along the way.

Once enrolled in the program I changed my Major to Psychology, my true fervor. For the past three years I have had the pleasure to work as an Occupational Therapy Assistant volunteer at The Children's Center, in which we promote positive psychology to help disadvantaged children to become more resilient. I had a wonderful opportunity to help these children with behavioral problems, and have taught them how to develop skills to manage their life in a destructive home environment.

As I have learned from my course work in Psychology and Child Development; behavior modification is vital for children at risk. Although the Children's Center is a great pre-school for children with special needs, it is a small school and can only facilitate about one hundred children per year. Unfortunately, the center receives fifth-teen hundred referrals a year for children that need high quality environments to promote positive outcomes for at risk children. I felt my ISP should focus on pre-school teachers in the community, to help educate them with background knowledge in the different childhood learning disabilities and disorders. When pre-school teachers have a better comprehension of how children with special needs learn in a classroom environment, it will prepare the teacher to be more engaging with the children.

I wanted to share my favorite quote from Lowell Bennion. This quote is very significant and it illustrates the meaning of service. "If we thought of life as a gift, we might not demand nearly as much from it. And if we lived more graciously, giving of ourselves more freely to the well-being of others, many of our personal concerns would disappear, and life would become easier for all."

**Appendix**

# **INTENSIVE INDIVIDUALIZED INTERVENTIONS**

The key implication here is that most solutions to challenging behaviors are likely to be found by examining adult behavior and overall classroom practice, not by singling out individual children for specialized intervention.

# Classroom and Child Care Settings Strategies

Whether or not a child has a formal diagnosis, a care giver or child care worker must respond to the child's behavior in the most supportive way possible. Working with children who have behavioral or mental health challenges involves a team effort. For the best results the team should include a partnership between the school, the family and mental health professionals.

In order to create individualized classroom setting strategies for a child displaying behavior challenges, information about the child must be gathered through observation, research, and family input. Then the team can design an effective support system tailored for that specific child. A key point to remember, identify and build on the child's existing strengths.

# Regulatory Disorders: Hypersensitive

## TYPICAL SYMPTOMS

- Overly sensitive to normal sensory stimulation
- Avoids stimulation
- Cries or has tantrums when over stimulated
- Hard to soothe irritable/ aggressive / withdrawn

## CLASSROOM AND CHILD CARE SETTING STRATEGIES

- Observe and identify triggers: Each child with hypersensitivity is unique, some more sensitive to light and others to sound. Observe what sensory triggers are causing their distress. A loud bell noise or flashing lights.
- Minimize triggers that cause distress: if a child is distressed in large group activities, create a smaller group or one on one activities at the same time. Help them take part in routines, with modifications. For example , let them sit in a beanbag chair during circle time, if it helps them stay calm. Or let them hold your hand as you walk through a busy noisy area together.
- Sometimes sensory overstimulation can be cumulative. The child may start the day in a good mood and tolerate sensory input, later that day they reach the limit of sensory input, and have a melt down over something relatively small.
- Stick to a predictable routine with scheduled sensory breaks if the child shows cumulative effect of too much sensory input.
- Give a warning before you start a transition process. Talk about what is going to happen and how it will be different. It will help children be calmer if they know in advance what to expect.

# Hyposensitive under responsive

## TYPICAL SYMPTOMS

- Unresponsive hard to engage
- Slow moving
- Poor body awareness
- Likes intense stimulation such as jumping or deep hugs
- Likes repetitive play

## CLASSROOM AND CHILD CARE SETTING STRATEGIES

- Encourage the child to interact with others. Motivate the child to participate by offering gross motor activities with strong sensory input. Activities should include running , jumping, completing an obstacle course or pushing/ pulling heavy objects.
- Remember that under responsive children may need extra time to respond. Look for non-verbal response as well.
- Encourage interaction by following the child's lead in play, even when it is slow and limited. Talk out loud about the play and what is happening. Example, "This is so much fun building a tall sand castle with you".
- Provide under-responsive children with the extra stimulation they need to become alert and involved. Once involved they can become over stimulated easily, so as they begin responding , slow down or lessen the activity as needed.

# Sensory stimulation seeking impulsive

## TYPICAL SYMPTOMS

- Very active
- Takes physical risks
- Impulsive
- Poor attention
- Always seeks physical contact
- Easily excited
- Aggressive

## CLASSROOM AND CHILD CARE SETTING STRATEGIES

- Provide developmentally appropriate activities that offer children stimulation. Offer a balance of gross motor (completing an obstacle course or pushing/ pulling heavy objects) and fine motor (finger-painting, water play).
- Use firm touch. Instead of gently bushing a child's arm, use a firm pat on the back.
- Be patient. Remember that the child is not purposely trying to annoy you or disrupt the classroom setting. They are using limited skills to try to organize themselves and their interactions in response to circumstances that seem overwhelming to them.
- Provide extra supervision if the child seems to be taking dangerous risks.
- Provide opportunities to develop self-soothing skills. Try rhythmic activities such as swinging and rocking.

# Anxiety Disorders: Posttraumatic Stress Disorder

## TYPICAL SYMPTOMS

- Trauma event
- Has nightmares/ sleep problems
- Excessively speaks about trauma
- Withdraws themselves from activities
- Startles easily
- Loses skills
- Is aggressive

## CLASSROOM AND CHILD CARE SETTING STRATEGIES

- Help the child feel safe. Try not to expose the child to reminders of the trauma. Identify triggers and eliminate them from the child's environment as much as possible. For example, a child who has experienced a natural disaster should not watch the event replay on the news.
- Provide a stable, predictable environment. Getting back into a school routine can be very helpful.
- Provide an soothing atmosphere that is neither intense nor emotionally intrusive. Do not ask probing questions, but be available to talk and to answer questions about what happened when the *child* has questions.
- Understand and recognize the symptoms of PTSD. When negative behaviors occur, help redirect the child in a positive way. Be patient with the child who seems to have regressed after a trauma. Instead of saying, "you don't know how to tie your shoes already". Say, " I know its hard, and everyone needs a little extra help sometimes.

# Separation Anxiety Disorder

## TYPICAL SYMPTOMS

- Struggles against separation from caregiver
- Cannot be soothed after caregiver leaves
- Follows caregiver around all the time
- Is very clingy
- Has several intense nightmares

## CLASSROOM AND CHILD CARE SETTING STRATEGIES

- Provide rituals and routines, this will allow the child to feel safe and secure. Routines allow the child to predict what will happen next and allow them to feel more in control.
- Support the caregiver (parents) during the transition to school or daycare. Develop a regular “good-bye” routine. For example, first the parent will hug the child then say, “bye bye”, while smiling at the child, then they might say, “see you later” and leave the room.
- Make yourself available by walking over and greeting the child and caregiver. Get down on the child’s level and welcome them. Inform the child of some of the fun activities that they will be doing that day. Encourage the caregiver to start the “good-bye” routine.
- Help the crying, screaming child complete the transition and settle in. Reflecting the child’s feelings back to them often helps them begin to regain control. For example say, “you miss your mommy, and you want to go with her”.
- After empathizing , try to redirect the child's attention to their favorite activity or a new toy.

# Generalized Anxiety Disorder

## TYPICAL SYMPTOMS

- Worries all the time
- Needs a lot of reassurance
- Has difficulty sitting still
- Is easily distracted
- Is vastly irritable

## CLASSROOM AND CHILD CARE SETTING STRATEGIES

- Regular routines help to reduce the child's worries about what will happen next.
- Designate a primary "go to" person for the child. This person should provide most of the interventions and attachment activities and be available as the main comforter.
- Help all the children in the group recognize, label and manage anxious feelings.
- Teach relaxation techniques such telling the children to "Stop, take a deep breath, and relax."
- Talking at group time about how everyone has worries and fears. Try modeling a example by saying something like, "Yesterday I heard loud thunder and it scared me. Has anyone else ever felt scared?"
- Brainstorming with the children about different things they can do to help themselves when they feel worried. For example, "when I got scared I found my cat and petted her."
- Using puppets with stories about managing "worry feelings" also helps the child learn problem-solving skills.

# Mood Disorders: Depression

## TYPICAL SYMPTOMS

- Frequent sad or irritable moods
- Cries a lot
- Unmotivated and lacks joy
- Low self-esteem
- Tried all the time
- Difficulty sleeping
- Change in appetite
- Frequent stomachaches
- Frequent headaches
- Aggressive behavior

## CLASSROOM AND CHILD CARE SETTING STRATEGIES

- Spend special time with the child to build a strong safe relationship. Ways to build these bonds include lap reading, having the child be the special helper while setting up for snack.
- Help children learn and talk about feelings and personal experiences. Listen to, reflect and label feelings. Activities such as having children draw pictures of emotions and identify emotions of characters in books.
- Create an environment that is safe and inviting for sharing thoughts. It is very important to validate children's feelings when they express them. By doing so you send them a message that their emotions are important. For example, when a child expresses they are afraid of dogs, instead of saying, "there is nothing to be afraid of" say, "yes, some people are afraid of dogs they don't know."
- Encourage the child to get involved in activities. The more active and involved the child is, the better they will feel.

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