

The Effects of the Better Emotional and Social Times Program on Emotional and Social Skills Associated With Children With Learning Disabilities

Jake Maiuri¹

¹Brock University, St. Catharines, Ontario, Canada

Correspondence: Jake Maiuri, Brock University, St. Catharines, Ontario, Canada

Received: December 9, 2019

Accepted: January 10, 2020

Online Published: January 20, 2020

doi: 10.20849/jed.v4i1.704

URL: <https://doi.org/10.20849/jed.v4i1.704>

Abstract

Children with learning disabilities are not only falling behind academically, they are also falling behind emotionally and socially, which is extremely important. This places a strong emphasis on a need for early intervention programs for children with learning disabilities to address these emotional and social deficits. The purpose of this study was to assess the effectiveness of the Better Emotional and Social Times (B.E.S.T.) program offered by the Learning Disabilities association of Niagara Region (LDANR), which targeted areas of self-advocacy, self-esteem, self-understanding (mindfulness), emotional regulation and social skills. Seven children between the ages of 6 and 11 enrolled in the program were closely observed for eight weeks and pre- and post- child interviews and observational checklists were completed throughout the duration of the program by the facilitators as well as the parent/caregivers. Results indicated that all of the children had improved and gained new skill sets in all of these areas. Overall, these results have positive implications, as this type of intervention can be implemented within education policy to ensure children with learning disabilities are receiving the proper aid in regards to these emotional and social deficits, which will also have a positive impact on their literacy deficits as well.

Keywords: learning disabilities, social and emotional deficits, early intervention

1. Introduction

Statistics Canada (2007) have indicated that learning disabilities within five to fourteen year olds represent 3.2% of the population with 80% of that percentage consisting of reading disabilities. However, this paper is not focusing on the literacy side of the disability, instead it will be focusing on the emotional and social deficits that children with learning disabilities face. The emotional and social deficits that will be discussed for the purpose of this paper are self-advocacy, self-esteem, self-understanding (mindfulness), emotional regulation and social skills. It has been found that children with learning disabilities progress through school without being taught how to self-advocate, restricting them from seeking accommodations on their own (Test et al., 2005). Research has also found that children with learning disabilities possess lower levels of self-esteem, which produces lower levels of self-efficacy, negative feelings and perceptions about themselves, and the possibility of poor self-image and depression in the future (Alesi et al., 2012; Valas, 1991). In regards to self-understanding (mindfulness), children with learning disabilities rarely possess knowledge about their learning disability, which is affecting the way they view themselves and limiting them from academic success and improvement (Cosden, Elliot, Noble, & Kelemen, 1999). Children with learning disabilities struggle with managing, recognizing and expressing emotions, causing problems in areas such as social problem solving and coping skills, which can further lead to depression, anxiety and loneliness (Bauminger & Kimhi-Kind, 2008). Social skills for children with learning disabilities seem to be very difficult to develop as well, which eventually leads to peer rejection, academic failure, loneliness, social dissatisfaction and mental illness (Maag, 2005).

Better Emotional and Social Times (B.E.S.T.) helps children understand their learning disability and how it simply means they learn differently than others. The program also provides explicit instruction in emotional and social skills, understanding and interpreting body language and facial expression. The program's main focus is emotional and social skills as well as promoting mindfulness.

The purpose of this study was to assess the effectiveness of the B.E.S.T. program. Previous and past research

will be taken into consideration on social skills and mindfulness variables associated with learning disabilities as well as an 8-week observation of the program as evidence for vulnerable children with learning disabilities. 7 participants between the age of 6 and 11 who were experiencing learning disabilities were included in this study. The design of this study was an observational case study. A mini child interview was conducted in the second session and the sixth session of the program to measure if any new skills were acquired. A total of three observational checklists were conducted by the facilitators for each child throughout the eight sessions and parents/caregivers of the children also had to fill out their own pre- and post- observational checklist that monitored the effects of the program on their children at home. The results from these documents as well as my observations were combined to produce the results of this study.

The results of the research indicate that all of the target skills enhanced for all of the children. This was evident through analyzing the observations, checklists and interviews, which all revealed an increase in each target skill for all of the children. This triangulation strengthened the research and allowed for stronger validity and reliability in the measures and the program as a whole. These results have positive implications because children who completed the B.E.S.T. program will return to school with gained skill sets that will positively affect their emotional and social success, as well as their academic success.

2. Literature Review

2.1 Learning Disabilities

Learning disabilities refers to a wide range of disorders that can affect multiple aspects of one's cognitive functions including the "acquisition, organization, retention, understanding or use of verbal or nonverbal information" (LDAC, 2015). More specifically, learning disabilities involves impaired phonological processing, language processing, processing speed, memory, attention and executive functions. An example of a specific learning disability is a reading disability, in which significant impairments in phonological processing skills, fluency, word recognition and spelling skills are present (Tunmer & Greaney, 2010). For the purpose of this paper, the importance and emphasis is placed on the emotional and social deficits that derive from the disability itself and not necessarily the disability.

2.2 Prevalence

It has been revealed by Statistics Canada (2007) that learning disabilities within five to fourteen year olds represent 3.2% of the population. In particular, reading disabilities account for 80% of that percentage, making reading disabilities the most common learning disability (Shaywitz & Shaywitz, 2003). It has also been found that learning disabilities have increased heavily between 2001 and 2006 in both children and adults (Statistics Canada, 2007). This suggests that learning disabilities are becoming more prevalent as years progress. The National Centre for Education Statistics as cited in Lonigan, Purpura, Wilson, Walker and Clancy-Menchetti (2013) found that "33% of fourth-grade students, 24% of eighth-grade students, and 26% of twelfth-grade students scored below the basic level in reading" (p. 112). This means that children are progressing through higher grades without receiving intervention or treatment for their disability, resulting in these students to fall behind in relation to their peers. Not only are they falling behind academically, they are also falling behind emotionally and socially, which is extremely important. This places a strong emphasis on a need for early intervention programs for children with learning disabilities to address these emotional and social deficits.

2.3 Learning Disabilities and Self-Advocacy

It is extremely important that children with learning disabilities understand their disability, as well as their strengths and weaknesses, in order to advocate on their own behalf (Merchant & Gajar, 1997). Unfortunately, research indicated that many children with learning disabilities progress through school without being taught how to self-advocate (Test et al., 2005). Most of the time, the responsibility of accommodations is placed on parents and teachers, instead of teaching children how to ask for accommodations, which does not allow them to prepare on their own (Prater, Smith Redman, Anderson, & Gibb, 2014). Encouraging students to create goals, take responsibility and make their own decisions positively affect their success (Trainor, 2002). Self-advocacy allows children with learning disabilities to independently pursue the accommodations that they require (Prater et al., 2014). Prater et al. (2014) have found that children who require self-advocacy intervention reveal a greater increase in achievement in school compared to children who do not require self-advocacy training, due to their ability to ask for appropriate accommodations when necessary. When children develop the ability to self-advocate, they become more confident with their ability to become successful in class and begin to participate more in class (Prater et al., 2014). The earlier children are able to self-advocate, the earlier they will begin to adapt these skills not only academically, but in all features throughout life (Stang et al., 2009). Children can progress through highschool under the supervision of a resource teacher, but they will struggle in post secondary education if they

are unable to meet the demands of their professors and high degree of independence (Phillips, 1990). Children need to ultimately prepare and practice expressing their learning differences to teachers in order to succeed. These are the reasons why self-advocacy intervention and training programs are very important for children with learning disabilities.

2.4 Learning Disabilities and Self-Esteem

Research has revealed that children with learning disabilities have lower levels of self-esteem. This finding has been theorized to be a result of consistent school failure and constant comparison between themselves and their classmates (Valas, 1991). Self-esteem is strongly influenced by achievement and appreciation shown by others through elementary school and post secondary (Alesi, Rappo, & Pepi, 2012). Children with learning disabilities view themselves as failures due to their difference in achievement, which eventually leads to an increased level of self-handicapping (Alesi et al., 2012). This leads to detrimental outcomes in the future, with children refraining to provide effort in future performances and the chance of the learning disability increasing (Alesi et al., 2012). But, the severity of the learning disability also effects an individual's level of self esteem as well; the more severe the disability, the lower the self-esteem (Cosden et al., 1999). When children possess negative feelings and perceptions about themselves, they reduce time and strategies required for their disability and end up reading more poorly than they should have (Alesi et al., 2012). Furthermore, Valas (1991) found that children with learning disabilities tend to internalize their feel feelings more than externalize them, which could lead to poor self-image and possibly depression in the future. However, the act of formally diagnosing and labeling a child with a learning disability seems to increase levels of esteem, if done properly and informatively. It has also been revealed that children with learning disabilities show lower levels of self-efficacy as well (Klassen, 2007). When children understand they possess a difference in comparison to their classmates, they refrain from constant comparison in achievement and focus on themselves as an individual learner, thus increasing self-esteem and perception as a whole, which in turn boosts academic performance.

2.5 Learning Disabilities and Self-Understanding (Mindfulness)

Little attention has been paid to how children with learning disabilities recognize or understand their disability (Cosden et al., 1999). Within a child's Individualized Education Plan (IEP), there are no specific procedures enforced that explain to children anything about their disability (Cosden et al., 1999). Therefore, children are learning about their disability from a variety of sources, which may not provide accuracy. This sense of self-understanding will be conceptualized as mindfulness for the purpose of this paper. Mindfulness is defined in the Oxford dictionary (2014) as "a mental state achieved by focusing one's awareness on the present moment while calmly acknowledging and accepting one's feelings, thoughts and bodily sensations". Majority of the time, children with learning disabilities are not told that they have a disability from their parents or teachers and even if they are told, they are receiving little information about the disability. Therefore, children with learning disabilities are often not mindful of their disability because they do not possess knowledge or fully understand their disability, leading them to becoming labeled without explanation. Being identified as having a disability is a very significant psychological experience (Fewster, 2002). Higgins, Rashkind, Goldberg and Herman (2002) found that labeling is harmful towards children. Children's attitudes significantly relate to the categories and labels that they are placed in (Leiter, 2007). Children's knowledge of their learning disability and participation in the construction of their disability label positively influences their self-concept and internal truth (Savaria, Underwood, & Sinclair, 2011). Children's concept of mindfulness influences motivation, choices and behavioral responses (Bryan, 2005). Individuals' beliefs about themselves and their learning disability can be "retrained" to alter their concepts of mindfulness (Bryan, 2005). Vogel and Adelman (1992) have found that how children understand their disability affects their educational and vocational choices. Children who have a greater understanding of their disability will acquire the proper assistance and pursue adequate opportunities. By retraining children's mindfulness and combining with effective interventions, children are able to acquire more adaptive beliefs, and make greater progress in developing math and reading skills than simply instruction only (Borkowski, 1992; Schunk, 1984). Overall, a child who understands the nature of the disability will be more effective in seeking help and success.

2.6 Learning Disabilities and Emotional Regulation

Previous research has revealed that children with learning disabilities encounter many difficulties when attempting to recognize emotions in comparison to children without learning disabilities. Hatzes (1996) explains that children with learning disabilities struggle emotionally on a variety of frameworks, including ability to manage emotions, persistence, interpersonal skills, empathy, positive reframing and explanatory style. This includes difficulties with recognizing their own emotions, specifically those that are beyond the basic emotions

of happy, sad and mad (Elias, 2004). This also includes difficulties with recognizing the emotions of others, specifically the cognitive and emotional perspective of others and how to appropriately interpret social cues (Merrell et al., 2007). Due to this impairment, children often experience difficulties in social problem solving skills, such as responding to conflict in poor ways (Cohn, Meshbesher, & Teglassi, 2004). They are also further at risk for experiencing emotions associated with depression, anxiety and loneliness, due to their lack of coping skills (Bauminger & Kimhi-Kind, 2008). It has been noted that children with learning disabilities reveal greater signs of insecurity as well (Bauminger & Kimhi-Kind, 2008). Poor emotional regulation and emotional processes directly correlate with academic difficulties as well (Pellitteri et al., 2006). Children with learning disabilities may experience difficulties understanding social interactions with peers due to their inability to recognize social cues and poor social perception (Pellitteri et al., 2006). Research also states that children with learning disabilities may have difficulties expressing and recognizing emotions in themselves and others. It is very important for children with learning disabilities to receive intervention that places emphasis on key social and emotional skills, emotional education, emotional expression, empathy and social problem solving (Feuerborn & Tyre, 2009).

2.7 Learning Disabilities and Social Skills

The development of social skills among children with learning disabilities has been a concern for many years (Smith & Wallace, 2011). Research has found that children with learning disabilities are at risk for a wide range of social difficulties (Bryan, 2005). The Chicago Institute of Learning Disabilities developed three domains that children with learning disabilities are specifically at risk for, including a) *beliefs and feelings about self-concept* (depression, self-worth, loneliness), b) *social cognitive and linguistic skills* (role taking, social perception, social cognition) and c) interpersonal skills (peer relationships, adaptive behavior) (Bryan, 2005). These risk factors eventually develop into future complications including peer rejection, academic failure, loneliness, social dissatisfaction, difficulty maintaining employment and relationships with others, mental illness and contact with the legal system (Maag, 2005). Children who fail to acquire effective social skills with their peers are at risk for social isolation (Lamb & Roopnarine, 1979). This isolation can further limit opportunities for children to practice important skills that can enhance social development (Lamb & Roopnarine, 1979). Social anxiety difficulties are also associated with children with learning disabilities (Cowden, 2010). This is defined as experiencing anxiety in social situations, interacting with others or being scrutinized by other people (Cowden, 2010). Individuals who experience social anxiety often feel timidity, bashfulness, diffidence, apprehension, intimidation, lack of confidence and/or lack of assertiveness (Cowden, 2010). Some individuals experience extreme social anxiety, where they are unable to speak and interact within an educational setting (Social Anxiety Disorder: Children and Education, 2008). Social anxiety makes it very difficult for children with learning disabilities to succeed both inside and outside of the classroom (Cowden, 2010). Children with learning disabilities may also be less observant in their social environment, misinterpret the social behavior of others and may not learn as easy as others from experiences or social cues (Social Adjustment Problems Associated with Learning Disabilities, 2009). Relaxation techniques have recently been incorporated into interventions for stress management in order to positively influence the learning behavior, well-being and social skills of children with learning disabilities (Spohn & Egeler, 2014). Group activities become very important for children with learning disabilities as it builds teamwork and helps with existing social deficits (Bryan, Burstein, & Ergul, 2004). Overall, social skill training and intervention is vital for the success of children with learning disabilities.

2.8 Social Behavior and Reading Scores

There is a positive relationship between social behavior and reading scores (Adams, Snowling, Hennessy, & Kind, 1999). Early behavior problems can be a predictor for future reading disabilities, as well as early reading disabilities can be a predictor for future behavior problems (Roberts, Solis, Ciullo, McKenna & Vaughn, 2014). Previous studies have found a correlation between first-grade reading difficulties and third-grade behavior problems (Miles & Stipek, 2006; Morgan, Farkas, Tufis, & Sperling, 2008). Furthermore, when behavioral problems exist, individuals begin to struggle with social skills (Bullis & Walker, 1994; Kazdin, 1987). The source of the social skill deficits are difficult to locate, instead, children need to receive appropriate interventions related to their social skill deficit (Spohn & Egeler, 2014). Reading interventions are designed to improve outcomes, specifically for reading measures, but are not associated with improvements with social skills (Roberts et al., 2014). Social problems are not often officially affiliated with the definition of learning disabilities, allowing school districts to bypass assessing students' social skills (Baum et al., 2001). Children's social skills and relationships are not the essential focus within classrooms and school districts (Bryan, 2005). Instead, teachers focus on skills that interrupt classroom order, such as cooperation, following directions and self-control. This lack of social skill training creates a demand for effective social skill intervention programs that address

these needs for children with learning disabilities.

2.9 Social Skills and Neurological Variables

Research has been done on the relation of social skills and neurological variables (Spafford & Grosser, 1993) as well as social skills (peer relations) and academic skills (phonemic awareness) (Most, Al-Yagon, Tur-Kaspa, & Margalit, 2000). It has been noted in previous research that social skill deficits for children with learning disabilities are not associated with neurological learning disorders specific to learners with learning disabilities (Gresham, 1993; Schumaker & Deshler, 1995). This has been identified because not all children with learning disabilities struggle with social skill deficits, instead, they perform similarly to other at-risk groups as juvenile delinquents or children with academic deficits on social skill assessments and social skill deficits are not specific to children with learning disabilities (Gresham, 1993; Schumaker & Deshler, 1995). Previous studies have revealed that when placing children with learning disabilities in positive affect conditions (i.e., think about something that makes you happy), performed significantly better on assessment tasks associated with math, reading and social problem-solving tasks in comparison to neutral affect conditions (Borkowski, 1992; Schunk, 1984). Positive affect has been studied in fields including psychology, medicine, nursing and education and has been proven to enhance learning, social relationships, happiness, health, the immune system and longevity (Bryan, 2005). Positive affect positively influences access to information stored in memory, assists in the performance of complex cognitive functions that require flexibility, integration, feelings about the self and others and improves conflict resolution (Baron, 1990). Children with learning disabilities possess processing problems, which means they often struggle processing social information similar to how they struggle with phonological processing in reading (McNamara, 1999). Because they struggle with social information processing, this may affect relationships with parents, requiring parents to play a more active role in providing assistance (Tur-Kaspa, 2002). Until this assistance is provided for children with learning disabilities, they will continue face social skill deficits that affect various neurological components.

2.10 Present Study

The present study explored the effects and significance of a specific program, Better Emotional and Social Times (B.E.S.T.), offered through the Learning Disabilities Association of Niagara Region (LDANR) at a public school in Southern Ontario, Canada. The LDANR developed this program with hopes of combating the social and emotional difficulties that arise for children living with learning disabilities. As children progress through the program, they work together with peers as well as on their own to understand and satisfy their needs in self-advocacy, self-esteem, self-understanding (mindfulness), emotional regulation and social skills. This research examined this program and determined its effectiveness through qualitative analysis.

2.11 Research Question

Does the B.E.S.T. program produce positive results in the areas of self-advocacy, self-esteem, self-understanding (mindfulness), emotional regulation and all other elements of social skills for children living with a learning disability?

2.12 Hypothesis

It is hypothesized that the program will produce positive results in all of the target areas for all of the children enrolled in the program. It is also hypothesized that new skills in all of these target areas will be developed for all of the children from the first session to the last session.

3. Purpose, Design, and Setting

3.1 Purpose

The purpose of this study was to evaluate the efficacy of the B.E.S.T. program, run by the Learning Disabilities Association of Niagara Region. This study is a systematic inquiry that provides insight into the life of a social and emotional learning disabilities intervention program. The observations and descriptions made examine the relationship between effective social and emotional intervention in areas of self-advocacy, self-esteem, self-understanding (mindfulness), emotional regulation and all other elements of social skills for children living with a learning disability.

3.2 Design

This study undertook a naturalistic research model to conduct and interpret research. An observational case study was chosen for this research as it was concerned with describing the effects of a social and emotional learning disabilities intervention program on a group of children with learning disabilities. By emerging myself within the group of children, this study produces rich details of the program, interactions, relationships and daily activities.

A mini child interview was conducted in the second session and the sixth session of the program to measure if any new skills were acquired. A total of three observational checklists were conducted by the facilitators for each child throughout the eight sessions and parents/caregivers of the children also had to fill out their own pre and post observational checklist that monitored the effects of the program on their children at home. These interviews and checklists intended to collect data on areas of self-advocacy, self-esteem, self-understanding (mindfulness), emotional regulation and all other elements of social skills at the beginning, middle and end of the program. This data was combined with personal observations to produce the results. In regards to confidentiality, the children's names have been replaced with pseudonyms.

3.3 *Setting*

3.3.1 Children

There were seven children included in this study, specifically, 6 boys and 1 girl. The children were between the ages of 6 and 11 and derived from a variety of schools throughout the Niagara Region. The majority of the participants were Caucasian, with a few ethnicities represented.

The children in the B.E.S.T. program were either experiencing learning difficulties or had been formally diagnosed with a learning disability. A formal diagnosis was not required to apply for the program and participants were eligible to apply for financial assistance. This program explicitly states in the application process that it is not a behavioral program and it does not offer one-on-one support for participants with behavior issues as it specifically targeted social and emotional deficits.

3.3.2 Volunteers

The volunteers in the B.E.S.T. program were young adults recruited within the community. Each volunteer had to complete and submit a Volunteer Intake Form, which is found on the LDANR's website, and is used to access general information from the volunteer including demographic, contact information, availability and method of transportation. After this was complete, the LDANR required all program volunteers working with children to acquire a police check from their local police station with a vulnerable sector screening within one year prior to the start of the program. Furthermore, volunteer's educational background and references were also required. After this information was provided and proven eligible, volunteers were selected. Three volunteers were selected for this program. A one and a half hour volunteer training session was also provided prior to the opening B.E.S.T. session, which reviewed procedures, assessments, rules and regulations. During the B.E.S.T. program, these volunteers worked very closely with the children and were the group leaders for all of the group work that was completed during each session. They assisted the facilitators with tasks and helped prepare the work stations. They sat on the carpet with the children and fully positioned themselves within the program, making the children feel very comfortable.

3.3.3 Facilitators

The facilitators in the B.E.S.T. program were paid positions that oversaw all volunteers and children during each session. They directed each section and generally played the authoritative role. Their application processed was similar to the volunteers, but required a few more materials such as a resume letter, prior work experience and educational background that was suited for the position. Two facilitators were hired for the program, with one facilitator specializing in the four mindfulness sessions and one facilitator conducting the remaining sessions, rotating each week. Facilitators were responsible for guiding each session, provoking discussion, and communicating progress and information to parents and caregivers of the participating children.

3.3.4 Program

The B.E.S.T. program took place in an elementary school in Southern Ontario, Canada, in a middle class neighborhood. The program ran once a week for eight weeks from October to November. This was the program's fall session, as they run a winter session as well. The program took place on Wednesday nights from 6:00pm-7:30pm.

The B.E.S.T. program targets children who live with learning disabilities and taught them vital skills to be used in social situations. The skills taught in this program include self-advocacy, self-esteem, self-understanding of a learning disability, emotional regulation and a variety of fundamental social skills. Discussion, games, role playing and direct instruction in small groups were used for children to learn about and build on their strengths, coping skills, understanding and interpreting of body language and facial expressions and ways to interact successfully with others.

Within the eight weeks of the B.E.S.T. program, four sessions were focused on self-esteem, emotional regulation,

self-advocacy and social skills and four sessions were focused on mindfulness (self-understanding), with similar discussions and activities that overlap. This mindfulness component ran every other week. All eight weeks focused on a specific topic, with activities, lessons and group work that were catered to the topic of that week. All eight sessions broke down 6:00pm-7:30pm into multiple sections, ranging from 10-15 minutes each, with the first section (the first 10-15 minutes) being the warm up/introduction for the session, which took place on a carpet where participants sat around as soon as they arrived each week. The sections in each session included either activities, lessons, games, reading, group work or presentations. Specific or important parts in a session could also last 30-35 minutes if emphasis needed to be placed on a certain area.

The weekly outline of the B.E.S.T. program is as follows:

Week 1: Introduction: What is an LD/ADHD? What is not? Self-Awareness (Strengths/Areas of Improvement)

Week 2: Happiness – Long Term & Short Term Happiness (Mindfulness)

Week 3: LD & Self-Awareness Continued, Introduction to Coping Skills and

Who is Nobody Project

Week 4: Appreciation – The Power of Gratitude (Mindfulness)

Week 5: Coping with Stress (Frustration/Anger) & Conflict Resolution Skills

Week 6: Passion and Strengths – Identifying and Building On Your Strengths (Mindfulness)

Week 7: Feelings

Week 8: Ninja Mastery/Emotional Management – Developing Emotional Intelligence (Mindfulness)

3.3.5 Daily Scheduling

3.3.5.1 Week 1: Introduction: What Is an LD/ADHD? What Is Not? Self-Awareness (Strengths/Areas of Improvement)

The initial session was an introductory night where children were welcomed as their parents/caregivers signed them into the program. This became the routine for the beginning of each session, where parents dropped them off, signed them in, and left, as they were unable to stay during the session. The first part to this session involved the children creating nametags, which was the icebreaker and allowed children to introduce their selves. Children were divided into three groups (2, 2, 3), with one volunteer leading each group, and placed in different areas around the classroom so they could not distract other groups, which also became routine for each session. There was a container of drawing materials and resources for every group placed at their workstation, which consisted of a few student desks, each session. The facilitator moved onto the second part of the session, which included introducing her and the program, what they would be accomplishing over the next eight weeks, and explained the expectations that will be followed. She had the volunteers help the children in their groups formulate their own expectations that should be followed while being in the program on a piece of paper. Colored beads were then handed out to all of the children and they were instructed to designate a certain meaning for the color that that received, such as respect, effort, listening, honesty and leadership. These beads became value beads and were given to children when they exemplified a specific behavior and as a result, they received that specific colored bead at the end of the session as a reward. Another part of this session involved children reaching into their container at their workstation and grabbing a “True” and “False” sheet. The sheet contained scenarios of the misconceptions surrounding learning disabilities, such as “All learning disabilities are the same, people with learning disabilities are lazy, people with learning disabilities cannot learn, etc”, and the children had to circle true or false. The facilitator explained how everyone is born differently and nobody is the same. She also explained how have a learning disability only means that someone is having a difficult time with reading, writing or math and it does not mean that it is impossible to learn and throughout the B.E.S.T. program the children will be learning about what a learning disability is. Another part of this session involved the children addressing their strengths and needs through the completion of an “About Me” worksheet that was found in the container. The sheet contained areas such as talents, favorite books, favorite food, favorite subject, etc. The children shared their About Me worksheet with the rest of the class as well and this is how the session ended.

3.3.5.2 Week 2: Happiness – Long Term & Short Term Happiness (Mindfulness)

The second session was the introductory mindfulness component with the second facilitator. When parents dropped off their children, they received a Mindfulness Caregiver Observational Checklist (PRE) (Appendix A), which was a tool for them to assess their children’s abilities at home. This was useful in monitoring the program’s effect on the children at home. She introduced the mindfulness component and then asked the group

“why is it important to learn about happiness?”. Conversation began and the facilitator was emphasizing that the program is not about being happy all the time, rather it is about being able to strengthen social and emotional resilience. She then transitioned into the second part of the session, which included turning the classroom into a “mindful” space to absorb the lesson. She showed a picture of a beach, which was an example of an “Awe Image” that was used throughout the sessions. An “Awe Image” was an image that the facilitator would show to the children in order to activate all of their sensory learning modalities. She instructed the students to step inside of the picture and activate all of their senses and asked them questions as to what they would see, hear, feel, touch and smell if they were inside of the picture. During this session, the children were taken into the school hallway one at a time with one of the volunteers to complete a Mini Child Interview (Appendix B) which asked questions such as “How would you describe a learning disability, how do you learn differently compared to your friends, what are some things I can do to help, etc”. This was used to determine the children’s strengths, needs, emotional regulation and understanding of their disability at this time. The facilitator also conducted her first Observational Checklist (Appendix C) during this session as well for each student, which monitored their current engagement, self esteem and social skills, using a 5-point scale (5 = all the time, 1 = never). The facilitator transitioned into the topic of happiness and asked the children, “What brings short term happiness and what brings long term happiness?”. The children answered and they discussed as a class all of the different answers. The session concluded with a discussion on happiness.

3.3.5.3 Week 3: LD & Self-Awareness Continued, Introduction to Coping Skills and Who Is Nobody Project

When parents dropped off their children, they returned the Mindfulness Caregiver Observational Checklist (PRE). The second observational checklist (Appendix D) filled out by the facilitator was completed over the course of session three to six. This session began with children on the carpet discussing their week and taking turns explaining their week and if they had any issues related to their learning disability and/or social skills that they discussed as a group. After this, the facilitator conducted a learning disability review with the children and asked them what learning disabilities meant and she explained to them how everyone is able to learn differently and sometimes it may take longer for someone. After this, the facilitator discussed coping skills with the children and asked them how they can cope with certain emotions and bullying. The facilitator then transitioned into the topic of bullying and how it is an unacceptable act. She asked the group questions such as “Who is a bully OR what does a bully look like?”. She discussed the different types of bullying, how to handle it and what bystanders should do. The session concluded with this discussion.

3.3.5.4 Week 4: Appreciation – The Power of Gratitude (Mindfulness)

This session began with the children playing the telephone game as their icebreaker in the circle. After the telephone game, children took turns saying one thing about their day that happened. The facilitator then began her lessons, beginning with the topic of mindfulness. She asked the children if they knew what mindfulness meant and children began to answer. After discussion, she transitioned into an “Awe Image” and repeated the same steps as the previous “Awe Image”. The facilitator then transitioned into the topic of gratitude and appreciation. She began reading the book “Have You Filled A Bucket Today” by Carol McCloud, which is a children’s book guided towards fostering daily happiness. After the story was over, she asked the children what they thought of it and what they could learn from it and children answered accordingly. The facilitator then transitioned into the topic of appreciation and had the children break off into groups again with the volunteers and create a thank you card to someone who has made them feel happy. The volunteers handed out colored paper and markers and the children began to create their card. After the thank you card, she asked the children if they knew what gratitude meant. Children answered and then she explained that gratitude is simply feeling thankful for something or someone and it can exist in different states such as physical, a relationship or a state of being. She asked the children to name something they are grateful for and children listed accordingly. This was what concluded the session.

3.3.5.5 Week 5: Coping With Stress (Frustration/Anger) & Conflict Resolution Skills

This session began with the children around the carpet taking turns stating one type of feeling that they are able to experience. The facilitator explained that anger is a normal emotion and everyone copes with it and expresses it differently. She asked the children what were inappropriate ways of dealing with anger and they answered accordingly. After this, they did a review of mindfulness from the previous week. The facilitator asked what mindfulness meant and made sure children were grasping the concept. After this review, children were sent into groups with their volunteers and given a Feelings Die to roll. Each number on the die represented a certain feeling. If a 1 was landed the children would have to say something that makes them angry, if a 2 was rolled, the children would have to say something that they can do to cool off when they’re angry, if a 3 was rolled, the

children would have to say one way they can show self control, etc, and the group together would discuss problem solving. The next part of the session, the children were given a blank face and instructed to draw a portrait of their face based on what emotions they were feeling that day. After this, the volunteers read the story “Today I Feel Silly and Other Moods” by Jamie Lee Curtis, to their groups, and children were responsible for writing on a sticky note what the characters were feeling and stick it directly on the book during that scene. There were also multiple board games played if children completed their tasks early, such as Anger Island (stress management game), Inside Out – Train of Thought, and drawing faces on Minions to make them display certain emotions. The session concluded with the children on the circle meditating.

3.3.5.6 Week 6: Passion and Strengths – Identifying and Building on Your Strengths (Mindfulness)

This session began with the children sitting around the circle interpreting an Awe Image of a rainbow, clouds and mountains and the same questions were asked. After the discussion, the facilitator transitioned into reading the book “Incredible You” by Wayne Dyer. The facilitator then transitioned into introducing multiple intelligences. She told the children that everyone has strengths in areas and challenges in areas, which can change over time, and it is important to understand those strengths. She wrote the eight intelligences on the whiteboard in different colors and discussed each one with the children (seeing strong, word strong, math strong, body strong, music strong, people strong, self strong, nature strong). After she explained them all, she sent the children off into their groups and had them fill out an intelligence test worksheet based on their own strengths. This worksheet involved a series of 24 statements that were categorized into the different intelligences and children used numbers 0-5 to rank their intelligences strongest to most challenging. Then they labeled their intelligences in a blank rainbow with the lowest arch being the strongest intelligence and the highest arch being the least strongest and colored it. Children took turns completing their second Mini Child Interviews (Appendix E) outside in the hall with one of the volunteers, while the rest of the children completed activities at their workstations with their groups. The interviews were intended to measure any new skills that were acquired through the program. The third Observation Checklist (Appendix F) was completed by the facilitator during this session to measure the children’s engagement after 6 weeks. The session ended with meditation at the carpet.

3.3.5.7 Week 7: Feelings

The children first met at the carpet and were asked if they had a good week and if they had any problems related to their learning disability or social skills and if they would like to discuss it with the group. One volunteer then read the children the story “It’s Okay To Be Different” by Todd Parr. The facilitator then explained that they will be rotating through multiple centers that included a different activity. One center was an Inside Out game, one center was a Tucker Turtle game and one was a feelings puppet show. After a few rotations, the groups were then instructed to make a tall structure, as tall as possible and everyone in the group had to work together to make it possible using Play Doh, pipe cleaners and tape from the container. Then the children were instructed to create a superhero on worksheets that the volunteers handed out. The worksheet consisted of a blank outline of a person and they had to name the superhero, give it special powers and color it in. The session concluded with a game around the carpet where the facilitator would start an action and the whole circle would have to repeat the action and the children cannot start the new action until it comes to them.

3.3.5.8 Week 8: Ninja Mastery/Emotional Management – Developing Emotional Intelligence (Mindfulness)

When parents dropped off their children, they received a Mindfulness Caregiver Observational Checklist (POST) (Appendix G) and were instructed to complete it before they left that night. The session then began by the facilitator asking the children how they were feeling. After all children had a chance to speak around the carpet, they practiced breathing exercises and the facilitator asked them how they felt afterwards. She then used a metaphor to represent the different feelings that fit under anger. She explained to the children that sometimes when they feel angry, there is also a lot more emotions occurring inside as well, like the inside of a sandwich. These emotions could include worry, fear and frustration. At the workstations, children completed a Morning Newspaper activity, where they were instructed to pretend to be a news reporter and write down everything that they did, saw and said throughout their day, with as many details as possible. After this, children collected pieces of construction paper from the container and each colored paper represented a different part of the Anger Sandwich, which was emotional regulation and management when recognizing multiple emotions. The brown bread represented “anger”, one piece of green lettuce represented “worry”, another piece of green lettuce represented “scared”, the yellow cheese represented “frustrated” and the red tomato represented “hurt”. The children had to write on the back of the paper how they would react if they were encountering each emotion. The next activity the children completed was a color search, where children had to remain in their seats and search for a color in the room and write it down, being mindful of their surroundings. Another activity the children completed was to draw a picture of a place they can go when they are sad, mad and happy and what it would

look, smell and hear like. The session concluded with meditation around the carpet and the children naming one thing that they are grateful for.

4. Results

4.1 Identification of Themes

The results of this case study are broken down into five themes, which are representative of the skills that the B.E.S.T. program had targeted. These themes were consistent throughout data collection and will be discussed in relation to the research question. The identified themes are:

1. Self-Advocacy
2. Self-Esteem
3. Self-Understanding
4. Emotional Regulation
5. Social Skills

4.2 Description and Analysis of Themes

4.2.1 Self-Advocacy

Self-advocacy skills were significantly developed throughout the course of this program. It was evident in the early sessions that children did not understand how to ask for help or speak up for what they required, but as the sessions progressed, they developed the techniques that allowed them to do so. In session six, children were able to identify exactly what areas they excelled in and what areas they required assistance with through the completion of the “Multiple Intelligence Tests” and the coloring of the “Multiple Intelligence Rainbows”. For example, Ashley was able to realize she enjoyed gym, so she placed “Body Smart” in the first arch of her rainbow. Tom on the other hand, who was working beside her, stated “You like gym? My favorite subject is science!”. I witnessed all of the children telling others exactly what they liked or disliked and noticed that they were able to recognize these differences easily. Discussion after the reading of “Incredible You” in session six also fostered healthy self-advocacy learning, which explained how everyone is incredible in their own way and that it is important to understand this. The facilitator explained how it is okay to ask for help and I noticed that the children were starting to understand what she was saying. They did not interrupt her at all during this discussion, which meant they were listening and learning closely. By the end of the second session at B.E.S.T., it was assessed that 6/6 (100%) of the children were able to identify and advocate for their strengths and needs (See Table 1). Mike was absent for this portion of the assessment and often children left certain questions blank, which complicated the results. This data was collected from the Mini Child Interview conducted in session two.

Through analyzing the observational checklists (Appendix C, D, F), Billy’s “ability to ask questions” and “ask for help” maintained the same throughout the sessions. Tom revealed level 4’s on the first observational checklist for asking questions and asking for help, but by the sixth session, he revealed level 5’s in both areas. Greg revealed level 2’s in these areas on the first checklist and revealed level 3’s by the sixth session. Peter and Ashley revealed level 5’s on both the first and last checklist. Mike improved his 3’s and 4’s to level 5’s and Adam’s observational checklist in the sixth session was not completed. These results indicate that all children revealed an increase in self-advocacy skills over the course of the program.

Table 1. B.E.S.T. self-advocacy results

Mini Child Interview – Self-Understanding	Child – Session Two Response
What are some things that you need your teachers help with?	<p>Billy: “Math.”</p> <p>Tom: “Math.”</p> <p>Greg: “I try and figure it out by myself first.”</p> <p>Ashley: “Angles of triangles.”</p> <p>Adam: “Sometimes spelling.”</p> <p>Peter: “Math and religion.”</p>
What are some things that I can do to help you?	<p>Billy: “I like it when people give me a little bit of information and I can figure it out on my own.”</p> <p>Adam: “Teacher can write words in my personal wordbook and show me how to spell it.”</p>

4.2.2 Self-Esteem

As the program progressed, it was evident that higher levels of self-esteem were fostering for all of the children. Children who were relatively quiet and disengaged in the initial sessions became a lot more talkative as the program progressed. Confidence levels observably increased within all of the children, as they were a lot more comfortable with answering questions and conversing with peers, whom they have just met. For example, Ashley was very quiet in the first two sessions, but actively engaged in discussion with peers and the volunteers as the sessions progressed. Ashley was the only female as well, which must have made reaching out to other children a slightly more difficult, but as her self-esteem increased, this was not a problem. The initial sessions were a lot more quiet and disengaged compared to later sessions, which contained a lot more discussion and comfort. Children were a lot more comfortable to speak in front of the rest of the children when they were asked to present or answer something. The observable difference was remarkable between presenting their “About Me” worksheets in session one, to sharing their “Multiple Intelligence Rainbows” with their peers in session six. In session one, it was a lot more difficult for the facilitator to get the children to present their “About Me” worksheets to in front of everyone, and discussion was very quick and quiet. By the sixth session, children were shouting and screaming about their “Multiple Intelligence Rainbows” and what subjects they enjoyed and what they did not enjoy and ran around to the other workstations to share with the other groups. The confidence and excitement that the children now contained was evident, due to their increased levels of self-esteem that the program fostered.

These results could be reinforced through the observational checklists completed by the facilitators, which revealed that 5/5 (100%) of the children who were assessed showed increases in factors related to self-esteem. Adam and Peter did not have data for these areas. In the second session, Billy contained level 5’s on “has built one friendship” and “encourages their friends in the program”, which remained the same by session six. Tom contained a level 3 on “has built one friendship” and a level 3 on “encourages their friends in the program”, but in session six, these areas both increased to a level 4. Greg also contained level 3’s on both of these areas, which increased to level 5’s by the sixth session. Ashley contained level 4’s on both of these areas, which both increased to level 5’s. Mike contained a level 1 on both of these areas and by session six, “has built one friendship” increased to a level 4 and “encourages their friends in the program”, increased to a level 3. The results of these checklists indicate an increase in levels of self-esteem for all of the children, in which a checklist was completed for. Overall, all areas of the program which were directed towards self-esteem had a significant impact on the children.

4.2.3 Self-Understanding

This program produced interesting results in regards to self-understanding. It was evident that children were very unfamiliar with the definition of a learning disability within the first couple of sessions. It was a term that they understood vaguely. The completion of the “About Me” worksheet in session one allowed the children to focus on their strengths and talents. When each child presented their worksheet to the class, they focused on their positive areas instead of their learning disability, which allowed them to successfully identify and express their strengths. The worksheet forced them to find the areas in their life that they excel in and to be aware and confident of those areas. Children were slowly offering to present in front of the rest of the children and were excited to do so. Even Billy, who was a lot quieter than the others, volunteered to share his talents with the children. Children were energetic, holding their paper up high and shaking with excitement. It was nice to see the children smile and be proud of their talents. The first session was also a very important self-understanding lesson that distinguished the definition of a learning disability to all of the children. The “True or False” worksheet in session one, which addressed misconceptions of the definition of learning disabilities, helped the children understand the true nature of a learning disability. When they were asked what a learning disability was, the answers children provided were inaccurate, which made me wonder where they developed that sense of understanding. In session seven, when the facilitator explained to the children that it is okay to be different, this is when I felt the most learning took place because children began to understand that they were different than others, which was fine. When analyzing the questions related to self-understanding in the Mini Child Interview completed in session two, it was assessed that Billy was the only child (1/3 – 33%) able to describe a learning disability (See Table 2). This could be due to Mike’s absence and Tom, Greg and Adam leaving the question blank, or simply because the children did not know what a learning disability was at this time in the program. It was also assessed that 4/6 (67%) of the children were able to recognize that they learned differently compared to their friends, Mike’s response being incomplete due to absence. It was also assessed that 3/5 (60%) of the children realized they needed to work harder at areas directly correlated with their learning disability, such as reading, writing and math. Once again, Adam left it incomplete and Mike was absent. It is also revealed that 6/6

(100%) children were able to recognize what they are really good at doing, with Mike being absent and 5/5 (100%) children were able to identify what their brain makes difficult for them, with Mike’s absence and no answer from Tom, but none of them associated it with a learning disability unfortunately. None of the observational checklists assessed self-understanding. Overall, the children were able to understand that they learn differently than others after the first session, but may not be able to recognize it as a learning disability just yet.

Table 2. B.E.S.T. self-understanding results

Mini Child Interview	– Child – Session Two Response
How would you describe a learning disability?	<p>Billy: “Something that is harder to learn compared to other people.”</p> <p>Ashley: “Being hyper.”</p> <p>Peter: “Learning math.”</p>
How do you learn differently compared to your friends?	<p>Billy: “I don't really have that much trouble.”</p> <p>Tom: “I need lot’s of time.”</p> <p>Greg: “I have to study more.”</p> <p>Ashley: “More mature.”</p> <p>Adam: “Takes me a little bit longer to do things.”</p> <p>Peter: “One on one help.”</p>
What are some things you have to work extra hard at in school?	<p>Billy: “Sometimes reading.”</p> <p>Tom: “Math.”</p> <p>Greg: “Writing and math.”</p> <p>Ashley: “Listening and raise hand when I need the teacher.”</p> <p>Peter: “Being nice and science.”</p>
What are some things that you are really good at doing?	<p>Billy: “I am good at math and reading.”</p> <p>Tom: “I am really good at colouring.”</p> <p>Greg: “I am really good at social studies and science.”</p> <p>Ashley: “I am really good at math, gym, art and writing.”</p> <p>Adam: “I am really good at science and word searches.”</p> <p>Peter: “I am really good at religion.”</p>
What are some things that your brain does not make easy for you?	<p>Billy: “I have trouble concentrating.”</p> <p>Greg: “I’m not good at subtracting.”</p> <p>Ashley: “People helping me.”</p> <p>Adam: “Sitting still.”</p> <p>Peter: “Listening when tired.”</p>

4.2.4 Emotional Regulation

This program produced significant emotional regulation results. Almost every session, children were asked how they were feeling, which produced emotional regulation and coping strategies discussions. These discussions became more and more helpful for the children as the sessions progressed. Children explained how they used coping strategies that they learned in the program during conflicts they encountered at school, which revealed the evident effects of the program. The bullying discussion in session three seemed to be a loud discussion as children understood what bullying was and how to cope with it. They were quickly raising their hands to questions about the different types of bullying, what bystanders should do and how to react against bullying. It was nice to hear the answers of these questions because at such a young age, these children knew all of the

answers. In session five, they also discussed inappropriate ways to deal with anger, and the children knew not to hit someone or not to call anyone a bad name if they were angry. Also during this session, Adam stated how someone made fun of him at the playground that day and instead of saying something back, he walked away and told the teacher and did not let it bother him. The facilitator asked the rest of the children if Adam acted properly and they agreed. I noticed that children had learned coping mechanisms due to this program. The “Anger Sandwiches” in session eight were also an adequate metaphor to teach the children the multiple levels of feelings and seemed to be very informative because a lot of children did not even know some of the feelings that they were taught that day.

These sessions directed towards emotional regulation produced significant results for all of the children, 5/5 (100%), which provided data. This is evident through the observational checklists that the facilitators completed throughout all of the sessions. On the first observational checklist, Billy lacked in the emotional regulation areas, including coping skills, using manners, eye contact, listening without interrupting and ability to recognize feelings. By the final observational checklist, Billy displayed level 5’s in all of these areas, revealing a significant improvement. Tom also showed an improvement in these areas as well, transitioning from mostly level 3’s and 2’s to level 4’s and 5’s. Greg revealed only one level 5 in the first observational checklist and by the sixth session, all of these areas were level 5. Ashley revealed no level 5’s in these areas and revealed all level 5’s by the final session. Mike revealed only level 1’s and 2’s in these areas and revealed 3’s and 4’s by then end of the program. Observational checklists for Adam and Peter were not collected for the sixth session, so program effects could not be inferred for them. This is also evident from the data collected through the Mini Child Interview conducted in session two and session six (See Table 3). It can be seen that new skills were definitely developed over the course of the program but due to absences and incomplete responses, the emotional regulation results from the interviews could not be fully generalizable. Ashley was the only child who provided data for both session two and six for 5/7 questions.

When looking at the emotional regulation sections of the Caregiver Observational Checklists (Appendix A), Billy’s “ability to immediately react” and “attention to emotions” changed from a level 3 and 2 to a level 3 and 4, which reveals a slight increase. Tom also revealed an increase in these areas as well from a level 1 and 2 to a level 2 and 3. Ashley revealed a slight increase as well, from a level 2 and 3, to a level 3 and 3. Adam revealed a slight increase as well, from a level 2 and 1, to a level 4 and 3. Peter also revealed an increase, from a level 1 and 2, to a level 3 and 3. Caregiver Observational Checklists were not provided for Greg and Mike.

Table 3. B.E.S.T. emotional regulation results

Mini Child Interview – Emotional Regulation	Child – Session Two Response	Child – Session Six Response
If we are playing a game at B.E.S.T. that I don’t like, what do I do?	<p>Billy: “Do it anyways.”</p> <p>Tom: “I always try the game before I say I don’t like it”.</p> <p>Greg: “Talk about why I don’t like it.”</p> <p>Ashley: “Say I don’t want to play that game, I would like to play something else.”</p> <p>Adam: “Sit there and do nothing.”</p> <p>Peter: “I don’t play.”</p>	<p>Billy: “Not play the game or do something else.”</p> <p>Tom: “Play a different game.”</p> <p>Ashley: “Play another game.”</p> <p>Mike: “Ask to play another game.”</p>
If I don’t understand a question or what the teacher said at school, what do I do?	<p>Billy: “Ask friends.”</p> <p>Tom: “Ask the teacher.”</p> <p>Greg: “Use my knowledge.”</p> <p>Ashley: “Raise hand and ask teacher to repeat.”</p> <p>Adam: “I don’t ask for help.”</p> <p>Peter: “Ask the teacher for help.”</p>	<p>Billy: “Go to the teacher to try and understand.”</p> <p>Tom: “Ask a friend to clarify.”</p> <p>Ashley: “Raise hand and ask teacher to review question.”</p> <p>Mike: “Ask teacher to repeat what they said.”</p>

<p>During a game my team loses and I am feeling very angry, what do I do?</p>	<p>Billy: “I would say good try.” Tom: “I tell the person who won good job.” Greg: “I don't care because it's just a game.” Ashley: “Say I'm not going to play anymore.” Adam: “Calm down by breathing.” Peter: “It doesn't matter who wins.”</p>	<p>Ashley: “Give up and not want to play again.”</p>
<p>If someone else is talking but I have something I want to say right away, what do I do?</p>	<p>Billy: “Wait.” Tom: “Put my hand up.” Greg: “Listen.” Ashley: “Wait until person is done.” Adam: “Tell them to stop talking.”</p>	<p>Ashley: “Raise my hand.”</p>
<p>If I am speaking, but I feel like my friend is not listening to me, what do I do?</p>	<p>Billy: “Say forget it.” Tom: “I tell the teacher.” Greg: “Say it louder.” Ashley: “Say I want to say something and I want you to listen to me.” Adam: “Tell them to listen.”</p>	<p>Ashley: “Walk away and ignore it.”</p>
<p>If I am feeling very sad and do not feel like participating, what do I do?</p>	<p>Billy: “Doesn't really happen.” Tom: “Ask teacher to have alone time until I'm ready.” Greg: “Participate anyways.” Ashley: “Go out and take a little break.” Adam: “Say leave me alone.”</p>	<p>Ashley: “Participate anyways.”</p>
<p>One of my classmates keeps saying mean things to me and it is making me feel very upset what do I do?</p>	<p>Billy: “Deal with it.” Tom: “Tell the teacher or principal.” Greg: “Ignore them.” Ashley: “Tell the teacher.” Adam: “Tell them to leave me alone.”</p>	<p>Ashley: “Tell the teacher or someone in charge.”</p>

4.2.5 Social Skills

This program increased a wide variety of social skills for all of the children. As mentioned before, all children revealed increases in areas such as helping their peers and making new friends, which also overlap as social skills as well. The beginning of every session became louder and louder because children became more familiar with other children and often engaged in conversation as soon as they arrived at the program. The colored beads explained and handed out in session one acted as a behavior modification and reinforcement and heavily impacted how children acted towards others. . In the third session, Billy helped Ashley with filling out Bingo and said “You got it!”. The reading and discussion of “Have You Filled A Bucket” in session four also demonstrated why it is important to act appropriately towards others and pay it forward. Children would interrupt the reading just to share with the facilitator a positive action that they did in school that day. Also during session four, the facilitator explained how it is very important to wait your turn and not to interrupt others, which I found to be effective because children would often interrupt other children, but slowly began to raise their hands and sit quietly. In session six, Greg told Mike that he took guitar lessons and Mike would ask him questions about it, engaging in conversation. In session seven, teamwork skills were very evident when the groups had to work together to create a tall structure. Peter said to Tom “I'll hold the play-doh while you place the pipe cleaner in.”

There were no arguments or children trying to do everything on their own. They worked together as a team and helped each other when necessary. This was a lot different in comparison to the first session when children sat very quiet around the carpet for the first time with little to no interaction. It was evident that the children had developed a wide range of social skills by the eighth session. It was also observed that by the ending of the eighth session, children did not want the program to end. They had made new friends that they enjoyed learning and working with and had become very comfortable with. Overall, this program produced significant improvement in areas relating to social skills.

5. Discussion and Conclusions

The results of the study align with the research question in an interesting way. The B.E.S.T. program did produce results in the areas of self-advocacy, self-esteem, self-understanding (mindfulness), emotional regulation and all other elements of social skills for children living with a learning disability, but not necessary significant results.

In regards to self-advocacy, all children revealed an increase in self-advocacy from the first session to the last. This increase may have not been drastic, but it is still worth noting. The pre and post observational checklists revealed this increase as well as the observations that dealt with self-advocacy training. This reveals that the program has somewhat of a positive effect on self-advocacy for the children, but maybe not necessarily statistically significant. As Merchant and Gajar (1997) mentioned, it is extremely important that these children acquire self-advocacy skills to progress through school successfully, and at least this program had a positive effect in this area. This program reinforced Trainor (2002)'s findings that indicate how encouraging students to create goals, take responsibility and make their own decisions positively affects their success. The B.E.S.T. program effectively incorporated these three areas within their self-advocacy components, which will hopefully increase their achievement in school, as mentioned by Prater et al. (2014). The increase in self-advocacy definitely assisted the children's confidence as well, as various children became more sociable and spoke up for what they required. This intervention will encourage students to participate more in class and reach out to their teachers and/or educational assistants when they require assistance. All of the children learned to acquire assistance when they need to and why it is not a bad or embarrassing thing to do. The children who completed the B.E.S.T. program developed a new range of self-advocacy skills that will allow them to seek help and accommodations on their own and will positively affect their success in the future (Trainor, 2002).

In regards to self-esteem, results were very similar. All children revealed an increase in self-esteem from the first session to the last. The children had created new friendships, became a lot more comfortable with speaking in front of everyone and a lot more confident with their strengths and needs. As Alesi et al. (2012) stated, children with learning disabilities view themselves as failures. By the B.E.S.T. program increasing students' level of self-esteem, they will not view themselves that way anymore or as much, which in turn will boost levels of self-efficacy and achievement, as theorized by Klassen (2007). The children stopped comparing themselves to others because they realized everyone had strengths and needs and were better at certain areas than others. This was evident in the completion of the "About Me" worksheet and "Multiple Intelligence Quiz". This is aligned with Valas (1991) who states that levels of self-esteem will increase when children with learning disabilities stop comparing themselves with others. The children who completed the B.E.S.T. program will return to their school classrooms with enhanced levels of self-esteem that will allow them to not worry about their peers' achievement scores and focus on their own strengths. They have acquired higher levels of self-efficacy that will assist them when improving areas such as reading and writing. The children will now spend more time and strategies required for reading and writing due to their enhanced level of self-esteem. With higher levels of self-esteem, the chance of the learning disability increasing is lower, higher levels of effort are fostered, the chance of developing depression is lower, children have an improved self-image and they have a better chance at a successful future.

In regards to self-understanding and mindfulness, the results indicate that not all of the children were able to fully explain what a learning disability meant after the eight sessions. The children understood that they learned differently and needed to work harder than others, but they were unable to associate these factors with a learning disability. This is consistent with the findings of (Cosden et al., 1999) who stated that little attention has been paid on educating children on their learning disability. The children who arrived at B.E.S.T. may have not known anything about their disability beforehand, making the effect of the lessons very minimal and short lasting in such a short time range. Fewster (2002) stated that being labeled as having a disability is a very significant psychological experience, so it could be possible that the children within the B.E.S.T. program simply could not understand or comprehend what it meant. Unfortunately, this contradicts the research question that believed significant self-understanding results would be produced for children living with learning disabilities. But, it is interesting to note that there may have been significant results for an implicit mindfulness component. It appears as if the children became more mindful of their body, actions and surroundings as the program progressed,

through my observations and the observational checklists. This finding overlaps with findings of emotional regulation and social skills and how the children developed a better sense of themselves and reacting with the environment around them as the sessions progressed. Children seemed to have one perspective on a variety of topics and did not account for other views, opinions or differences before they completed this program. Schunk (1984) noted that by retraining children's mindfulness, they would acquire more adaptive beliefs and make greater progress in developing reading and math skills. After these children completed the B.E.S.T. program, they may have not developed significant self-understanding skills, but it was evident that they became more mindful, which will positively influence their level of success in the future.

In regards to emotional regulation, the results indicate that all children developed new skills in emotional regulation and management. Children were able to react in a more appropriate way to conflict, able to express how they were feeling, learn problem solving and resolution skills, able to identify emotions and spend closer attention to their emotions. All of these skills are necessary for children with learning disabilities. Hatzes (1996) explained how children with learning disabilities struggle with recognizing and managing emotions, but the B.E.S.T. program allowed the children to acquire these fundamental skills that they will be able to use everyday. These skills will allow the children to do well in school due to their ability to make friends, problem solve and work well with others. This also overlaps with the mindfulness finding, as the children became more mindful of their feelings, and the feelings of others. Elias (2004) stated that is often difficult for children with learning disabilities to understand emotions that are beyond basic emotions, which is why it is important to note that the B.E.S.T. program spent an adequate amount of time breaking down these emotions and explaining how to cope with and recognize them. These children are now less at risk for developing depression, anxiety, insecurity and loneliness due to their increased level of coping skills, as theorized by (Bauminger & Kimhi-Kind, 2008). They will also be better at recognizing social cues and social perception, allowing them to have successful peer interaction. The children within B.E.S.T. have acquired the emotional education, expression, empathy and social problem solving that are required in order for them to do well in their future in regards to recognizing, managing and expressing emotions.

In regards to social skills, results indicate that all children developed a wide range of social skills through participating in the program. This was evident through mere observations as children acquired a variety of social skills such as team work, making friends, sharing, waiting their turn, apologizing, etc. Due to their acquired social skills, the children from B.E.S.T. will now be at less risk for peer rejection, academic failure, loneliness, dissatisfaction, difficulty maintaining employment and relationships with others, mental illness and contact with the legal system as theorized by Maag (2005). They are also less prone to experience social anxiety and intimidation because of the social skills that they gained (Cowden, 2010). These social skills will also assist their reading and writing deficits as well. This program acted as a positive affect condition, which Schunk (1984) stated, has the ability to increase assessment tasks with math, reading and social problem-solving tasks. Overall, the social skills that these children acquired have a direct correlation with their literacy and will not only help them socially, but academically as well.

5.1 Limitations

The main limitation that is worth noting is the lack of useful interview and observational checklists. When I was handed the data, I noticed right away there were not seven sets of every interview and checklist, which restricted me from drawing complete conclusions. It was challenging to work with this data because there were a lot of missing answers from the children, incomplete answers or none at all, which could have possibly skewed the data. I had to work with what I was given and from what I was given is how I drew a majority of my results and discussions. The three checklists also measured different areas, which I found to be a barrier because the three checklists were not consistent in what they were asking. If the three checklists that the facilitators filled out consisted of the same questions three times in a row over the course of the eight sessions, I feel the results would also change drastically. I also think that different measures may have needed to be used on these checklists in a more explicit and clear way that conceptualized specific skill sets. It may also be beneficial for the interviews to be conducted on the first day and the first observational checklist completed as well, with the last interview and last observational checklist being completed on the last day, to leave even more room for skills to change. I also feel that I was unable to retrieve possible rich information from the children because I was unable to interview and talk with them myself, I was fairly separated from them personally, and rather a bystander to the program. I also think a sample size of 7 limited my ability to observe more effects as well as the duration of the program. Maybe if the program was twice a week for eight weeks may have been a bit better in gathering richer results.

5.2 Significance and Future Research

This research is significantly important to pre-existing literature on children living with learning disabilities. Much of existing research on learning disabilities, solely focuses on the academic and educational deficits that preliminary exist for these children, forgetting about the emotional and social realms. These facets are extremely useful to study and add to existing research because areas such as self-advocacy, self-esteem, self-understanding (mindfulness), emotional regulation and all other elements of social skills, all contribute to a child's academic capability. Both academic and social elements should be studied together and not mutually exclusive. I also feel that these areas may be leading factor's to lower levels of reading and writing and if these areas cannot be addressed, than children's academic potential will not increase. A lot of current research is scientific and objective, viewing learning disabilities as a neurological issue. What I strongly believe is that the power of the environment is being overruled and overlooked. I firmly believe that both emotional and social training and techniques have the ability to combat these neurological deficiencies. Future research should look into all of these areas again as they are all very important and necessary skills for children with learning disabilities. Age and gender were two areas that were not measured in this study, but I feel as if it would be very beneficial if these areas were measured in combination with the areas that I looked at in my study to get a deeper understanding. Future researchers should conduct interviews and checklists for themselves so they have control of the data they are working with and so they can retrieve much more in depth information from the children as well.

References

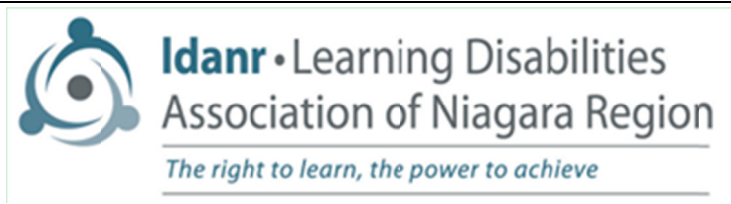
- Adams, J. W., Snowling, M. J., Hennessy, S. M., & Kind, P. (1999). Problems of behavior, reading and arithmetic: Assessments of comorbidity using the Strengths and Difficulties Questionnaire. *British Journal of Educational Psychology*, *69*, 571-585.
- Alesi, M., Rappo, G., & Pepi, A. (2012). Self-esteem at school and self-handicapping in childhood: Comparison of groups with learning disabilities. *Psychological Reports*, *111*(3), 952-962. doi:10.2466/15.10.pr0.111.6.952-962
- Baron, R. A. (1990). Self-presentation in job interviews: When there can be "too much of a good thing". *Journal of Applied Social Psychology*, *16*, 16-28.
- Baum, D. D., Duffelmeyer, F., & Greenlan, M. (2001). Resource teacher perceptions of the prevalence of social dysfunction among students with learning disabilities. *Journal of Learning Disabilities*, *21*, 380-381.
- Bauminger, N., & Kimhi-Kind, I. (2008). Social information processing, security of attachment, and emotional regulation in children with learning disabilities. *Journal of Learning Disabilities*, *41*(4), 315-332.
- Bauminger, N., Edelsztein, H., & Morash, J. (2005). Social information processing and emotional understanding in children with LD. *Journal of Learning Disabilities*, *38*, 45-61. <https://doi.org/10.1177/00222194050380010401>
- Borkowski, J. G. (1992). Metacognitive theory: A framework for teaching literacy, writing and math skills. *Journal of Learning Disabilities*, *25*, 253-257.
- Bryan, T. (2005). Science-based advances in the social domain of learning disabilities. *Learning Disability Quarterly*, *28*, 119-121.
- Bullis, M., & Walker, H. M. (1994). *Comprehensive school-based systems for troubled youth*. Eugene: Center on Human Development, University of Oregon.
- Cohn, A., Meshbesh, N., & Teglassi, H. (2004). Temperment and learning disability. *Learning Disability Quarterly*, *27*, 9-20.
- Cosden, M., Elliott, K., Noble, S., & Kelemen, E. (1999). Self-Understanding and Self-Esteem in Children with Learning Disabilities. *Learning Disability Quarterly*, *(4)*, 279.
- Cowden, P. A. (2010). Social anxiety in children with disabilities. *Journal of Instructional Psychology*, *37*(4), 301-305.
- Elias, M. (2004). The connection between social-emotional learning and learning disabilities: Implications for intervention. *Learning Disability Quarterly*, *27*, 53-63.
- Feuerborn, L., & Tyre, A. (2008). Practical social-emotional learning tools for students with specific learning disabilities in the United States of America. *Journal of the International Association of Special Education*, *10*(1), 21-25.

- Fewster, G. (2002). The DSM IV You, but Not IV Me. *Child and Youth Care Forum, 31*(6), 365-380.
- Gresham, F. M. (1993). Social skills and learning disabilities as a type III error: Rejoinder to Conte and Andrews. *Journal of Learning Disabilities, 26*, 154-158.
- Gresham, F. M., & MacMillan, D. L. (1997). Social competence and affective characteristics of students with mild disabilities. *Review of Educational Research, 67*, 377-415.
- Hatzes, N. M. (1996). Factors contributing to the academic outcomes of university students with learning disabilities. *Doctoral dissertation*, University of Connecticut. Dissertation Abstracts International, AAT9717515.
- Heiman, T., & Margalit, M. (1998) Loneliness, depression, and social skills among students with mild mental retardation in different education settings. *The Journal of Special Education, 32*, 154-63.
- Higgins, E. L., Rashkind, M. H., Goldberg, R. J., & Herman, K. L. (2002). Stages of Acceptance of a Learning Disability: The Impact of Labeling. *Learning Disabilities Quarterly, 25*(1), 3-18.
- Kazdin, A. E. (1987). Treatment of antisocial behavior in children: Current status and future directions. *Psychological Bulletin, 102*, 187-203.
- Klassen, R. M. (2002). A question of calibration: A review of the self efficacy beliefs of students with learning disabilities. *Learning Disability Quarterly, 25*, 88-102.
- Lamb, M. E., & Roopnarine, J. L. (1979). Peer influences on sex-role development in preschoolers. *Child Development, 50*, 1219-22. <https://doi.org/10.1111/1467-8624.ep7251780>
- Learning Disabilities Association Canada. (2015). *Official definition of learning disabilities*. Retrieved from <http://www.ldac-acta.ca/learn-more/ld-defined/official-definition-of-learning-disabilities>
- Learning Disabilities Association of America. (2009). *Social adjustment problems associated with learning disabilities*. Retrieved from http://www.ldaamerica.org/aboutld/teachers/social_emotional/adjustment.asp
- Leiter, V. (2007). *Nobody's just normal, you know: The social creation of developmental disability*.
- Lonigan, C. J., Purpura, D. J., Wilson, S. B., Walker, P. M., & Clancy-Menchetti, J. (2013). Evaluating the components of an emergent literacy intervention for preschool children at risk for reading difficulties. *Journal of Experimental Child Psychology, 114*(1), 111-130.
- Maag, J. (2005). Social skills training for youth with emotional and behavioral disorders and learning disabilities: Problems, conclusions and suggestions. *Exceptionality, 13*(3), 155-172.
- Merchant, D., & Gajar, A. (1997). A review of the literature on self-advocacy components in transition programs for students with learning disabilities. *Journal of Vocational Rehabilitation, 8*, 223-231.
- Merrell, K., Carrizales, D., Feuerborn, L., Gueldner, B., & Tran, O. (2007). *Strong Kids: A social and emotional learning curriculum*. Baltimore: Paul H. Brooks Publishing
- Miles, S. B., & Stipek, D. (2006). Contemporaneous and longitudinal associations between social behavior and literacy achievement in a sample of low-income elementary school children. *Child Development, 77*, 103-117.
- Morgan, P. L., Farkas, G., Tufis, P. A., & Sperling, R. A. (2008). Are reading and behavior problems risk factors for each other?. *Journal of Learning Disabilities, 41*, 417-436.
- Most, T., Al-Yagon, M., Tur-Kaspa, H., & Margalit, M. (2000). Phonological awareness, peer nominations, and social competence among preschool children at-risk for developing learning disabilities. *International Journal of Disability, Development, and Education, 47*(1), 89-105.
- Nezu, C., Nezu, A. M., Rothenberg, J. L., & DelliCarpini, L. (1995). Depression in adults with mild mental retardation: are cognitive variables involved?. *Cognitive Therapy and Research, 19*, 227-39. <https://doi.org/10.1007/BF02229696>
- Nixon, E. (2001). The social competence of children with attention deficit hyperactivity disorder: A review of the literature. *Child Psychology & Psychiatry Review, 6*, 172-17.
- Ochoa, S., & Olivarez, A. (1995). A meta-analysis of peer rating sociometric studies of pupils with learning disabilities. *The Journal of Special Education, 29*, 1-19.
- Pellitteri, J. J., Dealy, M., Fasano, C., & Kugler, J. (2006). Emotionally Intelligent Interventions for Students with Reading Disabilities. *Reading & Writing Quarterly, 22*(2), 155-171.

<https://doi.org/10.1080/10573560500242259>

- Phillips, P. (1990). A Self-Advocacy Plan for High School Students with Learning Disabilities: A Comparative Case Study Analysis of Students', Teachers', and Parents' Perceptions of Program Effects. *Journal of Learning Disabilities, 23*(8), 466-71.
- Prater, M., Redman, S. A., Anderson, D., & Gibb, G. (2014). Teaching Adolescent Students With Learning Disabilities to Self-Advocate for Accommodations. *Intervention in School and Clinic, 49*(5), 298-305.
- Roberts, J. G., Solis, M., Ciullo, S., McKenna, J. W., & Vaughn, S. (2014). Reading interventions with behavioral and social skill outcomes: A synthesis of research. *Behavior Modification, 39*(1), 8-42.
- Savaria, E., Underwood, K., & Sinclair, D. (2011). If only I had known...: Young People's Participation in the Construction of their Learning Disability Labels. *International Journal of Special Education, 26*(3), 79-92.
- Schumaker, J. B., & Deshler, D. D. (1995, March-April). *Social skills and learning disabilities*. Learning Disabilities Online: LD In-Depth. Retrieved from http://www.ldonline.org/ldjndepth/social_skills/soc-skills.html
- Schunk, D. H. (1984). Sequential attributional feedback and children's achievement behaviors. *Journal of Educational Psychology, 76*, 1159-1169.
- Shaywitz, B. A., Lyon, G. R., & Shaywitz, S. E. (2006). The role of functional magnetic resonance imaging in understanding reading and dyslexia. *Developmental Neuropsychology, 30*(1), 613-632.
- Smith, T. J., & Wallace, S. (2011). Social Skills of Children in the U.S. with Comorbid Learning Disabilities and AD/HD. *International Journal of Special Education, 26*(3), 238-247.
- Social Anxiety Disorder. (2008). *Social anxiety disorder: Children and education*. Retrieved from <http://www.socialanxietydisorder.net/treatment/social-anxiety-disorder-children-and-education.html>
- Spafford, C. S., & Grosser, G. S. (1993). The social misperception syndrome in children with LD: Social causes versus neurological variables. *Journal of Learning Disabilities, 26*, 178-189.
- Spohn, B. H., & Egeler, A. (2014). Effects of a simple relaxation technique on the well-being, the learning behavior and the social skills of students with learning disabilities. *Insights on Learning Disabilities, 11*(2), 183-189.
- Stang, K. K., Carter, E. W., Lane, K. L., & Pierson, M. R. (2009). Perspectives of general and special educators on fostering self-determination in elementary and middle schools. *Journal of Special Education, 43*, 94-106.
- Statistics Canada. (2007). *Participation and activity limitation survey 2006: Analytical report*. Ottawa, Ontario: Social and Aboriginal Statistics Division. Retrieved from <http://www5.statcan.gc.ca/olc-cel/olc.action?objId=89-628-X&objType=2&lang=en&limit=1>
- Test, D. W., Fowler, C. H., Wood, W. M., Brewer, D. M., & Eddy, S. (2005). A conceptual framework of self-advocacy for students with disabilities. *Remedial and Special Education, 26*, 43-54.
- Trainor, A. (2002). Self-determination students with learning disabilities: Is it a universal value?. *International Journal of Qualitative Studies in Education, 15*, 711-725.
- Tunmer, W., & Greaney, K. (2010). Defining dyslexia. *Journal of Learning Disabilities, 43*(3), 229-243.
- Tur-Kaspa, H. (2002). Social cognition in learning disabilities. In T. H. Bryan, B. Y. L. Wong, & M. Donahue (Eds.), *The social dimensions of learning disabilities* (pp. 11-31). Hillsdale, NJ: Lawrence Erlbaum.
- Valas, H. (1999). Students with Learning Disabilities and Low-Achieving Students: Peer Acceptance, Loneliness, Self-Esteem and Depression. *Social Psychology of Education, 173-192*.
- Vogel, S. A., & Adelman, P. B. (1992). The success of college students with learning disabilities: Factors related to educational attainment. *Journal of Learning Disabilities, 25*, 430-441.
- Wiener, J. (2004). Do peer relationships foster behavioral adjustment in children with learning disabilities?. *Learning Disability Quarterly, 27*, 21-30. <https://doi.org/10.2307/1593629>

Appendix A



Date:
Name of Child:

**B.E.S.T. Mindfulness Curriculum
Caregiver Observational Checklist (PRE)**

For each item identified below, circle the item to the right that best fits your judgment based on your observations.

EVALUATION CRITERIA	RATING SCALE				
	1 Never or very rarely true	2 Rarely true	3 Sometimes true	4 Often true	5 Very often or always true
When my child does things, his/her mind wanders off and they are easily distracted.	1	2	3	4	5
Notes:					
My child has trouble finding the right words to express how he/she feels and what they are thinking.	1	2	3	4	5
Notes:					
My child makes judgments about whether his/her thoughts are good or bad.	1	2	3	4	5
Notes:					
In difficult situations, my child can pause without immediately reacting.	1	2	3	4	5
Notes:					
My child pays attention to how their emotions affect their thoughts and behaviour.	1	2	3	4	5
Notes:					



Date:
Name of Child:

**B.E.S.T. Mindfulness Curriculum
Caregiver Observational Checklist (POST)**

For each item identified below, circle the item to the right that best fits your judgment based on your

<i>observations.</i>						
EVALUATION CRITERIA	RATING SCALE					
	1 Never very rarely true	or	2 Rarely true	3 Sometimes true	4 Often true	5 Very often or always true
When my child does things, his/her mind wanders off and they are easily distracted.	1		2	3	4	5
	Notes:					
My child has trouble finding the right words to express how he/she feels and what they are thinking.	1		2	3	4	5
	Notes:					
My child makes judgments about whether his/her thoughts are good or bad.	1		2	3	4	5
	Notes:					
In difficult situations, my child can pause without immediately reacting.	1		2	3	4	5
	Notes:					
My child pays attention to how their emotions affect their thoughts and behaviour.	1		2	3	4	5
	Notes:					

Appendix B

Target One & Two: **Second Session**

Mini Child Interview (B.E.S.T.)

This interview is meant to determine whether the child has a basic understanding of their learning disability, their differences in learning and their strengths and needs. The questions must be completed during the second session. Please record the child’s answers.

1. How would you describe a learning disability? (1)
2. How do you learn differently compared to your friends? (1)
3. What are some things you have to work extra hard at in school? (2)
4. What are some things that you are really good at doing? (2, 6)
5. What are some things that your brain does not make easy for you? (2)
6. What are some things that you need your teachers help with? (2)
7. What are some things that I can do to help you? (2)

Target Three (6): **Second Session**

Mini-Child Interview #2 (B.E.S.T.)

This interview is meant to assess whether the child has acquired new coping skills by the second session of B.E.S.T. This must be completed during the second session. Please record the child’s answers to at least 4 of the options.

1. If we are playing a game at B.E.S.T. that I don’t like, what do I do?
2. If I don’t understand a question or what the teacher said at school, what do I do?
3. During a game, my team loses and I am feeling very angry, what do I do?

4. If someone else is talking but I have something I want to say right away, what do I do?
5. If I am speaking, but I feel like my friend is not listening to me, what do I do?
6. If I am feeling very sad, and don't feel like participating, what do I do?
7. One of my classmates keeps saying mean things to me and it is making me feel very upset what do I do?

Appendix C

Observation Checklist:

Please respond on or after the second session of the program. (5 = all the time, 1 = never).

Skill	5	4	3	2	1	Don't know	Comments
Asks for help							
Asks questions							
Has built at least one friendship							
Has the ability to cope with stress and to manage their anger							
Uses manners (ex. please, thank you)							
Is able to recognize their feelings and express them							
Listens without interrupting							
Makes eye contact							

Please use this space to provide us with any additional information:

Thank you ☺

Appendix D

Target Four: **Sessions Three – Six**

Engagement Observation Checklist (B.E.S.T.)

This observational checklist is meant to determine how engaged the child is throughout the program. This checklist must be completed throughout session three to six of the program.

The Participant....	Always (5)	Very Frequently (4)	Occasionally (3)	Rarely (2)	Very Rarely (1)	Never (0)
Asks questions when he/she doesn't understand the directions						
Concentrates in program						
Is attentive during group discussions						
Actively participates and cooperates in group activities						
Exerts their best effort						
Follows group expectations						
Is easily directed during the program						
Encourages their friends in program						

Comments:

Appendix E

Target Five and Six (6): **Session 6**

Mini-Child Interview #3 (B.E.S.T.)

This interview is meant to assess whether the child has acquired new coping skills by the second session of B.E.S.T. This must be completed during the sixth session. Please record the child's answers to at least 2 of the options.

1. If we are playing a game at B.E.S.T. that I don't like, what do I do?
2. If I don't understand a question or what the teacher said at school, what do I do?
3. During a game, my team loses and I am feeling very angry, what do I do?
4. If someone else is talking but I have something I want to say right away, what do I do?
5. If I am speaking, but I feel like my friend is not listening to me, what do I do?
6. If I am feeling very sad, and don't feel like participating, what do I do?
7. One of my classmates keeps saying mean things to me and it is making me feel very upset what do I do?

Appendix F

Engagement Observation Checklist (B.E.S.T.)

This checklist is done to determine whether the child has gained noticeable social skills or self-esteem by the sixth session of the program. Please record your answers based on what you have observed before and during the sixth session of the program.

Skill	5	4	3	2	1	Don't know	Comments
Noticeably makes an effort to help a friend							
Encourages a friend							
Has built at least one friendship							
Is comfortable participating							
Is able to express their feelings to the group							
Is able to recognize their feelings and express them							
Is comfortable speaking in group discussion							
Participates as a part of a team							

Copyrights

Copyright for this article is retained by the author(s), with first publication rights granted to the journal.

This is an open-access article distributed under the terms and conditions of the Creative Commons Attribution license (<http://creativecommons.org/licenses/by/4.0/>).